Flint/Genesee County Friendly Access[SM] Project
A Report to the Community of Genesee County

2002 – 2007

Volume 2 of 2

Flint Genesee County Friendly Access[SM] Project
Summary Report to the Community
2002 – 2007
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Flint/Genesee County
Friendly Access[SM] Project

Secondary Data Report No. 1

Descriptive Analyses on Low-Income Mothers and Children in Genesee County

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September, 2003

FR-11A2 secondarydatareport.no.1.093003lk

Acknowledgements

The Flint/Genesee County Friendly Access[SM] Project is a program of the Greater Flint Health Coalition and a core project of the Prevention Research Center of Michigan. The Greater Flint Health Coalition is a multi-faceted partnership of Flint-area health providers, insurers, government, business and labor organizations, and community members whose mission is to improve the health status of area citizens, as well as the quality and cost effectiveness of the county's health care system. Genesee County is one of four communities currently engaged in the development of community coalitions to improve the quality of maternal and child health delivery systems under the guidance and support of the Lawton and Rhea Chiles Center for Healthy Mothers and Babies at the University of South Florida in Tampa, Florida. The city of Flint (population: 124,943) is the largest city in Genesee County (population: 436,141). Genesee County is located 68 miles northeast of Detroit.

Local contributors of financial support for the Flint/Genesee County Friendly Access[SM] include the Ruth Mott Foundation, the Charles Stewart Mott Foundation, Community Foundation of Greater Flint, Mott Children's Health Center, General Motors Corporation, Genesys Health System, and McLaren Regional Medical Center. The national Friendly Access[SM] program coordinated at the Lawton and Rhea Chiles Center is funded by a grant from the Centers for Disease Control and Prevention (CDC) of the United States Department of Health and Human Services. The Prevention Research Center of Michigan also receives grant funding from the CDC.

Data for this report was secured with the assistance of the United States Census Bureau, the State of Michigan Family Independence Agency, the Michigan Public Health Institute, and the Genesee County Health Department. We also acknowledge the contributions of the Flint/Genesee County Friendly Access[SM] Leadership Team to the development of this report. Members of the leadership team include:

Lawrence Reynolds, MD, Mott Children's Health Center (Chair)
Debbie Cummings, McLaren Regional Health Center
Marcia Franks, Genesee County Health Department
Henry Gaines, International United Auto Workers and Greater Flint Health Coalition (ex-officio)
Helen Hamacher, Hamilton Community Health Network
Andy Kruse, Genesys Health System
Lori Kunkel, Greater Flint Health Coalition
Yvonne Lewis, Faith Access to Community Economic Development
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Executive Summary

The Flint/Genesee County Friendly Access[SM] Project is focused on improving maternal and child health care services, especially for low-income families. The purpose of this report is to summarize available data about the population of low-income preschool children and women in their childbearing years in Genesee County. Key findings include:

- **Poverty Counts**: The U.S. Census Bureau estimates that 6,884 of 31,622 (22.8%) preschool children in Genesee County live in a household with income under the federal poverty criterion. The Census Bureau also estimates that 1,627 families in Genesee County are headed by a female, have at least one child under five years old, and have an income under the federal poverty criterion.

- **Medicaid Enrollment**: The Michigan Family Independence Agency reports that 13,428 preschool children and 17,014 women (ages 15-34) in Genesee County are enrolled in Medicaid.

- **Paying for Births**: Birth records from the Genesee County Health Department for 2001 report that 2,536 of 6,321 (40%) births were covered by the Medicaid program. The majority of births (59%) were covered by private insurance.

- **Race Differences in Medicaid Enrollment**: While European American children and women have the highest number of Medicaid enrollees in Genesee County, African American children and women have the higher rates of enrollment.

- **Prenatal Care for Medicaid and Self-Pay Covered Births**: Mothers whose births are covered by Medicaid or self-pay are younger, less educated, initiate prenatal care later, have fewer prenatal care visits, and have more premature and low birth weight births than mothers covered by private insurance. Mothers with private insurance, however, have higher rates of recorded pregnancy medical risks, labor and delivery complications, newborn abnormalities, and newborn congenital anomalies.

- **Race Differences among Medicaid and Self-Pay Covered Births**: Among those whose births are covered by Medicaid or self-pay, the African American mothers initiate prenatal care later, receive slightly fewer prenatal care visits, have more premature and low birth weight births than the European American mothers. The European American mothers have higher rates of recorded pregnancy medical risks, labor and delivery complications, and newborn abnormalities.

- **Infant Mortality Rates**: Infant mortality rates in Genesee County are very high (averaging 12 deaths per one thousand live birth) compared to the United States and to other counties in Michigan. The most common causes of infant death are “conditions originating in the perinatal period,” which include pregnancy and birth complications. The highest number of infant deaths occurred in zip code areas in central and northern Flint—areas where 76.72% of the population are African American.

Descriptive Analyses on Low-Income Mothers and Children in Genesee County

The Flint/Genesee County Friendly Access[SM] Project is focused on improving maternal and child health care services, especially (but not exclusively) for low-income families. The purpose of this report is to summarize available data about the population of low-income preschool children and women in their childbearing years in Genesee County. The data we collated for this report come from a number of sources including the US Census Bureau, State of Michigan agencies, and local agencies and organizations. In this report, we present data on:

- The estimated number of lower income mothers and preschool children in Genesee County.
- Medicaid enrollments in Genesee County and race differences in Medicaid enrollment.
- Comparisons of privately insured births with Medicaid insured and self-pay births on the adequacy of prenatal care and immediate birth outcomes (data available from state birth records).

