



**A REPORT ON
PENNSYLVANIA'S COMMUNITY CONVERSATIONS
ON WOMEN'S HEALTH
JANUARY 2018**

**Presented by Pennsylvania women and the members of the
Pennsylvania Campaign for Women's Health**

About the Pennsylvania Campaign For Women's Health

The Pennsylvania Campaign for Women's Health is a growing collaboration of approximately 60 local, state, and national organizations calling for evidence-based policy solutions to real problems faced by Pennsylvania families. For example, we are fighting government interference in the doctor-patient relationship, promoting equal access to the full range of reproductive healthcare including abortion, and calling for common-sense protections for women in the workplace such as fixing Pennsylvania's broken equal pay law and addressing pregnancy discrimination.

Leadership members of the Pennsylvania Campaign for Women's Health include: AccessMatters, ACLU of Pennsylvania, Keystone Progress Education Fund, Planned Parenthood Pennsylvania Advocates, Philadelphia Women's Center, and the Women's Law Project.

Acknowledgments

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Table of Contents

| | |
|--|-----------|
| Introduction | 1 |
| Community Conversation Reports | 3 |
| • Bensalem, Bucks County | 3 |
| • Carlisle, Cumberland County | 7 |
| • Erie, Erie County | 9 |
| • Hershey, Dauphin County | 11 |
| • Lancaster, Lancaster County | 12 |
| • Millvale, Allegheny County | 14 |
| • Upper Darby, Delaware County | 17 |
| • Community Conversations On Women's Health: Focus on the Rising Latinx Population | 20 |
| • The Rising Latinx Population: Allentown, Lehigh County | 21 |
| • The Rising Latinx Population: Pittsburgh, Allegheny County | 23 |
| • The Rising Latinx Population: Reading, Berks County | 25 |
| Pennsylvania Campaign for Women’s Health: 2018 Legislative Priorities | 27 |
| Endnotes | 30 |

Introduction

In 2017, the PA Campaign for Women's Health hosted ten Community Conversations on Women's Health across the Commonwealth of Pennsylvania. Established in 2013, the PA Campaign is a collaboration of approximately 60 local, state and national organizations working together to improve the health and economic security of women in Pennsylvania. Together, we advocate for evidence-based policies to increase women's safety, ensure access to reproductive healthcare, and promote workplace equality.

In 2017, the Pennsylvania Campaign for Women's Health held twelve Community Conversations across the Commonwealth:

- Bensalem, Bucks County
- Carlisle, Cumberland County
- Erie, Erie County
- Hershey, Dauphin County
- Lancaster, Lancaster County
- Millvale, Allegheny County
- Upper Darby, Delaware County
- The Rising Latinx Population: Allentown, Lehigh County (two events)
- The Rising Latinx Population: Pittsburgh, Allegheny County
- The Rising Latinx Population: Reading, Berks County (two events)

The Pennsylvania Campaign for Women's Health organized these conversations because far too many women across the Commonwealth are struggling to access healthcare and feed their children. For years, Pennsylvania has notoriously scored low marks across nearly every key indicator of women's health and economic security in state-by-state surveys.

The reason for Pennsylvania's perpetually poor ranking is not a mystery: the Pennsylvania Legislature has failed to enact major state policy proposals designed to improve women's health and promote economic security, such as legislation to address pregnancy discrimination, decrease infant mortality by enabling working mothers to pump milk, close loopholes in the state equal pay law, and raise the minimum wage above the stagnant poverty wage of \$7.25 per hour. Predictably, as a result, Pennsylvania lags behind neighboring states and in some cases, the majority of the country, in women's health and economic security.

Meanwhile, throughout 2017, many Pennsylvania lawmakers ignored these initiatives, and chose instead to spend time and taxpayer money scheming to advance Senate Bill 3, a blatantly unconstitutional abortion restriction that sought to force Pennsylvania physicians to provide pregnant Pennsylvanians substandard medical care by threat of felony arrest. Worse, these lawmakers explicitly voted against allowing constituents—both doctors and women who would be affected by this bill—to have any input or testify on the record.

In other words, these Pennsylvania lawmakers put their efforts into endangering the lives of pregnant Pennsylvanians and shutting them out of the conversation instead of addressing obstacles working women, pregnant people and parents face staying healthy.

While the Pennsylvania Legislature focuses on restricting access to safe, legal, affordable abortion care, these populations continue to struggle in Pennsylvania.

In many parts of the state, a pregnant woman can be fired for requesting a glass of water at her work station. The Workplace Accommodations for Pregnant Workers Act would ensure pregnant workers who need minor, temporary accommodations could continue working while protecting their health. Without these basic workplace protections, women across the Commonwealth are forced to choose between following doctor's orders and keeping a job.

Medical experts say that promoting breastfeeding decreases infant mortality, among other public health benefits. Yet, Pennsylvania routinely fails to meet breastfeeding goals. One major, simple reason many Pennsylvania women do not breastfeed for as long as they (and the baby) would like is because after returning to work—due to a lack of paid leave, often as quickly as two weeks after giving birth—their employer does not allow them unpaid break time and a private, sanitary space to pump milk. The Workplace Accommodations for Nursing Mothers Act would provide basic workplace protections necessary to ensure infants have access to all the nutrients in mother’s milk. Yet, despite efforts of legislators in the Women’s Health Caucus, the lawmakers in power who promoted unconstitutional legislation like SB3 have not made significant efforts to advance this legislation.

In 2017, we saw the rise of the #MeToo campaign, a viral speak-out against sexual harassment, originally started 10 years ago by Tarana Burke and amplified by the sexual assault allegations against Hollywood mogul Harvey Weinstein. Even as the topic of sexual harassment dominated daily headlines throughout the fall and winter, legislators neglected a bill to extend sexual harassment protections to more Pennsylvania workers by closing a loophole in the state Pennsylvania Human Relations Act.

The Pennsylvania Campaign for Women’s Health organized these conversations to do what so many Pennsylvania lawmakers, unfortunately, will not: Listen to Pennsylvania women.

Meanwhile, throughout 2017, in church basements and borrowed office spaces, women from all over the Commonwealth told us about being sexually harassed and feeling like no one cared. They shared the challenges of balancing work and family. They explained the struggle to find affordable healthcare, anxiety about the possibility of losing access to birth control, and their desire for their children to have access to comprehensive sex education.

They told us they face stigma and judgment in doctors’ offices. They are frustrated to see so few women and people of color in leadership in their communities and in the state legislature. “I feel like I’m *always* under attack,” said a woman in Erie. “From men in the streets, to judgmental nurses, to having to drive two-and-a-half hours to get the care that I need, and at work.”

“Everyone deserves preventative care,” a Carlisle resident told us. “Our country would be hypocritical to deny such care while espousing family values.”

Maternity leave is a big issue. The United States is the only wealthy country in the world that provides zero weeks parental leave. More than 40% of workers don’t have access to paid sick leave, and employees without paid sick leave are disproportionately low-income workers.¹ “Even with (supposedly) great benefits as a teacher,” a Carlisle resident told us, “I had to liquidate my sick leave to take five weeks of maternity leave.”

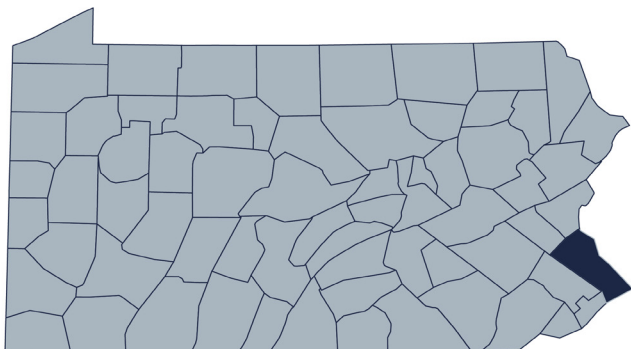
Finally, addressing women’s health must include equal access to safe, legal reproductive healthcare including abortion—not a patchwork of access stratified by income, language barriers, and zip code.

Not every issue cited by participants in the Community Conversations has a legislative solution, but many do. The Campaign for Women’s Health supports a legislative package that includes a suite of workplace equality bills (see Page 27) that should serve as a starting point to improving women’s health and economic security for Pennsylvania families.

We found that the people we talked to throughout the state were frustrated and eager to engage when given the opportunity to. We encourage you, as lawmakers, to listen to your constituents and work together to find ways to improve the lives of all families in Pennsylvania

The Pennsylvania Campaign for Women’s Health organized these conversations to do what so many Pennsylvania lawmakers, unfortunately, will not: Listen to Pennsylvania women.

Bensalem, Bucks County



Bucks County is a collar county surrounding the city of Philadelphia. The county is known for being home to many Eastern European immigrants, including Russian, Ukrainian and Polish families. Mexican families make up the largest percentage of the Hispanic population.

On November 6, 2017, Bucks County residents gathered to meet medical and policy experts, and share their experiences, recommendations and stories, including the challenges they face trying to lead healthy lives and deciding if, when, and how to raise a family in Pennsylvania.

Nearly 50 women participated in this event, which was organized by the Bucks County Women's Advocacy Coalition, YWCA Bucks County, Planned Parenthood Keystone, Women's Law Project and Lower Bucks Hospital.

Participants collaborated to identify their primary needs and concerns in four categories: Jobs and Economic Security, Personal Safety, Healthcare, and Reproductive Healthcare.

Many Bucks County residents are concerned about financial security. Participants noted that with a minimum hourly wage of \$7.25 per hour, Pennsylvania has a lower minimum wage than surrounding states. Pennsylvania's \$2.83 hourly minimum wage for tipped workers is unchanged since 1998, and is just 70 cents higher than the federal minimum of \$2.13 per hour. Although obligated to ensure their tipped employees receive at least the regular minimum wage, many employers fail to do so. In fact, on any given week, Pennsylvania workers lose \$19 million to \$32 million dollars to employer wage theft, according to a 2015 report from the Sheller Center for Social Justice.²

Bucks County has a high cost of living, and many families need two incomes to fully cover expenses. However, without paid leave, flexible schedules, or affordable childcare options, many women work part-time so they can balance parental and caretaking responsibilities with employment. This dynamic leaves many women working part-time jobs that do not offer benefits, such as healthcare.

"I don't post on social media because I'm afraid he will find me."

- Bucks Participant

Women who do work full-time jobs are aware of another issue inside the workforce: pay discrimination. Unfortunately, Pennsylvania's state equal pay law has not been updated since 1967, when it was amended in order to apply to fewer people.

