African American Family Resource Information Center and Network AFRICAN

A Report to the Community of Genesee County 2004-2007

A Project of the Greater Flint Health Coalition

November 28, 2007

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RE: A Report to the Community of Genesee County

Beginning in 2002, the Greater Flint Health Coalition and a number of key community partners implemented the Friendly Access[SM] program in Genesee County, seeking to change the culture of the maternal and child healthcare delivery systems in ways that increased consumer access, satisfaction, utilization, and outcomes. Building on an opportunity from the United States Department of Health and Human Services, one of the outcomes of Friendly Access[SM] was the development and implementation of the African American Family Resource Information Center and Network (AFRICAN). From its inception in 2004 through 2007, AFRICAN engaged community partners and assisted community members through the creation and operation of a seamless resource and educational information center with the primary goal of creating a reduction in the racial disparity observed in infant mortality within Genesee County.

The Final Report of AFRICAN that follows is a detailed history of program activities, evaluation studies, and knowledge gained through the execution of this intervention.

The Friendly Access[SM] Infant Mortality Initiative (FAIMI) and the AFRICAN project were funded by the United States Department of Health and Human Services initiative, *Closing the Health Gap on Infant Mortality: African American-Focused Risk Reduction*. The development of these initiatives involved Genesee County community partners who were highly engaged in creating a project that met the needs of the population of Genesee County most at risk of incidence of infant mortality. These partners included:

- Genesee County Health Department
- Flint Odyssey House Health Awareness Center
- Faith Access to Community Economic Development (FACED)
- Flint Family Road
- Genesys Health System
- McLaren Regional Medical Center
- Hurley Medical Center

As the AFRICAN Project has come to a close, this report should serve as a thank you to these dedicated partners. In addition to these partners, the Greater Flint Health Coalition would like to take this opportunity to thank all of the individuals who participated in the

Friendly Access[SM] Infant Mortality Initiative Committee and AFRICAN Task Force efforts. Furthermore, special recognition is due to Danielle Brown, AFRICAN Managing Director, Kesha Wilkins, AFRICAN Lead Centralized Navigator, Debra Grant, AFRICAN Decentralized Navigator - Flint Family Road, Calandra Lawrence, AFRICAN Decentralized Navigator - FACED, and Brenda Wicker, AFRICAN Decentralized Navigator - Flint Odyssey House Health Awareness Center. As a team, the staff of AFRICAN supplied a valuable resource for Genesee County's mothers and children.

On behalf of the Greater Flint Health Coalition, I hope you find this AFRICAN Final Report informative. Should you desire additional copies, they are available from the Greater Flint Health Coalition.

Sincerely,

Stephen Skorcz
President & CEO

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African American Family Resource Information Center and Network (AFRICAN)
Summary Report to the Community
2004-2007

TABLE OF CONTENTS **PAGE**

INTRODUCTION

Genesee County Demographics

According to the 2000 United States Census, Genesee County has a total population of 436,141. Census data indicates that 75.3% of the population is White or European American (term coined in response to the increasing racial diversity of the United States to represent descendents of European immigrants or European immigrants themselves), 20.4% is African American, and 2.3% is Hispanic or Latino.

Flint, the fourth largest city in the state, is the urban and geographic center of the county. The City of Flint has a population of 124,943 with 53.3% of the population being African American and 41.4% being European American.

The 2000 Census reported that there are 38,236 children ages 0 through 5 years and 96,320 women of child bearing age (between the ages of 15-44 years) living in Genesee County. Data compiled by the Michigan Primary Care Association shows approximately one third of the households in Genesee County are female-headed households, 13% or 57,121 persons live below 100% of the poverty line, and 18.5% or 80,710 persons are eligible for Medicaid.

According to the 2000 Census, 21% of children under 5 years of age live in households below the poverty line. Genesee County's MIChild enrollment in 2005 was 1,740 children and in 2004, students with free/reduced lunch numbered 34,137 or 40.9% of all children ages 5-18 years (Michigan Primary Care Association). From 2000-2002, 8.5% of children under 18 years of age were uninsured (Michigan Department of Community Health).

Maternal and Child Health Characteristics and Racial Disparity in Infant Mortality

Between 2000-2004, an average of 6,270 babies were born each year in Genesee County. The Michigan Department of Community Health (MDCH) reported a slight decline in the number of births for Genesee County in 2005 with 5,986 babies being born. MDCH also reported Genesee County as having higher 2003-2005 three year averages than the State of Michigan for infant mortality, abortion, percent of births with adequate prenatal care, teen pregnancy, and percent of low weight births.

Table 1 on the following page highlights selected birth characteristics for Genesee County in comparison to the State of Michigan.

Table 1
Selected Birth Characteristics for Genesee County and Michigan Residents
Source: Michigan Department of Community Health, 2005

Maternal Characteristics	Genesee County	Michigan
% under 20 years	11.7	9.4
% first births	37.4	38.5
% fourth and higher order births	12.4	12.0
% less than 12 years of education	18.6	16.9
% Cesarean delivery rate	34.5	28.6
% weight gained while pregnant < 16 lbs.	12.2	12.5
% smoked while pregnant	19.0	13.7
% unmarried	46.2	36.7
% received prenatal care first trimester	84.8	83.3
Infant Characteristics		
% low birth weight	9.5	8.4
% very low birth weight	1.9	1.7
% preterm	9.0	10.0

Infant Mortality and Racial Disparities

One of the most pressing issues in the community is the issue of infant mortality. The average incidence of infant death in Genesee County, particularly in Flint, is consistently higher than the State and National averages. From 2003 to 2005 the rate of infant death was 8.0 per 1,000 live births for the State of Michigan and 6.8 per 1,000 live births for the United States. Infant deaths occurred in Genesee County at a rate of 10.9 per 1,000 live births. Over the same three year period, the rate of infant death in the City of Flint was 14.3 per 1,000 live births.

Infant mortality does not affect every population equally. There is an undeniable and persistent disparity between the rates of infant death for African Americans and European Americans in Genesee County. To illustrate this disparity, during the aforementioned three-year period noted above, the rate of infant death among European Americans was 7.5 per 1,000 live births (actually below the State of Michigan's average). During that same period the rate of African American infant deaths was 20.3 per 1,000 live births. Furthermore, this disparity persists even when variables such as socio-economic status are accounted for. The phenomenon indicates that African American women and their children are experiencing consistently poorer outcomes from the same healthcare system. This problem is recognized not as an issue of socio-economic status, but one of race and furthermore, institutional racism. Additional Genesee County Infant Mortality Statistics are located in Appendix A.

Fortunately, the problem of infant mortality and unequal rates of occurrence along racial lines has not gone unnoticed. It has received the attention of local leaders, government, community based organizations, faith based institutions, and providers

alike. Through the collective efforts of the community, the racial disparity in infant mortality has recently decreased. According to the Genesee County Health Department, by the end of 2005, the rate of African American Infant Death had decreased to 15.2 deaths per 1,000 live births. In addition, the severity of the disparity has been recognized at the State and National level thus, funneling resources to the community to combat the inequality.

The Greater Flint Health Coalition (GFHC) is a broad-based coalition and model for consensus. This along with its diverse constituency of providers, purchasers, insurers, consumers, government, and county residents allows the issues the GFHC tackles to have an expansive audience and far reaching effects. The Greater Flint Health Coalition's involvement in combating the racial disparity observed in infant mortality is indicative of the Coalition's commitment to addressing racial disparities and racism in health care and the poor outcomes that result.

THE GREATER FLINT HEALTH COALITION

General Description

The Greater Flint Health Coalition (GFHC) is a non-profit 501(c)3 organization established in 1997 whose mission is to improve the health status of Genesee County (Michigan) residents and to improve the quality and cost effectiveness of the County's healthcare delivery system. The GFHC is both a community/institutional partnership and a multifaceted collaboration with a Board of Directors that broadly reflects the community and its leadership with representatives from government, hospitals, labor, business, insurers, physicians, the educational system, consumers, and faith-based organizations. Outlined below are some of the specific organizations represented on the GFHC Board:

- Hurley Medical Center—a publicly owned teaching hospital
- McLaren Regional Medical Center—a non-profit facility, named among the top 100 Hospitals in America
- Genesys Health System—a member of Ascension Health (the largest non-profit Catholic health system in the nation)
- Mott Children's Health Center
- Hamilton Community Health Network
- Blue Cross Blue Shield of Michigan (BCBSM)—the State of Michigan's largest healthcare insurer and the claims administrator for General Motors Corporation employees; BCBSM is a non-profit organization
- HealthPlus of Michigan (HP)—a non-profit federally-qualified health maintenance organization and mid-Michigan's largest Health Maintenance Organization (HMO) with 178,000 members; HP is General Motors Corporation's and Delphi Automotive System's largest independent HMO
- Department of Human Services
- Genesee County Medical Society
- Genesee County Osteopathic Association
- Genesee County Health Department

- General Motors Corporation
- United Auto Workers (UAW)
- American Federation of Labor-Congress of Industrial Organizations (AFL-CIO)
- University of Michigan-Flint
- Baker College of Flint
- Mott Community College
- Faith Access to Community Economic Development (FACED)
- Genesee County Intermediate School District
- City, State, and County Legislatures

Appendix B provides a full membership list of the Greater Flint Health Coalition's Board of Directors.

The GFHC coordinates a number of activities focusing on healthcare quality, access, best practice guidelines, and the cost effectiveness of the County's healthcare system. Several of these initiatives include an award-winning campaign to reduce sedentary lifestyles; a cardiac catheterization study which examined the appropriateness, quality, and cost effectiveness of cardiac care in Genesee County; a program to improve diabetes education and awareness; a successful effort to influence public smoking policies; a program to help low-income Flint residents find jobs in the healthcare sector; the creation of a health-coverage program for low income individuals; several projects that seek to reduce racial and ethnic disparities in healthcare; maternal and infant health initiatives; and both a back pain management and a heart failure best-practice guideline initiative.

The GFHC has been recognized for its accomplishments at the local, state, and national level. After a rigorous interview process, the GFHC was one of only fifteen communities in the United States invited to participate in the Institute of Medicine's Quality Chasm Summit in 2004. Both the GFHC Guidelines Applied in Practice Heart Failure Project and the Acute Myocardial Infarction Guidelines Applied in Practice Project were highlighted and have been touted by the American College of Cardiology and are being replicated across the United States and the world.

Greater Flint Health Coalition's Commitment to Anti-Racism Work

The Greater Flint Health Coalition has a long standing commitment to anti-racism efforts in our community. As the multifaceted challenges of racial disparities and race relations on community wide health is of great impact, the roots of this commitment are built and modeled upon the racial justice work of the Charles Stewart Mott Foundation – including the Foundation's early support of the Community Coalition and the Undoing Racism Workshops. The following will summarize in brief the GFHC's commitment to achieve a community without barriers based on race related issues.

In 1999, Dr. David Satcher, 16th Surgeon General of the United States, spoke at the GFHC's 3rd Annual Meeting on the topic of "Eliminating Racial and Ethnic Disparities in

Health – Searching for a Cure." Following Dr. Satcher's visit, the GFHC adopted an overlay to its Business Plan including "racial disparities & anti-racism activities" as an overarching theme to all GFHC led activities.

In October 1999, the following was mandated by the Board of Directors for all work of the GFHC:

- To keep before the GFHC the issue of racial and ethnic approaches in health care. The following outcome options will be accomplished:
    - To assist a broad base of community leaders in health care in understanding the multifaceted challenges of race relations and its impact on individual community member's health
    - To keep front and center the issue of racial and ethnic disparities in the work of the GFHC.

From 1999 to 2007 the Coalition was a partner in the federally funded Racial & Ethnic Approaches to Community Health (REACH) 2010 infant mortality project for Genesee County. Due to impressive attendance at previous Undoing Racism Workshops hosted by the Community Coalition, the GFHC suggested adding an anti-racism component to the racial disparities approach of REACH 2010. Based on this suggestion, the GFHC was then asked to develop anti-racism programming and proposed building on the Community Coalition's work with the Undoing Racism Workshops. Overall, the GFHC or "healthcare sector" became the first Genesee County "industry" to commit to anti-racism work in the community.

Through its efforts as a part of REACH 2010, the GFHC sponsored Undoing Racism Workshops beginning in 2000 to examine how race and racism affect racial disparities in health outcomes. The premise states if racism in our country has been consciously and systematically constructed, it can – and should – be deconstructed and eliminated. Facilitated by the New Orleans-based People's Institute for Survival and Beyond, the 2 ½ day Undoing Racism Workshop explores history, culture, and power relationships in an effort to provide a common definition of race and racism, and to facilitate discussion and address racial disparities in health care within our community.

Concurrently, the GFHC's board chair recommended all GFHC board members attend this workshop and seek ways to make anti-racism activities part of their organizations' diversity training. To date, nearly 30% of all Board members have attended an Undoing Racism Workshop and many other Board members have attended other anti-racism focused activites.

In addition to the listed major organizations that attended, it should be noted that many area employers encourage their employees to participate in the workshop and

one area hospital—McLaren Regional Medical Center—requires the workshop as part of its Family Practice residency program. As concluded by an evaluation of the preliminary 12 Undoing Racism Workshops hosted by the GFHC, a number of organizational leaders are interested in moving forward with anti-racism efforts to observe the impact of racism within their organizations. These leaders include representatives from Genesys Health System, McLaren Regional Medical Center, Hurley Medical Center, Genesee County Health Department, HealthPlus of Michigan, Genesee Intermediate School District, Genesee County Medical Society, Faith Access to Community Economic Development, and Blue Cross Blue Shield of Michigan/Blue Care Network.

In all, since the Community Coalition began the workshops in 1997, thanks to funding from the Charles Stewart Mott Foundation, almost 1,400 community members have participated. Under the GFHC's leadership, attendance continued to grow. The Centers for Disease Control and Prevention (CDC) provided nearly $400,000 since 2000 to host 24 Undoing Racism Workshops as a part of the REACH 2010 grant.

In all, the GFHC's success in creating awareness and understanding of racial disparities and anti-racism issues is in large part a credit to the early leadership and example set by the Charles Stewart Mott Foundation and its long-standing racial justice efforts. The GFHC is thankful to be aligned with a community partner that supports and emphasizes such efforts to create a community without barriers based on race and discrimination.

FRIENDLY ACCESS[SM]

The Friendly Access[SM] Program offered the GFHC a unique opportunity to implement its anti-racism work directly into the maternal and child health delivery system. It provided the capacity to potentially improve the culture of providers through innovative interventions and training. Friendly Access[SM] sought to develop a model of care delivery that could be replicated in order to improve the healthcare experience, especially for those populations consistently experiencing poor medical outcomes.

National Friendly Access[SM]

Friendly Access[SM] is about ensuring all children, especially those from low-income families, a healthy start in life. It recognizes the work to ensure children a healthy start begins prior to conception. Financial barriers to primary and preventative health care have been reduced for pregnant women and children because of expansions in Medicaid and Title XXI (State Children's Health Insurance Program, locally MIChild). However, cultural, organizational, and communication barriers persist that contribute to consumer dissatisfaction and poor utilization of healthcare resources. The mission of Friendly Access[SM] is to change the culture of the maternal and child health delivery systems in ways that improve consumer access, satisfaction, utilization, and outcomes.

Friendly Access[SM] was designed to promote quality service delivery in participating communities based on the following values:

Availability – Services are available, easy to obtain, and conveniently located.
Caring – Consumers and providers are treated with dignity and respect. Service providers are sensitive to the consumer's cultural background, personal beliefs, and attitudes.
Competency – Providers have appropriate technical skills and demonstrate an understanding of the importance of culture and social background in providing health care and achieving positive outcomes.
Efficiency – Services are provided with respect for the consumer's time and the economical use of resources.
Support – Services meet the unique needs of consumers and are integrated across providers and disciplines to assure continuity of care.
Safety – Services are provided in safe, reassuring, and supportive environments.

To affect cultural change, Friendly Access[SM] was structured as a multidimensional program. Its components included: Coalition building and leadership development, service excellence training, service delivery internal team interventions, and data driven strategic planning.

Friendly Access[SM] was conceived and developed by the Lawton and Rhea Chiles Center for Healthy Mothers and Babies at the University of South Florida (USF) School of Public Health as a national demonstration program. The Chiles Center was established in 1996 to promote and protect the health of pregnant women, and their infants and young children. It is building and expanding upon the work of former Florida Governor and United States Senator, Lawton Chiles and his wife Rhea who together advanced a national agenda for mothers, infants, and young children focused on universal access to preventative health care and community-based delivery systems.

National Friendly Access[SM] Program partners include the Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), and National Perinatal Association (NPA) with training provided through the Disney Institute. Located at Disney World in Lake Buena Vista, Florida, the *Disney Institute* is a recognized leader in experiential training, leadership development, benchmarking, and cultural change for business professionals.

Flint/Genesee County Friendly Access[SM]

The Flint/Genesee County incarnation of the Friendly Access[SM] Program was indicative of both the GFHC's and the community's commitment to addressing racial disparities in maternal and child health along with identifying root causes. This commitment is particularly evident in how the Flint/Genesee County Friendly Access[SM] Project came to be.

In 2002, the Chiles Center launched its Friendly Access[SM] efforts with a highly orchestrated community selection strategy. Genesee County was one of sixty communities from across the United States that were active in addressing maternal and child health concerns and in result invited to submit an application to take part in the Friendly Access[SM] Program. After careful review using well-defined criteria, the Chiles Center narrowed their search for Friendly Access[SM]-ready communities selecting Genesee County as one of twelve finalist communities warranting a site visit from National Program staff. The Chiles Center intended to fund four communities providing $200,000 per year for the first two years, $150,000 for the third year, and $100,000 for the fourth year.

Genesee County placed fourth out of the finalist communities but funding was reduced and available for only three communities. The three communities initially funded through the National Program included: Indianapolis, Indiana (an urban community whose hospital system had field tested the Disney Institute training); Jacksonville, Florida (a "home state" community with a large Medicaid population that is both racially and ethnically diverse); and East Tennessee (a sixteen county region encompassing the city of Knoxville and surrounding rural populations).

As a community, Genesee County felt Friendly Access[SM] was the "right thing to do" and would provide the conceptual glue building upon and linking the many maternal and child health interventions already being implemented in the community.

Under the leadership of the GFHC, first-year funding was sought and obtained from the community's three major foundations: Ruth Mott Foundation, Community Foundation of Greater Flint, and Charles Stewart Mott Foundation (which typically does not fund health care related projects). The GFHC took a unique strategy approaching all three foundations at the same time for financial support of the project. Foundation representatives were invited to a private luncheon and the GFHC's 6th Annual Meeting which featured a keynote presentation entitled "Is Flint Ready for Friendly Access[SM] and a Disney Experience?" delivered by leadership of the National Friendly Access[SM] Program and a facilitator from the Disney Institute.

Additional first-year funding was obtained from Mott Children's Health Center, General Motors Corporation, Genesys Health System, and McLaren Regional Medical Center.

The Chiles Center was astonished by the commitment of Genesee County and support of its community foundations and organizations. It welcomed Genesee County as the fourth national demonstration site. The Chiles Center also decided to include Genesee County in future National Program funding at that time.

The National Friendly Access[SM] Program outlined a governance structure for the implementation of program activities. It foresaw the formation of a maternal and child health coalition in each community with a Steering Committee to act as the organizing

body, complete the strategic plan, and implement interventions through internal organizational teams. A leadership team would be created to complete the baseline evaluation, attend technical assistance seminars, and receive Disney Institute training to disseminate within the community.

The GFHC, its governance structure, and its processes were significant assets to the Flint/Genesee County Friendly Access[SM] Program. The GFHC Board of Directors functioned as the founding partners for the Flint/Genesee County Friendly Access[SM] Program. The Friendly Access[SM] Steering Committee was created as a committee of the GFHC to focus on maternal and child health and to direct the Friendly Access[SM] Program's activities. The Steering Committee included GFHC member organizations as well as other community organizations with a vested interest in maternal and child health. The Steering Committee eventually expanded to include community representatives who worked directly with the most at risk population.

The GFHC's ability to garner support from its local funders continued to be an asset throughout the life of the project. The National Friendly Access[SM] Program lost its congressional funding earmark for years two, three, and four of the effort, due in part to political inattentiveness. The National Program managed to put together a patchwork of funding from CDC carryover dollars and the Association of Schools of Public Health. However, not only was the funding of activities reduced, but the morale and focus of the demonstration sites were compromised. Efforts of the National Program Office to coordinate congressional awareness and to approach the Robert Wood Johnson Foundation were commendable but unsuccessful. While the National Friendly Access[SM] Program and other demonstration sites faced staffing challenges, the GFHC continued to secure financial support from Genesee County's three local foundations and Mott Children's Health Center to supplement the diminished national funding available.

The Friendly Access[SM] Program was comprised of multiple components whose purpose was to incrementally instill the pieces needed to transform the culture of the maternal and child health delivery system and ultimately improve outcomes.

The first of these components was Service Excellence Training. At its inception, the creators of Friendly Access[SM] recognized the connection of patient satisfaction with utilization, compliance, and ultimately outcomes. Given the impact of customer service on satisfaction, a relationship evolved with the preeminent organization in customer service, the Disney Corporation. The Disney Institute modified its customer service training program to specifically apply to organizations within the healthcare sector. The Flint/Genesee County Friendly Access[SM] Program sent forty representatives from Genesee County including business and health service leaders, physician providers, and community members to the Disney Institute in May 2003.

Each provider organization within the Program was also required to establish an internal team to implement Friendly Access[SM] interventions in order to change the culture within their respective institutions. This particular component's success widely varied from organization to organization. However, the internal teams were integral in obtaining the Institutional Review Board (IRB) approval from each organization that allowed the Project to perform the vital data collection that was key to the Project's Data Driven Strategic Plan. The Chiles Center provided a well thought out and comprehensive evaluation plan. The evaluation plan left no stone unturned with its four components: review of secondary data such as birth records and census counts, prenatal consumer surveys, pediatric consumer surveys, and provider surveys.

The complete story of Friendly Access[SM] in Genesee County along with the evaluations is available from the Greater Flint Health Coalition upon request.

Friendly Access[SM] Infant Mortality Initiative

In 2004, the Michigan Department of Community Health identified two counties within the State (Genesee and Oakland Counties) that met the criteria for the Department of Health & Human Services, Health Resources and Services Administration's Closing the Gap on Infant Mortality: African American-Focused Risk Reduction grant.

The three year (2004-2007) Closing the Gap grant provided four states - Michigan, Mississippi, South Carolina, and Illinois $1.5 million each to focus on reducing the disparity in African American infant mortality by preventing the three leading causes of infant death: premature births, low birth weights, and sudden infant death syndrome (SIDS).

The criteria included:

- A risk of African American Infant Mortality associated with Low Birth Weight (LBW) / Preterm Birth (PTB) or Sudden Infant Death Syndrome (SIDS) that is equal to or greater than the latest 3-year average for the State African American Infant Mortality Rate from linked birth / infant death data
- A cumulative number of African American infant deaths in a three-year period of 100 - 200 (higher numbers are expected in areas with greater population density)
- A sufficient number of African American live births to make a difference in effect
- A geographic size that allows for feasible implementation of the interventions and is associated with defined sub-State boundaries
- An existing infrastructure of services and health system interventions that contribute to infant mortality reduction

At the urging of former State Senator and current State Budget Director Robert Emerson (D), the Michigan Department of Community Health selected the GFHC to implement the Closing the Gap Grant in Genesee County. Former Senator Emerson,

one of the founders of the GFHC and its first Board Chair, recognized the value of the GFHC's broad based membership in addressing the issue of infant mortality.