The Number of Preschool Children and Women of Childbearing Age in Genesee County

The first set of analyses in this report focus on identifying the number of low income woman and children in Genesee County—the primary population of concern for the Flint / Genesee County Friendly Access[SM] project. This analysis utilizes data from the US Census Bureau and from the Michigan Family Independence Agency. The total population count for Genesee County according to the 2000 census is 436,141. The population counts for different age groups are presented in Table 1. The number of preschool aged children (under 5 years) is 31,622, representing 7.3% of the county's population. Estimating the number of females who are in their child bearing years can be accomplished by counting the number of females between the ages of 15 and 44 years. This count for Genesee County is 96,320 or 22.1% of the county's population.

The Number of Children and Women Living in Poverty

Based on the 1999 population survey, the US Census Bureau estimates that there are 6,884 preschool children (under 5 years) living in a household with income under the 1999 federal poverty criterion in Genesee County. This represents 22.8% of the county's children in that age group.

The currently available data do not allow us to directly estimate the number of women in their child bearing years with incomes under the poverty line. The Census Bureau does estimate that 11,930 of 116,884 (10.2%) families in Genesee County have an income below the poverty line. They also estimate that 2,188 of these families have a child under five years old. Among this group of families (with a child under five years

old) with incomes below the poverty line, there are 1,627 families headed by females (with no husbands in the home). This number, of course, does not count women who are in their childbearing years who live in poverty or would be eligible for Medicaid coverage.

Table 1. Year 2000 Census Counts for Different Age Groups in Genesee County.

Age Group	Total	Males	Females
Under 5 years	31,622	16,198	15,424
5 to 9 years	35,181	18,001	17,180
10 to 14 years	33,562	17,085	16,477
15 to 19 years	31,279	15,912	15,367
20 to 24 years	26,698	12,984	13,714
25 to 29 years	28,973	13,846	15,127
30 to 34 years	30,505	14,726	15,779
35 to 39 years	33,962	16,241	17,721
40 to 44 years	35,968	17,356	18,612
45 to 49 years	31,816	15,205	16,611
50 to 54 years	28,031	13,556	14,475
55 to 59 years	21,185	10,253	10,932
60 to 64 years	16,752	7,724	9,028
65 to 69 years	15,158	6,824	8,334
70 to 74 years	13,442	5,968	7,474
75 to 79 years	10,366	4,209	6,157
80 to 84 years	6,413	2,213	4,200
85 years and over	5,228	1,391	3,837
TOTAL	436,141	209,692	226,449

The Number of Children and Women Enrolled in Michigan's Medicaid Program

Using counts of individual with a Medicaid health plan is another way to describe the population that Friendly Access[SM] is trying to impact. It is important to note, however, that Medicaid covers not just low-income or poor individuals, but also a variety of "needy" individuals. Medicaid is administered by states and each state has different eligibility requirements. In Michigan, there are 21 mandatory and 10 optional eligibility categories. These categories can be classified into eligibility groupings[1]:

- Low-income families with dependent children.
- Children who have been removed from their family by the court and are in foster care.
- Low-income pregnant women.
- Infants, children, adolescents whose families are close to, but don't meet the income requirements.
- Low-income caretaker relatives of dependent children.
- SSI recipients (aged, blind, disabled)
- Special Social Security recipients (former SSI recipients).
- Low income aged or disabled persons.
- Aged, blind, or disabled persons in a hospital or long-term care facility
- Low income and qualified Medicare recipients
- Medically needy individuals (aged, blind, or disabled).
- Disabled children
- Breast cancer patients
- Aged, blind, or disabled persons, who meet nursing home criteria, but reside in the community.

The specific requirements for eligibility for these groups of recipients vary. Factors that are considered when determining eligibility include income, assets, divestment, and several non-income requirements such as having a social security number, citizen/alien status, identification of third party resources, and pursing other benefits for which they are eligible.

The number of children under the age of 5 years old in Genesee County who are enrolled in the State of Michigan's Medicaid program is 13,428 (see Table 2). This represents 42.5% of the county's children in this age group. While the percent of European American and African American children in the Medicaid program are nearly equal, there are a higher percentage of African American children (79.9%) in the county who are enrolled in the Medicaid program.

[1] Source: Citizens Research Council of Michigan, Publication 1074, July, 2003: Medicaid Eligibility.

Table 2. Children Under Five Years Old and Women Ages 15-24 Enrolled in Michigan's Medicaid Program.

Group / Race Group	Count	Percent	Percent of 2000 Census Count for Each Race Group
Children Under 5 Years Old			
European American	6,672	49.7%	31.6%
African American	6,467	48.2%	79.9%
Other	289	2.2%	12.0%
Total	13,428	100.0%	42.5%
Women Ages 15-34			
European American	8,904	52.3%	20.7%
African American	7,823	46.0%	56.3%
Other	287	1.7%	9.6%
Total	17,014	100.0%	28.4%

Source: State of Michigan Family Independence Agency: 2/21/03

We also examined the number of women ages 15-34 who are enrolled in Michigan's Medicaid Program. While this age range does not include all women who are in the "childbearing" age group, we used this age grouping because of the ease of accessing Medicaid enrollment counts. In this age range, 17,014 women are enrolled in Medicaid, representing 28.4% of the county's women in this age group. Over half of the women enrolled are European American, but a higher percentage of the African American women in the county were enrolled in Medicaid.