Women in Bucks County see sexual harassment as another threat to economic security. Attendees expressed that their opportunities are limited by gender-based job discrimination, and that sexual harassment on the job interferes with productivity, and creates a stressful environment.

One solution suggested is job training. Participants expressed the belief that women without college degrees, especially single mothers, need more options to be able to support their families. People who are not American citizens or Green Card holders also need more job training opportunities.

While many people think of Bucks County as a wealthy place because of luxury real estate available in some areas, the reality is that poverty is rising in Bucks County. According to U.S. Census data, poverty in Bucks County is at a ten-year high, with 6.6% of the population considered poor. While that percentage is still below the national poverty rate, it is obviously going in the wrong direction.

Hispanic and Latino residents are among the most likely to fall below the federal poverty line. One in five Hispanic and Latino residents in Bucks, or 6,538 people, are living in poverty.

Poverty is, of course, intergenerational. Without a safety net and adequate opportunities to climb out of it, poverty can be a cradle-to-grave issue that negatively affects health. People cannot be healthy without economic security, and it is difficult to become economically secure if not healthy enough to work—or working for stagnant poverty wages.

On the topic of personal safety, participants in the Bucks County Community Conversation on Women’s Health expressed concern about sexual assault and domestic violence. Women have reason to fear violence in the streets, at home, and even online. Digital harassment and stalking is a serious issue for people fleeing abusive partners and former partners. Survivors are afraid abusers can track them through social media.

“I don’t feel safe anywhere,” said one participant. “I have a history of sexual abuse and I’m trying to get away from an abusive ex. I didn’t have locks on my door at my previous house, but now I have many. I don’t post on social media because I’m afraid he will find me.”

Currently, the Pennsylvania Legislature is considering a bill that would enable people who have suffered domestic abuse (also known as intimate partner abuse) to get out of cell phone contracts without having to pay a penalty fee. This legislation is meant to address the reality that many people in abusive living situations stay, or delay leaving, because of financial barriers to leaving, and also that cell phone records can be used by abusers to surveil their victims. We already know that leaving an abusive relationship is the most dangerous time for victims; passing this legislation would be a tremendous step forward in helping victims at this crucial time.

Additionally, people in Bucks County are concerned about gun violence, an issue connected to domestic violence. In 2016, 102 women, men, and children were killed in domestic violence incidents in Pennsylvania. The youngest person was 1 year old; the oldest person was 86 years old. Of 102 fatalities, 57 were executed by gunfire.



Like everywhere else in the country, Bucks County residents are worried about school shootings. There is a strong link between domestic violence and school shootings. A 2016 study conducted by Everytown for Gun Violence, which used FBI data and media reports to analyze mass shootings from January 2009 to December 2016, showed that 54 percent of the perpetrators of these horrific mass killings had a history of domestic or family violence.³

The Pennsylvania Legislature is currently considering legislation that would prohibit domestic abusers subject to final protection-from-abuse orders from possessing firearms, and require those abusers to surrender their firearms to an authorized third party, and to do so within 24 hours rather than the 60 days currently allowed under state law.

Bucks County residents continue to be concerned about racial discrimination. Black people make up less than 5% of Bucks County’s population, with the Hispanic population just slightly higher percentage. Racial discrimination and targeting make Black women and women of color feel unsafe, and fear for their children’s safety at school due to bullying. Participants

expressed a desire to see more cultural training done with various professionals in the county.

The opioid epidemic has not spared Bucks County: Opioid deaths in Bucks County shot up nearly 50 percent in 2016.⁴ While Governor Tom Wolf recently declared the opioid epidemic an official public health crisis, there are legislative proposals on the table in Pennsylvania that, if passed, would undermine the health and economic security of entire families while a parent is trying to recover from addiction. For example, Senate Bill 6 would permanently ban people with certain drug convictions from receiving Temporary Assistance for Needy Families, a safety net program. Senate Bill 6 also increases the cost of a replacement EBT (electronic benefits) card, and imposes a punitive \$100 fee the second time a replacement card is needed.⁵

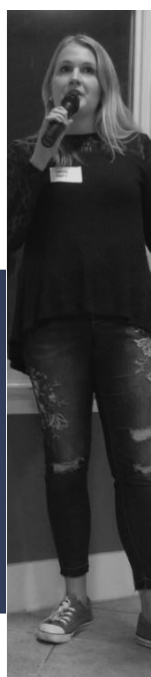
On the topic of health care, Bucks County residents are concerned about having access to, or losing, healthcare and health insurance. “I’d like to see legislators who care about our healthcare,” said one participant. “And not just pretend to.”

As the national OB/GYN shortage is nearing a crisis point, Bucks County residents report waiting months to get an appointment with their OB/GYN. Bucks County participants need reproductive healthcare to be accessible and affordable, and want a Planned Parenthood facility to be closer to where they live.

Participants are very concerned about access to reproductive healthcare through Medicaid, especially contraception access. Women working for Catholic and other religious organizations are concerned about policies that prevent them from accessing reproductive healthcare.

Bucks County residents on Medicaid report having difficulty finding providers who accept Medicaid. They need a current and accurate list of providers. When they have a provider, they sometimes have long wait periods, which exacerbates illness.

Women in Bucks County are very concerned that Congress has failed to renew CHIP, the insurance program for vulnerable children.



“I cannot have health insurance through my husband’s job because I am not a citizen,” shared another participant. “The other spouses at his work are all eligible. My job doesn’t offer health insurance, but I work all the time and raise our child. I have to wait five years or become citizen before I can be eligible. Probably five years will come first.”

Undocumented women cannot access health insurance and non-emergency room healthcare, making illnesses worse and creating a cycle of debt and illness. Like in other counties, undocumented women and women who do not speak English well report that language is a barrier to accessing the healthcare services that they need.

“I cannot have health insurance through my husband’s job because I am not a citizen,” shared another participant. “The other spouses at his work are all eligible. My job doesn’t offer health insurance, but I work all the time and raise our child. I have to wait five years or become citizen before I can be eligible. Probably five years will come first.”

Between constant legislative attempts to defund Planned Parenthood, sever contraception coverage, get rid of maternity coverage from insurance plans purchased through the exchange, and attempts to repeal or compromise the Affordable Care Act, women want—and need—clear information of changes to healthcare in the past few years. For example, women are especially concerned about whether preventative services, like mammograms and contraception, are covered by their insurance, and believe they should be covered by all health insurance programs.

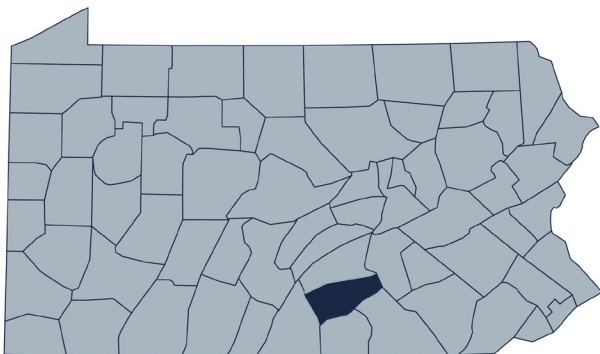
Women are aware of how politicized reproductive healthcare has become, and they worry about receiving proper, standard care without being subjected to a provider’s personal beliefs or political ideology.

They are acutely aware that their right to a safe, legal abortion is under attack through an onslaught of proposed state restrictions, even though it is legally protected by the Constitution.

TOP ISSUES IN BUCKS COUNTY

**Economic Security • Personal Safety • Affordable Childcare
Health Care & Medicaid Coverage**

Carlisle, Cumberland County



Carlisle Borough is a suburb of Harrisburg and the county seat of Cumberland County. Its geographic proximity to the state capital doesn't translate into a sense of connection with the people making decisions about the lives of those who live here.

In July 2017, approximately 65 community members from the Carlisle and Cumberland Valley area gathered to discuss the state of women's health in Cumberland County and across the Commonwealth. The primary theme was reproductive health, including access to contraception, maternity care and preventative healthcare.

The majority of women in Carlisle—almost 60%—work outside of the home,⁶ which is typical for Pennsylvania at large. The average household income is \$46,971.

Some aspects of reproductive healthcare are better than average for Pennsylvania. For example, women in Cumberland County have fewer Cesarean births, lower rates of low-birth weight babies, and a higher percentage of prenatal care in the first trimester.⁷

Carlisle residents are very concerned about losing access to preventative healthcare and birth control. In addition to political attacks on affordable health insurance and Medicaid, the United States is facing a critical shortage of reproductive healthcare providers, with nearly half of all U.S. counties lacking even one OB/GYN.⁸

"Everyone deserves preventative and contraceptive care..."

Our country would be hypocritical to deny such care while espousing family values."

- Carlisle Participant

Approximately 2,600 women in Cumberland County relied on the Planned Parenthood facility in Carlisle for reproductive healthcare before the facility closed in 2013 in an effort to consolidate resources.⁹ Community Conversation attendees expressed a fear of losing access to affordable reproductive healthcare.

"Everyone deserves preventative and contraceptive care," a participant told us. "Our country would be hypocritical to deny such care while espousing family values."

"We all need to raise healthy, happy, successful children!" said another participant. "Society wins when we do."

Residents of Cumberland County say they need more information to make healthier, better-informed choices. "A lack of sex education gets in the way of folks really understanding healthcare and their bodies," one woman told us. There is also confusion around health insurance—what is going to happen to their current insurance under threats to the Affordable Care Act and Medicaid—and what their current plan covers.

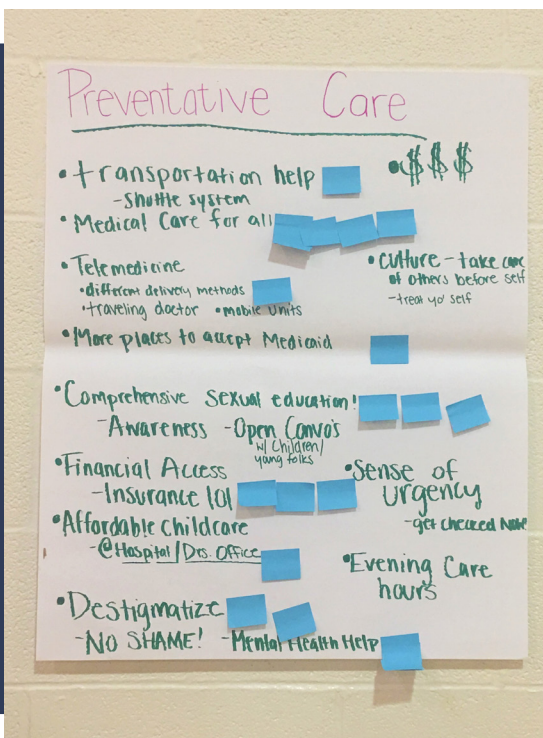


Promotion of family planning – and ensuring access to preferred contraceptive methods for women and couples – is essential to securing the well-being and autonomy of women, while supporting the health of communities, according to the World Health Organization.¹⁰ By reducing rates of unintended pregnancies, family planning also reduces the need for abortion. Family planning can prevent closely spaced and ill-timed pregnancies and births, which contribute to high infant mortality rates.