The GFHC structured the Closing the Gap Grant within the Friendly Access[SM] Program and referred to the effort as the Friendly Access[SM] Infant Mortality Initiative (FAIMI). Friendly Access[SM] member organizations, their Steering Committee representatives, and Friendly Access[SM] interviewers comprised the majority of the FAIMI group's membership. This group developed the intervention's work plan within the Closing the Gap required 90-day planning process (See Appendix D). Throughout the planning phase, FAIMI members (See Appendix C) drew upon the knowledge and values Friendly Access[SM] provided them.

GFHC members recognized the wealth of community resources and programs in place on which to build upon. They identified programs specifically directed at reducing infant mortality, yet observed a lack of coordination between these programs. They noted parents and caregivers had limited knowledge of how to navigate the maternal and child health system and acknowledged gaps existed in the system that needed to be addressed.

AFRICAN AMERICAN FAMILY RESOURCE INFORMATION CENTER AND NETWORK (AFRICAN)

The African American Family Resource Information Center and Network (AFRICAN) was created as the intervention to address these concerns through a primary focus on community navigation and education. The AFRICAN created a coordinated system that enhanced linkages between community partners and supported families' maternal and child health needs.

The AFRICAN would serve the purpose of promoting collaboration among the existing initiatives addressing infant mortality and capitalize on the resources of public agencies and community based organizations in order to enhance and compliment the prenatal, neonatal, and perinatal systems in Genesee County.

The Mission of AFRICAN

To reduce the health disparity in infant mortality through the development of culturally competent education and advocacy, promoting early, continuous, and appropriate preconception, perinatal, and interconception care.

The Vision of AFRICAN

AFRICAN will provide education, support, and advocacy through the development of collaborations that address systemic issues affecting quality health outcomes for those most disadvantaged in community.

AFRICAN Program Values

AFRICAN was developed following the core values of the National Friendly Access[sm] Program:

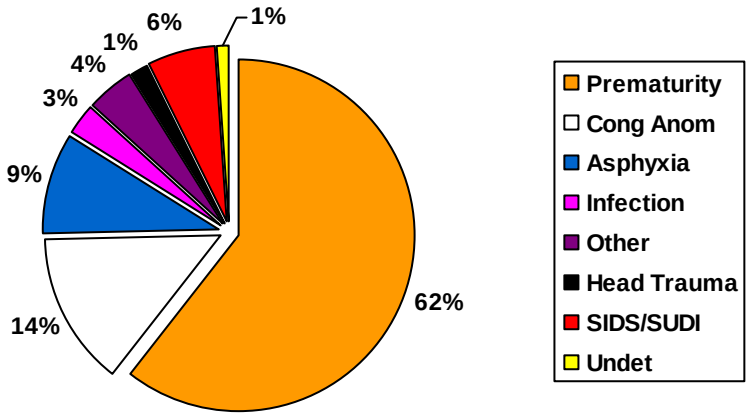
Availability- Services are available, easy to obtain and conveniently located.
Caring - Consumers and providers are treated with dignity and respect. Service providers are sensitive to the consumer's cultural background, personal beliefs, and attitudes.
Competency - Providers have the appropriate technical skills and demonstrate an understanding of the importance of culture social background in providing advocacy and achieving positive outcomes.
Efficiency - Services are provided with respect for the consumer's time and the economical use of resources.
Support - Services meet the unique needs of consumers and are integrated across providers and discipline to assure continuity of care.
Safety - Services are provided in safe, reassuring, and supportive environments.

Primary Goal of AFRICAN

Those addressing infant mortality in the community acknowledged that it is a social problem with medical consequences. Analyses of infant deaths using the Perinatal Periods of Risk (PPOR) support this contention as the majority of infant deaths are attributable to maternal health needs (ensuring preconceptual and prenatal care, pregnancy intentions, and health behaviors such as smoking cessation, substance use, nutrition) and infant health needs (breastfeeding, Safe Sleep, infant development). Additional Fetal Infant Mortality Review (FIMR) analyses show the leading cause of infant death is preterm birth (PTB).

GRAPH 1

Infant Cause of Death, Genesee County 2001-05



Low birth weight (LBW) is closely associated with PTB, which is complex with environmental, socio-economic, racial, ethnic, and life course factors playing a role.

AFRICAN's goal was to strengthen, integrate, and focus existing maternal and child health system services and resources for families affected by health disparities at the community level in order to improve access to health services and health outcomes. AFRICAN utilized a life course perspective, which focuses on the context and behaviors that reduce risks or capitalizes on assets in the lives of parents and their infants. It also promotes access to medical care that is needed to ensure healthy outcomes and produce a reduction in health disparities. AFRICAN sought to introduce positive changes in maternal behavior, infant health, and improved developmental milestones, which incorporate (but are not limited to) health and medical care in the health care system. Focus was placed on the phases of a woman's life related to child-bearing, preconception, perinatal, and interconceptional health and the maternal factors that contribute to improving infant health, developmental outcomes, and reducing infant death.

AFRICAN Services

The AFRICAN intervention consisted of two major program areas, community presentations and a telephone hotline. Community presentations were provided throughout Genesee County, with a two-fold purpose: educating the community about behaviors affecting the racial disparities in infant mortality and marketing the AFRICAN hotline to women and families that could benefit from the service. AFRICAN project staff initiated their work by providing presentations to providers and community resource partners in December 2005. Marketing materials for the AFRICAN were distributed and educational presentations were provided to numerous community health fairs, provider staff teams, schools, and associated community groups. Opportunities to provide presentations were initially solicited by AFRICAN staff, however during the third fiscal year of AFRICAN, community organizations began requesting presentations for their provider and/or community groups to discuss AFRICAN as a community resource and share further education about the racial disparities that exist in infant mortality. This shift was indicative of the community's acceptance of AFRICAN as a viable resource for clients and providers.

The majority of AFRICAN's work was performed via the resource and information telephone hotline, 810-A-F-R-I-C-A-N (810-237-4226). The hotline was managed by AFRICAN staff who answered the line between the hours of 8:30 a.m. and 5:00 p.m., Monday through Friday. However, by employing an answering service, a live voice answered the hotline 24 hours a day (in cases of urgent need, AFRICAN Navigators were contacted immediately via pager). Once, the need of the caller was identified, the caller was directed to the appropriate government agency, community based organization, or provider that could assist in fulfilling their specific needs. A service delivery model for the AFRICAN hotline is located in Appendix E.

The AFRICAN focused on the community's African American population that statistically, has experienced a disproportionate share of infant mortality outcomes. While AFRICAN's services were available to the entire community, AFRICAN developed a model of culturally competent education, outreach, and advocacy promoting early, continuous, and appropriate prenatal care for African American women and care for African American infants. The majority of callers were African American women who were either pregnant, had a child under two years of age, or, in many cases, both. Referrals varied from basic needs assistance (housing, utility, food, infant formula, diapers) to case management and outreach services. AFRICAN was acknowledged and utilized as the link to connect all existing resources in the maternal and child health system and to connect African American families to these services. Because the Flint community recognizes infant mortality as a social problem with medical consequences, social service providers were very much a part of the health system that was navigated by AFRICAN. From October 1, 2005 through September 30, 2007 the AFRICAN assisted 1,566 individuals or families with obtaining needed resources in the community. Detailed AFRICAN Final Reports can be found in Appendices F and G.

ADDITIONAL AFRICAN ACTIVITIES

AFRICAN Summary of Client Incentives

Early in the implementation phase of AFRICAN it became very apparent that some of the identified service population was having difficulties identifying services that would assist them with their utility and housing crises. AFRICAN management developed a protocol for providing financial support to some AFRICAN callers under the heading of Client Incentives. This entailed the AFRICAN Project assisting with up to one-third of a support for basic needs (such as an outstanding utility bill), if the client agreed to pay one-third also, with the remainder being paid by a social service agency. The Client Incentives program assisted approximately 35 families in the months of July 2006 through May 2007.

AFRICAN Social Marketing

AFRICAN initiated social marketing by utilizing radio, billboard, and television advertisements. Materials distributed included brochures, mirrors, and tote bags. Beginning in June 2006, AFRICAN revised their original brochures, distributed t-shirts, back packs, ink pens, and emory boards. AFRICAN also provided diapers that were labeled with the AFRICAN logo and hotline number. These items were distributed by local agencies and at community events throughout 2007. This enhanced awareness, and in combination with other outreach activities, led to increased caller volume for the AFRICAN hotline. Specifically, caller volume increased nearly 300% with an average of 100 new callers monthly.

AFRICAN Project Staff

AFRICAN was staffed by one full-time Managing Director, one full-time Centralized Navigator and three part-time Decentralized Navigators who were contractual employees of the AFRICAN project. The President and CEO of the Greater Flint Health

Coalition, Stephen Skorcz, provided direction and supervisory support for the entire AFRICAN staff.

Each Navigator directly provided resource and information support to families who called the hotline and/or participated in community education/outreach. There were two types of AFRICAN Navigators: Centralized Navigators who were housed at AFRICAN headquarters and employed by the Greater Flint Health Coalition and Decentralized Navigators who were housed at the contracted community based organizations that employed them (Faith Access to Community Economic Development (FACED), Flint Family Road, and Flint Odyssey House Health Awareness Center).

The Managing Director's responsibilities included: development of the AFRICAN project infrastructure, management, and resource development for the information hotline; development of a community partners education program which focused on the reduction of the racial disparity observed in infant mortality in Genesee County; direct scheduling, monitoring, supporting, and training of AFRICAN project staff; development of social marketing materials and supporting the development of a community outreach campaign; developing partnerships with community resources for AFRICAN callers and community presentations; and, managing monthly Task Force meetings for AFRICAN project.

The Lead Centralized Navigator responsibilities included: completion of monthly Navigator schedules; supporting daily training of Decentralized Navigators; maintained materials and historical records of AFRICAN project meetings and activities (e.g. AFRICAN Task Force, FAIMI/AFRICAN management staff, Navigator staff meetings, and AFRICAN presentations); supported preparation of client incentive and financial assistance delivery; recruited and facilitated community presentations; provided community outreach at satellite locations (e.g. Hamilton Community Health Network, Women, Infants, and Children (WIC) program sites, etc.); completed management staff meeting schedules and minutes; assisted with social marketing material development and distribution; participated in health fairs and other events for AFRICAN marketing; filed incoming mail and referrals.

The Decentralized Navigators provided education to hotline callers and their colleagues at the specific site where they were housed. AFRICAN Navigators had primary and secondary responsibilities. Their primary responsibilities were answering the AFRICAN hotline; completing intake with all callers; providing referrals and documentation of pertinent information regarding referrals into a web-based data management system; completing client follow up calls; and providing community outreach education on the topics of preconception, perinatal, and interconception.

Each Decentralized Navigator had individual, secondary responsibilities which may have included data cleaning; research for Safe Sleep Initiative and National/Local Fetal Infant Mortality Review (FIMR); assistance with minutes for AFRICAN Task Force meetings;

coordinated / supported communications between AFRICAN staff and Maternal Infant Health Advocacy Services (MIHAS); educated AFRICAN colleagues about programming and resources available through their individual home organizations; performed face to face recruitment/intake for AFRICAN clients; formula and diaper distribution; represented AFRICAN for Department of Human Service Safe Sleep Initiative; liaison for Genesee County Healthy Start Consortium; co-managed web-based data collection system for hotline; updated and monitored resources on web-based system; ran queries and disseminated information to Navigators for quarterly reports; co-led web-based system training.

All AFRICAN Navigators, including the Managing Director, had basic daily responsibilities that included answering the AFRICAN hotline; completion of intake for all callers; providing referrals and documentation of pertinent information regarding the referral into a web-based data management system; and completing follow up calls.

AFRICAN Community Partners

AFRICAN partnered with community organizations to share resources and information about how to safely raise healthy babies and support mothers. These partners included: FACED, Flint Family Road, Flint Odyssey Health Awareness Center, Genesee County Community Mental Health, Genesee County Community Action Resource Department (GCCARD), Genesee County Health Department, Genesys Health System, Greater Flint Health Coalition, Hamilton Community Health Network, Hurley Medical Center, McLaren Regional Medical Center, Michigan Department of Community Health, Mott Children's Health Center, and the University of Michigan-School of Public Health.

Each AFRICAN organizational partner participated in activities that brought added expertise, specialized skills, and/or knowledge to a collaborative effort, providing support to the African American population of Genesee County who experienced a disproportionate health disparity in infant mortality.

Community Based Organizations (CBO):

FACED, Flint Family Road, and Flint Odyssey House Health Awareness Center each were contracted to provide a single Decentralized Community Navigator to the Greater Flint Health Coalition's AFRICAN project. This contract was between the Community Based Organization and the Greater Flint Health Coalition, not the individual Decentralized Navigator. The terms of the agreement included: partnership in management and supervision of the Decentralized Navigator provided by the organization; requirements that noted the Decentralized Navigator must abide by all the work rules and policies of the Greater Flint Health Coalition and its AFRICAN initiative; and requirements that noted the Decentralized Community Navigator was held to the same performance standards as a Greater Flint Health Coalition employee.

Health Providers:

Hamilton Community Health Network, Genesee County Health Department, Genesys Health System, Hurley Medical Center, McLaren Regional Medical Center, Mott Children's Health Center, and Genesee County Community Mental Health assisted with identification of various needs for the maternal and child health population utilizing their medical services, specifically including (but not limited to) family planning, breastfeeding, and substance use reduction support; distributed resources and recruitment materials (brochures and marketing materials), supporting African American mothers who experienced a disparate incidence of infant mortality outcomes; and provided space for Decentralized Community Navigator activities within their organizations, as appropriate.

Basic Needs Service Providers:
Genesee County Community Action Resource Department (GCCARD) provided assistance with the location of emergency basic needs support, including food, homelessness/emergency shelter care, home heating assistance, and employment support. Additionally, the Genesee County Department of Human Services (DHS) provided assistance to those in need of medical insurance, housing, employment, food, utilities, and child welfare services for low income and/or families encountering financial related crisis.

All organizations who participated in AFRICAN agreed to: assist with outreach to the African American community (particularly the identified populations of concern at risk for a disproportionate health care disparity in infant mortality); represent the community of concern by advocating input and feedback from community members and organizations; assist with the development and implementation of a process for community mobilization around the racial disparities that exist in infant mortality; promote and represent the AFRICAN intervention within the community; attend and maintain involvement in the Friendly Access^{SM} Infant Mortality Initiative (FAIMI) Operations Committee and/or AFRICAN Task Force meetings; assume leadership of activities as needed; agree to work collaboratively to resolve challenges and conflicts.

AFRICAN Recognition

The impact of AFRICAN's work was recognized May 3, 2007 when the GFHC was designated the *Outstanding Achievement in Advocacy Award* recipient by the Michigan Council for Maternal and Child Health, a group whose goal is to be a voice in the political process for pregnant women, children, and their families to assure that their health and well-being are ensured.

AFRICAN Closure

Closing the Gap funding through which AFRICAN was supported ended on September 30, 2007. Prior to this, the GFHC attempted to obtain continuation funding from a variety sources including the Department of Health and Human Service's (HHS) Health Resources and Services Administration (HRSA) and the Office of Minority Health. The Coalition also sent a delegation to Washington, D.C. in April of 2007 to meet with

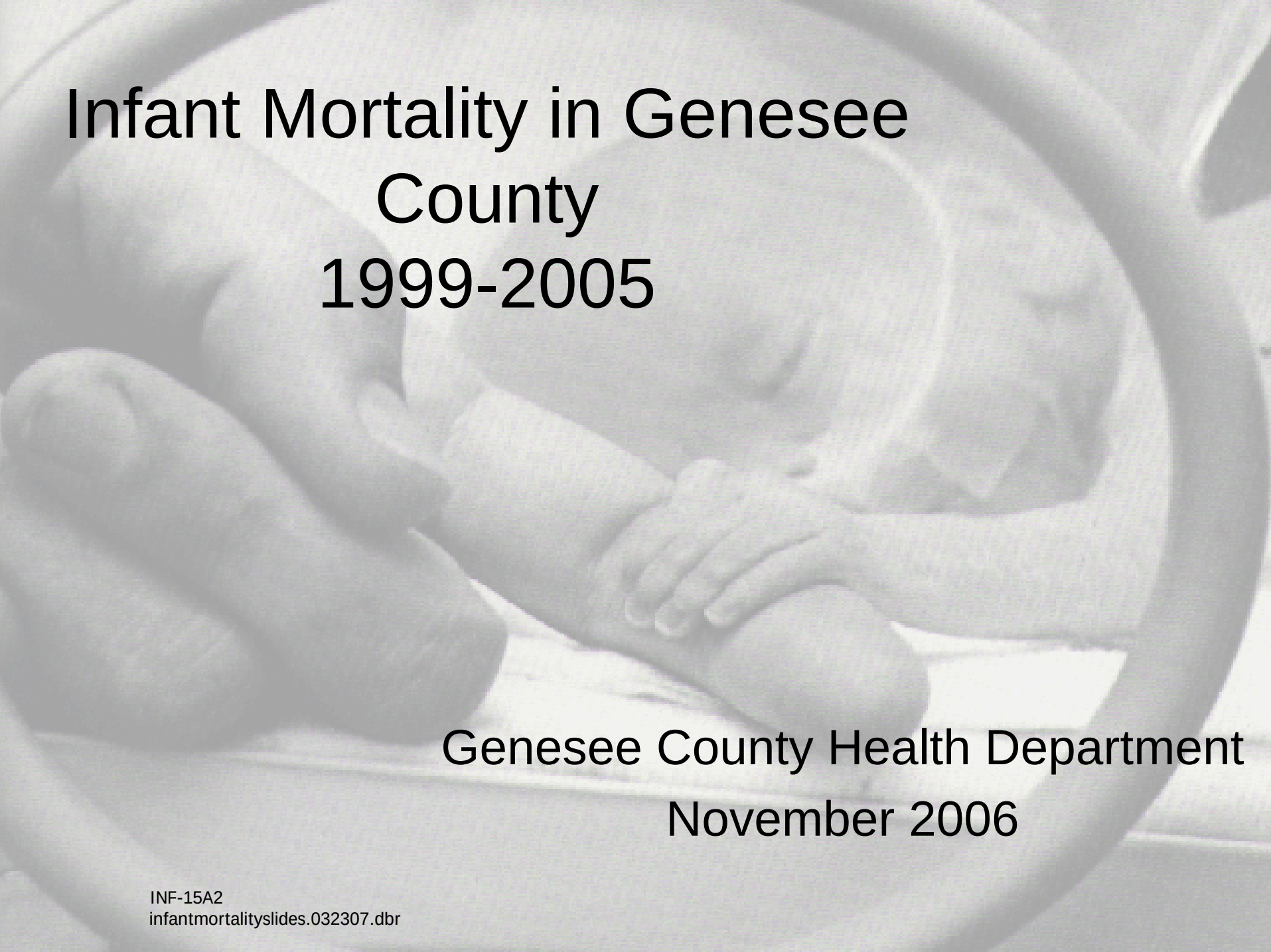
Michigan State legislators to garner support for possible future appropriations in the federal budget to HRSA in order to continue the Closing the Gap Initiative. Unfortunately, funding to continue the project could not be procured.

Conclusion and Thanks

It is the hope of the Greater Flint Health Coalition that this Summary Report to the Community was informative. Thank you for your interest in the African American Family Resource Information Center and Network (AFRICAN). The GFHC would also like to thank and acknowledge its partnership organizations that worked to make it a success and valued community service. If you have questions about this report, please contact the GFHC at (810) 232-2228 or gfhc@flint.org.