Prenatal Care and Birth Outcomes

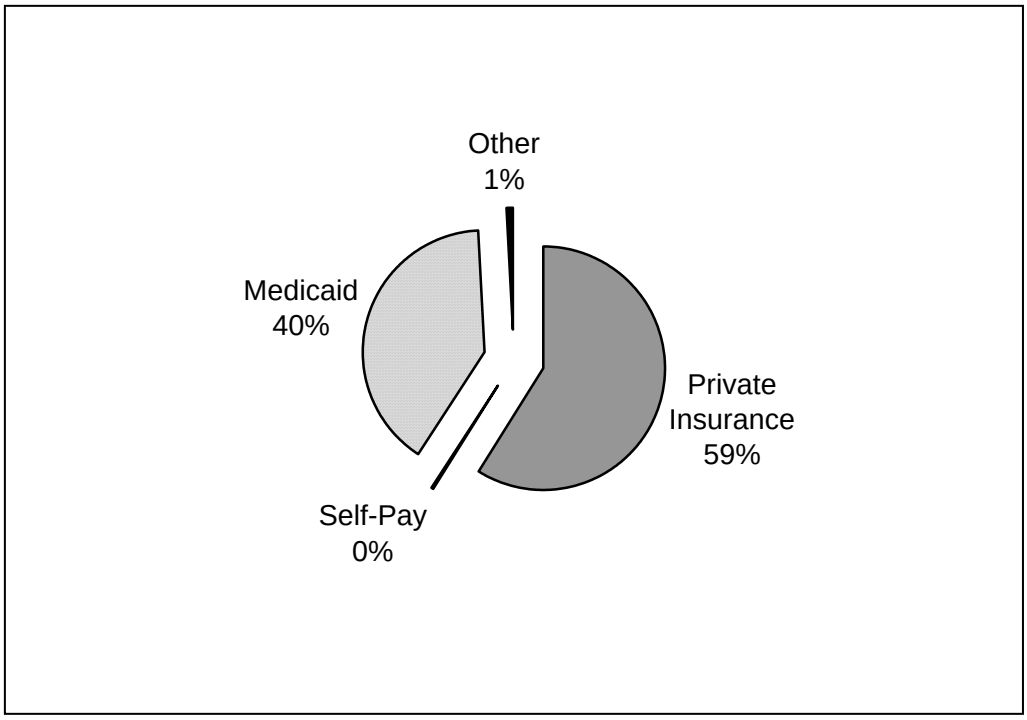
Our primary source of secondary data on prenatal care is a data set from the Genesee County Health Department with data on every live birth for 2001. Hospital

staff collected this data at the time of the birth with the assistance of the mother. This birth record is used to establish a birth certificate for the baby and to collect data on all births in the state.

It is commonly understood that different hospital staff members complete the standard birth data form in different ways, complicating the interpretation of the data. For instance, there are important data fields for the month when pregnancy prenatal care began and the number of prenatal care visits. These data fields may be completed by consulting the mother's medical records or by directly asking the mother (self-report). There are also questions about the mothers' tobacco and alcohol use during pregnancy, which are also completed with the assistance of the mothers' self-report.

The first set of analyses from the birth records compares the births paid by private insurance with the births paid by Medicaid or by the patient (self-pay). The source of payment for the 6,321 births during 2001 is illustrated in Figure 1. Nearly all births are paid for by private medical insurance (56%) or by Medicaid (40%). There were 2536 of births covered by Medicaid in 2001.

Figure 1. Payer for Births in Genesee County during 2001.



Comparing Privately Insured and Medicaid Insured Births

We compared births paid for by private insurance with the births covered by Medicaid or self-pay on a number of variables. For these comparative analyses, we did not include the births where the pay source was coded as "other." The purpose of these comparisons is to promote a better understanding of the lower income customers.

The first comparison analyses we conducted examined the race of the mothers who had private insurance and who had Medicaid or self-pay coverage. The counts of mothers by their race and the payer for the birth are listed in Table 3. This analysis notes that more European American mothers had private insurance than Medicaid or self-pay coverage. The opposite was true for African American mothers (more were covered by Medicaid or self-pay). It is also important to note, however, that among the mothers in the Medicaid or self-pay group, the majority of the mothers (56.2%) were European American.

Table 3. Number and Percent of Privately Insured Mothers and Medicaid or Self-Pay Mothers Listed by the Race of the Mother.

Mother's Race	Group				Comparison Statistic
	Private Insurance		Medicaid & Self-Pay		
	Count	Percent	Count	Percent	
European American	3,073	82.7%	1,436	56.2%	Π^2=591.12***
African American	568	15.3%	1,093	42.8%	
Other	75	2.0%	24	0.9%	
Totals	3716	100.0%	2553	100.0%	

***p<.001

Other comparisons, listed in Table 4, demonstrate how different the private insured births were from the Medicaid insured births. All but one comparison resulted in a statistically significant difference. We noted that privately insured mothers (as a group) were older, more educated, and had fewer prior live births than the mothers insured with Medicaid. The fathers for the privately insured births were also older and more educated.