Approximately half of all pregnancies in Pennsylvania are unintended, a rate higher than the national average. Yet, some Pennsylvania lawmakers are trying to sever access to preventative and routine reproductive healthcare for thousands of Pennsylvania women by sponsoring Senate Bill 300, a bill to defund Planned Parenthood by placing it in the lowest tier of providers eligible for limited family planning funds.¹¹

“We wish that lawmakers understood the various barriers that already exist for women seeking healthcare, like stigma, lack of education, lack of transportation, and lack of childcare,” a participant told us. “Doing things like defunding Planned Parenthood doesn’t help because lawmakers are then adding to the problem by taking away a trusted provider.”

Not one of the 10 lawmakers who sponsored Senate Bill 300 also sponsored House Bill 1685, the bill designed to reduce infant mortality by promoting breastfeeding.¹² This political reality reflects studies that show states with the highest number of abortion restrictions tend to have the fewest supportive policies for women and children,¹³ a dynamic certainly at play here in Pennsylvania.



“We wish that lawmakers understood the various barriers that already exist for women seeking healthcare, like stigma, lack of education, lack of transportation, and lack of childcare.

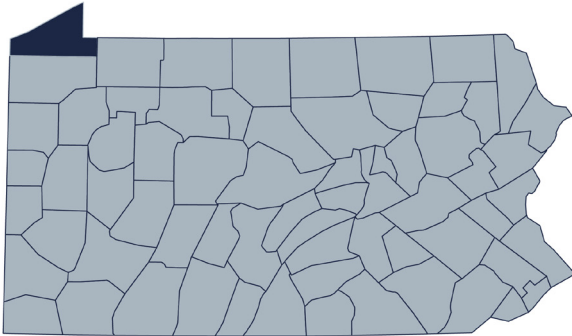
Doing things like defunding Planned Parenthood doesn’t help because lawmakers are then adding to the problem by taking away a trusted provider.”

- Carlisle Participant

TOP ISSUES IN CUMBERLAND COUNTY

Reproductive Health • Birth Control Access • Maternity Care • Preventative Health Care

Erie, Erie County



"It's a real struggle to get healthcare and to just be healthy."

Sitting on the shoreline of Lake Erie between New York and Ohio, Erie is the fourth largest city in Pennsylvania. People here believe their voices are not heard, and that their problems go unaddressed by lawmakers in Harrisburg and Washington, DC.

Healthcare is dominated by two large Pittsburgh-based networks: UPMC and Allegheny Health Network, limiting options for patients. Thirteen percent of Erie's population of approximately 280,000 people don't have health insurance, and say they can't afford to see a doctor.

Poverty is common: more than a quarter of Erie residents have household incomes of less than \$25,000. Like many other areas of Pennsylvania, the white population is decreasing, as the Latino and Black populations are increasing. Like the rest of the country, maternal and infant mortality are stratified by race—as are equal pay statistics.

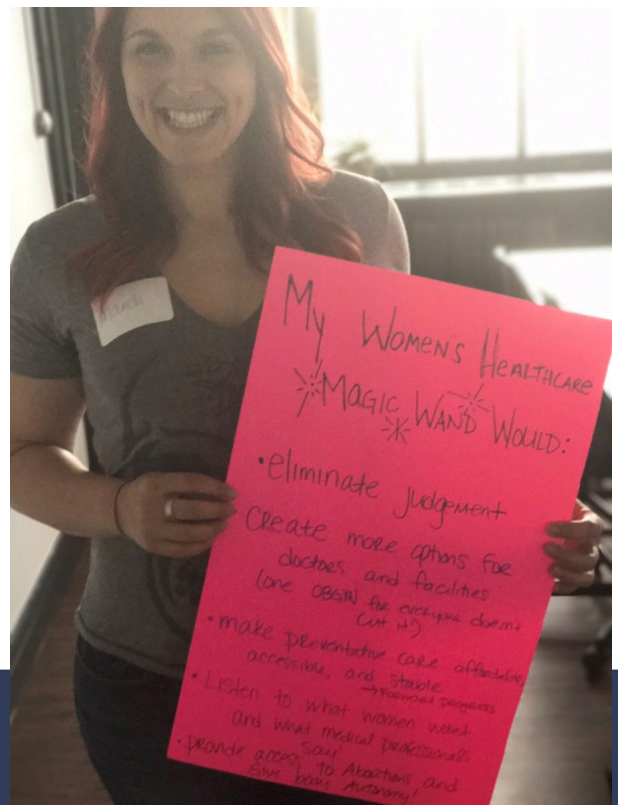
Despite having the largest city in northwestern Pennsylvania, Erie County does not have an abortion provider, and women seeking abortion are forced to drive up to two hours for safe, legal care. "You have to go to Cleveland, or Buffalo or Pittsburgh for that," a resident told us. "Buffalo is easiest to get to." A typical drive to Buffalo from Erie costs more than \$20 in gas and tolls, in addition to the cost of lost work days or shifts and—since most women having an abortion already have children—arranging childcare.

Healthcare specialists of any kind are far enough away to require Erie residents to shoulder these additional costs routinely. Erie residents told us that they resented the additional cost and burden of finding healthcare, and how they are treated once they do.

"Rampant sexism," is how one Erie resident described the experience of seeking medical care. "My fertility specialist said he preferred my husband be [present]."

We asked the Erie community what they wish lawmakers who made decisions about policies that impact their lives would understand about their lives. "Healthcare is the main reason I work at my job," one woman said. "If I could receive healthcare some other affordable way, I could focus on my small business, and other things I want to do. Like kids. Kids would be nice."

"I got a bill for almost \$200,000 when my daughter was born with complications," said another woman. "I had to fight for my insurance to cover it."



"My fertility specialist said he preferred my husband be [present]."

- Erie Resident

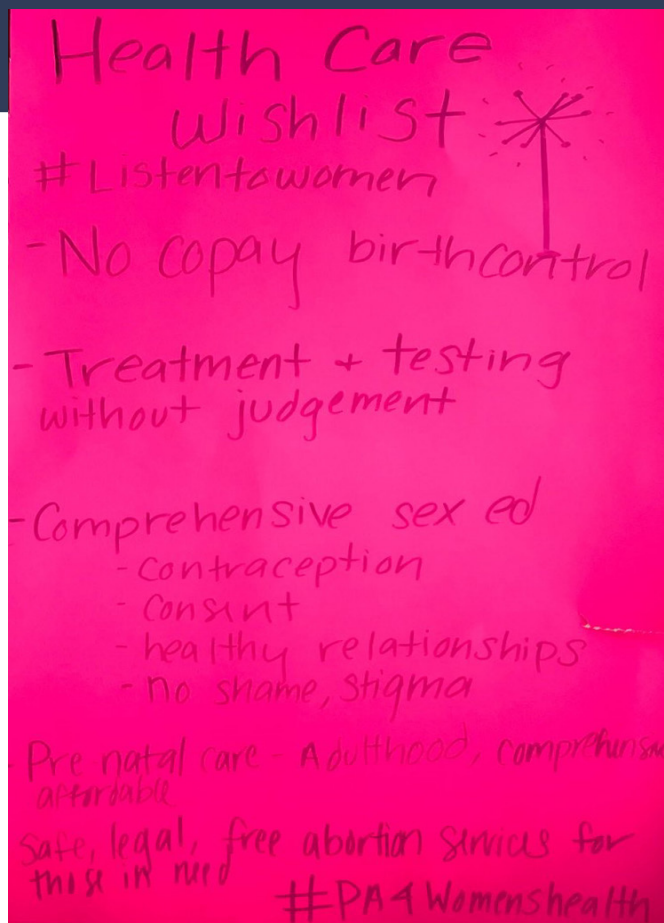
Several Erie residents experience a pervasive sense of feeling unsafe. “I’ve had men catcall me right in front of police officers,” said a participant. “They laughed.”

The workplace can be just as bad as the streets. “I’ve been straight-up propositioned by my old boss. This town is such an old boys’ club. Nobody gives a damn.”

Erie residents are worried about the attacks on birth control and federal efforts to dismantle the Affordable Care Act. “It’s terrifying,” said one resident. “They talk about freedom of religion. Why is my boss’s religion more important than mine?” Another woman put it directly: “Don’t men realize that without [birth control and preventative care], we’re screwed?”

“Don’t men realize that without [birth control and preventative care], we’re screwed?”

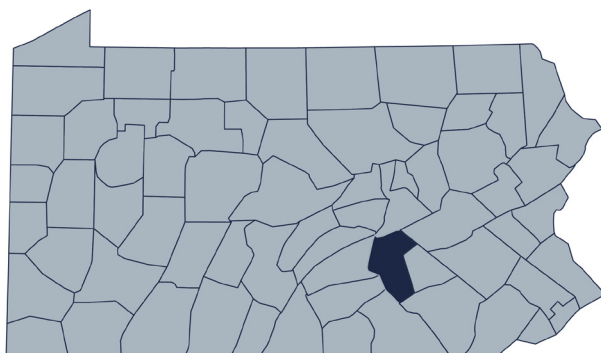
- Erie Participant



TOP ISSUES IN ERIE COUNTY

Health Care • Lack of Abortion Access • Personal Safety • Sexual Harassment

Hershey, Dauphin County



On October 17, 2017 approximately 50 community members from the Hershey area gathered to learn the basics of reproductive health care and health insurance to grasp a deeper understanding of the current atmosphere around the Affordable Care Act (ACA).