AFR-1 AFRICANfinalreport.110107cn

Infant Mortality in Genesee County 1999-2005

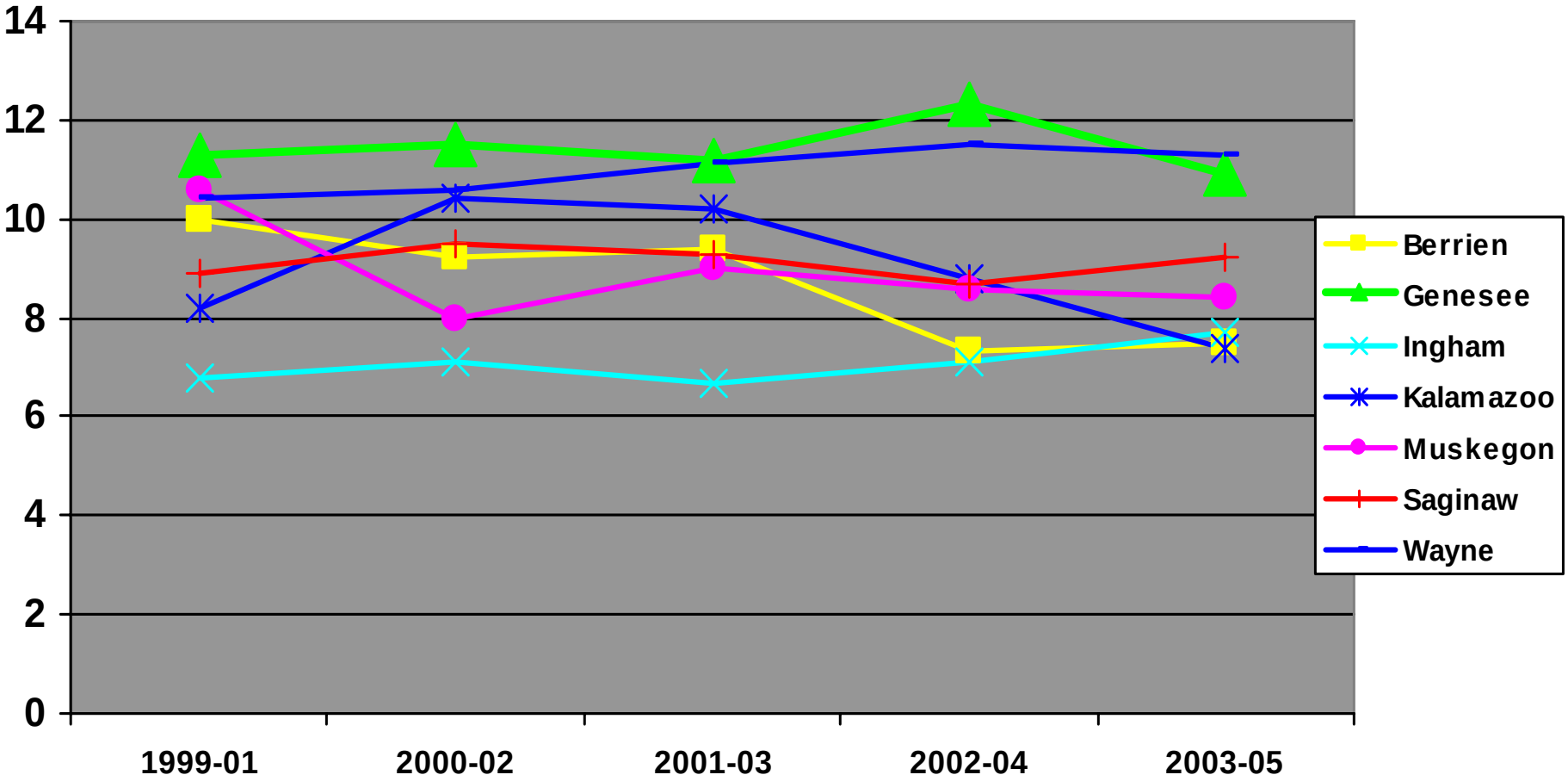


Genesee County Health Department

November 2006

INF-15A2
infantmortalityslides.032307.dbr

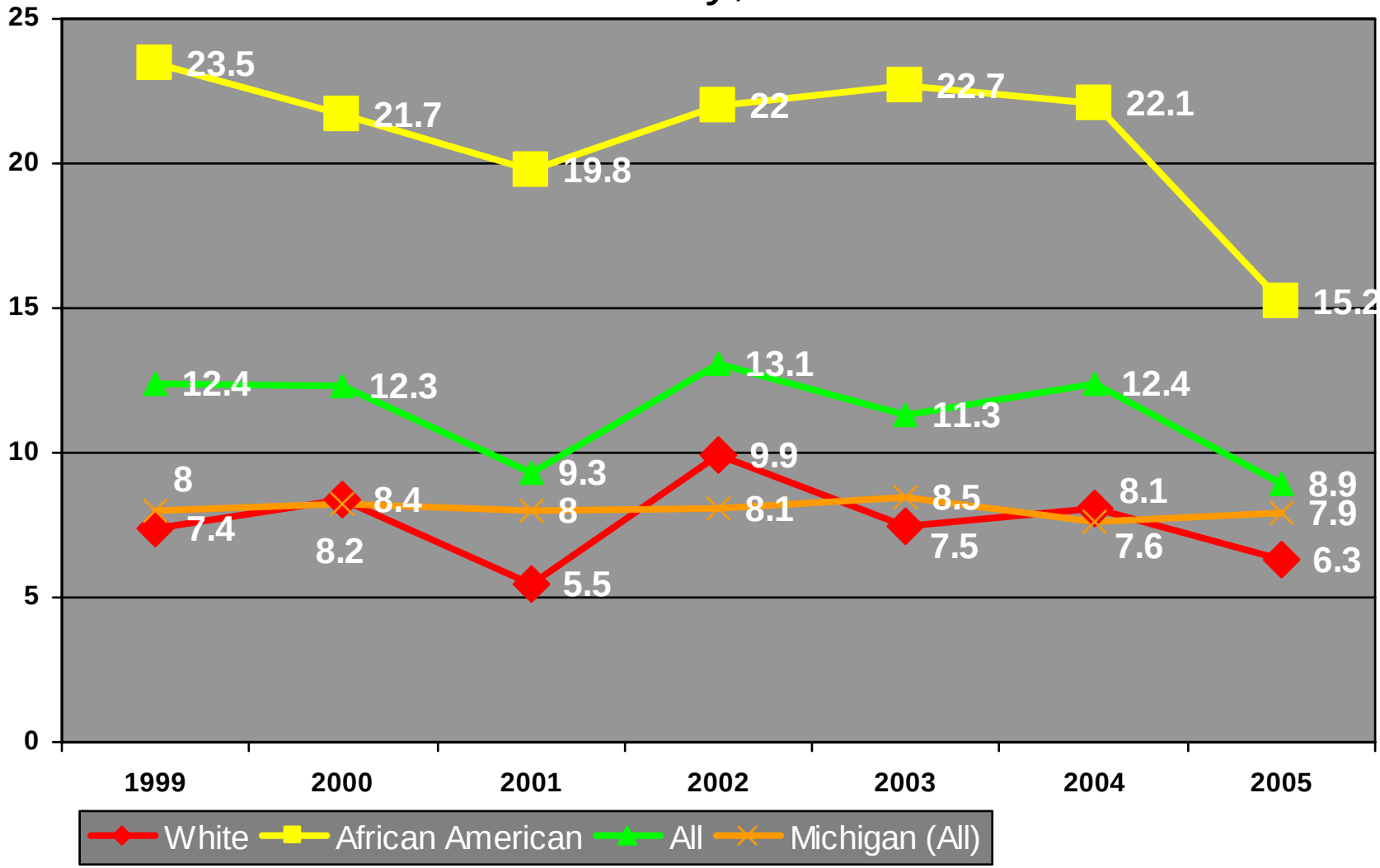
Three-Year Moving Average Infant Death Rates by County, Michigan Residents, 1994-2005



Source: Michigan Department of Community Health, Vital Records & Health Data Development Section. Provided by the Genesee County Health Department

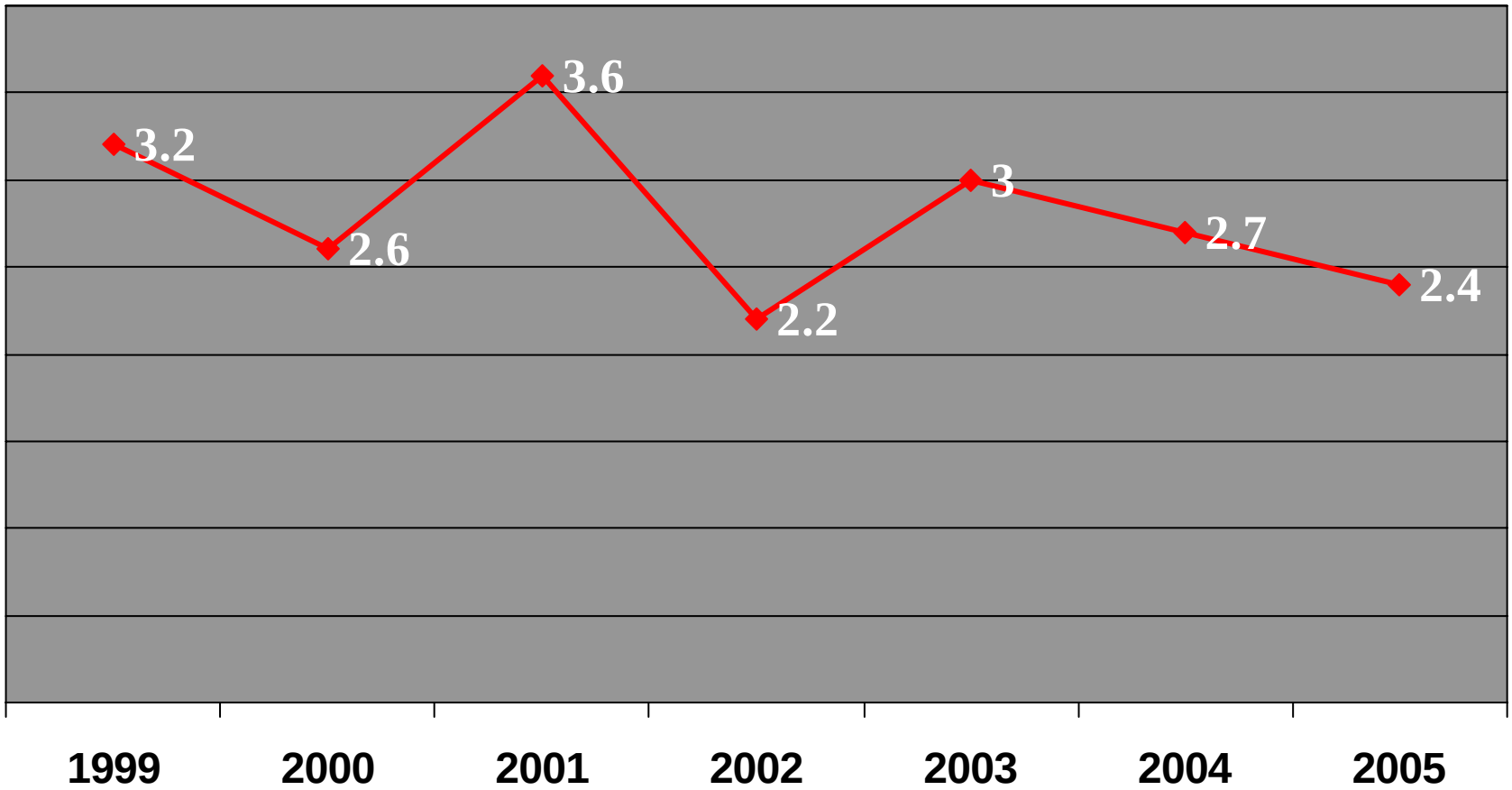
Annual Infant Mortality Rates by Race

Genesee County, MI 1999-2005



Source: Michigan Department of Community Health, Vital Records & Health Data Development Section. Provided by the Genesee County Health Department

Infant Mortality Disparity Ratio*
Genesee County, Michigan 1999-2005

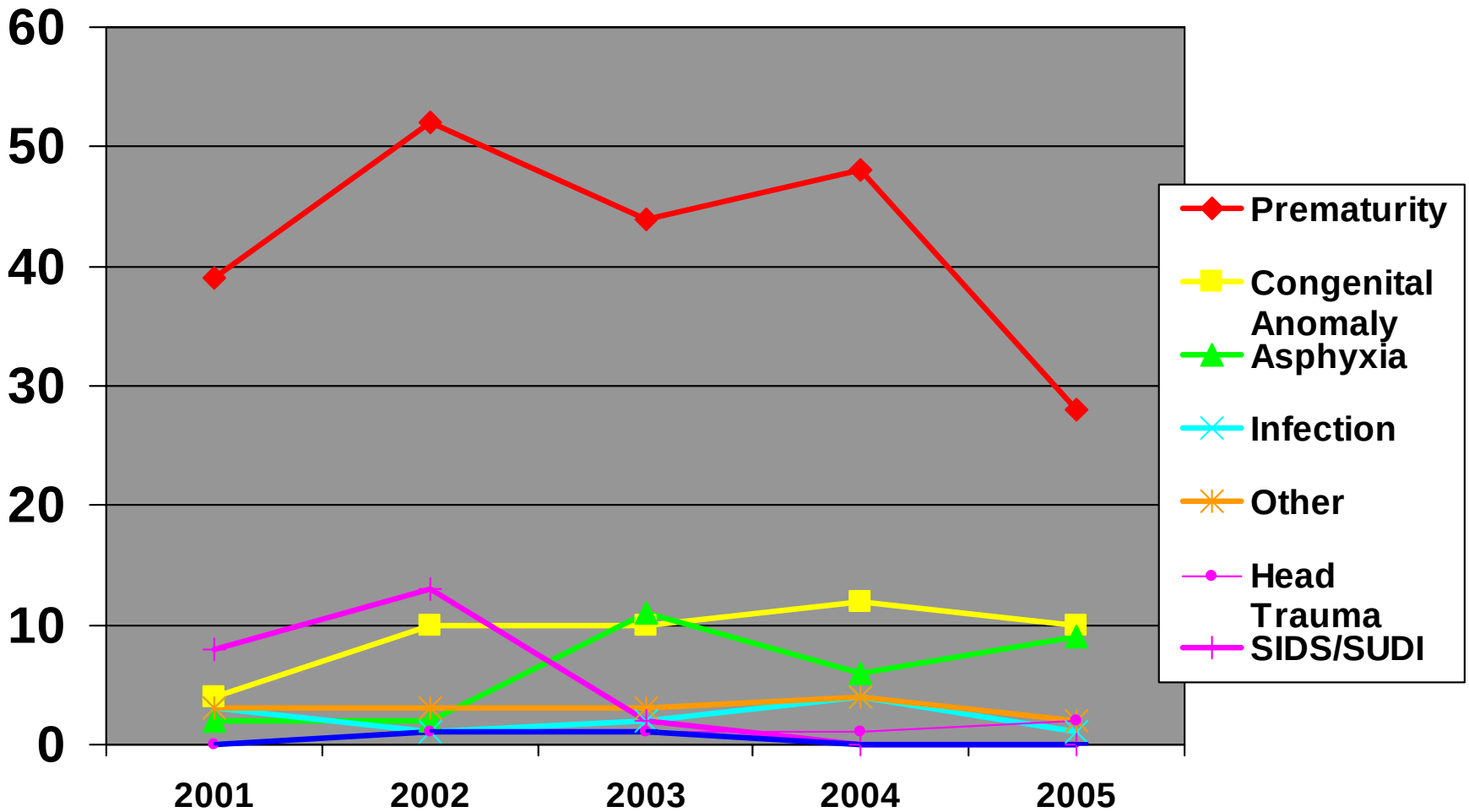


*African American to White Disparity Ratios

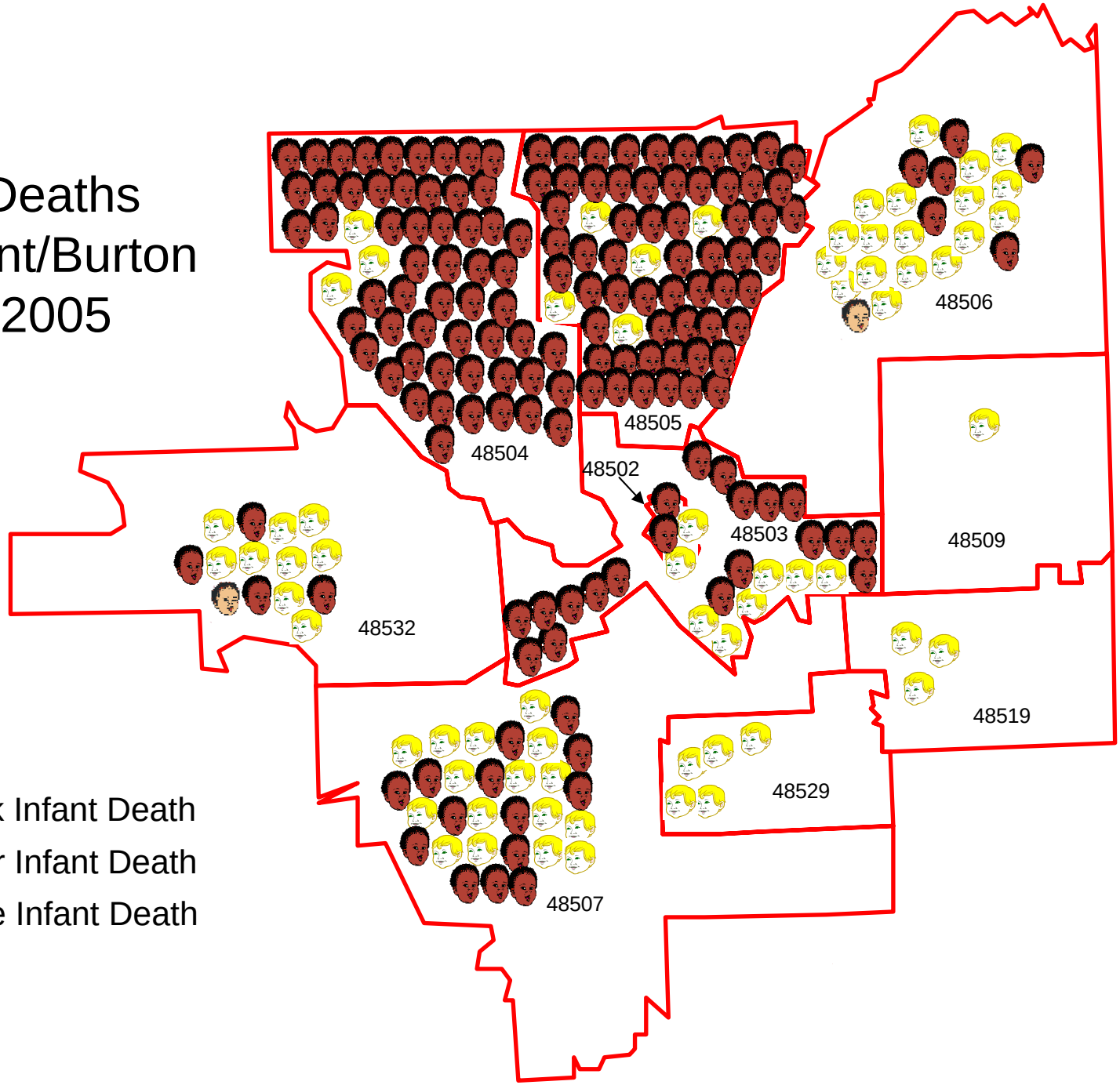
Source: Michigan Department of Community Health, Vital Records & Health Data Development Section. Provided by the Genesee County Health Department

Number of Infant Deaths by Cause

Genesee County, 2001-05



Infant Deaths
City of Flint/Burton
2001-2005



= 1 Black Infant Death

= 1 Other Infant Death

= 1 White Infant Death

Source: Genesee County Health Department, Fetal-Infant Mortality Review data

Membership Board of Directors

Deborah Cherry, Chair

Last Name	First Name	Title	Organization Name	Sector
	VACANCY		UAW Region 1-C	CONS
Agho, Ph.D.	Augustine	Dean, School of Health Professions and Studies	University of Michigan-Flint	GVT
Boucree, M.D.	Michael	Vice-President for Outcomes Management/Chief Quality Officer	Hurley Medical Center	
Burroughs	Steven	President	United Teachers of Flint	CONS
Cherry	Deborah	Senator	Michigan State Senate	GVT
Conroy	Joe	Director of Governmental Services	City of Flint	GVT
Crosby	David	President & CEO	HealthPlus of Michigan	INS
Fleshner	Mark	Regional President and Commercial Business Manager	Citizens Banking Corporation	PUR
Herman	Tim	CEO	Genesee Regional Chamber of Commerce	PUR
Hirsch, Ph.D.	Marilyn	Branch Manager	Centers for Medicare & Medicaid Services	Invited Guest
Johnson, Jr., M.D.	Thomas W.	Senior Medical Director Service Parts Operation	General Motors Corporation	PUR
Kincaid	Scott	Community Liaison UAW/GM	UAW GM Community Health Initiatives	PUR
Kooy	Donald	President & CEO	McLaren Regional Medical Center	PR
Levine	Pete	Executive Director	Genesee County Medical Society	PR
Lewis	E. Yvonne	Executive Director	F.A.C.E.D.	CONS

Last Name	First Name	Title	Organization Name	Sector
Napier	Alan		AFL-CIO	CONS
Owens	Miles		UAW Retirees	CONS
Pestronk	Robert M.	Health Officer	Genesee County Health Department	GVT
Pierce	Clarence	CEO	Hamilton Community Health Network	AT LARGE
Princinsky. Ed.D.	Julianne	President	Baker College of Flint	PUR
Reynolds, M.D.	Lawrence	President & CEO	Mott Children's Health Center	PR
Shaink, Ph.D.	Richard	President	Mott Community College	PUR
Shapiro, D.O.	Steven		Genesee County Osteopathic Society	PR
Skorcz	Stephen	President & CEO	Greater Flint Health Coalition	Ex-officio
Smith	Thomas	Director, Health Plans	Delphi Corporation, Delphi Headquarters	PUR
Smith	Mary	Vice President of Health Care Delivery Strategy	Blue Cross Blue Shield of Michigan	INS
Smith, Jr.	Thomas M.	Regional Manager	UAW GM Community Health Initiatives	PUR
Svitkovich, Ed.D.	Thomas	Superintendent	Genesee Intermediate School District	PUR
Taylor	Mark	President & CEO	Genesys Health System	PR
Thompson	Sheryl	County Director	Genesee County Department of Human Services	GOV
Wardell	Patrick	President & CEO	Hurley Medical Center	PR

Membership FAIMI Operations Committee

Chair

Last Name	First Name	Title	Organization Name	Sector
Bell	Lee	Education and Training Chair	Neighborhood Roundtable	CONS
Coffield	Katherine	Administrator for Business Development	Hurley Medical Center	PR
Gallon	Cheryl	Director, Medicaid Services	HealthPlus of Michigan	INS
Giacalone, Jr., M.D.	Michael	Medical Director	Hamilton Community Health Network	PR
Goodman	Larry	Assistant Executive Director	Genesee County Community Action Resource Depart	CONS
Hill DeLoney	Mrs.		Flint Odyssey House Health Awareness Center	CONS
Hines	Sophia	Public Health Consultant	Michigan Department of Community Health	GOVT
Lauber	Cheryl	Division of Family and Community Health	Michigan Department of Community Health	GOVT
Lewis	E. Yvonne	Executive Director	F.A.C.E.D.	CONS
Mather	Charlotte	Program Director, Women's & Infant Servi	Genesys Regional Medical Center	PR
McKellar	John	Director, Personal Health Division	Genesee County Health Department	GOVT
Reischl, Ph.D.	Tom	Evaluation Director, Prevention Research	University of Michigan, School of Public Health	GOVT
Reynolds	Kathy	Nurse Manager	McLaren Regional Medical Center	PR
Sparks	Arlene	REACH 2010 Project Coordinator-Health	GCCARD	CONS
Winfrey	Herbert	Interim Executive Director	Flint Family Road	CONS

Closing the Gap Initiative on Infant Mortality: African American Focused Risk Reduction

Revised Work Plan

Introduction

This narrative outlines an initiative to reduce disparities in infant mortality in the African-American community in Flint, Michigan. Both Genesee County and Flint have the highest rates of African American infant mortality and SIDS death rates in the state. On both a statewide and a local level in Genesee County and Flint, African American infant mortality is three times that of Whites. There are currently many initiatives aimed at reducing this disparity in Genesee County and Flint. The goals of this initiative are to enhance, support and integrate these resources to better serve mothers and their infants and improve maternal and infant health and life outcomes.

This initiative involves a model of culturally competent education, outreach and advocacy in the African American community specifically directed at improving birth outcomes and infant mortality through early, continuous, and appropriate prenatal care for African American women at risk for the greatest disparity in infant mortality. The Flint community recognizes infant mortality as a social problem with medical consequences. It also recognizes that racism has a negative impact on health outcomes and is a major contributor to the disparities, especially infant mortality. Therefore, all activities will be conducted in a manner consistent with these recognitions and will seek to maximize the input and feedback of the community on closing the disparity in African American infant mortality.

Goals of the initiative include:

- Coordinating and integrating existing services and resources in the preconceptual and perinatal care system
- Encouraging—through education and advocacy—early, continuous, and adequate prenatal care
- Promoting planned pregnancies among African American women
- Reducing barriers for African American women to obtain health insurance coverage
- Promoting maternal and infant health within the larger community through targeted education, particularly about Safe Sleep, breastfeeding, nutrition, infant development and smoking cessation.

The Closing the Gap initiative will address the disparity in African American infant mortality by enhancing linkages among all partners involved in the care and support of mothers and their infants—the healthcare system, social service agencies, community-based organizations, and the consumers themselves.

Rationale for the Work Plan

The following data details the perinatal health disparities between the African American and European American populations in Genesee County, Michigan and supports the

rationale for the work plan of the Closing the Gap initiative. According to this data, the causes of the African American disparity in infant mortality stem chiefly from two areas: maternal health needs (ensuring preconceptual and prenatal care, pregnancy intentness, and health behaviors such as smoking cessation, substance use, nutrition) and infant health needs (breastfeeding, Safe Sleep, infant development). All of these areas will be the focus of this initiative.

Genesee County has one of the highest African American infant mortality rates in the state and it is three times higher than that for White infants. According to the Michigan Department of Community Health, in 2000–2002 there were 21.1 deaths per 1000 live births among African Americans. By comparison, White infant mortality rates were 7.9 deaths and 6.0 deaths per 1000 for Michigan. The table below illustrates the extent of the infant mortality disparity in Genesee County. It clearly demonstrates that African American infant deaths from SIDS and low birth weight are consistently about three times greater than those for their White counterparts.