The birth record data on prenatal care and birth outcomes also revealed differences. The privately insured mothers entered prenatal care earlier and had more prenatal care visits. The babies of privately insured mothers weighed slightly more and

Table 4. Comparison of Births Paid by Private Insurance and by Medicaid on Parent Background, Prenatal Care, Birth Outcomes, and Diagnosed Medical Conditions.

	Group		
Parent & Birth Variables	Private Insurance	Medicaid & Self-Pay	Comparison Statistic
Parent Background			
Mother's Age in Years (ave.)	27.9	23.8	*F*=837.6***
Mother's Years of Education (ave.)	13.6	11.7	*F*=1468.3**
Number of Prior Live Births (ave.)	1.0	1.3	*F*=130.6***
Father's Age in Years (ave.)	30.6	27.0	*F*=352.9***
Father's Years of Education (ave.)	13.6	11.9	*F*=774.7***
Prenatal Care			
Month of 1st Prenatal Care Visit (ave.)	2.0	2.7	*F*=426.6***
Number of Prenatal Visits (ave.)	13.2	12.4	*F*=113.6***
Birth Outcomes			
Birth Weight in Pounds (ave.)	7.3	7.0	*F*=77.0***
Premature Birth	15.6%	22.1%	Π^2=43.0***
Low Birth Weight Birth	8.2%	11.6%	Π^2=20.3***
Very Low Birth Weight Birth	1.8%	1.8%	Π^2=.01
Diagnosed Medical Conditions			
Number of Pregnancy Medical Risks (ave.)	.16	.13	*F*=8.4**
Number of Labor & Delivery Complications (ave.)	.15	.07	*F*=72.2***
Number of Newborn Abnormalities (ave.)	.02	.01	*F*=9.8**
Number of Newborn Congenital Anomalies (ave.)	.01	.00	*F*=4.4*

*p<.05; **p<.01, ***p<.001

were less likely to be born prematurely. The infant weight difference appears to be attributable to more Medicaid-insured mothers having babies with low birth weight (less than 2,500 grams or 5.5 lbs). There was no difference in the percent of babies with very low birth weight (less than 1500 grams or 3.3 lbs).

Even though the babies born to Medicaid insured mothers were more likely to be premature and have lower birth weights, their birth records had fewer recorded medically diagnosed pregnancy risks, labor and delivery complications, newborn abnormalities, and congenital anomalies. These data analyses together suggest the possibility that mothers with private insurance may be receiving more careful medical attention during their pregnancies, resulting in more diagnosed conditions and risks. Those mothers enrolled in Medicaid, in turn, may be receiving less comprehensive medical attention. A reasonable alternative explanation is that the privately insured mothers, on average, are older than the Medicaid insured mothers and are more likely to have pregnancy and birth complications because of their higher age.

If we trust the reliability of the self-reported data about prenatal care in the birth record data, it may be helpful to compare when the mothers first received prenatal care. Most guidelines about prenatal care suggest that a woman seek medical care early in the pregnancy. Dr. Milton Kotelchuck has developed indices assessing the adequacy of prenatal care using the American College of Obstetrics and Gynecology (ACOG) guidelines. Kotelchuck's "adequacy of initiation of prenatal care index" using the following scoring scheme:

- **Inadequate**: Prenatal care is initiated after the 6th month of pregnancy is completed.
- **Intermediate**: Prenatal care is initiated during the 5th or 6th month.
- **Adequate**: Prenatal care is initiated during the 3rd or 4th month.
- **Adequate Plus**: Prenatal care is initiated during the 1st or 2nd month.

Data from the birth records for Genesee County in 2001 were coded using Kotelchuck's index. The range of values on the adequacy of initiation of prenatal care index for the privately insured and Medicare insured births are listed in Table 5.

This analysis reveals that a large percent of Genesee County mothers in both groups initiate prenatal care early in their pregnancy. The mothers who are enrolled in Medicaid or don't use medical insurance (self-pay), however, were more likely to initiate prenatal care later in the pregnancy. Nearly 11% of these mothers initiated prenatal care after the 4th month of pregnancy (Intermediate & Inadequate combined) as compared to 4% of the privately insured mothers. This difference was statistically significant.

Table 5. Number and Percent of Privately Insured Mothers and Medicaid or Self-Pay Mothers with Different Levels on Kotelchuck's Adequacy of Initiation of Prenatal Care Index.

Adequacy Value	Group				Comparison Statistic
	Private Insurance		Medicaid & Self-Pay		
	Count	Percent	Count	Percent	
Inadequate	32	0.9%	75	3.0%	Π^2=360.2***
Intermediate	109	3.0%	260	10.5%	
Adequate	716	19.4%	764	30.9%	
Adequate Plus	2,829	76.7%	1,372	55.5%	
Totals	3,686	100.0%	2,471	100.0%	

***p<.001

Dr. Kotelchuck also developed the "adequacy of received services index" based on the expected number of prenatal care visits after prenatal care was initiated and before the birth occurred. This index was based on using the American College of Obstetrics and Gynecology (ACOG) guidelines for prenatal care visits for most mothers:

- One visit per month until the 8th month of pregnancy.
- Two visits during the 8th month of pregnancy.
- One visit per week during the 9th & 10th month of pregnancy.