The event, co-created with the campaign, included a panel of experts on health insurance, reproductive health care access, preventive care, and advocacy. Panelists included Cynthia Chuang, Professor of Medicine and Public Health Sciences at Penn State Hershey, Douglas Leslie, PhD, Professor and Director of Applied Studies in Health Economics, Carol Weisman, PhD, Distinguished Professor of Public Health Sciences & Obstetrics and Gynecology, Jennifer McCall-Hosenfeld, MD, MSC, Associate Professor and Director of Penn State Center for Women's Health Research, and

Cheri Rinehart, BSN, President & CEO, Pennsylvania Association of Community Health Centers. Following the panel, participants participated in a short discussion and Q&A period with the panelists and other attendees.

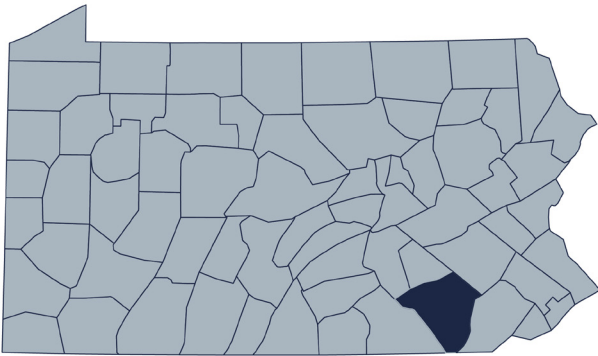
While this event took on a different look than other community conversations, the Pennsylvania Campaign for Women's Health was happy to support the grassroots and volunteer-led Hershey Indivisible group in their planning efforts. Together, our organizations ensured participants not only received much needed information and clarification on ACA enrollment and the state of reproductive health, but also had an opportunity to share their stories, ask questions, and ultimately provided some insight into the needs of the Hershey area.

At the time of this event, many residents of our Commonwealth were (and continue to be) worried about the future of their health insurance and the Affordable Care Act. Everyone in attendance agreed that dismantling the ACA was the wrong direction for lawmakers to go and instead hoped that decision makers would be open to working towards a universal healthcare system that provides residents unbarred access to health care. Attendees appreciated being afforded the opportunity to learn more and ask questions about health insurance and ACA enrollment. Several participants expressed a desire to see more forums of this sort created and run by local decision makers in the future.

TOP ISSUES IN DAUPHIN COUNTY

The Future of Health Insurance Coverage • Protecting Safety-net Providers

Lancaster, Lancaster County



Lancaster County is the sixth largest county in our Commonwealth. It is home to endless acres of lush Amish farms, and many historic sites including the Lancaster Central Market, the National Railroad Museum, and the homestead of President James Buchanan. But what lies beneath all of this historic scenery? Who plows those fields, dusts off those antiques, or keeps the exciting bustle of Lancaster City flowing?

On October 9, 2017, 30 community members from Lancaster County—invited by Keystone Progress, Planned Parenthood Pennsylvania Advocates, and Lancaster Stands Up—gathered together to have a deep discussion on healthcare and its accessibility within the county. Attendees started the event by sharing their lived experiences with various health care providers from across the county, allowing folks

to better understand the diversity and intersecting lives that were present in the room.

What follows are the stories, concerns, obstacles, and possible solutions that inform how Lancaster county residents can live a full and healthy life, free from discrimination and full of equal opportunities.

Eleven percent of Lancaster County residents do not have health insurance—the same percentage as that of residents living in poverty. These statistics fluctuate depending on where a resident lives in the county and/or their gender, race, and immigration status. For example, women aged 18-24 are statistically most likely to live in poverty, and those within the city limits of Lancaster have a poverty rate *nearly double* that of the county (29%).¹⁴ It's worse when you compound location and race, as evidenced by the fact that Hispanic and Latinx individuals make up nearly 1 in 3 of the 29% of city residents living in poverty.¹⁵ Attendees living within the city limits expressed several frustrations with accessing medical care, including:



- Difficulty with paying for medical care, and even inability to pay (this concern was shared among attendees regardless of their insurance coverage, which in turn led the group to agree that the state and country should move towards a universal health care coverage system)
- Financial barriers preventing residents from being able to use public transportation systems; which prevents them, logistically, from being able to get to a health care provider in the first place (several attendees pointed out the city's bus system needs to be updated, including routes and payment options)
- Lack of affordable childcare for working parents, as well as the inability to take paid parental leave

Economic and transportation issues were not the only factors stopping Lancaster residents from getting the care they need. The majority of participants shared their deep concerns regarding an extreme lack of cultural competency from medical care providers. Attendees shared experiences of feeling uncomfortable or shamed because of the questions, symptoms, or concerns shared with their doctor. Participants felt, in particular, that the LGBTQ+ community, young people and single women are the groups most widely misunderstood in doctor's offices, which resulted in a lack of compassionate care—or not getting care at all.

Participants agreed that all doctors should be required to participate in continuing education programs that not only teach new medical advances and procedures, but also cultural awareness.

Recommended training topics include:

- Trans-inclusivity training to increase accessibility for transgender community members: Medical professionals should be skilled at using inclusive, non-binary language, which should also be used on intake paperwork
- More doctors should be trained to provide trans healthcare services like hormone replacement therapy
- Trusting the patient to be the expert in their own life: female participants shared stories of being repeatedly sex-shamed by medical professionals and given inaccurate medical information regarding birth control and abortion care at routine OB/GYN visits.
- Participants felt strongly that politicians should *not* interfere with their personal, medical choices

One resident shared her story about how difficult it was to get healthcare providers to believe her: “I went 3 years with an undiagnosed disease that made it painful for me to have sex. My doctors didn’t know about my disease, luckily I found one who knew what was wrong with me and believed me.”

Lancaster residents at the community conversation want inclusive, medically accurate sex education for students in grades K-12, regardless of whether or not the school is public, private, religious, or other. They felt comprehensive sex education in school would help normalize conversations about healthcare and health-related issues, especially about sex, pregnancy, female anatomy—and consent.

The concept of consent is critical to reduce sexual harassment and violence experienced by students. While the culture at large is becoming more comfortable discussing sexual harassment in the workplace and sexual violence on college campuses, we are still neglecting sexual harassment and violence experienced by younger students. One recent study showed that nearly half of middle school students surveyed reported they had been the victims of verbal sexual harassment such as sexual comments, jokes or gestures during the prior year.¹⁶

“I went 3 years with an undiagnosed disease that made it painful for me to have sex. My doctors didn’t know about my disease, luckily I found one who knew what was wrong with me and believed me.”

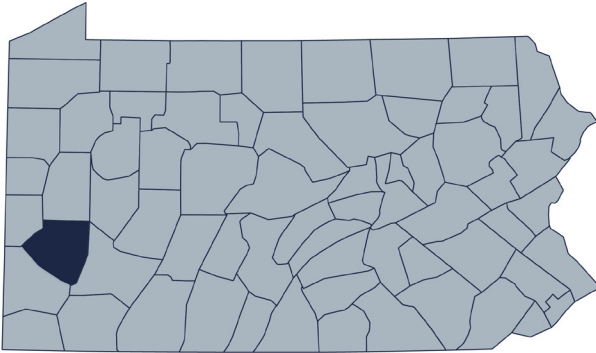
-Lancaster Resident



TOP ISSUES IN LANCASTER COUNTY

**Healthcare Access • Economic Security • Cultural Competency in Health Care
Comprehensive Sex Education • Personal Safety**

Millvale, Etna, and Sharpsburg, Allegheny County



Millvale borough is situated just across the Allegheny River, to the north of Pittsburgh. Millvale is a mere 0.7 square miles¹⁷ and has a population of 3,744.¹⁸ Its struggles reflect the challenges faced by many small riverfront industrial communities that run throughout southwest Pennsylvania.

For many of these towns, including Millvale's immediate neighbors—the boroughs of Etna and Sharpsburg—the steel industry's collapse in the 1980s led to devastating population loss, an erosion of local business districts, and significant economic adversity. Millvale, though, is currently experiencing a period of exciting renewal. The last few years have brought a state-of-the-art community center and the borough's first library. Ambitious community planning efforts earned Millvale the 2017 Silver National Planning Achievement Award by the American Planning Association (APA).

However, despite this important work to rehabilitate and renew the community, Millvale still faces significant challenges. The median family income in Millvale is \$47,875,¹⁹ and while women make up over 49% of the population²⁰, women over 16 years old earn, on average, \$10,000 less than their male counterparts.²¹ In a community where the cost of almost half of renter-occupied housing is set at 30% or more of the average household income,²² the availability of affordable housing is a major concern. In addition, lack of adequate transportation options to get to work, buy fresh food, and access healthcare remains a significant challenge for the community. The harsh reality of these statistics was apparent during a recent community conversation on women's health.

On July 20, 2017, over 60 community members from Millvale, Sharpsburg, and Etna gathered at the Millvale Community Center in Allegheny County for an open dialogue about the challenges that women in these communities face staying healthy and raising a family. The event was organized by Women's Law Project Western PA Office, Planned Parenthood of Western Pennsylvania – Pittsburgh Office, Pittsburgh United, ACLU of Pennsylvania – Pittsburgh Office, and the Allegheny County Health Department.

The event also featured several area organizations who attended to provide information and resources, including: North Hills Community Outreach, Midwife Center, Restaurant Opportunities Center, Pittsburgh United, ACJ Health Justice Project, Planned Parenthood, PA Campaign For Women's Health, Millvale Library, Pittsburgh Commission on Human Relations, Lloyd McBride Court (senior housing), Center for Independent Living, Prevention Point, and the ACLU of Pennsylvania.



“One patient needed a hysterectomy but she had to cancel her appointment for surgery because she didn’t have anyone that could look after her children during recovery.”

- Local OB/GYN

Participants—residents, policy experts and local OB/GYNs—voted on their top concerns to create an Agenda for Women’s Health for Millvale, Etna, and Sharpsburg which offered meaningful and concrete solutions to the identified problems. Key themes of the Millvale Community Conversation include: access and barriers to reproductive health care; women and economic (in)security; and barriers faced by pregnant/nursing workers on the job.

“We were struggling and we didn’t even have kids, " one participant shared. "What do people do who have kids?”

Participants shared personal accounts of their struggles and those of their friends, families, and fellow community members. Healthcare providers in attendance expressed concern for patients who delay, or sometimes forgo treatment altogether, due to lack of insurance coverage or lack of childcare during an appointment or recovery. A local OB/GYN shared, “One patient needed a hysterectomy but she had to cancel her appointment for surgery because she didn’t have anyone that could look after her children during recovery.”

A lawyer talked about a client who works three jobs at \$7.25 an hour, and still struggles to get by, and is forced to make impossible choices when she or her daughter gets sick. “We were struggling and we didn’t even have kids, " one participant shared. "What do people do who have kids?”