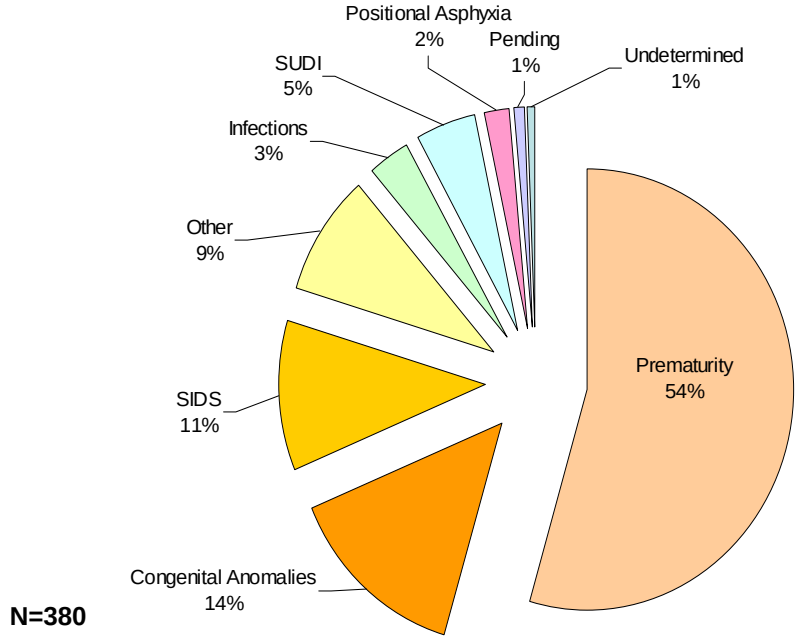
Selected White and Black Infant Death Statistics, Genesee County (Three years combined, 2000–2002)

	Infant deaths		*SIDS Deaths*		*Low Birth weight*		*Preterm*		*Total Live Births*	*Low Birth Weight Births*	*Preterm Live Births*
	Number	Rate	Number	Rate	Number	Rate	Number	Rate			
White	107	7.9	12	0.9	73	73.3	39	32.2	13,531	996	1,212
Black	106	21.1	16	3.2	80	100.6	36	57.1	5014	795	630

Source: 2000–2002 Infant Death and Live Birth Files, Vital Records and Health Data Development Section, Michigan Department of Community Health.

The Genesee County Health Department (GCHD) through the Fetal Infant Mortality Review (FIMR) Team has analyzed the causes of infant deaths. From 1998–2002, SIDS and preterm births account for 65 percent of the causes of infant deaths in Genesee County.

Genesee County Infant Deaths by Cause 1998-2002



Statistics Compiled by the Genesee County Health Department
Source: 1998-2002 Live Birth and Death Files, Vital Records and Health Statistics, Michigan Department of Community Health

This is further supported by the Perinatal Periods of Risk (PPOR) analysis on the infant deaths occurring in Genesee County.

PPOR Distribution of Excess African American Fetal and Infant Deaths, Genesee County, Michigan 1998-2002

	Fetal	Neonatal	Post-neonatal
500-1499 grams	Maternal Health/Prematurity **4.6**		
1500+ grams	Maternal Care **0.2**	Newborn Care **0.5**	Infant Health **4.3**

Source: 1998-2002 Live Birth and Death files, Vital Records and Health Statistics, Michigan Department of Community Health

Within the PPOR, excess feto-infant deaths provide another indication of the disparity between the comparison group, in this case European American women, and the target group, African American women. As the table above clearly indicates, the areas of greatest excess African American Infant/Fetal deaths are attributable to maternal health/prematurity (4.6 excess deaths) and infant health (4.3 excess deaths).

In sum, it is extremely clear that the root causes of the disparity stem from deficiencies in the provision of maternal and infant health care in Flint. In addition, there is evidence that suggests contributing factors that should be addressed through this initiative.

Other Measures of Maternal and Infant Health Status in Genesee County

There are a variety of needs related to maternal and infant health that will be addressed by the Closing the Gap initiative. There are many resources and services that exist to assist women with these needs, however, that this initiative must not only work to ensure that women access and receive the necessary services, but that the complexity of the system does not present a barrier to women locating and securing them.

- **Prenatal care:** According to the Genesee County Health Department, just 65 percent of African American women receive adequate and regular prenatal care compared to 81 percent of their White counterparts. This proportion is slightly above the state rate of 62 percent for African Americans, but is still far below the rates of care for Whites. Preliminary conclusions from REACH 2010 also indicate that African American women were less likely to receive early prenatal care. Additionally, findings from Friendly Access[SM] indicate that African American women are more likely than European American women to report the inability to pay or secure health care coverage as a barrier to beginning prenatal care—88 percent of African American women report this as a barrier compared to 63 percent of European American women.
- **Teenage pregnancy:** According to the Michigan Department of Community Health, the teenage pregnancy rate for Genesee County far outpaces that of the state. In 2002, the rate for Michigan teens aged 15–19 was 57.1; in Genesee County the teenage pregnancy rate was 81.7 per 1000. Births to teenagers account for poorer outcomes. According to data from REACH 2010, African American teens in Flint were at greater risk for preterm delivery.
- **Family planning:** According to results from the Friendly Access[SM] evaluation, 69 percent of the new African American mothers that were interviewed indicated that their pregnancy was unintended compared to 63 percent of European American mothers. Most striking however is the disparity between those mothers who indicated that they did not want to be pregnant at that time or any other time in the future—41 percent of African Americans compared to just 23 percent of European Americans.
- **Breastfeeding:** Results from Friendly Access[SM] indicate that African American mothers were less likely to breast feed or to accept support for breast feeding, such as lactation consultation, when it was offered to them—65 percent of African American mothers chose to breast feed and just 30 percent accepted an offer of lactation support.
- **Tobacco Use:** According to preliminary findings from Flint Infant Health Study for REACH 2010, most mothers who ceased smoking during their pregnancy resumed tobacco use after the birth of their infants. Furthermore, tobacco use was not well discussed between the women and their health care providers.
- **Safe Sleep environments:** In addition to the disparity in SIDS deaths and other deaths related to a lack of Safe Sleep environments, preliminary findings from Flint Infant Health Study for REACH 2010 also found that African American mothers

were least likely to place their infants on their backs for sleeping and were much more likely to engage in infant co-sleeping.

Maternal and Child Health Resources in Genesee County

Flint has a tremendous wealth of resources directed at reducing the disparities in infant mortality and improving maternal and child health outcomes. The major concern of the Closing the Gap initiative in Flint is to better link these resources by ensuring proper coordination, feedback and education of consumers, providers, and the community, and not to provide services directly. To that end, the initiative will collaborate with the following partners, all of whom are represented in the initiative's advisory group. Please see Attachment 2 for a complete description.

Work Plan Development

An advisory committee, convened by the Greater Flint Health Coalition, comprised of representatives from all sectors—consumers, community-based organizations, social service providers, health care providers, health systems and hospitals—developed the work plan. The advisory group includes representation of the major partners in improving maternal and infant health in Genesee County, including federal programs like Healthy Start, REACH 2010, and Friendly Access[SM.] Please see the attached roster of advisory group members and their affiliations. During the 90–day planning period, the group met and performed the following tasks:

- Review available data on the root causes of the disparity in African American infant mortality
- Identify key issues in the disparity in African American infant mortality
- Identify the existing resources and services in Genesee County
- Identify gaps
- Discuss and prioritize strategies for addressing the gaps
- Develop a plan for implementing the strategies and moving forward

Through this process, the advisory group outlined four issues for the Closing the Gap initiative to address:

- The causes of infant mortality must be addressed by focusing most attention on the resources directed at preterm birth and deaths attributable to maternal and infant health disparities
- There is a need to improve understanding of the present maternal and infant health system among consumers, providers and the community through:
    - Improved collaboration
    - Improved data sharing and feedback about individual programs as well as on a system-wide basis

- There is a wide array of existing services and resources that must be better integrated and coordinated to improve access and responsiveness to the needs of African American women to reduce infant mortality in the African American community
- Any initiative directed to change health outcomes must also address the immediate and long-term impact of racism on health care delivery for women and their infants

To address the issues identified by the advisory group, a strategy for linking and enhancing access to existing resources in Flint was developed— the African American Family Resource Information Center and Network (AFRICAN). AFRICAN will be a referral, outreach, education, and advocacy resource for pregnant women, their families, the community, and providers alike. However, it is not designed to provide direct service, but rather to link and bridge all existing services in the maternal and child health system. Once fully implemented, AFRICAN and Patient Navigators will facilitate navigation through the system by providing education, referrals, and advocacy about existing resources.

AFRICAN will be overseen by a committee composed of community based organizations (Faith Access to Community Economic Development, Neighborhood Roundtable, Flint Odyssey House – Health Awareness Center, and Flint Family Road) and healthcare providers (MDCH, Genesee County Health Department, Genesee County Community Resource Action Department, and Hamilton Community Health Network) currently involved in services to reduce infant mortality. The GFHC and Prevention Research Center evaluator will also serve on this operations committee with staffing provided by the GFHC.

AFRICAN will utilize Patient Navigators to perform the major functions of AFRICAN. Patient Navigators will provide a central source of information about the availability of resources and services across the entire system. As advocates, however, they will do more than simply refer women, their families and providers to the services or resources they seek. Patient Navigators will also be responsible for knowing how well the services and resources work, and will be trained to assist women, their families and providers is navigating the complexity of the maternal and child health system in Flint. In doing so, Patient Navigators will provide a bridge across all services and resources, regardless of where they are housed. Specifically, Patient Navigators will have the following responsibilities:

- Work with the operations committee of the AFRICAN to determine what services are available in the Flint community;
- Develop assessments of how well the services work by pulling together available data and information and updating these assessments on a regular basis (e.g. quarterly),
- Assist in data collection activities as directed by the evaluator and the operations committee
- Perform an assessment of the needs of the women who contact the AFRICAN
- Provide referrals to a wide array of services and resources across Flint and Genesee County, and;
- Help African American mothers navigate the necessary and appropriate services or resources.

While AFRICAN will be available to all members of the community, it will specifically focus its' activities on a defined area within the city of Flint where the largest number of African American infant deaths occur. REACH 2010 and Healthy Start projects focus on the zip codes in central and northern Flint experiencing the highest number of infant deaths (48505, 48504, 48503, 48458). Furthermore, the Genesee County Health Department working with the advisory group of the Closing the Group initiative, mapped infant deaths by street address giving the project a street-by-street, neighborhood-by-neighborhood analysis at where African American infant deaths occur. This will provide AFRICAN with an even sharper focus on the problem and provide the ability to reach out to the specific neighborhoods where the highest numbers of African American infant deaths are experienced. More details on the goals, objectives and activities of the Closing the Gap initiative is provided below.

Goals and Objectives

GOAL 1: Coordination and integration of services and resources supporting early, adequate, and appropriate preconceptual and perinatal care for African American pregnant women and their families.

Objective 1: By 4/01/05, create a system-wide mechanism (the AFRICAN) for assessment, referral, and advocacy for women and their families that will coordinate existing resources.

- Baseline: Currently such an initiative does not exist in the Flint Community
- Performance Indicator:
  - Number of resources and service identified to become part of network
  - Number of contacts to the AFRICAN
  - Number of referrals
- Activities:
  - Develop the infrastructure and implement referral/information "hotline"
  - Hire and train Patient Navigators to carry out AFRICAN activities
  - Involve community-based organizations and MISSing Links in developing a systems map of medical and social services
  - Develop referral protocols and Patient Navigator "tool kits" for appropriate information dissemination
  - Patient navigators review and assess services and identify information to include in "tool kits".

Objective 2: By 12/05, Patient Navigators will perform outreach to 20 percent (N=320) of the pregnant African American women in the community and at least 50 percent of providers

- Baseline: On average there are 1600 African American births annually in Genesee County
- Performance Indicator: Number of women contacted and who contact the AFRICAN
- Activities:

- Working with the AFRICAN operations committee, develop means to identify pregnant African American women
- Develop a campaign (02/05-04/05) to inform community about the AFRICAN and the hotline
- Educate providers on the AFRICAN
- Patient navigators provide non-traditional outreach in the community

Objective 3: By 12/05, perform needs and risk assessment through a social prenatal risk assessment tool (Social PRAT) to at least 200 pregnant African American women within the community of concern

- Baseline: Currently six provider sites are utilizing the medical PRAT
- Performance Indicator: Number of Social PRATs administered to pregnant African American women within the community of concern
- Activities:
  - Work with PRIDE Medical Services to identify what elements of the Medical PRAT can be used and administered by Patient Navigators
  - Identify pertinent social information to collect (e.g. support network, knowledge or awareness of available resources)
  - Design a consent protocol to allow the sharing of data with and between providers

Objective 4: By 6/30/05, develop a process for continuous quality improvement (CQI) for the preconceptual and perinatal health system.

- Baseline: Currently, CQI processes are implemented on a program-level basis; there is no system-wide process
- Performance Indicator: Evaluation design developed collaboratively between evaluator and operations committee
- Activities:
  - The AFRICAN operations committee, working with the evaluator, will develop appropriate data collection and data sharing strategies
  - Identify ways to enhance and facilitate information sharing among all partners
  - Utilize Patient Navigators, where appropriate, to collect information (e.g. satisfaction surveys, Social PRAT, feedback through outreach activities)

Goal 2: Encourage early, adequate, and appropriate prenatal care for African American women in the community of concern

Objective 1: By 12/05, increase the number of African American women beginning prenatal care in their first trimester by 5 percent (N=163).

Baseline: Currently, 65 percent of African American births are preceded by adequate prenatal care.

Performance Indicator:

- Number of women entering prenatal care in the first trimester
- Number of referrals to appropriate services
- Number of women who follow through with referrals

Activities:

- Patient navigators will:
  - Develop a database of providers accepting Medicaid patients for pregnancy care
  - Provide African American pregnant women with provider referrals as needed
  - Provide follow up to AFRICAN clients in order to assess services, make recommendations for improving the system, etc.
  - Confirm through follow up AFRICAN clients who do not complete referral to identify barriers to initiating care

Objective 2: By 12/05, increase pregnant African American women's satisfaction and trust with the care they receive by 5 percent.

- Baseline: According to Friendly Access[SM] data, African American women report the lowest levels of comfort, respect, concern, and thoroughness in their interactions with providers.
- Performance Indicator: Number of women who report they feel comfortable with their provider, that their provider has respect and concern for them, and that their provider was thorough
- Activities:
  - Patient education about what to expect throughout prenatal care
  - Provider, consumer, and community education about the impact of racism on health care delivery and interactions
  - Patient Navigators ensure that pregnant women are linked with appropriate support and advocacy resource such as MIHAS, Birth Sisters, or MSS.

GOAL 3: Promote planned pregnancies among African American women of childbearing age in Flint, Michigan.

Objective 1: By 12/05, decrease the percentage of African American mothers self-reporting unintended pregnancy by 5 percent

- Baseline: Information currently available from the Friendly Access[SM] Primary Data Report No.2 indicates that for mothers on Medicaid or self insured, 70% of African American women wanted to be pregnant later or didn't want to be pregnant then or at any time in the future compared to 63% of European American women
- Performance Indicator:
  - Number of sites providing culturally competent family planning information
  - Number of African American women reporting that their pregnancy was planned
- Activities:
  - Work with REACH 2010 and ACEDC to develop culturally competent information on family planning

- Review or develop provider protocols for discussing birth control options at prenatal care visits offered by the hospital clinics, federally funded clinic, and community service providers
- Educate and link providers and African American women on sources of birth control services such as Planned Parenthood
- Outreach to increase number of sites where information is available

GOAL 4: Reduce the barriers African American women and mothers experience in obtaining health insurance coverage.

Objective 1: By 06/30/05, reduce the proportion of African American women reporting that insurance coverage is a barrier to entering prenatal care compared to European American mothers by 5 percent.

- Baseline: The Friendly Access[SM] Primary Data Report No.2 indicates that 88 percent of African American mothers report not receiving early prenatal care because they lack insurance coverage or other resources to pay for prenatal visits, compared to 63 percent of European American mothers
- Performance Indicator:
  - Number of women reporting insurance as a barrier
  - Increase in knowledge about the resources and options available to African American women to cover the costs of prenatal care.
  - Number of women that are assisted and educated about health insurance coverage options
- Activities:
  - Patient Navigators will educate African American women in the community of concern of the process for applying for Medicaid coverage
  - The operations committee of the AFRICAN will work with the Family Independence Agency to develop a protocol ensuring all African American pregnant women applying for Medicaid are given a "guarantee of payment" letter
  - Develop a referral process to link African American pregnant women with a health advocate at the Center for Civil Justice

Objective 2: By 12/05, Patient Navigators will assist eligible African American women with enrollment in the Genesee Health Plan (GHP)

- Baseline: Currently only 61 percent of African American women have a health care provider for routine care prior or after pregnancy
- Performance Indicator:
  - Number of African American women engaged in discussion of inter pregnancy health care coverage
  - Number of African American women of child bearing age enrolled in GHP
- Activities:
  - Develop working relationship with GHP
  - Educate Patient Navigators about the GHP enrollment process

- Design AFRICAN protocols for engaging African American women pre and post pregnancy
- Educate providers on the availability of GHP resource
- Assist African American women with the completion of the enrollment process in collaboration with GHP staff

GOAL 5: Promote maternal and infant health within the African American community

Objective 1: By 12/31/05, educate 100 African American mothers of newborns and their support system on recommended Safe Sleep practices

- Baseline: Current Safe Sleep activities have been predominately focused at mothers and medical providers and have not generally included non-traditional means of information or the extended support system for African American mothers.
- Performance Indicator:
  - Number of referrals to meet needs of families to create a Safe Sleep environment
  - Number of presentations conducted by Patient Navigators
  - Number of individuals who participate in Safe Sleep educational presentations
- Activities:
  - The AFRICAN operations committee will manage and utilize social marketing techniques to (1) assess information needs in the community of concern; (2) develop culturally competent messages; (3) identify appropriate audiences and messengers, and; (4) deliver the message.
  - AFRICAN operations committee will collaborate with FIA, Genesee County Health Department and area hospitals to identify women with newborns and protocols for contacting them
  - Coordinate with the message of the current Safe Sleep campaign
  - Identify organizations with existing initiatives or resources on Safe Sleep environments (e.g. FIA, GCHD, Michigan SIDS)
  - Patient Navigators will provide outreach to women with newborns and their support systems (e.g. their mothers, grandmothers, aunts or other extended family) to ascertain their needs for a SAFE Sleep environment and provide referrals to appropriate resources

Objective 2: By 6/30/05, expand and enhance opportunities to educate providers, pregnant women and the community about the impact of racism on maternal and infant health.

- Baseline: Currently, "Undoing Racism" workshops include providers as the primary participants
- Performance Indicators: Number of pregnant women and community members who participate
- Activities:

- AFRICAN operations committee will collaborate with REACH 2010 and community based organizations and other community representatives to determine most appropriate ways to expand workshops
- Develop outreach to invite pregnant women and community members to "Undoing Racism" workshops

Objective3: By mid-2006, implement a multi-stage social marketing campaign to increase community awareness of the importance of maternal and infant health, particularly in the areas of tobacco use, breastfeeding, nutrition, teenage pregnancy, and infant development.

- Baseline: Currently, no such activity exists in Genesee County
- Performance Indicators: Number of education and outreach activities
- Activities:
  - Develop messages that will address the information needs of the community from the issues identified through the activities of the patient navigators.
  - Implement concentrated education and outreach activities within community of concern to promote awareness using key messages
  - Identify and utilize non-traditional messengers and venues to promote awareness

Attachment 1: Closing the Gap Infant Mortality Initiative Advisory Group

Co-chairs: Lawrence Reynolds, M.D. and Cem Demirci, M.D.

Last Name	*First Name*	*Title*	*Organization*
Acker	Charlene	Director of Community Outreach -	University of Michigan - Flint
Bell	Lee	President	Neighborhood Roundtable
Blake	Kathryn	Birth Sister	Flint Odyssey House, Inc., Health Awareness
Bourdon	Gloria	Director - Health & Nutrition Services	Genesee Intermediate School District
Chambers	Denise	Director	Family Independence Agency
Cummings	Debbie	Director of Patient and Community	McLaren Regional Medical Center
Demirci, M.D.	Cem	Medical Director, Hurley Children's	Hurley Medical Center
Determan	Colleen	Passport Coordinator	Ready, Set, Grow! Passport
Ellegood	Cheryl	Vice President of Clinical Services	McLaren Regional Medical Center
Franks	Marcia	Public Health Supervisor	Genesee County Health Department
Gaines	Henry	Regional Coordinator	Community Health Care Initiatives UAW/GM
Herman	JoAnne	Vice President, Clinical Excellence	Genesys Health System
Hill De Loney	Mrs.	Flint Odyssey House Health Awareness Center	CONS
Horwath	Katherine	Director Women & Children's	Hurley Medical Center
Jacks	Beverly	Program Associate	Youth Violence Prevention Center
Jeffers	Dee	Director, Friendly AccessSM Program	The Lawton & Rhea Chiles Center
Joubert, Sc. D.	Cassandra	Senior Program Officer	Ruth Mott Foundation
Kruse	Andy	Director, Community Relations	Genesys Health System
Lauber, DPA	Cheryl	Division of Family and Community	Michigan Department of Community Health
Levine	Pete	Executive Director	Genesee County Medical Society
Lewis	Yvonne	Executive Director	F.A.C.E.D.
Liggins	Yulinda	Maternal and Child Health Advocate	F.A.C.E.D.
Mahan, M.D.	Charles	Professor	The Lawton & Rhea Chiles Center
Massie	Donna	Administrator of Clinical Services	Mott Children's Health Center
Mikhail	Judy	Interim Administrator Women &	Hurley Medical Center
Morris	Bre'anne	Friendly Access Interviewer	
Reischl, Ph.D.	Tom	Evaluation Director, Prevention	University of Michigan, School of Public Health

Reynolds, M.D.	Lawrence	Medical Director	Mott Children's Health Center
Riba	Melissa L.	Senior Consultant for Evaluation and	Public Sector Consultants
Richardson	James	Executive Director	Planned Parenthood of East Central Michigan,
Scott	Jackie	Maternal and Child Health Advocate	F.A.C.E.D.
Selig, Ph.D.	Suzanne	Director, Department of Health Sciences	University of Michigan-Flint
Shann	Alisha	Friendly Access Interviewer	CONS
Simmons	Jan	Vice President for Nursing & Clinical	Hurley Medical Center
Siwek	Sue	Chief Operating Officer	Hamilton Community Health Network
Sparks	Arlene	REACH 2010 Project Coordinator	GCCARD
Swarin, D.O.	Michael	Plan Medical Director	Health Plus of Michigan
Williams	Velma	Birth Sister	Flint Odyssey House, Inc., Health Awareness
Williams	Reverend Helen	Executive Director	Flint Family Road
Wyatt	Lillian	Director of Personal Health	Genesee County Health Department

Attachment 2: Maternal and Child Health Resources in Genesee County

HEALTHY START:

Healthy Start is an initiative of the Health Resources and Services Administration (HRSA). The program's mission is to reduce the rate of infant mortality, low birth weight, and pre-term births among high-risk pregnant African American women and infants residing in the 48505 zip code. Using a multi-disciplinary team composed of a registered nurse, dietician, social worker, and MIHAS, Healthy Start provides outreach, care coordination, and health education. Organizational partners include Genesee County Health Department, Flint Family Road, FACED, Genesys Health System, and Hurley Medical Center. In 2003, Healthy Start provided 1655 home visits serving 218 mother-child pairs (107 pregnant women, 52 non pregnant women, and 207 children under age 2). Seventy-eight women attended Healthy Start classes with 41 completing the entire curriculum; 44 women participated in therapeutic support groups offered.