Dr. Kotelchuck's adequacy of received services index scoring is based on the ratio of reported prenatal care visits to the expected prenatal visits:

- **Inadequate**: Receives less than 50% of expected visits.
- **Intermediate**: Receives 50-79% of expected visits.
- **Adequate**: Receives 80-109% of expected visits.
- **Adequate Plus**: Receives over 109% of expected visits.

Using Kotelchuck's index, we again compared mothers covered by private insurance to mothers without insurance or with Medicaid insurance.

The analysis summarized in Table 6 suggests that over 95 percent of Genesee County mothers in both groups receive an adequate number of prenatal care visits after prenatal care begins and before the birth occurs. It is interesting to note the statistically significant difference between the two groups showing that the mothers who are

enrolled in Medicaid or who self-pay for their birth are likely to receive more than 109% of the expected prenatal visits compared to the mothers with private insurance. This difference, however, should be interpreted knowing from Table 4 above that the privately insured mothers receive, on average, almost one more prenatal visit than the Medicaid insured and self-paying mothers. This incongruity can be explained by noting that the Medicaid insured and self-paying mothers, on average, start prenatal care later and are more likely to have a premature birth—reducing the number of expected prenatal visits and, therefore, increasing the ratio of observed to expected visits.

Table 6. Number and Percent of Privately Insured Mothers and Medicaid or Self-Pay Mothers with Different Levels on Kotelchuck's Adequacy of Received Services Index.

Adequacy Level	Group				Comparison Statistic
	Private Insurance		Medicaid & Self-Pay		
	Count	Percent	Count	Percent	
Inadequate	0	0.0%	0	0.0%	
Intermediate	141	3.9%	99	4.1%	Π^2=81.98***
Adequate	1,812	49.5%	925	37.8%	
Adequate Plus	1,708	46.7%	1,420	58.1%	
Totals	3,705	100.0%	2,479	100.0%	

***p<.001; Chi-square calculation without the "inadequate" observed counts.

Pregnancy Medical Risks

The birth records have 19 data fields to indicate specific medical risks noted for the mother's pregnancy. As noted above, the mothers with private insurance had a higher number of pregnancy medical risks than the mothers with Medicaid or no insurance (self-pay). In this section of the report, we list the specific pregnancy medical risks and the rate of occurrence for mothers with private insurance and mothers who self-pay or have Medicaid coverage. This comparative analysis is presented in Table 7.

Because of the low base rates for each of the individual pregnancy risks, it is important to be cautious in comparing the privately insured mothers with the mothers who self-pay or who are covered by Medicaid. The general pattern of these comparisons, however, is that the privately insured mothers were more likely to have the pregnancy noted in their birth record. The one notable exception was that there

was a substantially higher rate of mothers who self-pay or covered by Medicaid with a pregnancy risk due to drug abuse.

For some of the higher frequency pregnancy risks, there were notable differences between the two groups of mothers. Privately insured mothers were more like to have pregnancy risks noted due to diabetes, hydramnios or oligohydramnios, pregnancy-related hypertension, and eclampsia. These differences may represent differences in the quality and comprehensiveness of prenatal care provided to the two groups of mothers.

Among Self-Pay and Medicaid Covered Births: Comparisons of African American and European American Mothers

Because of concerns over racial disparities among the lower income mothers and children, we examined the birth record variables for the 1,093 African American and 1,436 European American mothers covered by Medicaid or self-pay. These comparisons are listed in Table 8. We note that African American and European Mothers covered by Medicaid or Self-Pay were roughly the same age and had the same amount of education. We also note the similar age and years of education for the two groups of fathers. African American mothers had a higher number of prior live births.

The European American mothers began prenatal care, on average, a half-month before the African American mothers and had a slightly higher average number of prenatal care visits. The birth outcome comparisons suggest that African American mothers were more likely to have a baby prematurely and with lower birth weight. Finally, we noted that African American mothers, on average, had fewer medical risks, labor and delivering complications, and newborn anomalies noted in their records.

Given that the two groups of mothers had similar average ages and years of education, it is difficult to understand why the African American mothers had fewer recorded medical risks, but also had poorer birth outcomes. This pattern of results may suggest that the African American mothers receive less attentive prenatal care than the European American mothers possibly leading to more premature births.

We also examined the differences between the African American and European American births covered by Medicaid and self-pay on the two Kotelchuck indices assessing the adequacy of prenatal care. It is important to note that these variables are based on the self-report of mothers regarding the date of initiating prenatal care and the number of prenatal care visits. The reliability of these reports is unknown.

This analysis reveals that a larger percent of African American mothers initiated prenatal care later in their pregnancy (see Table 9). The percent of mothers who scored “adequate” or “adequate plus” on Kotelchuck’s initiation of prenatal care index was 90.5 for European American mothers and 80.8% for African American mothers.

Table 7. Number and Percent of Privately Insured Mothers and Medicaid or Self-Pay Mothers with Pregnancy Medical Risks in their Birth Records.