In small groups, community members identified a multitude of issues affecting their communities, including:

- A lack of access to affordable healthcare, contraception, and accurate/inclusive sex education
- The need for paid sick leave and family leave
- Economic issues such as low wages
- Lack of affordable housing and transportation

Additional themes emerged throughout the evening. Participants discussed shame and disrespect in the exam room and feeling disempowered in their interactions with health providers. One participant said that when she was 16 years old, she asked her pediatrician for information about birth control but was brushed off because she was not sexually active yet. Another participant was diagnosed with polycystic ovarian syndrome—when she asked for fertility counseling, she was told not to worry about it because she wasn’t trying to get pregnant at that time.

Participants discussed the ongoing challenges for women who are unable to get the healthcare they need to stay healthy when they are primary caregivers for children, grandchildren, parents or partners. A local OB/GYN recounted a story of a patient who needed a hysterectomy, but canceled her surgery because she didn’t have anyone who could look after her children during recovery. Another participant commented on how difficult it is to take care of both younger and older people, stuck between taking care of their parents and children, while unable to take off work because of financial worries.



Economic insecurity, and how it affects health, was a common theme. In Millvale, the median income for a man is \$40,893, but for a woman it's only about \$30,000.²³ A local employment attorney noted that she has clients working multiple jobs to pay for their health insurance. One participant talked about being sick for three years straight, but she couldn't get vegetables from a food bank because her income was slightly above the limit.

Many participants shared stories about how the lack of maternity leave or pregnancy and nursing accommodations in the workplace affected them, and the frustrating choices they had to make about how best to support their family.

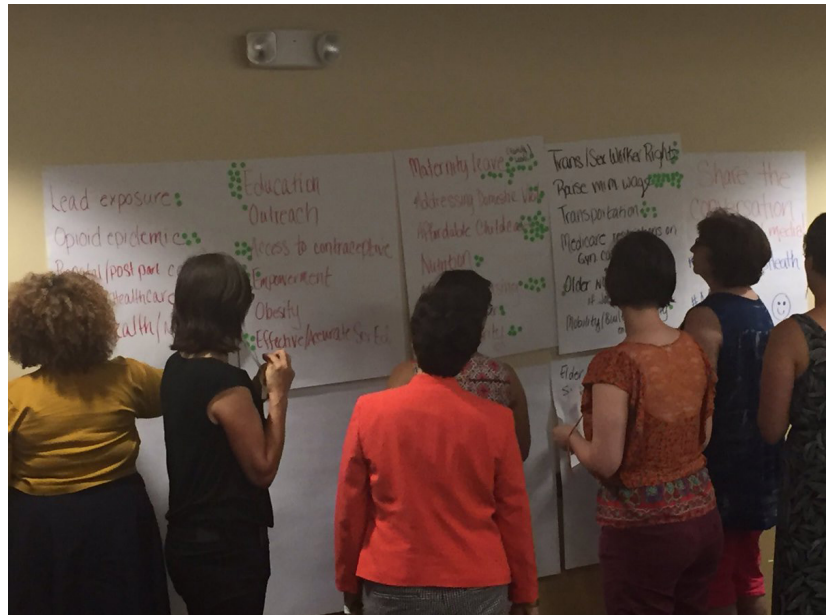
“Stop treating women as though they’re disposable.”

These challenges crossed industry and company size and type. One participant worked at a small non-profit organization. Another participant had a baby, and wanted to continue breastfeeding after returning to work. For women to continue breastfeeding at home while working, they have to be able to express (pump) milk during the day. This woman was told she would have to use a windowed office, the bathroom, or a tiny supply closet so small a chair couldn't fit into it. It's little wonder Pennsylvania's breastfeeding rates fall far below public health experts' recommendations.

Another participant worked in a large corporate finance department. She had a miscarriage and called off work that day and the next. The following day her boss got in touch. When she told him what had happened to her he said, “So sorry. So, when will you be back?”

After sharing these powerful stories, participants voted on their top issues to create a local agenda for women's health for Millvale, Etna, and Sharpsburg.

Participants had a very clear message for lawmakers: stop treating women as though they're disposable.

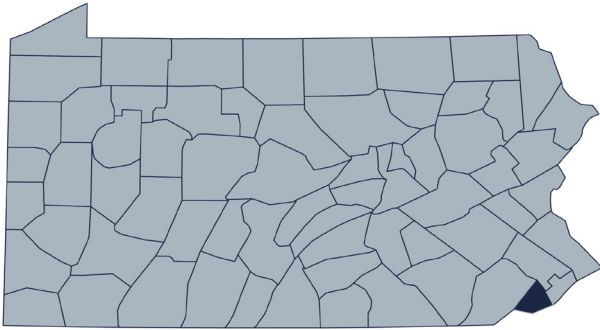


TOP ISSUES FOR MILLVALE, ETNA, SHARPSBURG IN ALLEGHENY COUNTY

**Raise the Minimum Wage • Maternity Leave/Family Leave • Affordable Childcare
Affordable Housing • Empowerment for Woman**

See the Latinx Report for Pittsburgh on Page 23 for top issues affecting the Allegheny County Latinx Community.

Upper Darby, Delaware County



On Saturday, November 11, 2017, approximately 35 community members from Upper Darby and surrounding Delaware County communities gathered to discuss their experiences, develop connections, and amplify their voices to educate legislators about the real needs and priorities of women in Delaware County. The event was organized by several area organizations, including: AccessMatters, ACLU of Pennsylvania, Catholics for Choice, Maternity Care Coalition, and Planned Parenthood Southeastern Pennsylvania.

Delaware County is situated just southwest of Philadelphia and has the fifth largest population in the Commonwealth.²⁴ Often referred to as Delco, Delaware County is a densely populated compact county that is home to 49 unique municipalities²⁵ and a total population of 563,402.²⁶

Delaware County is rich in history and local culture and tradition. William Penn first set foot in Pennsylvania in Delaware County's City of Chester, and the county is home to many historic landmarks, colleges and universities, and historic sites. According to the Census Bureau's Population Estimates Program and American Community Survey, the racial makeup of the population in Delaware County is 70% White, 21% Black or African American, 5% Asian, and 4% Latino.²⁷ The County has seen shifts in the diversity of the populace in recent years with percentages of non-white residents on the rise.

The median household income is \$66,576; the median income for men is approximately \$60,000, compared to \$45,000 for women.²⁸ While almost 90% of the county's overall population is above poverty level, close to 40% of the population in the county's largest city of Chester falls below poverty level, and live on a household income of just \$27,000 per year.²⁹

With such a drastic range in economic status in the county, residents face different challenges when it comes to economic self-sufficiency and having the ability to live a full and healthy life.

Participants shared their thoughts in large group discussions and smaller breakout groups focused on the biggest challenges they face: barriers keeping them from accessing healthcare, feeling safe or achieving financial stability; and proposed solutions. The conversations culminated in the creation of an Agenda for Women's Health for Upper Darby and the surrounding communities in Delaware County. What follows are personal accounts, challenges, barriers, and possible solutions that will better allow Delaware County residents to live a full and healthy life, free from discrimination and full of equal opportunities.

With close to 30% of the county's population enrolled in a public health insurance program,³⁰ access to healthcare is an acute concern—particularly the lack of equal access to quality, affordable health insurance for all, and constant attacks on Medicaid coverage and insurance coverage purchased through the state marketplace.

Participants discussed additional challenges related to accessing healthcare:

- The lack of a county health department
- Impact on care and accessibility when for-profit health care providers take over non-profit health systems
- Lack of access to prenatal care
- High maternal and infant mortality rates, especially for Black women and babies
- Environmental health risks
- Lack of funding for mental and behavioral health

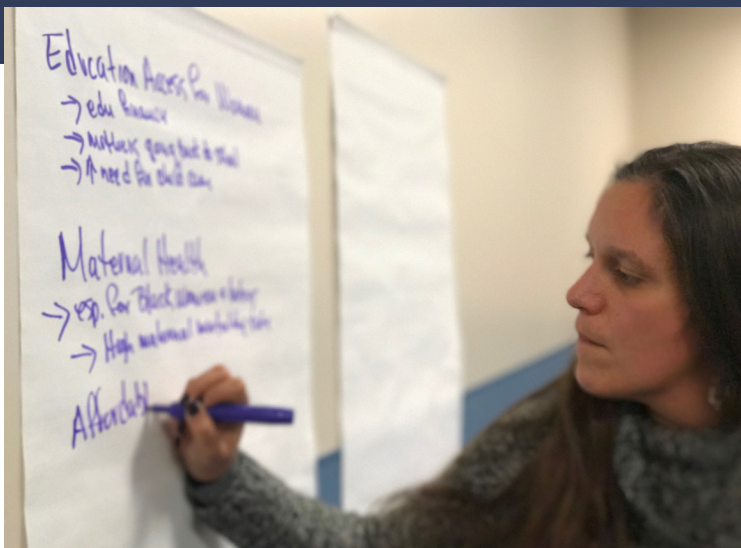


In addition to healthcare, Delco county residents expressed concern about economic security and development. The majority of participants felt that current workplace structures did not adequately support women and families. Specifically, they highlighted the lack of flexibility in setting work schedules. Lack of education, resources, and opportunities for women business owners and entrepreneurs were also cited as major barriers to economic self-sufficiency.

One participant told about her experience with childcare: “I felt really overwhelmed when I found out that the district only has half-day kindergarten and I have to find childcare for my son the rest of the time.”

Education was a major concern – lack of funding for public education, lack of comprehensive sexuality and family planning education, and barriers facing young women who are returning to school or need childcare. Participants agreed they face significant childcare challenges, particularly the high cost of childcare and lack of subsidies. Participants also cited as a challenge the logistical conflict between typical parent working hours and full-day kindergarten/pre-K schedules, in addition to the high cost of early education. Participants recommended that there be established childcare options for students, incentives for childcare providers to remain open past 6pm, and increased funding for childcare subsidies to eliminate the waitlist for such programs.

“I felt really overwhelmed when I found out that the district only has half-day kindergarten and I have to find childcare for my son the rest of the time.”



The discussion also addressed personal safety. Participants were particularly concerned about high rates of sexual assault, interpersonal violence, domestic abuse and sexual harassment. Gun violence was a major concern for many.

Participants did not see their concerns being addressed by their elected officials. What they see, instead, are elected officials who do not reflect the community’s values. They are concerned about what they see as failure to adequately protect marginalized communities. The result is weak civic participation.