Receipt of three or more services classifies the consumer as a participant. Ninety-seven participant births occurred in 2003 with no infant deaths. Eighty-five percent of participants were retained for the entire length of their eligibility. In 2003, Healthy Start participants exceeded outcome objectives for early entry into prenatal care, low birth weights, pre-term births, and child immunizations. The Healthy Start Consortium enjoys 65 percent consumer participation. The six consortium meetings reached 161 persons educating them on the importance of prenatal care, smoking cessation, domestic violence, Infant Support Services and community-based partnerships, fire safety, safe sleep, and infant mortality.

Healthy Start has identified several areas to target for improved outcomes: breast feeding, tobacco use, substance use, depression, domestic violence, and referral follow through.

REACH 2010:

Genesee County is one of 24 communities across the nation that has received the Centers for Disease Control and Prevention's Racial and Ethnic Approaches to Community Health (REACH) 2010 grant. It has been part of REACH 2010 since its inception in 1999. REACH 2010 projects are expected to foster community mobilization, organize community resources, and put into place effective and lasting programs. The Flint project is one of only two REACH 2010 projects to select infant mortality as its priority area to be addressed. Flint's REACH 2010 acknowledged from the beginning that race plays a key role in the magnitude and persistence of the disparities in African American health.

Administered by the Genesee County Health Department, REACH 2010 is composed of distinct interventions providing support services for pregnant African American women, educating providers and the community on the effects of racism, and performing research to identify the causes of African American infant mortality. REACH 2010 has focused its implementation on four zip codes in Flint identified as where the greatest disparity of African American infant deaths exists: 48503, 48504, 48505, and 48458. REACH 2010 interventions include:

- Maternal and Infant Health Advocacy Services (MIHAS) – Faith Access to Community Economic Development (F.A.C.E.D.)

MIHAS are paraprofessional advocates specifically trained to deal with the psychosocial problems of high risk, low-income pregnant women and mothers with young children (one year old or younger). MIHAS assist pregnant women with navigating the prenatal health care system, identify resources to ensure services are adequate to reduce the stress associated with health system barriers, and engage participants in other activities that assist in addressing issues of race and ethnicity as it relates to infant mortality. Expected outcomes include: 1) increase in the use of prenatal care by participants, 2) increase in the birth weights of babies, 3) reduction in infant mortality within the targeted area, and; 4) decrease in the number of premature births.

The REACH MIHAS specifically recruit high-risk African American pregnant women and new mothers within the 48505 Flint ZIP code, the area with the highest number of infant deaths. REACH MIHAS serve approximately 50 women yearly recruited from advocate case finding (2 out of 5 clients), WIC, self-referral and others. On average MIHAS clients remain with the program for 7.5 months with six out of ten clients remaining enrolled for more than five months. Over half the pregnant women recruited stayed with the program for 8 or more months.

MIHAS have identified that their clients need resources related to nutrition, birth control, how to have a healthy pregnancy in general, support groups, child birth classes, breast feeding, maternity clothes and baby supplies.

MIHAS are offered through F.A.C.E.D. a non-profit, community based organization working to improve the health of low-income Flint and Genesee County residents through a collaborative community effort. Partnering with at least 44 local churches, F.A.C.E.D. works to incorporate health into their initiatives, missions, and visions. There are over 65 interdenominational and multicultural faith-based organizations with a combined membership of over 15,000 represented by F.A.C.E.D. This organization also develops, supports, and enhances ongoing relationships between low-income residents, the faith community and health care providers.

- Birth Sisters – Flint Odyssey House Health Awareness Center

Birth Sisters are educated/trained using the Post Traumatic Slavery Disorder Curriculum provided by Odyssey House's African Culture Education and Development Center. The training occurs through a monthly education session, bonding circles, and phone sessions. The Birth Sister is paired during training with a mother of an infant 1 year and younger or expectant mother living in the identified zip codes of 48503, 48504, 48505, and 48458 (areas of the highest African American infant deaths) to support them in during all phases of the pregnancy and first year of their baby's life. Birth Sisters develop a one on one relationship with their clients functioning as a role model for parenting skills as well as assisting with personal needs. The expected outcome of the program is a reduction in the negative patterns of thinking, feeling, and actions by Birth Sisters and the recipients of the service. To date, 167 Birth Sisters have been enrolled and 58 pairs established with 38 of those pairs completing the intervention. Current outcome results are not available.

- "One Stop Village" – Flint Family Road

Flint Family Road offers both hands-on and traditional learning experiences to improve health outcomes among Genesee County and Shiawassee county area children and families in a convenient single location. Through its education Flint Family Road expects to produce the following outcomes among its participants: 1) infants will be born weighing at least 5.5 pounds, will be healthy, and will sleep in a safe environment, 2) mothers will improve their knowledge, make appropriate choices for their families and gain knowledge of breastfeeding, and; 3) parents will gain knowledge and skills necessary to best meet the needs of their family members, take responsibility for themselves, their finances, and the health and future of their family members. Flint Family Road refers parents to other community-based services as needed.

As part of the REACH initiative, Flint Family Road serves African American women in the identified zip codes hardest hit by African American infant mortality: 48503, 48504, 48505, and 48458. The most common referral sources are Hurley Medical Center, Career Alliance, and friends. Many participants at Flint Family Road have been court-ordered or required by social services to complete specific classes within the total Flint Family Road curriculum. Taught by over 20 community-based services providers classes include:

- Nutrition: WIC services, breast feeding, affordable low fat cooking classes through Healthy Eating
- Health: STD's, contraceptive counseling, HIV prevention, risks of substance use and smoking
- Financial Planning/Workforce Development: Financial literacy and job referrals
- Safety: Home & fire safety, food safety, car seat safety, safe sleep environment, and prevention of accidents/injury
- Parenting: Child development, well-child information, immunizations, neighborhood support and stress management
- Male/female relationships: enhance role of fathers, reduce family stress and domestic violence, teach effective coping

Flint Family Road evaluations show clients have been referred to other services (MIHAS, WIC). Eighty-eight percent of clients who had delivered their babies had babies at or above 5.5 pounds with the average birth weight being 7.3 pounds. In 85 percent of the babies clients delivered at less than 5.5 pounds, the mother had not completed the Flint Family Road curriculum. Eight percent of the Flint Family Road mothers breastfed with the percentage rising to 48 percent for mothers who had completed the curriculum.

- Healthy Eating, Harambae Dinners – Genesee County Community Action Resource Department

Healthy Eating curriculum addresses the diet of African American women and their families relative to the history and culture of African and African Americans. The curriculum addresses the psycho-social issues related to eating, along with lack of grocery stores, and the relationship of racism, body image, and issues related to media and assimilation, along with health promotion and disease prevention. The classes are held at Flint Family Road. Women facilitators are trained to conduct the classes.

Harambee Dinners address community awareness of nutritional eating within the African American population. To date five dinners have been held reaching 1,200 people. The relationship of healthy eating to infant mortality is stressed.

- Coordinated System of Care – Programs to Reduce Infant Deaths Effectively (PRIDE) Medical Services Committee

The Coordinated System of Care's action plan includes developing uniform screening during pregnancy, educating providers, incorporating best practices and utilizing existing FIMR data to address preventable infant deaths. The intervention is carried out through the PRIDE Medical Services Committee. A Prenatal Risk Assessment Tool (PRAT) was created and is being used by 5 sites with 26 staff members trained in its use. The three hospital systems have at the moment rejected implementing and using the PRAT unless required by the health department to do so. Six educational sessions have been held to educate physicians as well as presentations at grand rounds at the three community hospitals. Hospital staff was given training as part of the Face Up to Wake Up campaign which was conducted in response to FIMR recommendations. In addition to medical staff training the campaign included the distribution of t-shirts to new parents by the hospitals, a post card evaluation (return rate 15.6%), and grandparent feedback session.

In 1986 the Genesee County Health Department formed the Programs to Reduce Infant Deaths Effectively (PRIDE) Coalition. Over the years PRIDE grew to include health and human service organizations, individuals, and community-based organizations in Genesee County. The goals of the PRIDE Coalition included promoting a healthy start for infants, decreasing the infant mortality rate (with an emphasis on African American infants), and reducing the disparity among racial groups through intervention, prevention strategies and community participation. PRIDE included a medical services committee which is currently the only active component of the PRIDE Coalition. The Pride Medical Services Committee meets monthly to carry on the work with the medical community.

- Male Mobilization – Neighborhood Roundtable

This intervention helps African American males understand how they have become dysfunctional due to events in history that have been transferred generation to generation. The curriculum will also aid in changing participant's false consciousness that may result in bad habits and promote self-realization, self-actualization and for work toward social change. Participants will also gain knowledge as to how racism has taken a toll on their thinking, feelings, and behaviors.

Completion of the curriculum was set at 45 contact hours. As of April 2004, only 60% of the 200 men going through the program had completed the 45 hour expectation. Due to the amount of time required to achieve the 45 contact hours which affects the retention rate, the curriculum has been reduced to 20 hours.

Classes are held Tuesdays and Thursdays at the African Culture Education Development Center. During the Tuesday sessions, information on African and African American culture and history is shared with African American men using the Post Traumatic Slavery Disorder curriculum. During the Thursday sessions, both African American and European American men are brought together to discuss race and racism.

- Cultural Competence – University of Michigan-Flint

The Cultural Competence in Healthcare course is taught through the University of Michigan - Flint as an elective through the Social Work Department. Students who enroll in the course are undergraduate and graduate students from Radiation Therapy, Health Administration and Health Education programs. The course is designed to move students through a journey of awareness and self-reflection. The course is continually modified based on the progress and feedback of the students.

- African Culture Education & Development Center (ACEDC) - Flint Odyssey House Health Awareness Center

The African Culture Education Development Center (ACEDC) provides education and support to members of the Flint community. The curriculum includes materials with a foundation in historical and cultural structuralism designed to increase the knowledge of African and African American history and culture. There is a particular emphasis on the effects of racism. Participants learn about racial disparities, how they play a role in maintaining the problem, and how they can begin to change their thinking, feeling and actions to affect the racial disparity in infant mortality in the African American community.

- Undoing Racism Workshops – Greater Flint Health Coalition

As part of the REACH 2010 Initiative, the Greater Flint Health Coalition provides the Undoing Racism Workshops conducted by the People's Institute for Survival and Beyond, a New Orleans based organization. The workshops are designed to help participants develop their own analysis of history, culture, and power relationships. These 2 ½ day workshops provide an understanding of the following points:

- The history and definition of racism in the U.S.
- An understanding of one's own culture and power relationship
- The impact of systemic racism in the health care sector
- The linkage of racial disparities in health and racism
- The linkage of racism to infant mortality in Genesee County
- Ways to combat racial disparities in infant mortality in the African American community in Genesee County

To date, 15 Undoing Racism Workshops have been conducted with 574 participants. Originally Workshops were offered four times a year. Due to funding, the Workshops have been reduced to three times a year. The proposed months for the 2005 Workshops are February, April and July.

FETAL INFANT MORTALITY REVIEW (FIMR):

Genesee County has a Fetal Infant Mortality Review (FIMR) team. FIMR is a tool by which a community can examine the events surrounding the death of a fetus/infant. The purpose is not to assign blame for the death but to look for ways in which the community can make changes that might prevent future deaths of fetuses/infants. FIMR is accomplished through a detailed examination of the mother and infant's medical records,

autopsy reports, medical examiner reports, police reports, and a home interview with the mother and family. FIMR produces recommendations to improve the survival rates of infants. FIMR information is disseminated to REACH 2010 and the PRIDE Medical Services Committee.

FRIENDLY ACCESS[SM] :

Friendly Access[SM] is a national program sponsored by The Lawton and Rhea Chiles Center for Healthy Mothers and Babies at the University of South Florida's (Tampa) Health Science Center. The purpose of Friendly Access[SM] is to change the culture of maternal and child health care in Genesee County to decrease disparities in the health of mothers, infants, and young children. Friendly Access[SM] is designed to link all maternal and child health programs, specifically Healthy Start, REACH 2010 and PRIDE initiatives, in an effort to increase the access to, satisfaction with, and utilization of the prenatal and pediatric care system. Friendly Access[SM] provides a path to change that leads to improved health for mothers, infants, and young children. Disney customer service training is incorporated into the program's strategy. Seven medical service providers: Genesys Health System, Hurley Medical Center, McLaren Regional Medical Center, Mott Children's Health Center, Hamilton Community Health Network, Genesee County Health Department, and FACED, have established internal teams to improve customer satisfaction related to maternal and child health services. To date, 352 new mothers and 380 pediatric consumers have been interviewed to determine their satisfaction with the medical care received and assist the project in developing interventions. Friendly Access[SM] is currently addressing the issue of unplanned pregnancies within its strategic plan.

OTHER RESOURCES AND SERVICES

MISSing Links:

Coordinated by the Genesee County Health Department, MISSing Links is composed of Healthy Start providers. Its aim is to identify gaps in the social support system of care, identify a single referral source for social services, and make recommendations for system improvements.

Maternal Support Services (MSS)/Infant Support Services (ISS):

The goals of MSS are to alleviate social and psychosocial problems, health education deficits and transportation needs for medical appointments, and to aim for a delivery of a healthy baby full term. Program services consist of social work, nutrition, nursing services (including health education), counseling/social casework, and beneficiary advocacy services.

ISS aims to work with parents/caregivers of high risk infants to help the baby stay healthy, obtain appropriate well baby visits, medical care, immunizations and link families with community agencies.

Health Plan Pregnancy Care Management:

This program provides care management and follow-up to health plan members of Health Plus, McLaren Health Plan and Community Choice.

Prenatal Education, Counseling and Referral Services (PECARS):
A program provided through Planned Parenthood that provides education, counseling and referral services to pregnant women.

Early/Even Head start:

A program through the Genesee County Community Action Resource Department (GCCARD) that promotes healthy prenatal and postpartum outcomes for pregnant women, and enhances the development of very young children and promotes healthy family functioning. Services include education, health, social services, parent involvement opportunities, nutrition and behavioral health services. Full day, half day and evening programs are available. Programming for pregnant moms are primarily home based with bi-monthly "Mommie and Me" small group activities.

Ready, Set, Grow! Passport:

Provides new mothers/caregivers with information on how to handle parenting issues from infancy through age six. All babies born on or after January 1, 1998 living in Genesee County are eligible until they turn six or enter kindergarten. Mothers/caregivers in the program are given a passport which guides and encourages them to pursue health care, education and cultural pursuits. Members can also choose to earn points (i.e., by getting prenatal care, immunizations, well baby check ups, etc.) towards "Kid Cash". The 'Kid Cash" coupons can be redeemed at participating businesses for discounts and free gifts or services.

Children's Special Health Care Services (CSHCS):

A community based program that helps pay for specialized medical treatment, equipment and supplies of children with chronic long term health conditions. Case management is offered to assist families with problem solving, obtaining needed services from other agencies and assisting with skill development for maximum independence. Family assessment is performed by public health nurses to help identify the needs of all family members.

Project SKIP (Successful Kids= Involved Parents):

This program serves as a support system to prepare preschool-aged children for school success. It provides hearing, vision, dental, and developmental screenings. It also offers health and dental education as well as one-to-one services for pregnant/parenting teens.

Early On:

Parent education, parent/child playgroups, mental health support, nutrition and physical health education are provided to children birth to 3 years, regardless of income, who have special needs or delays in development and their families. Genesee Intermediate School District, Family Independence Agency, and the Health Department are working together on this program.

Pregnant Parenting Teens (PPT):

This program is part of the SKIP project. It provides home visits, education, medical and social support to teens that are pregnant or parenting.

PALS:

This is a program through Mott Children's Health Center that provides home visits and support services for young parents up to age 21.

School Based Health Centers:

This is a program through Mott Children's Health Center that provides support to pregnant teens and referrals to PAL and other community resources. Family planning is also offered.

Always Alone in a Crib of Their Own – Safe Sleep Campaign:

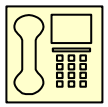
In addition to the Face Up to Wake Up Back to Sleep Campaign implemented through REACH 2010, the Genesee County Family Independence Agency initiated a safe sleep campaign Always Alone in a Crib of Their Own Campaign. This is a collaborative effort with many community partners to reduce the number of infant deaths due to unsafe sleeping environments.

Greater Flint Safe KIDS Coalition:

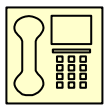
Led by Hurley Medical Center promote increased awareness of child passenger safety Child safety seats are extremely effective when properly used and installed, reducing the risk of death by 71 percent for infants under age 1 and by 54 percent for toddlers ages 1 to 4.

Model for AFRICAN Service Delivery

Hotline Rings at all locations simultaneously

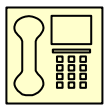


Flint Odyssey-Health Awareness Center

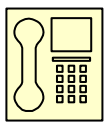


FACED

AFRICAN
Caller

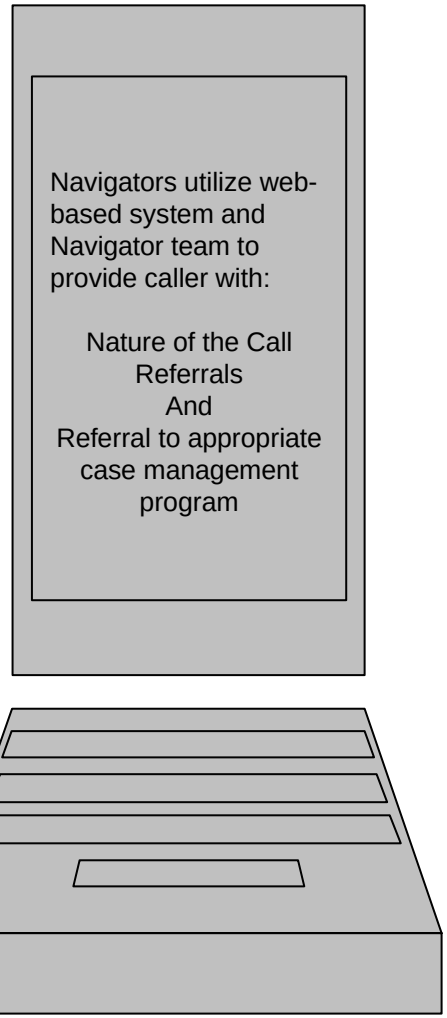


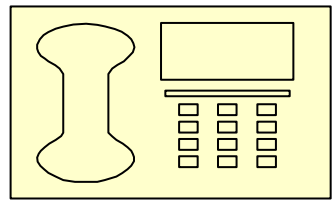
Flint Family Road



Greater Flint Health Coalition

Scheduled
Navigator answers
call at their location*





Navigators make follow up calls to:
Callers
And
Referral Organizations

FINAL REPORT

AFRICAN Client Perspectives on AFRICAN Services, Prenatal Health Care and Pediatric Health Care in Genesee County, Michigan

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Improving Health in Partnership with Families and Communities

Table of Contents

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Executive Summary

In this report, we provide a detailed analysis of a sample (n=106) of AFRICAN clients' perceptions of AFRICAN services and prenatal and pediatric health care services. We also compare the perspectives of this small sample of callers to the larger baseline Friendly Access[SM] sample of respondents taken from Genesee County hospitals and clinics in terms of their ratings of their prenatal and pediatric care providers and office staff.

The report includes detailed information about the methods used to conduct interviews with pregnant women and parents or caregivers of children 24 months and younger who had contacted the AFRICAN staff via phone call or had contact with decentralized AFRICAN navigators at offices of AFRICAN's community partners or at the local Federally Qualified Health Center-Hamilton Community Health Network. Topics include demographics of the sample and ratings of the AFRICAN staff, prenatal care providers, pediatric care providers and safe sleeping patterns. Where possible, we present a comparison of the responses of callers to the AFRICAN with responses from 352 prenatal and 377 pediatric interviews conducted in 2003 and 2004 for the Friendly Access[SM] Project. We plan to continue conducting interviews of AFRICAN clients and produce further reports that are more extensive.

The results of the study include:

- **Memories of AFRICAN Program:** Most of the respondents remembered receiving referrals from AFRICAN staff. The most common themes of memories reported were receiving help for their basic needs, including food, clothing, and other household goods. Other respondents recalled receiving help for the specific needs of their baby (diapers and formula) or general or multiple needs.

- **Ratings of AFRICAN Staff:** Most respondents were highly satisfied with the quality of the communication with AFRICAN staff. The respondents reported that communications with the AFRICAN staff was understandable and comfortable. Notably we found high ratings for the AFRICAN staff giving the caller "enough time" and understanding what the caller said. The respondents also reported the AFRICAN staff was highly courteous, respectful, and helpful. One rating, treating the caller in a friendly way, nearly all respondents rating the AFRICAN staff the highest rating. Nearly all respondents said they would recommend their AFRICAN staff member to a friend or relative that needed help.

- **Ratings of Service Providers Referred by the AFRICAN:** About two-thirds of all of the referrals contacted assisted the callers' with their needs. Most respondents reported that they received services in a timely manner for the referred service provider. About three-quarters reported that the service providers provided services in a friendly manner.

- **Ratings of Prenatal Health Care Provider:** Most respondents were satisfied with their interaction with their prenatal care provider. A small percent (less than 20%) appeared to be less satisfied. The results, however, do not suggest that the AFRICAN callers' perceptions of their prenatal health care were different than those who had participated in the Friendly Access[SM] baseline study. We cannot conclude that being an AFRICAN client led to more favorable perceptions of the prenatal health care system.

- **Ratings of Prenatal Care Providers' Office Staff:** The ratings of the office staff of the prenatal care provider were high. The average ratings were all above 4.5 on a 1-5 scale. These results suggest that respondents were very satisfied with their interactions with the prenatal care providers' office staff. We did not have analogous ratings from the baseline Friendly Access[SM] study for comparison.

- **Pediatric Safe Sleep:** A limited number of clients (n=28) with children under 6 months old reported on "safe sleep" practices for their child. While nearly all 28 clients indicated that the baby had his/her own crib, about a quarter reported that the baby slept in his/her own crib half of the time or less. Nearly half indicated that their child slept in the parents' bed at least some of the time and nearly all reported their child slept on his/her stomach half of the time or less.

- **Ratings of Pediatric Health Care Provider:** The respondents were generally satisfied with the quality of the communication with the pediatric care provider.

- **Ratings of Pediatric Care Providers' Office Staff:** The AFRICAN respondents were satisfied with their interactions with the pediatric care providers' office staff. The average ratings for the AFRICAN interview respondents were about the same as the average scores for the Friendly Access[SM] respondents.

The results of this study need to be interpreted with appropriate cautions. We must recognize that the percents and averages reported here are based on small samples. In other words, we need more data to draw stronger conclusions. Also, while our analysis of demographic indicators suggest that the interviewed sample of AFRICAN clients appears similar to all AFRICAN clients, we need to be aware that not all AFRICAN clients agreed to be interviewed. And we were

able to complete interviews with only 48% of those who agreed to be interviewed. Those who were not interviewed had not returned the required consent forms through the mail. It is possible that those who did return consent forms were not a representative sample of all AFRICAN clients.