Medical Risks	Group				Odds Ratio
	Private Insurance		Medicaid & Self-Pay		
	Count	Percent	Count	Percent	
Anemia	27	0.7%	8	0.3%	.43
Cardiac Disease	15	0.4%	4	0.2%	.39
Lung Disease	39	1.0%	24	0.9%	.90
Diabetes	46	1.2%	12	0.5%	.38
Genital Herpes	25	0.7%	17	0.7%	.99
Hydramnios / Oligohydramnios	22	0.6%	11	0.4%	.72
Hemoglobinopathy	4	0.1%	4	0.2%	1.46
Hypertension, Chronic	12	0.3%	5	0.2%	.61
Hypertension, Pregnancy-Related	70	1.9%	23	0.9%	.48
Eclampsia	28	0.8%	15	0.6%	.78
Incompetent Cervix	2	0.1%	0	0.0%	.59
Previous Infant 4000+ Grams	9	0.2%	3	0.1%	.49
Previous Preterm or Small for Gestational Age Infant	4	0.1%	1	0.0%	.37
Renal Disease	1	0.0%	1	0.0%	1.46
Rh Sensitization	4	0.1%	2	0.1%	.73
Uterine Bleeding	15	0.4%	11	0.4%	1.01
Other	278	7.5%	171	6.7%	.89
Drug Abuse	1	0.0%	26	1.0%	38.32
HIV infection	0	0.0%	0	0.0%	--
TOTALS	3,731	100.0%	2,557	100.0%	

Table 8. Comparison of European American and African American Mothers Who Self-Pay or are Covered by Medicaid.

Parent & Birth Variables	Group: European American	Group: African American	Comparison Statistic
Parent Background			
Mother's Age in Years (ave.)	23.9	23.7	*F*=0.29
Mother's Years of Education (ave.)	11.7	11.7	*F*=0.52
Number of Prior Live Births (ave.)	1.14	1.59	*F*=62.63***
Father's Age in Years (ave.)	26.9	26.9	*F*=0.00
Father's Years of Education (ave.)	12.0	11.8	*F*=4.47*
Prenatal Care			
Month of 1st Prenatal Care Visit (ave.)	2.5	3.0	*F*=69.30***
Number of Prenatal Visits (ave.)	12.5	12.2	*F*=5.81*
Birth Outcomes			
Birth Weight in Pounds (ave.)	7.23	6.73	*F*=81.78***
Premature Birth	17.0%	28.6%	Π^2=48.72***
Low Birth Weight Birth	8.1%	16.3%	Π^2=40.95***
Very Low Birth Weight Birth	1.2%	2.7%	Π^2=7.54*
Diagnosed Medical Conditions			
Number of Pregnancy Medical Risks (ave.)	.16	.10	*F*=20.01***
Number of Labor & Delivery Complications (ave.)	.10	.03	*F*=45.86***
Number of Newborn Abnormalities (ave.)	.08	.02	*F*=4.20*
Number of Newborn Congenital Anomalies (ave.)	.03	.00	*F*=3.05

*p<.05; **p<.01, ***p<.001

Table 9. Number and Percent of European American and African American Mothers Who Self-Pay or are Covered by Medicaid at Various Levels of Kotelchuck's Adequacy of Initiation of Prenatal Care Index.

Adequacy Value	Group				Comparison Statistic
	European American		African American		
	Count	Percent	Count	Percent	
Inadequate	28	2.0%	47	4.5%	Π^2=62.53***
Intermediate	105	7.5%	153	14.6%	
Adequate	411	29.3%	344	32.9%	
Adequate Plus	857	61.2%	501	47.9%	
Totals	1,401	100.0%	1,045	100.0%	

***p<.001

As noted above in Table 8, the two groups of lower income mothers had a similar average number of prenatal care visits after prenatal care was initiated. Their scores on Kotelchuck's adequacy of received services index suggest that a higher percent of African American mothers received more than the expected number of prenatal visits. The comparison is listed in Table 10.

Nearly all the mothers in both groups received "adequate" or "adequate plus" scores on the index. The African American mothers, however, were more likely to receive an "adequate plus" score. This difference can be explained by noting that African American woman were more like to begin prenatal care later and more likely to have a premature birth. Both factors shorten the number of months the mother could receive prenatal care visits. With a similar number of prenatal care visits, but a shorter time period to receive prenatal care, the African American mothers are more likely to receive more visits than expected.

Table 10 Number and Percent of European American and African American Mothers Who Self-Pay or are Covered by Medicaid at Various Levels of Kotelchuck's Adequacy of Received Services Index.

Adequacy Value	Group				Comparison Statistic
	European American		African American		
	Count	Percent	Count	Percent	
Inadequate	0	0.0%	0	0.0%	
Intermediate	77	5.6%	21	2.0%	Π^2=126.47***
Adequate	637	46.0%	279	27.0%	
Adequate Plus	671	48.4%	734	71.0%	
Totals	1,385	100.0%	1,034	100.0%	

***p<.001; Chi-square calculation without the "inadequate" observed counts.

Comparison of Pregnancy Medical Risks between African American and European American Mothers Covered by Medicaid or Self-Pay

The birth records have 19 specific medical risks that can be noted for the mother's pregnancy. As noted above, the European American mothers had a higher number of pregnancy medical risks than the African American mothers noted in their birth records. In this section of the report, we list the specific pregnancy medical risks and the rate of occurrence for two groups of mothers. This comparative analysis is presented in Table 11.

Because of the low base rates for each of the individual pregnancy risks, it is important to be cautious in interpreting these comparisons. This is especially true for the comparisons that involved very few cases.

The general pattern of these comparisons (when there are more than just a few cases) is that the European American mothers were more likely to have the pregnancy risk noted in their birth record. The one notable exception was that there was a substantially higher rate of African American mothers with a pregnancy risk due to drug abuse.