Community members organically discussed and proposed an “agenda for women’s health” for Upper Darby and surrounding communities. In addition to protecting and expanding Medicaid and promoting affordable health insurance for all, Delco residents would like a department of health established for the county, more funding for women’s behavioral health research, and more funding for opioid addiction treatment.

Some legislative solutions have already been proposed by members of the Women’s Health Caucus, including: raising the minimum wage to a living wage, pay equity, and paid leave and sick days.

Delaware County residents want more affordable housing, support for alternative job structures, flexible work schedules for people in retail and food services, and better public education opportunities. Specifically, they cited the need for more support for mothers returning to school, and comprehensive sex and family planning education for kids.

“Pennsylvania’s poor grades on women’s equality are literally the product of the lack of diversity [among our elected officials].”

- Male Delaware County Participant

spoke candidly, “Pennsylvania’s poor grades on women’s equality are literally the product of the lack of diversity [among our elected officials].”

Participants specifically highlighted the need to protect rights of marginalized residents and rejected the idea of diversity-as-optics. They want to see true inclusivity. Suggestions included: building an inclusive coalition that centers the voices of people from marginalized groups and people at the intersection of these groups (queer, trans, and non-binary people; people of color; people with disabilities; poor people; and immigrants), and including men.

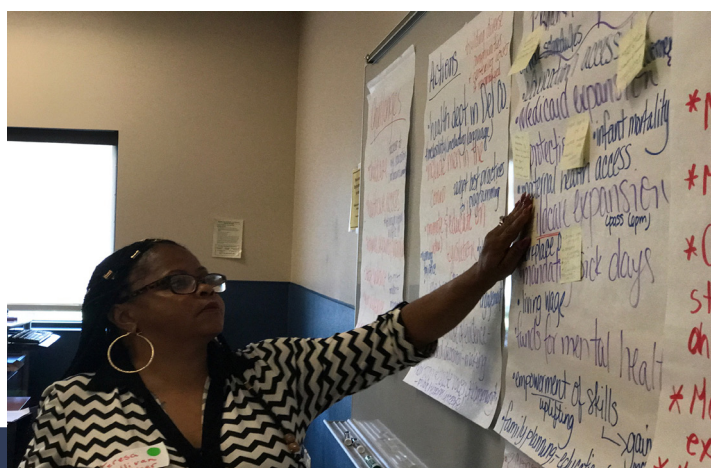
Throughout the day, participants emphasized the need for a change in power and increased representation in elected office—unsurprising in a state ranked nearly last in female representation,³¹ and with marginal representation by Black people and other people of color. “The way we change the balance of power is to elect people who are about us and support us as women,” one participant shared with the group.

Participants were clearly energized by merely being asked for input, an uncommon experience. Everyone in the room committed to do everything in their power to effect change by participating in more events and conversations, engaging in dialogue with neighbors, friends and colleagues, and by holding current elected officials accountable.

Participants in the Delco Community Conversation on Women’s Health feel locked out of the political process in Pennsylvania. They want to see more politicians rely on evidence-based decision-making, and listening to constituents. Specifically, they want public hearings on critical topics that affect their lives, and town halls hosted in the community. Other proposed solutions included electing new representatives who better reflect the values of the community by identifying leaders from local communities to take on those roles. One male participant

“The way we change the balance of power is to elect people who are about us and support us as women.”

- Delaware County Participant



TOP ISSUES IN DELAWARE COUNTY

Increased Wages & Pay Equity • Protecting & Expanding Access to

Health Care, Including Medicaid • Access to Quality, Affordable Childcare

Community Conversations on Women's Health:

Focus on the Rising Latinx population



For generations, immigrants from all around the world have settled in the Commonwealth of Pennsylvania, seeking new opportunities and a fresh start. Currently, more than six percent of Pennsylvania residents are immigrants,³² the majority of whom have emigrated from India, China, Mexico, the Dominican Republic, and Vietnam.

Most of the Commonwealth's immigrant population are women and children. In 2015, Pennsylvania's immigrant population was comprised of 402,706 women, 371,636 men, and 62,817 children.³³

Immigrant communities and communities of color often face more challenges accessing healthcare than their white peers, largely due to the exploitation these communities face by the

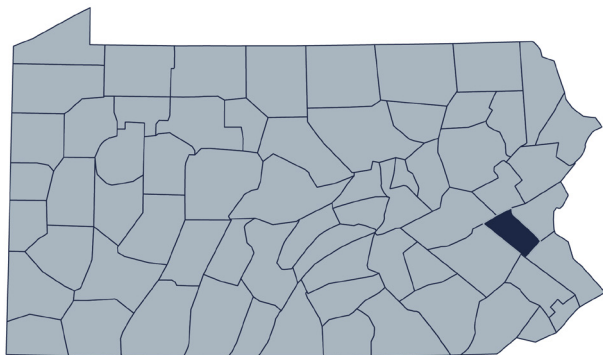
powers that be in our country. The result of this exploitation is grave and has resulted in disproportionately negative health outcomes, wages, and living conditions for Latinx families across our country and Commonwealth. (Note: Latinx is the gender-neutral alternative to Latino and Latina. It is pronounced "La-teen-ex"). The health and well-being of these Pennsylvania families are compromised due to the continued fear of discrimination and deportation and systemic exploitation.

By 2044, the U.S. will be a majority minority nation,³⁴ meaning that the majority of residents will be from ethnic or racial groups that are currently minorities. By 2060, 29 percent of the country will be Latino.³⁵ We see this trend in Pennsylvania: the city of Reading in Berks County had a Latinx population of 60 percent in 2014, up from 37 percent in 2000.³⁶

As the *New York Times* pointed out, Reading is a city living, at least demographically, in the future. It is time for us to better prepare for that future.³⁷

We can begin by listening.

Rising Latinx Population: Allentown, Lehigh County



Continuing the much-needed conversation with Latinx residents, the Pennsylvania Campaign for Women's Health and Make The Road Pennsylvania continued the Community Conversation's in Allentown, the third largest and fastest growing city in Pennsylvania, according to the U.S Census. As the Allentown population continues to grow, so too does its diversity. Home to 1.25 times more Latinx residents than any other race or ethnicity,³⁸ it is vital that decision-makers are aware of the unique and specific needs of Allentown Latinx residents.

What follows is a brief summary of the lived experiences—including the barriers they face in living a full and healthy life, and the opportunities they see for decision-makers to enhance their quality of life—of the nearly 20 Latina residents who participated in

the Community Conversation events hosted in Allentown by the Pennsylvania Campaign for Women's Health.

Three main topics of concern identified by Allentown Latinas: uncertainty and mistrust surrounding the healthcare system and physicians, extreme lack of financial security, and the need to clean up the city's general infrastructure.

It is important to note that these are only the high-level themes of the conversations, and that there are many subtopics that intersect with these large issues.

Allentown Latinas expressed a lack of trust and an inability to connect and feel comfortable with physicians. The primary reason is that the majority of physicians do not look like the communities they serve, nor do they have the cultural understanding to treat Latinx patients as whole people. As in Pittsburgh and Reading, Latinas living in Allentown expressed frustration with the lack of Spanish-speaking doctors, the low number of female physicians, and the easy dismissal of patient symptoms. These factors contributed to feelings of uneasiness and distrust at nearly every point in the healthcare system, from emergency room visits to the dentist's office.

Access to affordable reproductive healthcare is a significant concern of Latinas living in Allentown. Many of the women in the room shared distressing stories of white, male physicians

ignoring requests for treatment and stigmatizing natural reproductive processes. One Latina in attendance told her story of visiting a doctor because of severe pain in her abdominal area. Immediately after hearing her symptoms, the doctor suggested performing a hysterectomy—despite the lack of testing and the fact that this Latina patient was a young woman without children. She reported to us that this physician was not at all concerned or interested in discussing the permanent ramifications having a hysterectomy would have on her life.

Other distressing experiences faced by Latinas at the OB/GYN office included: menstrual shaming; multiple male obstetricians attempting to talk women out of the Long-Acting Reversible Contraceptive (LARC) methods, such as an IUD, which is 99% effective in preventing pregnancy;³⁹ stigma and sex-shaming: One attendee shared that her OB/GYN tried

One Latina told us about a doctor's visit: Immediately after hearing her symptoms, the doctor suggested performing a hysterectomy—despite the lack of testing and the fact that this Latina patient was a young woman without children. The physician was not at all concerned or interested in discussing the permanent ramifications having a hysterectomy would have on her life.

to “scare (her with) STDs, instead of providing judgement-free care;” and over-prescribing birth control pills, and offering them as an answer to all reproductive issues.

Participants expressed a deep and sincere desire to resolve these issues in order to stay healthy and raise happy, healthy families. Solution-oriented proposals included:

- Training more culturally-informed, honest doctors
- Ending the over-prescription of various medications
- Educating teens with age-appropriate comprehensive sex education
- More support and action from decision-makers and physicians

“(We need) actual information,” explained one participant, “not just publicity stunts, like wearing pink for breast cancer.”

Latinas in Allentown report encountering many obstacles while working toward economic security. One participant described her trouble paying for broken windows, roofs and other household needs, healthcare, food, schooling—and dealing with rodents or other pests that are rampant in Latinx neighborhoods of Allentown. “There’s always something else,” she said. There is a sense of being caught in a never-ending cycle of financial distress.

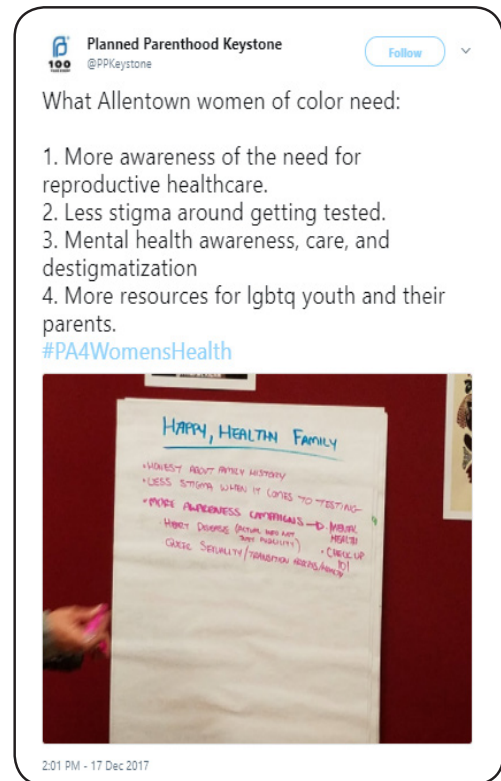
It is not uncommon for Latinx individuals to work multiple, low-paying jobs having constantly rotating work schedules with odd hours and unpredictable paychecks—and this holds true for Latinx Allentown residents. In addition to not knowing how many hours they may work in any given week, attendees expressed great frustration with the racial and gender pay gap in the workforce, and a sense that they are competing with less qualified candidates for promotions. In Pennsylvania, Latinas working full-time earn only 57 cents on the dollar for every dollar a white, non-Hispanic male makes, on average.⁴⁰

Stagnant poverty wages and pay discrimination lead to a vicious cycle: how can Latinas earn more money so they can afford education, so they can earn more money?