AFRICAN Client Perspectives on the AFRICAN Services, Prenatal Health Care and Pediatric Health Care in Genesee County, Michigan

Introduction

This report contains summary analyses of the initial results of an ongoing evaluation study of the quality of services delivered by the African American Family Resource and Information Center and Network (AFRICAN). This study is designed to assess and analyze the perspectives of the individuals who receive services from the AFRICAN information and referral program.

It is important to note that the individuals who were recruited to participate in this study had provided an AFRICAN staff member with information about themselves either during a telephone call to the AFRICAN information and referral telephone number OR during a face-to-face encounter at a community-based organization or a community health clinic. In this report, we refer to these interview respondents as AFRICAN "clients" even though this is not the word the AFRICAN staff uses when referring to them. The AFRICAN staff usually refers to them as "callers" or "contacts." We chose to use the word "client" for clarity and convenience.

The interviews cover a variety of topics about the respondents' experiences with the AFRICAN program, prenatal services and pediatric care. These results should provide a general overview of how pregnant women and parents or caregivers of young children perceive AFRICAN services and services they receive from the prenatal and pediatric health care systems.

Methods

In order to study the perceptions of AFRICAN clients, we conducted interviews with pregnant women and parents or caregivers of children 24 months and younger who had contacted the AFRICAN staff via phone call or had contact with decentralized AFRICAN navigators at offices of AFRICAN's community partner organizations or The local Federally Qualified Health Center- Hamilton Community Health Network. This report presents an analysis of the findings of 106 interviews. Where possible, we present a comparison of the responses of AFRICAN clients with responses from 352 prenatal and 377 pediatric interviews conducted in 2003 and 2004 for the Friendly Access^{SM} Project.

Sample Selection

The intended population for this study was pregnant women and parents or caregivers for young children (under 24 months old) who had interacted with AFRICAN staff members over the telephone or during a visit in the waiting rooms of community-based organizations or community clinics. The goal of the study was to recruit and interview 150 clients.

Recruitment Procedures

The initial contact with potential respondents was made by AFRICAN staff members either over the telephone or in face-to-face visits in clinics and service settings. Near the end of these service or outreach interactions, the AFRICAN staff member asked the potential respondent if they would be interested in participating in an evaluation study of AFRICAN's services. The potential respondent was told that those who participated in the study would receive a $25 gift card.

The list of individuals who said they would like to hear more about participating in the study were further screened by the University of Michigan evaluation study staff members. To be eligible to complete the interview, callers had to have been either (A) pregnant in the last 12 months or pregnant at the time of the screening or (B) the parent or caregiver of a child aged 24 months and younger. This information was stored in the AFRICAN program database and made available to the evaluation study staff.

The University of Michigan evaluation study staff made multiple attempts to contact and recruit eligible AFRICAN clients. The initial contact was made over the telephone. If there was difficulty reaching the AFRICAN clients by phone (e.g., disconnected lines; calls not answered), the eligible client was sent a recruitment letter. The evaluation team member explained over the phone or in the contact letter the procedures for participating in the evaluation study including the need for signed consent forms. If the prospective respondent agreed to the procedures, the evaluation staff member mailed a consent form to a home address. After the signed consent form was mailed to the evaluation study office, the respondent received another telephone call and the interview was completed.

Data Collection and Refusal Rates

From June 10, 2006 through July 27, 2007, 470 eligible parents/caregivers agreed to receive further information about the evaluation study. Of this number, we were able to contact 255 individuals (54.3%). Of the 255 individuals contacted, ten people (3.9%) refused to be interviewed after hearing the study explained by the interviewer. Another 22 individuals reported

that they were not looking for help when they contacted the AFRICAN and were excluded from the study. The other 223 individuals were mailed consent forms and addressed and stamped return envelopes. One hundred and twenty one individuals (54.3%) returned consents. One hundred and six individuals completed the study. The completion rate was 47.5% of those who orally agreed to participate in the study.

Interview Protocol and Missing Data

The interview was comprised of three sections: (A) questions about the quality of AFRICAN services, (B) questions about recent pregnancies and prenatal health care, and (C) questions about pediatric health care for children younger than 24 months living in the respondents' household. Respondents answered the sections of the interviews that applied to them. Table 1 displays the number of respondents who completed each portion of the interview.

Table 1. Counts of Respondents Completing Portions of the Interview Protocol by the Type of Client (n=106).

Type of Client	Completed AFRICAN Services Portion of Interview	Completed Prenatal Health Care Portion of Interview	Completed Pediatric Health Care Portion of Interview
Pregnant, No Young Child	29	35	11*
Not Pregnant with Young Child	45	30	42
Pregnant with Young Child	19	18	17
Totals	**93**	**83**	**71**

* These women delivered babies after their initial AFRICAN call and before their interview.

We note that out of 106 respondents, only 93 respondents completed the AFRICAN Services portion of the interview, because thirteen respondents did not remember receiving help from the AFRICAN staff member during or since their first interaction when they were recruited for the study. Respondents were only asked the questions that assessed AFRICAN services if they remembered receiving help from the AFRICAN. Three of the thirteen respondents had called the AFRICAN, but were not seeking services at that time or did not remember receiving services. The other ten respondents met with AFRICAN navigators in a community setting (e.g., lobby of a clinic or social service agency) and did not

seek services at the time or did not remember seeking services from the AFRICAN navigator.

It should be noted, that in the AFRICAN program database, seven of these individuals had "Pregnancy Support" listed as their initial service need, one had "basic needs" listed and three of these thirteen individuals indicated no initial service need. One individual identified formula as an initial need, and one needed diapers. All thirteen individuals had a referral noted in the database. Despite receiving these services, they did not remember receiving services from the AFRICAN navigators. The interviewer noted that some of these individuals reported receiving a variety of services in recent weeks, but could not remember everyone who had helped them. We altered procedures to screen potential interviewees to reduce the frequency of these occurrences.

Most of the respondents (85 of 106) were either currently pregnant or had given birth in the previous 12 months. Two of these respondents reported receiving no prenatal health care. Therefore, 83 respondents replied to questions about the quality of prenatal health care. Seventy-five of the 106 respondents had children in their households 24 months and younger. Four of these respondents had not taken their child to a pediatrician within the last four months. Therefore, 71 respondents completed the pediatric portion of the interview.

Sample Characteristics

The first set of analyses from the interviews provides demographic and background information on the respondents in our study. We note the parent/caregiver's age, gender, relationship to child, race and ethnicity, employment, transportation and zip code of residence. For comparison purposes, we provided the demographics of all individuals included in the AFRICAN program database (n=1041) that are pregnant women and/or caregivers of children less than 24 months. Table 2 provides demographic information on the interview respondents and all AFRICAN clients who met interview selection requirements. The comparisons suggest the interview sample was representative of all AFRICAN clients who met the selection criteria.

We note similarities between the sample that we interviewed and all AFRICAN callers who were pregnant or cared for a young child. Nearly all of both groups (98% interviewed, 97% AFRICAN clients) were female. Most AFRICAN clients (81%) and interview respondents (82%) were never married. There is a similar breakdown in ages for the two groups. The majority of cases fall between 19 and 30 years old (71% interviewed and 62% of AFRICAN clients). In both samples, nearly all of the interviewed respondents (82%) and all AFRICAN clients (80%) were African American. Thirteen percent of those interviewed and 15% of AFRICAN clients were European Americans.

Table 2. Counts and Percents of Interviewed AFRICAN Clients and All AFRICAN Clients Who Were Pregnant Women and Caregivers of Young Children for Demographic Variables.

	Interviewed AFRICAN Clients (n=106)		All AFRICAN Clients (n=1041)	
Demographic Variable	**Counts**	**Percents**	**Counts**	**Percents**
Females	104	98.1%	1007	96.7%
Marital Status				
Never Married	87	82.1%	846	81.3%
Married	9	8.5%	116	11.1%
Divorced/Separated/Widowed	9	8.5%	56	5.4%
Domestic Partner	1	0.9%	3	.3%
Unknown	-	-	20	1.9%
Age				
13 to 14	1	.9%	9	0.9%
15 to 16	2	1.9%	47	4.5%
17 to 18	4	3.8%	101	9.7%
19 to 20	8	7.5%	122	11.7%
21 to 25	47	44.3%	317	30.5%
26 to 30	20	18.9%	208	20.0%
31 to 35	15	14.2%	119	11.4%
36 to 40	5	4.7%	55	5.3%
41 and over	4	3.8%	51	4.9%
Unknown			12	1.2%
Race				
African American	87	82.1%	831	79.8%
European American	14	13.2%	158	15.2%
Bi-racial/Multi-racial	4	3.8%	25	2.4%
Other	1	0.9%	20	2.0%
Unknown	-	-	7	.7%
Hispanic (% yes)	3	2.8%	21	2.0%
Health Insurance	101	95.3%	903	86.7%
If Insured, Type of Insurance	(n=101)		(n=903)	
Straight Medicaid	30	28.8%	356	34.2%
Health Plus Partners (Medicaid)	47	45.2%	309	29.7%
McLaren Health Plan	11	10.6%	89	8.5%
Private	6	5.8%	63	6.1%
Genesee Health Plan	-	-	20	1.9%
Health Plus	2	1.9%	17	1.6%

Demographic Variable	Interviewed AFRICAN Clients (n=106) Counts	Percents	All AFRICAN Clients (n=1041) Counts	Percents
Type of Insurance (continued)				
Blue Care Network	3	2.9%	13	1.2%
Molina Health Care	1	1.0%	12	1.2%
Community Choice	-	-	7	0.7%
Healthy Kids	-	-	4	0.4%
MiChild	-	-	2	0.2%
Great Lakes Health Plan	-	-	1	0.1%
Unknown	3	2.9%	10	1.0%
Employment				
Not Employed	83	78.3%	779	74.8%
Working-Part Time	14	13.2%	140	13.4%
Working- Full Time	9	8.5%	93	8.9%
Unknown	-	-	29	2.8%
Transportation				
Own Car	41	38.7%	439	42.2%
Other Private	25	23.6%	206	19.8%
Use Public Transportation	33	31.1%	253	24.3%
Other	7	6.6%	99	9.5%
Unknown	-	-	44	4.2%
Number of Children				
None	16	15.1%	173	16.6%
One	28	26.4%	278	26.7%
Two	23	21.7%	218	20.9%
Three	9	8.5%	125	12.0%
Four	14	13.2%	85	8.2%
Five	6	5.7%	45	4.3%
Six	3	2.8%	24	2.3%
Seven or More	2	1.8%	26	2.5%
Unknown	5	4.7%	67	6.4%

Less than three percent of both samples reported Hispanic ethnicity. While most of both groups reported having health insurance, more interviewed respondents (95%) reported health insurance than all AFRICAN clients (87%). We note differences in type of health insurance. Nearly half (45%) of interviewed respondents reported using Health Plus Partners (Medicaid) insurance, compared to 34% of AFRICAN clients. About one third of both groups (34% AFRICAN clients, 29% interviewed) reported having Straight Medicaid Insurance. Fewer (9% AFRICAN clients, 11% interviewed) reported McLaren Health Plan.

Less than seven percent of both samples have private health insurance companies.

The samples were also similar in employment and transportation. About three-quarters of both groups reported not being employed. Less than ten percent reported working full time. About 13 percent of both groups reported part time employment. Less than half of both groups reported owning their own car. About one-fourth of AFRICAN clients and one-third of interviewed clients reported using public transportation as their primary transportation source. Fewer AFRICAN clients (20%) stated they used other forms of private transportation than interview respondents (24%).

About 85 percent of both groups reported having at least one child. Most in both groups (63%) reported having two or less children. Another third (37%) reported three or more children.

We note similarities in zip code of residence between the interviewed sample and all AFRICAN clients (Table 3). Twenty-seven percent of both samples reported residing in the 48505 zip code area. Another 25% of both samples resided in the 48504 zip code. Thirteen percent of both groups lived in the 48503 zip code. One notable difference between the samples, 13% of the interviewed respondents lived in the Mount Morris zip code (48458) compared to eight percent of AFRICAN clients.

In Table 4, we note similarities in the type of callers at the time of initial call to the AFRICAN. Most callers (47% interviewed, 54% of all AFRICAN clients) reported that they were not pregnant, and had a young child in the house. About one-third of both samples reported being pregnant, without a child less than 24 months in the household. The smallest group (17% interviewed and 14% of all AFRICAN callers) reported being pregnant and having a child less than 24 months.

Table 3. Counts and Percents of Interviewed AFRICAN Clients and All AFRICAN Clients Who Were Pregnant Women and Caregivers of Young Children for Residential Zip Codes.

Zip Code of Residence	Interviewed AFRICAN Clients (n=106)		All AFRICAN Clients (n=1041)	
	Counts	Percents	Counts	Percents
48505	29	27.4%	282	27.1%
48504	25	23.6%	254	24.3%
48503	14	13.2%	134	12.9%
48507	9	8.5%	93	8.9%
48458	14	13.2%	77	7.4%
48506	6	5.7%	70	6.7%
48532	0	0.0%	22	2.1%
48439	2	1.9%	17	1.6%
48529	2	1.9%	15	1.4%
48473	0	0.0%	9	0.9%
48423	0	0.0%	9	0.9%
48430	0	0.0%	7	0.7%
48457	0	0.0%	6	0.6%
48420	0	0.0%	5	0.5%
48433	1	0.9%	5	0.5%
48509	2	1.9%	4	0.4%
48502	0	0.0%	4	0.4%
48519	1	0.9%	3	0.3%
Homeless	0	0.0%	3	0.3%
48466	0	0.0%	2	0.2%
48463	0	0.0%	2	0.2%
Other Zip Codes	0	0.0%	6	0.6%
Unknown	1	0.9%	12	1.2%
TOTALS	106	100.0%	1041	100.0%

Table 4. Counts and Percents of Interviewed AFRICAN Clients and All AFRICAN Clients Who Were Pregnant Women and Caregivers of Young Children

	Interviewed AFRICAN Clients (n=106)		All AFRICAN Clients (n=1041)	
Type of Caller	**Counts**	**Percents**	**Counts**	**Percents**
Pregnant, No Young Child	38	35.8%	303	29.1%
Pregnant with Young Child	18	17.0%	147	14.1%
Pregnant- No information if Young Child	-	-	18	1.7%
Not Pregnant with Young Child	50	47.2%	564	54.2%
Young Child- No information if Pregnant	-	-	9	0.9%
Totals	106	100.0%	1041	100.0%

*While all individuals included in this analysis had reported that they were either pregnant or cared for a young child, there were some individuals who did not report both their pregnancy status and their caregiver status. These individuals could not be classified for this analysis.

Results

What Respondents Remember about AFRICAN Services

We asked the respondents if they remembered receiving help from the AFRICAN. Ninety-six of the 106 interview respondents remembered being in contact with the AFRICAN staff. Ninety-three remembered receiving help from AFRICAN. If the respondents did not remember receiving help, they were not asked the questions in the AFRICAN Services section of the interview.

We asked the respondents to tell us what they remembered about the help they received from the AFRICAN program. The responses are listed below in Table 5. Most of the respondents stated that they received referrals from the AFRICAN. One person stated though she knew she had received help, she "couldn't think back" on the type of help she received. Two respondents did not respond to the question. Of those who recalled the type of help they received, the largest number recalled receiving help for their basic needs, including food, clothing, and other household goods. Other respondents recalled receiving help for the specific needs of their baby or general or multiple needs. Twenty-one respondents reported needing help attaining formula; eight of those women reported needing help because they could not get an earlier appointment with WIC. Five respondents reported getting referrals to classes for Safe Sleep, or parenting classes. Only three mentioned receiving help for specific medical or pregnancy needs. Eight callers reported that they had not yet received help from the AFRICAN.

Ratings of AFRICAN Staff

The 93 respondents that remembered receiving help from the AFRICAN were asked to rate the quality of their interactions with AFRICAN staff members. The ratings were made on 1 to 5 rating scales with "5" being the highest rating. The ratings of the quality of communication with AFRICAN staff were very high. The average ratings listed in Table 6 are all 4.5 or above. Notably we found high ratings for the AFRICAN staff giving the caller "enough time" (4.95) and understanding what the caller said (4.90). **These results suggest that respondents were highly satisfied with the quality of the communication with AFRICAN staff.**

Table 5. Responses to the Question, "Tell Me what you Remember about the Help You Received From the African Program" (n=93).

Basic Needs

- Assisted with referrals to several agencies in community for household/personal needs (Crossover and Fairhaven).
- Called over the phone, they gave me referrals.
- Food at the church, referred me to a church
- Gave me numbers to best place that fit, Heartbeat, Answer center for women, baby items
- Gave me a list of places that could help with clothes for my children
- Last time they were very helpful, they tried to help with housing in Carman-Ainsworth school district. Also, DSS caseworker was behind, caseworker from AFRICAN tried to help with determination.
- Referrals for baby clothes, baby things, house, shelter, furniture, clothes.
- Still helping me, sent referrals to caseworker for beds, waiting for beds, sent out a nurse.
- Very helpful with moving into houses. Referrals-for fridge and stove, water deposits, diapers, milk, household supplies.
- They were nice, helped me out very efficient.
- Gave me diapers and formula, from Flint Family Road
- Stove and bed for daughter
- I wanted (help with) rent security deposit; they (AFRICAN) will help with half after denial from caseworker. I will be calling back in February.
- Furniture and bedding
- Furnace out, received diagnostic heating
- Helped get a referral for a bed
- They talked to Flint Housing for me.

Table 5 (continued).

Basic Needs (continued)

- Referred to Carriage Town Ministries.
- Called with questions regarding Consumer's Energy. For seven month the bill was estimated, and then when I got the bill it was over $3000.00
- Found resources to get my Consumer's bill turned back on.
- Were helpful with moving into a house. I received referrals for fridge and stove, water deposit, diapers, milk and household supplies.

Baby Needs (general)

- Newborn baby-she helped me get necessities. Baby was born early, hadn't started baby shopping.
- Provided me with agencies regarding education, shelter, clothing, many different things.
- Referred-layette received for baby. Answer Center for Women, clothes for baby.
- Referrals for baby stuff.
- They helped me with a car seat, received a layette.
- Received numbers to places for baby stuff and layette.
- Help around Christmas time. My hours were cut. They helped me get clothes. Walk-in at Flint Family Road.
- Called and asked for (help for) the baby around Christmas time.
- Baby clothes, strollers and car seats. Called another time and got referrals.
- They suggested help and referrals. They were very compassionate, concerned and friendly.
- Received a list of places that could help with clothes for my children.
- Called and they gave me the number to a couple of places to get things for the newborn.

Table 5 (continued).

Baby Needs (formula and diapers)
• Baby Needs (continued) Diapers and Formula at Flint Family Road
• Referrals for milk
• Referred to different places to assist with special baby milk.
• Needed milk, WIC referred
• My daughter had a baby, looking for formula, couldn't get into WIC. Called several different places.
• Gave me some Similac milk, called Flint Family Road
• Helped with diapers and formula.
• Trying to locate formula, because I couldn't get a WIC appointment, assisted in finding services.
• Couldn't get a WIC appointment, and was trying to get some formula.
• Helped me get formula
• They were quite helpful. They found pre-mie formula for my twins.
• They were very helpful, received referral for formula. They were very considerate.
• My daughter had a baby, and was looking for formula, she couldn't get into WIC.
• I called for Pampers, advice and referrals
• I called from the resource guide, I needed formula. The AFRICAN connected me with Heartbeat and I had a response within ten minutes.
• Diapers from Flint Family Road,
• Needed Milk for my baby because I couldn't get a WIC appointment. They provided me with formula
• Received formula and diapers, referrals for baby clothes
• Helped find baby formula, because I couldn't get an appointment with WIC

Table 5 (continued).

Baby Needs (formula and diapers-continued)

- Interviewed us and provider pampers and formula
- Referred to North End Soup Kitchen for baby formula. I couldn't get into WIC
- Out of formula, going to Flint Family Road today.
- Referred by WIC. AFRICAN referred me to another agency for formula
- Free diapers and resources

General Help & Multiple Needs

- AFRICAN-they had little time to help me and they came through. It was very appreciated.
- I received numbers to the best places that fit, Heartbeat, Answer Center for Woman, Baby items
- I liked how they stay on top of things; they got me involved with WIC, caseworker and doctor visits.
- They referred me to a counselor, a program and got information for blood tests
- They made a call and gave me a number for referrals.
- I got the pamphlet from a friend. I called and was given referrals and information for different things
- I talked to the AFRICAN at Flint Family Road. I got voucher for a baby bed. We talked about classes.
- I called and needed diapers and milk. I got referral to Child Protection Community Partners (CPCP) for aid with water bill
- I was receiving services from everyone, I needed help. I phoned (the AFRICAN) looking for help.
- The help (I received) was very minimal, referred to Flint Family Road.
- I called and received referrals to lots of different organizations for baby items and counseling.
- I called for prenatal classes and stuff for my baby.

Table 5 (continued).

General Help & Multiple Needs (continued)
• Directed to someone else
• I spoke with her and she was thorough. I received referrals and they all worked out.
• I was referred by the Resource Center.
Classes
• Referred to Safe Sleep and car seat classes (2)
• Used for classes, they offered services if you needed them.
• She was kind and courteous. Referred me to parenting classes. She was very thorough and very kind.
• Healthy Start and Family Road classes.
• They were polite and real nice. I received referrals to parenting classes and Healthy Start
Medical Needs
• I needed a DNA test for (my) son, and needed referrals for washer/dryer and doctor
• I asked if they could refer me to a doctor who was close to me. They gave me a referral to a doctor who was in Burton, but very far away. (I think) that they (the AFRICAN) didn't know geography of Burton.
Pregnancy Needs
• Referrals-Flint Crisis Pregnancy Center
No Help
• I called and they weren't able to help. They had no funds.
• No help yet. Called for milk (formula). Walked into Flint Family Road
• I haven't received help.
• I signed up for help in the future.

Table 5 (continued).

No Help (continued)

- Needed help with eviction. They tried but they couldn't help.
- Pamphlet on African Information - not able to help with additional help with water deposit. Referred to Family Road.
- Talked only over the phone, no help.
- Referred to evaluation core. Found out what help they offered to pregnant women

No Response/Not sure what help

- No Response (2)
- Can't think back.
- Not sure what help they gave, saw [the navigator] at Flint Family Road
- Nothing. I called for information, asked for help. I filled out paperwork. (I) don't remember

The respondents who remembered receiving AFRICAN services made other 5-point ratings of the quality of services they received (see Table 7). Some ratings were made on 1 to 5 rating scales with "5" being the highest rating. The average ratings for the AFRICAN staff member: treating the caller with courtesy and respect, (4.98) being as helpful as they should be (4.77) and treating the caller in a friendly way were very high (4.97). These respondents also rated their AFRICAN staff member, with zero as the worst and ten as the best. The average rating of the AFRICAN staff member was 9.51. Almost all of the respondents (99%) stated that they would recommend the AFRICAN to a friend or relative that needed help. Less then ten percent reported that they would change their AFRICAN provider if it were easy to do. **These results suggest that respondents were highly satisfied with their interaction with their AFRICAN staff member.**

Table 6. Average Ratings of Communications with AFRICAN Staff (n=93).