Table 11. Number and Percent of Privately Insured Mothers and Medicaid or Self-Pay Mothers with Pregnancy Medical Risks in Their Birth Records.

Medical Risks	Group				Odds Ratio
	European American		African American		
	Count	Percent	Count	Percent	
Anemia	6	0.4%	2	0.2%	.44
Cardiac Disease	3	0.2%	1	0.1%	.34
Lung Disease	18	1.3%	6	0.5%	.43
Diabetes	10	.7%	2	0.2%	.26
Genital Herpes	11	0.8%	6	0.5%	.75
Hydramnios / Oligohydramnios	5	0.3%	6	0.5%	1.58
Hemoglobinopathy	0	0.0%	4	0.4%	--
Hypertension, Chronic	2	0.1%	2	0.2%	1.31
Hypertension, Pregnancy-Related	20	1.4%	2	0.2%	.13
Eclampsia	11	0.8%	4	0.4%	.48
Incompetent Cervix	0	0.0%	0	0.0%	--
Previous Infant 4000+ Grams	9	0.2%	3	0.1%	.49
Previous Preterm or Small for Gestational Age Infant	1	0.1%	0	0.0%	--
Renal Disease	1	0.1%	0	0.0%	--
Rh Sensitization	1	0.1%	1	0.1%	1.31
Uterine Bleeding	8	0.6%	3	0.3%	.49
Other	123	8.6%	47	4.3%	.48
Drug Abuse	7	0.5%	19	1.7%	3.61
HIV infection	0	0.0%	0	0.0%	--
TOTALS	3,731	100.0%	2,557	100.0%	

Infant Mortality

The annual infant mortality rate for Genesee County from 1989 to 2001 varied between 9.33 and 14.52 deaths per 1,000 live births (see Table 12). The change in infant mortality rate from one year to the next does not show any consistent trends. Over this 13-year period, the infant mortality rate was 11.94 deaths per 1,000 live births.

Table 12. Annual Infant Mortality Rates for Genesee County from 1989 to 2001.

Year	Infant Deaths	Live Births	Infant Death Rate*
1989	105	7,327	14.33
1990	92	7,653	12.02
1991	90	7,513	11.98
1992	73	7,261	10.05
1992	72	6,995	10.29
1994	96	6,610	14.52
1995	74	6,469	11.44
1996	78	6,434	12.12
1997	81	6,315	12.83
1998	75	6,399	11.72
1999	81	6,539	12.39
2000	77	6,358	12.11
2001	59	6,321	9.33
TOTALS	1054	88,194	11.94

*Number of infant deaths per 1,000 live births.

Source: Michigan Public Health Institute

Compared to other counties in Michigan, the infant mortality rate in Genesee County is very high. The infant mortality rate for the State of Michigan for the period of 1997 to 2001 was 8.1 deaths per 1,000 live births. Only four of 85 counties in the State of Michigan (Crawford, Gogebic, Mason, and Presque Isle) had equal or higher infant mortality rates than Genesee County during this five-year period. The national infant mortality rate during this time period was 7.1 per 1000 live births.

We analyzed the cause of deaths for 217 infants who died in Genesee County for the three-year period from 1999 to 2001 (see Table 13). The most frequent cause of death was “conditions originating in the perinatal period.” These conditions are based on ICD codes (ICD-9: 7600-7712; 7714-7799 or ICD-10: P00-P74; P76-P96) including:

- Fetus and new born affected by maternal factors and by complications of pregnancy, labor, and delivery
- Disorders related to length of gestation and fetal growth;
- Birth trauma;
- Respiratory and cardiovascular disorders specific to the perinatal period;
- Infections specific to the perinatal period;
- Haemorrhagic and haematological disorders of fetus and new born;
- Transitory endocrine and metabolic disorders specific to fetus and new born;
- Conditions involving the integument and temperature regulation of fetus and new born;
- Other disorders in that perinatal period.

Other frequent causes of infant death were sudden infant death syndrome (SIDS) and congenital malformations, deformations, and abnormalities. Together, these three causes of death accounted for 83.9% of infant deaths in Genesee County.

Infant mortality in Genesee County may be higher in particular geographic areas. In Table 14 there is a listing of infant deaths from 1999 to 2001 by the home zip codes of infants who died. This listing notes that the highest number of infant deaths occurred in zip code areas covering the central and northern sections of Flint.

Because we did not have access to the number of live births for each zip code area during this period of time, we computed a rate of infant death by dividing the number of infant deaths by the 2000 Census population counts for the zip code areas (and multiplying this quotient by 1,000). This indicator of infant death rate is crude for several reasons including that birth rates also vary across the zip codes and some of the zip code areas near the county borders cover regions outside of Genesee County. These crude infant death rate estimates also suggest that the highest rates of infant deaths occur in the zip code areas covering the central and northern sections of Flint.