Several young Latinas expressed frustration about getting an opportunity to go to college so they can determine their future career paths. “The only way I’m going to college is if I get enough scholarships for a full ride,” explained one participant. “You need education to get a ‘good job,’ but you need money to get a good education,” another echoed.

Compounding these burdens is Allentown’s crumbling infrastructure. Starting its journey to become a city in the early 1700s,⁴¹ Allentown is a city full of old and aging buildings, houses, and streets. Attendees concluded policymakers across all levels of government needed to seriously examine the infrastructure of Allentown. All attendees expressed feeling unsafe in their homes and neighborhoods.

Latinx residents have been disproportionately pushed into neighborhoods that are **more likely** to have rodent issues, lead pipes and paint, and unsanitary drinking water and **less likely** to have basic provisions like street lights, grocery stores with fresh produce, or medical providers within a short distance. When communities are deprived of the ability to support themselves, they are forced to make decisions unimaginable to middle-class lawmakers in order to preserve their own safety and feed their families.

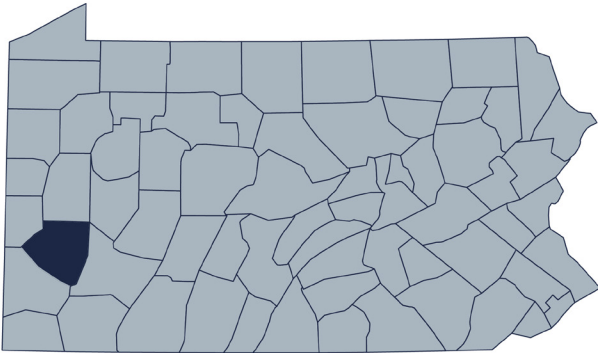


TOP ISSUES IN LEHIGH COUNTY FOR THE LATINX COMMUNITY

Uncertainty & Mistrust with Healthcare & Physicians • Economic Security • Local Infrastructure

Rising Latinx population:

Pittsburgh, Allegheny County



In recent years, the overall population in Pittsburgh has declined while the Latinx population has increased.⁴² This underscores the importance of amplifying Latinx voices and ensuring lawmakers understand the challenges they face on a daily basis.

On a Saturday morning in July 2017, members of the Pennsylvania Campaign for Women's Health had a unique opportunity to do just that by conducting an intimate conversation with a group of undocumented Spanish-speaking immigrants living in the Pittsburgh area.

The Pittsburgh Community Conversation on Women's Health with Latinx residents also included participants from Women's Law

Project and Planned Parenthood, a local OB/GYN, and a translation company. The event featured a Reproductive Health 101 review and a Q&A discussion with a local Spanish-speaking OB/GYN.

The Reproductive Health 101 review included basic information about pap smears, mammograms, testing and treatment for STIs, family planning, and contraception. Following the presentation, the OB/GYN asked if there were questions. After some hesitation, participants seemed to feel more comfortable and began a robust 30 minute Q&A discussion. Participants asked questions about the side effects of various contraceptive methods, why certain health conditions happen, the recommended age for healthy pregnancy, and more.

The lack of Spanish-speaking doctors and inadequacies of existing translation services was a key theme that emerged as a barrier to accessing healthcare. The language barrier significantly affected participants' health, healthcare choices, and decisions about if and how to have children.

"Sometimes the interpreter doesn't do a good job conveying the meaning of what is being said, and one is not sure about accuracy of translation," explained one participant. "You can tell when the interpretation is happening that it wasn't all interpreted or accurate." Another participant had a doctor who spoke limited Spanish and relied on a nurse working at the clinic for interpretation. She was not confident the doctor understood everything or that all her comments were interpreted.

Multiple community members expressed frustration and concern at the fact that information may not be delivered in its entirety or feeling like the interpreter does not care because they think the patients don't speak English. One participant expressed feelings about the interpreters' lack of compassion: "The interpreter doesn't care because they think we don't



"I came to the US with a dream, but I have spent lots of years already like this. I came seeking a better life and because medical treatments were better here. But I have been struggling for a very long time. My situation has gotten complicated, but I hope there can be a solution."

-Lancaster Resident



speak English at all, but we might understand some words.”

Like many people living in America, many Latinx community members found healthcare unattainable because it is unaffordable. A participant who has rheumatoid arthritis, which requires regular care, shared her experience forgoing treatment for a full year, because she could not afford doctor visits or medication. This situation compromised her health, autonomy and even her dignity. She was in pain and could barely move. Tearfully, she shared that sometimes she had to ask her brother to brush her hair and bathe her, which she felt was shameful because he is a man.

“I came to the US with a dream, but I have spent lots of years already like this. I came seeking a better life and because medical treatments were better here. But I have been struggling for a very long time. My situation

has gotten complicated, but I hope there can be a solution.” Now, this woman is finally seeing a doctor, but still cannot afford full treatment for her condition.

“Women should have a choice when to have a baby in the healthiest way, and should have the ability to not have a baby if they do not want to have one. I am sorry you had such an experience.”

- Spanish-speaking OB/GYN

Many women shared unsettling and uncomfortable experiences in the exam room, where they felt their perspectives and preferences as patients were ignored or disrespected.

“I kept asking the interpreter to tell the gynecologist when my baby was born, I asked to the interpreter to inquire about what [birth control] method would least impact my lactation. In the end, I was not provided any birth control method. The doctor had said I could get an implant, but in the end I got nothing. When I went to my checkup the gynecologist inquired about the method provided to me, and I told her I was not given anything. I did express the request in the hospital to the interpreter. The interpreter told me they would check, but at the end nothing was provided for me.”

“I went to the doctor because I wanted to get pregnant,” shared another participant. “I was unable to, and no one was able to help me. They did not do any method or treatment for me. I have rheumatoid arthritis and the doctor said that it would be better if I did not have a baby. I was told that even though pregnancy would be okay, that I would have worse pain after. But this is my decision. And the decision of my partner. I was told it was best to adopt. I was not given another option or answer.”

The Spanish-speaking OB/GYN participating in the community conversation apologized to participants for what they had experienced, and emphasized that doctors should present all options available to help patients accomplish their reproductive goals. “Women should have a choice when to have a baby in the healthiest way, and should have the ability to not have a baby if they do not want to have one,” said the OB/GYN. “I am sorry you had such an experience.”

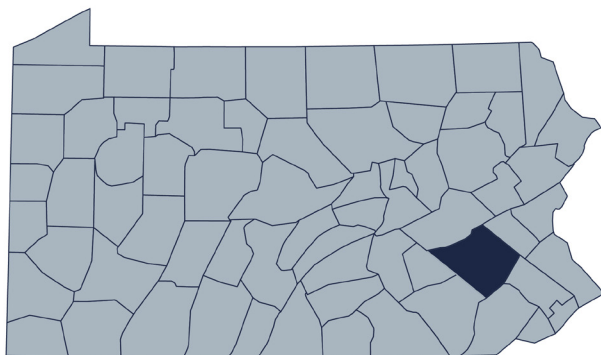
The intimate conversation, connections, and stories that were shared emphasize the need and importance for continued conversations like these with undocumented immigrant women.

TOP ISSUES IN ALLEGHENY COUNTY FOR THE LATINX COMMUNITY

Lack of Spanish-Speaking Doctors • Disrespect in the Exam Room • Lack of Affordable Health Care

Rising Latinx Population:

Reading, Berks County



The Pennsylvania city known for a skyline pierced by a seven-story pagoda boasts a population that is mostly Latinx. In 2014, 60% of the city identified as Latinx.⁴³

In the early weeks of December, the Pennsylvania Campaign for Women’s Health, along with Make The Road Pennsylvania, hosted two events in Reading, Pennsylvania, to listen to the reproductive health and safety needs of Latinas, a new experience for participants. Nearly 30 community residents shared their perspectives and concerns.

Discrimination lies at the center of nearly every barrier to accessing reproductive healthcare.

Attendees reported facing discrimination in a wide variety of circumstances including at the doctor’s office, from landlords, and in the workplace. One woman said her motivation for attending the community conversation was, “for equality, and to have doctors treat us like humans.”

As in Pittsburgh, language is a huge barrier to accessing healthcare for Reading Latinas. Just over half of the Reading population speaks a language other than English, yet there is a significant lack of health care providers and medical interpreters who speak Spanish.⁴⁴ One participant told us that some Reading physicians refuse to treat Latinx patients who do not bring their own interpreter with them. This was a common frustration felt among the group, especially for monolingual Spanish speakers, who are ultimately left with two options: go without care, or travel great distances at additional cost in order to find a physician who speaks Spanish, so they can know their concerns are heard.

One participant told us that some Reading physicians refuse to treat Latinx patients who do not bring their own interpreter with them.

Several Latina participants addressed rampant economic abuse and discrimination from landlords, who typically lived outside of the state. For example, they spoke of widespread electricity theft, during which a landlord allows one tenant to pay nothing for electricity, while a second tenant is billed double.

Many other financial and economic security concerns were raised throughout the two Reading Community Conversations. We asked attendees if they felt they were able to feed their family, pay for housing and utilities, have a car, and ultimately, make a better life for themselves and their children. The answer was quick and unanimous: No.

“Raising the minimum wage would bring a more dignified life, because what we earn now doesn’t last to pay for living expenses, such as services, gas, electricity, and schooling,” as one participant explained. The group concluded that our

Federal law blocks undocumented immigrants from participating in Medicaid and the Children’s Health Insurance Program (CHIP), so many Latinx individuals must wait for special health care events that provide free or reduced costs services, such as mammograms given on a certain day or month of the year.

government needs to ultimately raise the minimum wage to \$15 an hour, as the current minimum wage of \$7.25 per hour—the lowest allowed by federal law and lowest in the northeast— does not even come close to covering the continuously rising expenses of monthly bills, taxes, rent, food, and healthcare.