Communication Variable	Mean	Standard Deviation[1]
AFRICAN Staff Member Understood What Caller Said or Asked (Ave. 5-point scale: 1= never, 5=always)	4.90	.55
AFRICAN Staff Member Answered Questions In Understandable Manner (Ave. 5-point scale: 1= never, 5=always)	4.82	.71
Caller Felt Comfortable Telling the AFRICAN Staff Member About Worries Or Problems (Ave. 5-point scale: 1= never, 5=always)	4.65	.93
AFRICAN Staff Member Gave Caller Enough Time To Talk About Worries Or Problems (Ave. 5-point scale: 1= never, 5=always)	4.95	.65
AFRICAN Staff Member Spent Enough Time with Caller (Ave. 5-point scale: 1= never, 5=always)	4.77	.71

[1] In this report we also provide standard deviations for the mean (average) values reported in the tables. The standard deviation (SD) is an index of sample variance or how much the individual ratings vary around the group's average rating. The standard deviation is the average distance between each individual's rating and the average rating for the whole sample--the higher the standard deviation, the wider the variability of individual ratings around the average rating.

For example, if the 90% of the respondents gave the same rating (e.g., "3") on a five-point scale, the average rating would be very close to 3.0 and there would be little variance and the standard deviation (SD) would be relatively small. If an equal number of respondents gave ratings of 1, 2, 3, 4, and 5 (i.e., 20% of the sample for each rating), the sample mean would still be equal to 3.0, but the variance (and SD) would be much higher. Higher SDs represent greater variety or higher variance of numeric values within the sample.

If the SD for a five point scale is equal to 1.0, then the average distance between each individual's rating and the sample's average rating is one rating point. That is, the average individual rating is within approximately one rating point (above or below) the sample's mean rating.

Table 7. Average Ratings of AFRICAN Staff and Percents of Recommending or Changing a Provider (n=93).

AFRICAN Staff Ratings	Mean	Standard Deviation
AFRICAN Staff Treated Caller with Courtesy and Respect (Ave. 5-point scale: 1= never, 5=always)	4.98	.15
AFRICAN Staff as Helpful as Caller Thought She Should Be (Ave. 5-point scale: 1= never, 5=always)	4.77	.68
AFRICAN Staff Treated Caller in a Friendly Way (Ave. 5-point scale: 1= never, 5=always)	4.97	.23
Ave. Rating of AFRICAN Staff Member (0-10 rating: 0=worst possible, 10=best possible)	9.51	1.03
Would Recommend The AFRICAN to a Friend or Relative Who Needed Help	98.9%	-
Would Change AFRICAN Staff Member if Easy to Do	9.7%	-

Referrals

Beginning in January of 2007, we asked AFRICAN clients if they had been referred to a service provider for help**.** Fifty-nine (83%) of the 71 respondents asked indicated that they had received referrals from the AFRICAN staff. Of these 59 respondents, 56 could identify at least one place they had been referred. Three respondents could not remember the name of the place they had been referred. The 56 respondents reported receiving a total of 99 referrals. Table 8 lists the names of the service providers and the counts and percentages of the number of referrals provided to each site. Respondents were most frequently referred to Heartbeat, with 13 referrals (13%) and Flint Family Road, 11 referrals (11%). Love, Inc. received 6 referrals (6%). GCCARD, Safe Sleep and the Salvation Army each received five referrals (5%).

Table 8. Counts and Percents of Referrals to Service Providers (n=56).

Service Provider	Count	Percent*
Heartbeat	13	13.13%
Flint Family Road	11	11.11%
Love	6	6.06%
GCCARD	5	5.05%
Safe Sleep	5	5.05%
Salvation Army	5	5.05%
Carriage Town	4	4.04%
Hurley Breast Feeding (parent classes)	4	4.04%
Catholic Outreach	3	3.03%
St. Vincent DePaul	3	3.03%
AFRICAN	2	2.02%
Answer Center for Women	2	2.02%
FIA	2	2.02%
Flint Crisis Pregnancy	2	2.02%
Healthy start	2	2.02%
St. Mary's	2	2.02%
WIC	2	2.02%
Churches.	2	2.02%
Blood test	1	1.01%
Car Seat Check Places	1	1.01%
Car Seat Class-Flint Family Road	1	1.01%
Car seat referrals	1	1.01%
Child CLO	1	1.01%
Christ King Roman Catholic	1	1.01%
Church of ROC	1	1.01%
City of Flint	1	1.01%
CPCP	1	1.01%
Crossover Ministries	1	1.01%

Table 8. (continued)		
Dr. in Burton	1	1.01%
Children's Dream Center	1	1.01%
Flint Women's Crisis Center	1	1.01%
Genesys	1	1.01%
Goodwill	1	1.01%
Lots of Love	1	1.01%
Missions of Peace	1	1.01%
Newborns in Need	1	1.01%
North End Soup Kitchen	1	1.01%
Outreach	1	1.01%
Pregnancy Crisis Center	1	1.01%
Protective Services	1	1.01%
Red Cross	1	1.01%
Therapist	1	1.01%
Totals	**99**	**100.0%**

*Percent of all referrals-some respondents were provided with more than one referral.

We asked the respondents if they had contacted the service providers. Fifty-three of the 56 respondents (95%) who reported getting referrals contacted at least one service provider.

The respondents made a total of 73 contacts to service providers. We asked the respondents if the service providers that they had contacted had assisted them with their needs, provided services in a timely manner and provided services in a timely manner. We also asked them to rate the service providers on a 0-10 scale. Table 9 displays the results. The respondents reported that two-thirds of the all of the referrals (66%) assisted the callers' needs. About three-quarters of the respondents (77%) reported receiving services in a timely manner. Nearly all (92%) responded that they were provided services in a friendly manner. When asked to rate the service providers on a 0-10 scale, where zero was the worst provider possible and ten was the best provider possible, the average rating was 7.50.

Table 9. Counts, Percents and Average of Respondents Rating of Quality of Services provided by Service Providers (n=56).

Service Provider	Count	Percent*
Assisted the Caller With Needs	48	65.75%
Provided Services in a Timely Manner	56	76.71%
Provided Services in a Friendly Manner	67	91.78%
	Mean	**SD**
Ave. Rating of Service Provider (0-10 rating: 0=worst possible, 10=best possible)	7.63	3.50

*Note: The 19 respondents reported about 79 contacts with service providers. The percents are based on the counts of contacts divided by the total of 79 contacts.

Prenatal Health Care

The respondents reported if they had been pregnant in the last year and the number of weeks they were pregnant when they first received prenatal health care. Table 10 displays the results. Eighty percent of those interviewed had been pregnant in the last year. Ninety-eight percent of women who had been pregnant had received prenatal care. One respondent that had prenatal care did not recall how many weeks pregnant she was at the time of her first visit. The average number of weeks pregnant at the time of the first prenatal care visit was 9.40 weeks. The earliest a caller reported having prenatal care was two weeks, and the latest was 35 weeks pregnant. The standard deviation was about seven weeks. One respondent reported that she did not have prenatal care during her most recent pregnancy. Another reported that she had had a pregnancy test, but had not yet been to the doctor.

Table 10. Counts, Percents and Means of Pregnancy Variables (n=106).

Pregnancy Variable	Count	Percents & Mean
Caller Pregnant in the Last Year	85	80.2%
If YES, Received Health Care During Pregnancy (n=85).	83	97.6%
Average Number of Weeks Pregnant at Time of First Prenatal Care Visit (n=82)		M=9.40 SD=6.69 Min=2 Max=35

Reasons for No Prenatal Health Care

We asked the callers if they had received prenatal care as early as they wanted. Table 11 displays the results. More than one-quarter of women who received prenatal care reported that they did not receive prenatal care as early as they wanted. We asked these respondents to identify possible reasons for not getting prenatal care as early as they wanted. Most respondents (65%) reported that they did not know they were pregnant. About one-half (48%) reported that they couldn't get an earlier appointment with a prenatal care provider. About one quarter (26%) reported no transportation and too many things going on as reasons for not receiving care earlier. Other reasons identifier were not wanting anyone to find out about the pregnancy (22%), not finding a prenatal care provider (17%), no one to take care of other children (9%), no money to pay for other visits (9%) and not wanting prenatal care (4%).

Table 11. Counts and Percents of Caller Not Receiving Prenatal Care as Early as Wanted and Reasons for No Early Care (n=83).

Pregnancy Variable	Count	Percents
Caller Did Not Received Prenatal Care as Early as She Wanted	23	27.7%
Reasons for Not Getting Earlier Prenatal Care (n=22)*		
Did Not Know was Pregnant	15	65.2%
Could Not Get an Earlier Appointment	11	47.8%
No Transportation to get the Doctor's Office	6	26.1%
Had Too Many Other Things Going On	6	26.1%
Didn't Want Anyone to Find Out About Pregnancy	5	21.7%
Could Not Find a Prenatal Care Provider	4	17.4%
Had No One to Take Care of my Other Children	2	8.7%
Did Not Have Money to Pay for Visits	2	8.7%
Didn't Want Prenatal Care	1	4.3%

*Callers were allowed to select multiple reasons for not getting prenatal care as early as they wanted.

Prenatal Health Care Providers

We asked the 83 women who had been pregnant in the last year and had prenatal care if they went to more than one prenatal care provider. Twenty-two of the 83 women (27%) reported that they had seen more than one provider when they went for prenatal care (see Table 12). About half (46%) of the women who went to more than one prenatal provider saw two prenatal providers during their pregnancy.

Table 12. Counts and Percents of Prenatal Health Care Providers (n= 83).

Variable	Count	Percent
Went to More Than One Prenatal Care Provider	22	26.5%
If Yes, How Many Providers? (n=22)		
Two	10	45.5%
Three	4	18.2%
Four	1	4.5%
Five	3	13.6%
Can't Remember	4	18.1%

The respondents who had prenatal care also reported if they picked their provider or had someone else chosen the provider for them. Table 13 displays the results. Most of the callers (74%) reported that they had picked their own prenatal care provider. Eleven respondents (13%) reported being referred by another provider. Nine respondents (11%) reported being assigned to their provider. Two respondents (2%) reported that someone in her family chose the provider.

Table 13. Counts and Percents of Choosing A Provider (n= 83).

Variable	Count	Percent
Did you Pick the Provider or Did Someone Else Chose the Provider for You?		
Caller Picked the Prenatal Care Provider	61	73.5%
Referred by Another Provider	11	13.3%
Assigned to the Provider	9	10.8%
Someone in Caller's Family Chose the Provider	2	2.4%

Ratings of Prenatal Health Care Provider

The respondents who had received prenatal health care rated the quality of the care and the interactions with their providers. For comparison purposes, we compare these ratings with the baseline ratings from the Friendly Access[SM] Prenatal Interviews[2]. The 83 AFRICAN interview respondents and the 351 Friendly Access[SM] Prenatal Interviews respondents that reported receiving prenatal care rated the quality of their interactions with their prenatal care providers. The ratings were made on 1 to 5 rating scales with "5" being the highest rating.

The ratings of the quality of communication with prenatal care provider were high for both groups. The average ratings listed in Table 14 are all above 4.5 for both groups. We note few differences between the samples. For one rating on giving the caller "enough time", the AFRICAN respondents gave a slightly higher rating (4.77) then the Friendly Access[SM] baseline (4.66). **These results suggest that respondents were satisfied with the quality of the communication with the prenatal care provider.**

The 83 AFRICAN respondents who were pregnant were also asked to rate the courtesy, helpfulness and friendliness of their pediatric provider. The ratings were made on 1 to 5 rating scales with "5" being the highest rating. The ratings of the prenatal provider were high; the average ratings listed in Table 15 are all above 4.6 out of a five-point scale. There were no comparable responses from the Friendly Access[SM] baseline interviews.

The respondents gave other ratings of their prenatal care providers with zero as the worst and ten as the best provider possible (see Table 16). The average rating of the prenatal care providers was 9.02 for the AFRICAN interviews. The average rating for the Friendly Access[SM] was slightly lower, 8.75. Almost all of the Friendly Access[SM] respondents (91%) and AFRICAN callers (89%) stated that they would recommend their provider to a friend or relative that needed help. Fewer AFRICAN respondents (73%) than Friendly Access[SM] respondents (87%) reported that they could change their provider if he or she wanted to change. Nearly one-fifth of both groups (17% AFRICAN respondents and 18% Friendly Access[SM] respondents) stated that they would change their provider if it were easy to do.

These results suggest that most respondents were satisfied with their interaction with their prenatal care provider, but a small percent (less than 20%) were less satisfied. The results, suggest that the AFRICAN callers' perceptions of if they could change their prenatal care provider were different than those who had participated in the Friendly Access[SM] baseline study.

[2] These 351 interviews were conducted in late 2003 and early 2004 with new mothers who were either on Medicaid or had no health insurance. The interviews took place in three Genesee County Hospitals (Genesys, Hurley and McLaren) within 1-2 days after birth of the baby.

Table 14. Comparison of AFRICAN Interviews and Friendly Access[SM] Interviews' Average Ratings of Communication with Prenatal Care Provider.

	AFRICAN Client Interviews (n=83)		Friendly Access[SM] Interviews (n=351)	
Communication Variable	**Mean**	**S.D.**	**Mean**	**S.D.**
Prenatal Care Provider Understood What Caller Said or Asked (Ave. 5-point scale: 1= never, 5=always)	4.61	.76	4.68	.71
Prenatal Care Provider Answered Questions In Understandable Manner (Ave. 5-point scale: 1= never, 5=always)	4.69	.73	4.67	.71
Caller Felt Comfortable Telling the Prenatal Care Provider About Worries Or Problems (Ave. 5-point scale: 1= never, 5=always)	4.58	.84	4.66	.82
Prenatal Care Provider Gave Caller Enough Time To Talk About Worries Or Problems (Ave. 5-point scale: 1= never, 5=always)	4.77	.72	4.66	.77
Prenatal Care Provider Spent Enough Time with Caller (Ave. 5-point scale: 1= never, 5=always)	4.54	.87	4.53	.89

Table 15 (NEW). Averages and Percents of Callers' Ratings of Prenatal Provider.

	AFRICAN Client Interviews (n=83)	
Pediatric Provider Ratings	**Value**	**S.D.**
Provider Treated Parent/Caregiver with Courtesy and Respect (1= never, 5=always)	4.86	.54
Provider as Helpful as Caller Thought They Should Be (1= never, 5=always)	4.65	.82
Provider Treated the Parent/Caregiver in a Friendly Way (1= never, 5=always)	4.84	.55
Average Time Spent with Caller (in minutes)	21.37	13.61

Table 16. Comparison of AFRICAN Interviews and Friendly Access[SM] Interviews' Percents and Average Ratings of Prenatal Care.

	AFRICAN Client Interviews (n=83)		Friendly Access [SM] Interviews (n=351)	
Prenatal Care Ratings	**Mean**	**S.D.**	**Mean**	**S.D.**
Ave. Rating of Prenatal Care Provider (0-10 rating: 0=worst possible, 10=best possible)	9.02	1.79	8.75	1.84
Would Recommend The Prenatal Care Provider to a Friend or Relative Who Needed Help	89.0%		91.2%	
Could Change Prenatal Care Provider if Wanted To	73.0%		87.1%	
Would Change Prenatal Care Provider if Easy to Do	16.9%		18.2%	

Ratings of Prenatal Health Care Providers' Office Staff

The 46 AFRICAN respondents who had been pregnant in the last year were also asked to rate the courtesy of their prenatal care providers' office staff. The ratings were made on 1 to 5 rating scales with "5" being the highest rating. The ratings of the office staff of the prenatal care provider were high (see Table 15). The average ratings listed in Table 17 are all above 4.7. **These results suggest that respondents were very satisfied with their interactions with the prenatal care providers' office staff.** There were no comparable responses from the Friendly Access^{SM} baseline interviews.

Table 17. Average Ratings* of Prenatal Providers' Office Staff (n=46).

Prenatal Office Staff	Mean	S.D.
Provider's Office Staff Treated Parent/Caregiver With Courtesy and Respect	4.73	.68
Provider's Office Staff as Helpful as They Should Be	4.71	.80
Provider's Office Staff Treated The Parent/Caregiver in a Friendly Way	4.73	.70

*5-point rating: 1=poor, 5=excellent.

Pediatric Safe Sleep

Beginning in January of 2007, we added a series of questions about sleeping practices for new babies. We asked if the baby had his/her own crib to sleep in, how the respondent places the baby for sleep, and if the baby ever slept in bed with the caller. Table 18 displays the results for **only the 28 respondents with children six months or younger**. Of the 28 respondents, nearly all (96%) indicated that the baby had his/her own crib. When we asked the respondent to use a five-point scale to identify how often the baby sleeps in his/her bed, less than one-third (28%), reported that the baby slept in his/her own crib half of the time or less. About one-half (46%) of the respondents indicated that their child slept in the parents' bed at least some of the time. All of the respondents (100%) reported that they placed their child to sleep on his/her stomach half of the time or less. Ninety-three percent of the respondents indicated that they placed their baby to sleep on his/her side half of the time or less. Nearly all (93%) of the respondents reported placing their child on the back to sleep one-half of the time or more. Nearly two-thirds (60%) reported that they never place their children in a bed with soft blankets or pillows.

Table 18. Counts, Percents and Averages of Sleeping Practices for Children Six Months and Younger (n=28).

	5-Point Rating						
Sleep Variable	**1 Never**	**2 Less than Half the Time**	**3 About Half the Time**	**4 More than Half the Time**	**5 Always**	**Mean**	**S.D.**
Baby Sleeps in His/Her Own Bed	2 (7.1%)	0 (0.0%)	6 (21.4%)	5 (17.9%)	15 (53.6%)	4.11	1.20
Baby Sleeps in Parent/Caregivers' Bed	15 (53.6%)	9 (32.1%)	2 (7.1%)	0 (0.0%)	2 (7.1%)	1.75	1.11
Baby is Placed to Sleep on His/Her Stomach	20 (71.4%)	7 (25.0%)	1 (3.6%)	0 (0.0%)	0 (0.0%)	1.32	.55
Baby is Placed to Sleep on His/Her Side	8 (28.6%)	9 (32.1%)	8 (28.6%)	3 (10.7%)	0 0.0%	2.21	1.00
Baby is Placed to Sleep on His/Her Back	1 (3.6%)	2 (7.1%)	7 (25.0%)	8 (28.6%)	10 (35.7%)	3.86	1.11
Baby is Placed to Sleep with Soft Blankets or Pillows	17 (60.7%)	1 (3.6%)	1 (3.6%)	3 (10.7%)	6 (21.4%)	2.29	1.74

Pediatric Health Care

There were 72 respondents who completed the pediatric health care questions during the interview. These were the respondents who either had (A) delivered a baby in the past 24 months or (B) had been taking care of a child less than 24 months old AND who had taken their child to a pediatric visit during the last four months.

Pediatric Health Care Providers

These respondents first reported if they picked their pediatric provider or someone else chose the provider for them. Table 19 displays the results. Most of the callers (80%) reported that they had picked the pediatric care provider for the child. Seven respondents (17%) reporting being assigned to the pediatric care provider. Two callers (3%) reported another provider referred her to her pediatric provider.

Table 19. Counts and Percents of Choosing A Pediatric Provider (n= 71).

Variable	Count	Percent
Did you Pick the Provider or Did Someone Else Chose the Provider for You?		
Caller Picked the Pediatric Care Provider	57	80.3%
Caller was Assigned to the Pediatric Provider	12	16.9%
Referred by Another Provider	2	2.8%

Ratings of Pediatric Health Care Providers

We asked the respondents to rate their pediatric care provider. For comparison purposes, we have provided the baseline ratings from the Friendly Access[SM] Pediatric Interviews. The 377 parents and caregivers recruited for this study were most often the mothers of young children (ages 0 to 5) receiving pediatric health care at one of six pediatric health clinics in the greater Flint area AND whose health care was paid for by Medicaid or self-pay. The recruitment sites were selected because of their participation in the Flint/Genesee County Friendly Access[SM] Project. The interviews were conducted in 2003 and 2004 at the time of a pediatric visit.

The 71 AFRICAN interview respondents and the 377 Friendly Access[SM] Pediatric Interviews respondents rated the quality of their interactions with their

pediatric care providers. Table 20 displays the average ratings of the quality of communications with the pediatric health care provider. The ratings were made on 1 to 5 rating scales with "5" being the highest rating. We note similar averages between the AFRICAN and the Friendly Access[SM] baseline sample than the AFRICAN interview sample. For one rating on giving the caller "enough time", the AFRICAN respondents gave a higher rating (4.345) then the Friendly Access[SM] baseline (3.77). **These results suggest that most of the respondents were generally satisfied with the quality of the communication with pediatric health care providers.**

Table 20. Comparison of AFRICAN Interviews and Friendly Access[SM] Interviews Average Ratings of Communication with Pediatric Care Provider.

	AFRICAN Client Interviews (n=71)		Friendly Access[SM] Interviews (n=377)	
Communication Variable	**Mean**	**S.D.**	**Mean**	**S.D.**
Pediatric Care Provider Understood What Caller Said or Asked (Ave. 5-point scale: 1= never, 5=always)	4.39	1.01	4.40	.75
Pediatric Care Provider Answered Questions In Understandable Manner (Ave. 5-point scale: 1= never, 5=always)	4.39	1.09	4.48	.77
Caller Felt Comfortable Telling the Pediatric Care Provider About Worries Or Problems (Ave. 5-point scale: 1= never, 5=always)	4.68	.73	4.57	.88
Pediatric Care Provider Gave Caller Enough Time To Talk About Worries Or Problems (Ave. 5-point scale: 1= never, 5=always)	4.49	1.07	4.49	.84
Pediatric Care Provider Spent Enough Time with Caller (Ave. 5-point scale: 1= never, 5=always)	4.34	1.17	3.77	.59

The 71 AFRICAN respondents who had small children in the household were also asked to rate the courtesy, helpfulness and friendliness of their pediatric provider. The ratings were made on 1 to 5 rating scales with "5" being

the highest rating. The ratings of the pediatric provider were high; the average ratings listed in Table 21 are all close to 4.5 out of a five-point scale. There were no comparable responses from the Friendly Access[SM] baseline interviews.

Table 21. Averages and Percents of Callers' Ratings of Pediatric Provider.

	AFRICAN Client Interviews (n=71)	
Pediatric Provider Ratings	**Value**	**S.D.**
Provider Treated Parent/Caregiver with Courtesy and Respect (1= never, 5=always)	4.80	.67
Provider as Helpful as Caller Thought They Should Be (1= never, 5=always)	4.46	.95
Provider Treated the Parent/Caregiver in a Friendly Way (1= never, 5=always)	4.83	.59
Average Time Spent with Caller (in minutes)	20.25	11.80

The 71 respondents also rated their pediatric care provider on a 0-10 scale with zero as the worst and ten as the best provider possible. Table 22 displays the respondents' overall ratings of their pediatric care. The average rating of the pediatric care providers was 8.89 for the AFRICAN interview respondents. The same average rating for the Friendly Access[SM] sample (8.50) was about the same as the AFRICAN sample.

Table 22. Comparison of AFRICAN Interviews and Friendly Access[SM] Interviews' of Averages and Percents of Callers' Pediatric Care Ratings.

	AFRICAN Client Interviews (n=71		Friendly Access[SM] Interviews (n=377)	
Pediatric Care Ratings	**Value**	**S.D.**	**Value**	**S.D.**
Ave. Rating of Pediatric Care Provider (0-10 rating: 0=worst possible, 10=best possible)	8.89	2.10	8.50	1.66
	Count	**Percent**	**Count**	**Percent**
Would Recommend The Pediatric Care Provider to a Friend or Relative Who Needed Help	62	87.3%	348	92.3%
Could Change Pediatric Care Provider if Wanted to	67	94.4%	346	89.1%
Would Change Pediatric Care Provider if Easy to Do	15	21.1%	85	22.6%

A slightly higher number of the Friendly Access[SM] respondents (92%) than AFRICAN respondents (87%) stated that they would recommend their pediatric health care provider to a friend or relative. Most respondents in both groups (94% AFRICAN respondents and 89% Friendly Access[SM] respondents) reported that they could change their provider if they wanted to. About one-quarter of the AFRICAN respondents (21%) and of the Friendly Access[SM] respondents (23%) stated that they would change their provider if it were easy to do.

Ratings of Pediatric Care Providers' Office Staff

Table 23 displays the ratings of the 71 AFRICAN interview respondents and 377 Friendly Access[SM] respondents who were rated the courtesy of their pediatric care providers' office staff. The ratings were made on 1 to 5 rating scales with "5" being the highest rating. The average ratings of the office staff of the pediatric care provider were all above 4.5. The average scores for the AFRICAN interviews were about the same as the average scores for the Friendly Access[SM] pediatric baseline. **These results suggest that AFRICAN respondents were satisfied with their interactions with the pediatric care providers' office staff.**

Table 23. Comparison of AFRICAN Interviews and Friendly Access℠ Interviews' Average Ratings of Pediatric Provider's Office Staff.

	AFRICAN Client Interviews (n=71)		Friendly Access℠ Interviews (n=377)	
Pediatric Office Staff Ratings	**Mean**	**SD**	**Mean**	**SD**
Provider's Office Staff Treated Parent/Caregiver with Courtesy and Respect	4.69	.77	4.71	.64
Provider's Office Staff as Helpful as Caller Thought They Should Be as Helpful as They Should be	4.61	.80	4.53	.80
Provider's Office Staff Treated the parent/caregiver in a Friendly Way	4.69	.73	4.66	.69

Summary of the Results

Memories of AFRICAN Program

Most of the respondents remembered receiving referrals from AFRICAN staff. The most common themes of memories reported were receiving help for their basic needs, including food, clothing, and other household goods. Other respondents recalled receiving help for the specific needs of their baby, especially formula, or general or multiple needs.

Ratings of AFRICAN Staff

Most respondents were highly satisfied with the quality of the communication with AFRICAN staff. The respondents reported that communications with the AFRICAN staff was understandable and comfortable. For two ratings: giving the caller "enough time" and understanding what the caller said, nearly all respondents gave the highest rating on the scale.

The respondents also reported the AFRICAN staff was highly courteous, respectful, and helpful. One rating, treating the caller in a friendly way, nearly all respondents rating the AFRICAN staff the highest rating. All respondents said they would recommend their AFRICAN staff member to a friend or relative that needed help.

Ratings of Service Providers Referred by the AFRICAN

Nearly two-thirds of all referrals contacted assisted the callers' with their needs. Most respondents reported that they received services in a timely manner for the referred service provider. About three-quarters reported that the service providers provided services in a friendly manner.

Ratings of Prenatal Health Care Provider

Most respondents were satisfied with their interaction with their prenatal care provider. A small percent (less than 20%) appeared to be less satisfied. The results, however, do not suggest that the AFRICAN callers' perceptions of their prenatal health care were different than those who had participated in the Friendly Access^{SM} baseline study. We cannot conclude that being an AFRICAN client led to more favorable perceptions of the prenatal health care system.

Ratings of Prenatal Care Providers' Office Staff

The ratings of the office staff of the prenatal care provider were high. The average ratings were all above 4.5 on a 1-5 scale. These results suggest that respondents were very satisfied with their interactions with the prenatal care providers' office staff. We did not have analogous ratings from the baseline Friendly Access[SM] study for comparison.

Pediatric Safe Sleep

A limited number of clients with children under 6 months old reported on "safe sleep" practices for their child. While nearly all 28 clients indicated that the baby had his/her own crib, about a quarter reported that the baby slept in his/her own crib half of the time or less. Nearly half indicated that their child slept in the parents' bed at least some of the time and nearly all reported their child slept on his/her stomach half of the time or less.

Ratings of Pediatric Health Care Provider

The respondents were generally satisfied with the quality of the communication with the prenatal care provider. The ratings of the pediatric provider for courtesy, helpfulness and friendliness were high. The average ratings were close to 4.5 out of a five-point scale. There were no comparable responses from the Friendly Access[SM] baseline interviews.

Ratings of Pediatric Care Providers' Office Staff

The AFRICAN respondents were satisfied with their interactions with the pediatric care providers' office staff. The average ratings for the AFRICAN interview respondents were about the same as the average scores for the Friendly Access[SM] respondents.

Methodological Concerns

The results of this study need to be interpreted with appropriate cautions. We must recognize that the percents and averages reported here are based on small samples. In other words, we need more data to draw stronger conclusions.

Also, while our analysis of demographic indicators suggest that the interviewed sample of AFRICAN clients appears similar to all AFRICAN clients, we need to be aware that not all AFRICAN clients agreed to be interviewed. And And we were able to complete interviews with only 48% of those who agreed to be interviewed. Those who were not interviewed had not returned the required consent forms through the mail. It is possible that those who did return consent forms were not a representative sample of all AFRICAN clients.

FINAL REPORT

Summary Analyses of African American Family Resource Information Center and Network (AFRICAN) New Callers

(August 31, 2005 – August 31, 2007)

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Introduction

This report includes tables of data summaries from the African American Family Resource Information Center and Network (AFRICAN) client database. This database is used to record important background information about every individual who calls the AFRICAN information and referral service phone number as well as individuals who have been in face-to-face contact with one of the AFRICAN navigators and have agreed to have their information recorded in the AFRICAN database for future reference. This database is a reasonably accurate record of all service contacts made by the AFRICAN program with individuals who called the AFRICAN.

When the data for this report was compiled on August 31, 2007, there were 1566 total clients in the AFRICAN database. The tables in this report include counts and percents of all callers to the AFRICAN for different categories of responses for a single data field or a set of data fields. For instance, Table 1 contains a breakdown of the number of clients according to the month when their information was first entered into the database. This table has a client count for each month and a percent of the total clients that monthly count represents. Table 3, on the other hand, contains the counts and percent of total clients for 10 demographic data fields.

Some tables (Tables 8, 9, and 11) are different. These tables summarize data for questions where a client could have more than one response. Table 8, for instance, summarizes the answers each client gave when they were asked where they learned about the AFRICAN program. The AFRICAN database allowed for clients to list more than one source of information about the AFRICAN program. Table 8 contains 1799 responses. This total is more than 1566--the total number of clients in the database used for this report. There are more responses than clients because clients were allowed to give more than one source of information about the AFRICAN. It is important to note that the count for each source of information in Table 8 represents the number of clients who reported that source of information. But the percent of responses for each source of information is based on the total number of responses (1799), not on the total number of clients (1566).

Similarly, Table 9 contains the counts and percents of service needs initially identified by the AFRICAN clients. There were 1978 service needs identified for the 1566 clients in the database. The counts in Table 9 are the number of clients who mentioned each service need, but the percents are based on the total number of service needs identified. These percents represent the proportion of all service needs identified, not the proportion of all clients in the database.

It should be noted that some data fields in the database have incomplete information. That is, some information about some clients has not been recorded. This missing data could be due to a client deciding not to disclose certain information or because some questions and topics were not covered during the navigator's interactions with a client. In most tables, the amount of missing information is reported by noting the number of clients where their response is "No Response" or "Not

Identified". In other tables, the clients with missing information are not considered. The Type of Insurance breakdown in Table 3, for example, reports the type of insurance only for the 1268 callers who had insurance. The percent for each type of insurance is calculated only on the 1268 callers who reported having insurance.

Table 1. Counts and Percents of New Callers by Month (n=1566).

Variable	Count	Percent
August 2005	1	0.1%
September 2005	29	1.9%
October 2005	108	6.9%
November 2005	35	2.2%
December 2005	32	2.0%
January 2006	35	2.0%
February 2006	33	2.1%
March 2006	34	2.2%
April 2006	32	2.0%
May 2006	28	1.8%
June 2006	34	2.2%
July 2006	28	1.8%
August 2006	51	3.3%
September 2006	81	5.2%
October 2006	57	3.6%
November 2006	77	4.9%
December 2006	73	4.7%
January 2007	60	3.8%
February 2007	61	7.1%
March 2007	81	5.2%
April 2007	125	8.0%
May 2007	138	8.8%
June 2007	115	7.3%
July 2007	113	7.2%
August 2007	105	6.7%
TOTAL	1566	100 %

Table 2: Counts and Percents of New Callers by Residence Zip Codes (n=1566).

Zip Code of Residence	Count	Percent
48505	433	27.7%
48504	391	25.0%
48503	195	12.5%
48507	123	7.9%
48458	111	7.1%
48506	97	6.2%
48532	31	2.0%
48439	25	1.6%
48529	24	1.5%
48423	15	1.0%
48473	11	0.7%
48430	9	0.6%
48433	8	0.5%
48420	8	0.5%
48457	6	0.4%
48502	6	0.4%
48509	4	0.3%
48451	3	0.2%
48463	3	0.2%
48519	3	0.2%
Homeless	3	0.2%
48446	2	0.1%
48449	2	0.1%
48501	2	0.1%
48531	2	0.1%
Other Zip Codes	6	06%
No Response	34	3.9%
TOTAL	1566	100%

Table 3. Counts and Percents of New Callers in Demographic Categories (n=1566)

Demographic Variable	Count	Percent
Female	1454	92.8%
Marital Status		
Never Married	1134	72.4%
Married	190	12.1%
Divorced/Separated/Widowed	129	8.2%
Domestic Partner	5	.3%
No Response	108	6.9%
Age Group		
13 to 14	10	.6%
15 to 16	48	3.1%
17 to 18	106	6.8%
19 to 20	130	8.3%
21 to 25	364	23.2%
26 to 30	304	19.4%
31 to 35	210	13.4%
36 to 40	123	7.9%
41 and over	215	13.7%
No Response	56	3.6%
Race Group		
African American	1248	79.7%
European American	213	13.6%
Bi-racial/Multi-racial	31	2.0%
Other	32	2.0%
No Response	42	2.7%
Hispanic	29	1.9%
Transportation (primary)		
Own Car	642	41.0%
Other Private	262	16.7%
Use Public Transportation	357	22.8%
Other	129	8.2%
No Response	176	11.2%
Employment Status		
Not Employed	1054	67.3%
Working-Part Time	211	13.5%
Working- Full Time	167	10.7%
No Response	134	8.6%

Table 3 (continued).

Demographic Variable	Count	Percent
Health Insurance	1268	81.0%
If Insured, Type of Insurance (n=1268)		
Straight Medicaid	468	36.9%
Health Plus Partners (Medicaid)	416	32.8%
McLaren Health Plan	129	10.2%
Private	102	8.0%
Genesee Health Plan	52	4.1%
Health Plus	23	1.8%
Blue Care Network	21	1.7%
Molina Health Care	16	1.3%
Community Choice of Michigan	8	0.6%
Healthy Kids	6	0.5%
MiChild	3	0.2%
Great Lakes Health Plan	2	0.2%
No Response	22	1.7%
Number of Children		
None	226	14.4%
One	378	24.1%
Two	326	20.8%
Three	200	12.8%
Four	133	8.5%
Five	66	4.2%
Six	34	2.2%
Seven	20	1.3%
Eight	6	.4%
Nine	9	.6%
Eleven	1	.1%
Fourteen	1	.1%
Seventeen	1	.1%
No Response	126	14.6

Table 4. Count, Percents and Mean of New Callers Who are Pregnant at Time of Call and Number of Weeks Pregnant (n=1566).

Pregnancy Variable	Count	Percent
Pregnant	468	29.9%
	Mean	**SD**
Number of Weeks Pregnant (If Known) (n=440)	22.21	9.8
Total	3271	100.0%

Table 5. Count and Percents of Place Caller Receive Health Care (n=1566).

Pregnancy Variable	Count	Percent
Hurley Clinic	402	25.7%
Hamilton Clinic	175	11.2%
Genesys Clinic	137	8.7%
Private Provider	125	8.0%
McLaren Clinic	36	2.3%
No Response	691	44.1%
Total	1566	100.0%

Table 6. Count and Percents of Place Caller's Children Receive Health Care (n=720).

Pregnancy Variable	Count	Percent
Hurley Clinic	159	22.1%
Hamilton Clinic	91	12.6%
Private Provider	85	11.8%
Genesys Clinic	75	10.4%
Mott Children's Clinic	69	9.6%
Other	23	3.2%
McLaren Clinic	17	2.4%
No Response	201	27.9%
Total	720	100.0%

Table 7: Counts and Percents of New Callers by Type of Caller (n=1566).

Type of Caller	Count	Percent
Not Pregnant with Young Child	564	36.5%
Pregnant, No Young Child	303	19.3%
Not Pregnant- No Young Child	430	27.5%
Pregnant with Young Child	147	9.4%
Not Pregnant, Unknown if Young Child	13	.80%
Pregnant, Unknown if Young Child	18	1.1%
Young Child, Unknown of Pregnant	9	0.6%
No Young Child, Unknown if Pregnant	25	1.6%
No Response*	57	3.6%
TOTAL	1566	100%

* Due to missing data for pregnancy status or caregiver of young child data fields.

Table 8. Counts and Percents of Pregnant Women and Caregivers of Young Children by Information Sources Where They Learned About the AFRICAN* (n=1566).

Where They Learned About the AFRICAN	Count	Percent
Community Partner	317	16.1%
Friend/Neighbor/Relative	220	12.2%
WIC	196	10.9%
Walk In	148	8.2%
DHS	108	6.0%
Television	91	5.1%
Healthy Start	33	1.8%
Brochure	31	1.7%
Radio	29	1.6%
Hamilton Community Health Network	20	1.1%
MIHP-Hurley	13	0.7%
Hurley	12	0.7%
Resource Center	9	0.7%
Clinic/Physicians Office	8	0.5%
Holiday Giving	7	0.4%
Genesys Clinic	6	0.3%
REACH 2010	5	0.3%
Catholic Charities	5	0.3%
MIHP-Genesys	5	0.3%
Private Physician	3	0.2%
Other	338	18.8%
No Response	195	10.8%
Total	1799	100.0%

* Callers were allowed to name more than one source of information about the AFRICAN.

Table 9. Counts and Percents of New Callers by Initially Identified Needs* (n=1978).

Initially Identified Service Needs	Count	Percent
Utilities	330	16.7%
Basic Needs(Adult/Family food and clothing)	307	15.5%
Housing	259	13.1%
Formula	254	12.8%
Pregnancy support	230	11.6%
Financial Support	202	10.2 %
Diapers	65	3.3%
Project information	54	2.7%
Health Insurance	45	4.1%
Parent Education	23	1.2%
Employment	21	1.1%
Requests for AFRICAN participation	20	1.0%
Transportation	17	.9%
No Response	151	7.6%
Total	1978	100.0%

* Callers were allowed to name more than one service need.

Table 10. Counts, Percents and Mean of New Callers by the Number of Referrals Made by AFRICAN Staff (n=1566).

Number of Referrals	Count	Percent
None Recorded	402	25.7%
One	443	28.3%
Two	302	19.3%
Three	190	12.1%
Four	107	6.8%
Five	52	3.3%
Six	24	1.5%
Seven	19	1.2%
Eight	15	1.0%
Nine	5	.3%
Ten	2	.1%
Eleven	2	.1%
Twelve	1	.1%
Sixteen	1	.1%
Twenty-one	1	.1%
TOTAL	1566	100%

Total Number of Referrals	Mean=1.81
	SD=1.90

Table 11. Counts and Percents of New Callers by the End of Call Referrals* (n=1566).

End of Call Referrals	Count	Percent
None Recorded	436	13.3%
Flint Family Road- Multiple Programs	308	9.4%
Heartbeat of Greater Flint	280	8.6%
Carriage Town Ministries- Multiple Programs	211	6.5%
GCCARD-Multiple Programs	150	4.6%
Salvation Army- Kearsley St.-Multiple Programs	145	4.4%
Flint Crisis Pregnancy Center- Multiple Programs	109	3.3%
St. Mary's Roman Catholic Church	103	3.1%
Genesee County Dept of Human Services-Multiple Programs	100	3.1%
Flint Pregnancy Counseling Center-Multiple Programs	99	3.0%
Catholic Outreach-Multiple Programs	90	2.8%
Love, INC.	85	2.6%
Safe Sleep Class	77	2.4%
Crossover Downtown Ministries-Multiple Programs	73	2.2%
St. Vincent DePaul Warehouse-furniture	65	2.0%
Human Relations Commission	57	1.7%
Healthy Start MIHAS	50	1.5%
Safe Kids Coalition-Car Seat Safety	47	1.4%
Answer Center for Women	44	1.3%
See Referral Notes (below)	30	.9%
Goodwill Industries of Mid-Michigan-Multiple Programs	28	.9%
Hamilton Community Health Network-Multiple Programs	27	.8%
Catholic Charities- Teen Parent Program	27	.8%
City of Flint Human Relations Commission	22	.7%
MIHP/Hurley	22	.7%
Child Protection Community Partners (CPCP)	21	.6%
Church on the R.O.C.-Multiple Programs	20	.6%
WIC-Gen Co Health Dept	19	.6%

End of Call Referrals	Count	Percent
REACH 2010- MIHAS	17	.5%
Operation Blessing	17	.5%
Family Service Agency of Mid- Michigan	17	.5%
Flint Housing Commission	17	.5%
Genesee Health Plan	16	.5%
Center for Civil Justice/ Health Eligibility Law	16	.5%
Inner City Christian Outreach Center	16	.5%
Legal Services of Eastern Michigan	13	.4%
Consumer Energy	13	.4%
Mission Of Peace	13	.4%
FACED-Multiple Programs	13	.4%
Flint Odyssey House, Health Awareness Center	12	.4%
Power of God Ministries	11	.3%
REACH- Teen housing	10	.3%
Disability Network	9	.3%
Urban League of Flint- Multiple Programs	9	.3%
Maternal and Infant Health Services	9	.3%
GCCARD Commodities Program- Mayfair Plaza	8	.2%
Salvation Army- Dort Hwy	8	.2%
Dort Oak Park Neighborhood House	8	.2%
Shelter of Flint	8	.2%
Eastside Mission	8	.2%
Mr. Lucky's Used Appliances	8	.2%
Outreach East	8	.2%
Flint Healthcare Employment Opportunities	7	.2%
Ready Set Grow Passport	7	.2%
Hurley Medical Center-Multiple Programs	7	.2%
Mott Children's Health Center-Turri Place	7	.2%
Flint Pregnancy Counseling Center	6	.2%
Salvation Army- Coldwater Rd.	6	.2%

End of Call Referrals	Count	Percent
St. Vincent DePaul Thrift Shop	6	.2%
North End Soup Kitchen	6	.2%
Genesee County Health Department-Multiple Programs	6	.2%
HELP Line	6	.2%
City of Flint Water Dept	5	.2%
Hurley Breastfeeding Consultants	5	.2%
Health Access Program-Multiple Programs	5	.2%
St. Michael's Roman Catholic Church	5	.2%
Valley Area Agency on Aging (VAAA)	4	.1%
Fenton Area Resource and Referral	4	.1%
Achieve Employment Services	4	.1%
4C Childcare Unlimited	4	.1%
YWCA-Multiple Programs	4	.1%
Planned Parenthood of East Central MI-Beecher Rd	4	.1%
Bristol Road Church Of Christ Service Center	4	.1%
On the Move Transportation-Health Transportation	4	.1%
Genesee County Free Medical Clinic	4	.1%
T.R. Harris Memorial COGIC	4	.1%
Traverse Place-Teen housing	4	.1%
LISTEN INC	4	.1%
Dress For Success	3	.1%
MTA	3	.1%
1-800-ASHELTER	3	.1%
Holy Redeemer Catholic Church	3	.1%
AFRICAN	3	.1%
Project Skip (Enhanced)	3	.1%
Healthy Kids- Insurance	3	.1%
Fairhaven Community Service Center	3	.1%
Black Men for Social Change	3	.1%
Covenant Believers Church REACH MINISTRY	3	.1%

End of Call Referrals	Count	Percent
JOBS CORP	2	.1%
CMH Access Center	2	.1%
Ridgecrest Village Townhouses	2	.1%
METRO HOUSING	2	.1%
Hurley Lamaze	2	.1%
FISH INC	2	.1%
Genesee District Dental Society	2	.1%
Greater Flint Outreach	2	.1%
Champions In Christ Center Food Pantry	2	.1%
Mott Community College-Dental	2	.1%
Genesys Regional Medical Center-Multiple Programs	2	.1%
Flint Schools Early Childhood Programs-Multiple Programs	2	.1%
MSU Extension	2	.1%
Davison United Methodist Church	2	.1%
Mid-Michigan Community Outreach	2	.1%
Mott Auto Repairs	2	.1%
Highway to Health (Jewish/non -Jewish)	2	.1%
Harvest House shelter	2	.1%
OASIS Counseling	1	.0%
Jewish Community Services	1	.0%
First Presbyterian Church	1	.0%
School of Choice	1	.0%
Head Start Program	1	.0%
Human Investment and Development Corp	1	.0%
Neighborhood Service Center	1	.0%
American Red Cross	1	.0%
Genesee County Tax And Financial Services Coalition	1	.0%
Broom Center	1	.0%
Flint Odyssey House, Inc.	1	.0%
HOPING-grief counseling/loss of young children	1	.0%

End of Call Referrals	Count	Percent
AFFORDABLE LIVING HOUSING	1	.0%
Genesys East Flint Campus Emergency	1	.0%
Hurley Medical Center Asthma Program	1	.0%
Mommies Club (McLaren)	1	.0%
United Cerebral Palsy of Michigan, Inc	1	.0%
Hunger Action Coalition of MI	1	.0%
Flint NIPP	1	.0%
Genesee Intermediate School District-Multiple Programs	1	.0%
Transitional Lifestyles Community	1	.0%
Ennis Center - Youth In Transition Program	1	.0%
Genesys West Flint Campus Emergency	1	.0%
KING'S CLOSET	1	.0%
Vernon Chapel	1	.0%
Greater Flint Health Coalition	1	.0%
Social Security Administration	1	.0%
Feminine Health Care Center	1	.0%
GCHD- Environmental Health	1	.0%
Schafer Square Apartments	1	.0%
Metropolitan Church	1	.0%
Genesee County Mental Health Services-Multiple Programs	1	.0%
Mott Community College- job training/WIA	1	.0%
Monster.com, HotJobs.Com	1	.0%
MSS/ISS Genesys Health Home and Hospice	1	.0%
Physician	1	.0%
Genesee County Metropolitan Planning Commission	1	.0%
Genesee County Bar Association	1	.0%
Intake, Assessment, Referral Center (IARC)	1	.0%
Russell Collection Agency	1	.0%
Early On-GISD	1	.0%
Online	1	.0%

End of Call Referrals	Count	Percent
Baker College-Compass Test	1	.0%
Flint Central Church of the Nazarene	1	.0%
Total	3271	100.0%

* Many callers received more than one referral.