Reading Latinas expressed frustration with finding adequate employment. Those with jobs expressed frustration with a lack of equality in the workplace, including:

- A severe gender and racial pay gap: in Pennsylvania, full-time working Latinas make only 57 cents on the dollar for every dollar a white, non-Hispanic male makes;⁴⁵
- Prejudice against previous foreign education: one participant had studied accounting in her home country, but described her difficulties with finding employers who appreciated that education and were willing to work with her as she continued to enhance her English speaking skills;
- Inability to negotiate common workplace standards: many attendees detailed experiences feeling disrespected from Human Resources employees and/or other coworkers, an inability to set a fixed work schedule, negotiate pay rates and raises, or being able to request time off, including sick time.

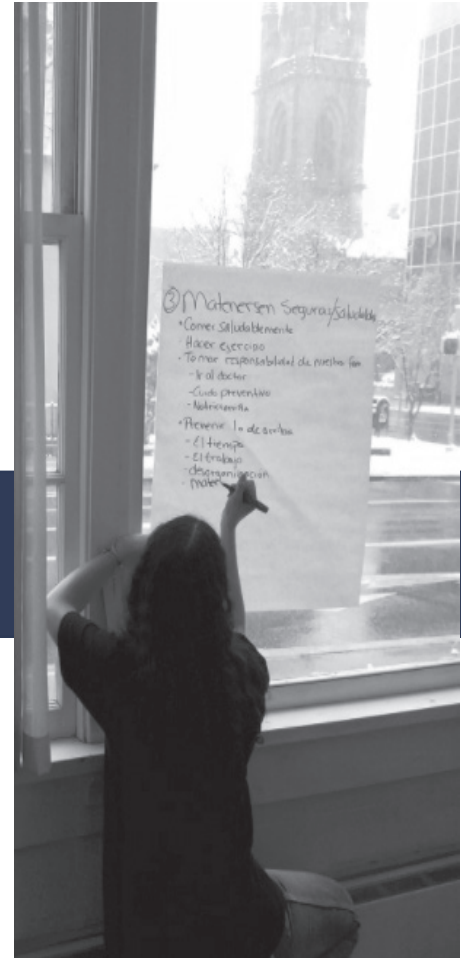
"We all have the right to good health and live a healthy and dignified life."

Sitting at the intersection of securing a job, negotiating a livable wage, and wondering if a healthcare provider will even see patients who only speak Spanish is the issue of affordability. Many Latinx participants struggle to afford healthcare services, whether they have insurance or not. The overall sentiment in the room was that healthcare services were overall too expensive, regardless of insurance status or type.

Federal law blocks undocumented immigrants from participating in Medicaid and the Children's Health Insurance Program (CHIP), so many Latinx individuals must wait for special health care events that provide free or reduced costs services, such as mammograms given on a certain day or month of the year.

Attendees reported feeling that they have to wait until their condition is bad enough that they are able to be seen at an emergency room, resulting in exorbitant costs that further burden the family's economic security. Because of this dynamic, participants stressed the importance of protecting government assistance programs and social safety net agencies that provide care regardless of a patient's immigration status.

Too often, poverty, language barriers, lack of transportation, the risk of detention and deportation, mistrust of the medical community, and the belief that providers refuse to see undocumented immigrants significantly interferes with access to healthcare for Latinx communities. These Community Conversations highlight the need to eliminate the fear of deportation to allow access to health care and full legal presence in the U.S. with a pathway to citizenship.



TOP ISSUES IN BERKS COUNTY FOR THE LATINX COMMUNITY

**Lack of Spanish-Speaking Doctors & Interpreters • Economic Security
Discrimination • Affordable Healthcare**

Pennsylvania Campaign for Women's Health:



2018 Legislative Priorities

Lawmakers have been playing politics with women's health in Pennsylvania, and it shows in our poor ranking across key indicators of women's health and economic security in state-by-state surveys, year after year. In 2013, in response to this preventable crisis, several advocacy organizations founded the Pennsylvania Campaign for Women's Health. Today, the PA Campaign is a successful, growing collaboration of approximately 60 local, state, and national organizations calling for evidence-based policies to improve women's health and economic security in Pennsylvania.

Our priorities are informed by our shared understanding that improving women's health is not possible without

economic security, which is not possible without reproductive freedom.

In 2017, we hosted Community Conversations on Women's Health across the Commonwealth in order to do what so many members of the Pennsylvania Legislature will not: we listened to women.

Our 2018 priorities are based on those conversations, an expert policy analysis of loopholes in Pennsylvania state policy and laws, and the recommendations of public health experts. We are fighting the growing, insidious problem of government interference in the doctor-patient relationship; calling for equal access to the full range of reproductive healthcare including abortion; and advocating for common-sense, basic protections for women in the workplace, such as fixing Pennsylvania's broken equal pay law and addressing pregnancy discrimination.

The Pennsylvania Campaign for Women's Health is happy to see that for the past several sessions, the bipartisan, bicameral Women's Health Caucus has focused on promoting proactive policies around women's health by working with advocates such as the Campaign to create the Agenda for Women's Health. We currently support the following initiatives, many of which are parts of the Agenda for Women's Health. If implemented, they will improve women's health and economic security in Pennsylvania.

We currently support these initiatives:

- **Workplace Accommodations for Pregnant Women (HB1583):** Requires covered employers to make reasonable accommodations related to pregnancy, childbirth or related medical conditions unless those accommodations would cause a business an undue hardship
- **Workplace Accommodations for Nursing Mothers (HB1685):** Requires employers to provide a private, sanitary space and break time for employees who need to express breast milk unless those accommodations would cause a small business undue hardship
- **Equal pay (HB1243):** Closes loopholes in the Pennsylvania Equal Pay Act and prohibits employers from firing or otherwise retaliating against employees for sharing wage information
- **Protecting Doctor-Patient Trust (HB1636):** Protects patients by prohibiting government directives that require medical providers to give patients medically inaccurate information
- **Increase Minimum Wage:** Raises the minimum wage to \$15.00 per hour and requires one fair wage for all by eliminating the subminimum wage, or "tipped wage"
- **Identifying Gaps in Health Care for Women Veterans (HR313/SR5):** Establishes a Task Force on Women Veterans' Health Care to study the unique health issues facing women veterans

- **Cell phone Contract Termination For Domestic Violence Victims (HB1632):** Enables domestic violence survivors to cancel cell phone contracts tethered to their abuser without paying early termination fees, and allows primary account holders to remove an abuser's name without a fee. Also requires the phone company to provide a domestic violence survivor with a new phone number if documentation is provided
- **Lease Termination for Domestic Violence, Sexual Assault and Stalking Victims:** Allows for early termination of a rental lease (with 30 days' notice) if the tenant is a victim of domestic violence, sexual assault and/or stalking. Also allows victims to request that the landlord change the locks within three days at tenant's expense
- **Ensuring Access To Health Care Facilities (SB385):** Prohibits the use of physical force or obstruction or threat of physical force or obstruction to intentionally intimidate, interfere or injure any person who is obtaining reproductive health services or providing reproductive health services
- **Protecting All Employees From Sexual Harassment:** Extends state sexual harassment protection to apply to employees working at businesses with three or fewer people
- **Safe Campus (HB962):** Requires colleges and universities to educate students, staff and officials about the risks of sexual assault and intimate partner violence, and requires colleges and universities to submit annual reports on sexual assault and intimate partner violence on campus
- **Ensuring Fair Pensions For Widows of State and Municipal Employees:** Requires that a public employee obtain spousal consent for any benefit payment structure that does not provide at least a 50 percent survivor benefit to the employee's surviving spouse
- **Increased TANF Earned Income Disregard:** Encourages workforce participation among TANF recipients by increasing the amount of income that can be disregarded for purposes of benefit calculation from 50% to 75%
- **Require Insurance Coverage of PEP/PrEP (HB1107):** Requires private insurance companies to cover Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) HIV medication
- **Protecting Pennsylvanians with Pre-Existing Conditions (SB958):** Prohibits health insurance companies from using an individual's preexisting medical conditions to deny or exclude coverage under a health insurance policy
- **Repeal ASF Requirements For Healthcare Facilities Providing Abortion Care (SB210):** Repeals Act 122 which required abortion providers in Pennsylvania to comply with regulations designed for ambulatory surgical facilities, despite being medically unnecessary
- **Promote Contraception Access:** Requires contraception coverage without prior authorization, copayment, coinsurance and dispensing requirements
- **Stop Abuse of Pregnant Women Who Are Incarcerated:** Strengthens current law prohibiting the unnecessary shackling of pregnant women & women in labor
- **Stop Discriminatory Abortion Restrictions:** Restores coverage for abortion in public and private insurance programs
- **Paid Leave Insurance Program:** Establishes a paid family and medical leave insurance program
- **Community Diaper Bank (HB1815):** Establishes a grant program to expand access to clean diapers for infants, children and incontinent adults
- **Improving Quality of Life for Nursing Home Residents (HB300):** Increases the personal needs allowance deduction for Medical Assistance-eligible individuals living in nursing facilities from \$45 to \$65 per month
- **Reduce Domestic Violence Homicides (SB501):** Removes third-party safekeeping for domestic violence defendants ordered by Court to relinquish firearms, weapons and ammunition and strengthens existing surrender policy requiring convicted abusers to surrender within 24 hours of certain convictions
- **Sex education (HB1615):** Requires age-appropriate, comprehensive, evidence-based sexual health education at schools across the Commonwealth
- **Task Force on Campus Intimate Partner Violence and Sexual Assault (HB1633):** Requires a task force to assess intimate partner violence among Pennsylvania college students by holding public hearings and publishing a report with findings and recommendations

- **Fighting Violence and Harassment in Schools (HB1754/SB872):** Requires schools to establish anti-violence and anti-harassment policy
- **Affirmative Consent on Campus (HB1921):** Requires Pennsylvania's postsecondary institutions to adopt affirmative consent standards for responding to allegations of sexual violence
- **Encouraging Sexual Abuse Survivors to Report (SB871):** Requires higher education institutions to provide amnesty in disciplinary policies for violations of drug or alcohol rules for a victim (or other witness) when disclosed in the course of good faith reporting of assault or stalking

For a list of members of the Pennsylvania Campaign for Women's Health, go to www.pa4womenshealth.org/members. For more information, follow us on Facebook at www.facebook.com/pa4womenshealth or contact info@pa4womenshealth.org.

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