Table 13. Cause of Death for Infants (Under 1 Year) in Genesee County for the Years 1999-2001

Cause of Infant Death	Count	Percent
Natural Causes		
Neoplasm	1	.5%
Diseases of the nervous system	2	.9%
Diseases of the circulatory system	4	1.8%
Diseases of the respiratory system	4	1.8%
Certain conditions originating in the perinatal period	126	58.1%
Congenital malformations, deformations and chromosomal abnormalities	26	12.0%
Sudden infant death syndrome	30	13.8%
All other natural causes	15	6.9%
External Causes		
Motor vehicle accidents	0	0.0%
Drowning	0	0.0%
Suffocations and strangulation	5	2.3%
Fires and burns	2	.9%
Poisoning	0	0.0%
Neglect	2	.9%
All other external causes	0	0.0%
TOTAL	217	100.0%

Source: Michigan Public Health Institute

Table 14. Home Zip Codes for Infants (Under 1 Year) Who Died in Genesee County for the Years of 1999-2001

Zip Code	Geographic Area	Number of Infant Deaths	Infant Deaths per 1,000 Population*
48418	Southwest Genesee County	1	.26
48420	Clio	1	.04
48423	Davison	8	.26
48430	Fenton	9	.28
48433	Flushing	3	.12
48438	Goodrich	1	.16
48439	Grand Blanc	15	.38
48449	Lennon	1	.27
48451	Linden	5	.42
48458	Mt. Morris	8	.33
48463	Otisville	2	.42
48473	Swartz Creek	9	.46
48502	Flint-Central	2	2.03
48503	Flint-Central	17	.58
48504	Flint-Northwest	39	1.00
48505	Flint-North	44	1.26
48506	Flint-Northeast	15	.45
48507	Flint-South	19	.57
48519	Burton-Central	2	.28
48529	Burton-South	3	.27
48532	West of Flint	10	.51
Missing	Unknown	3	.26
	TOTALS	217	.50

*Population counts based on 2000 Census count for the each zip code area. Some zip code areas (48418, 48420, 48430, 48438, 48449) extend beyond the borders of Genesee County and the population counts include individuals who live in bordering counties.

Source: Michigan Public Health Institute

Flint/Genesee County Friendly Access[SM] Project

Primary Data Report #1

New Mothers' Perspectives on Maternal Health Care Access and Quality In Genesee County, Michigan

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April, 2004

New Mothers' Perspectives on Maternal Health Care Access and Quality In Genesee County, Michigan

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New Mothers' Perspectives on Maternal Health Care Access and Quality In Genesee County, Michigan

Executive Summary

In this report, we provide a detailed account of how low-income women who have just given birth in Genesee County hospitals rate the accessibility and the quality of the prenatal and perinatal health care they received.

Background and Methods

This study was an activity the Flint/Genesee County Friendly Access[SM] Project, a project of the Greater Flint Health Coalition carried out by the evaluation research faculty and staff at the Prevention Research Center of Michigan at the University of Michigan School of Public Health. While the Friendly Access[SM] project is funded by a variety of funders in Genesee County, this study was directly funded by a grant from the Ruth Mott Foundation of Flint, MI to the Greater Flint Health Coalition and supported by the Lawton and Rhea Chiles Center for Health Mothers and Babies at the University of South Florida. Additional support for this study came from Faith Access to Community Economic Development (FACED) and from the health care providers at the three hospitals in Genesee County: Genesys Regional Medical Center, Hurley Medical Center, and McLaren Regional Medical Center.

The report includes background information about the Friendly Access[SM] project in Genesee County and detailed information about the method used to conduct interviews with new mothers after they have given birth and before they are discharged from the hospital. Only mothers whose births were paid for by Medicaid or by self-pay (uninsured) were eligible for participation in this study. The sub-sample size for each hospital was proportional to the percent of births paid for by Medicaid at each hospital. The final sample included 358 mothers. After the hospital staff identified and recruited eligible mothers, the interviews were conducted by a team of trained field interviewers. The mothers received a $15 gift certificate after they completed the interview. Data collection began in July 2003 and was completed in January 2004. We interviewed 52% of the eligible mothers during this period. The topics covered in the interview ranged from measures of access and quality of care to the comprehensiveness, coordination and content of care.

Summary of the Results

The results from the interviews suggest that most women are happy with the prenatal and perinatal care they received. The interviews also highlight some areas of concern to prenatal and perinatal health care providers including the amount of stressful

change in the mothers' lives, the rate of unwanted pregnancies, and the delays in initiating prenatal care for some mothers.

The report includes 25 tables of specific results from this study and some of the most prominent results are:

- Most of the mothers noted that they had experienced **life changing events** in the previous year. For instance 55% of the mothers had moved to a new address in the previous 12 months.

- Most of the new mothers **did not want to become pregnant** and many did not effectively use birth control.

- The new mothers used a variety of resources to **find a prenatal care provider** including recommendations from family members and doctors. Most of the mothers reported that their prenatal care provider was a doctor or a group practice. Most of the mothers reported having one prenatal care provider.

- Most of the mothers reported few problems **making prenatal health care appointments**. It appears that about one in ten mothers had notable waiting periods before speaking to someone to make an appointment. One in ten mothers also had to wait one month or more for their initial visit after making an appointment.

- While the mothers in our sample rated **receiving prenatal care** as very important, a notable number of mothers (as high as 1/3 of the sample) initiated prenatal care late and may not have received an optimal number of prenatal health care visits.

- The **waiting time** to see the prenatal care provider was less than 30 minutes for most of the mothers. The average wait time was just over 20 minutes.

- Most mothers knew that their provider could be reached over the telephone for **assistance**, even when the office was closed. While few mothers reported that their provider offered **transportation** services, nearly all mothers said it was easy to travel to the provider's office. Only one-third of the mothers reported that their prenatal provider helped them find a **health care provider for their new baby**.

- Most mothers reported **discussing important prenatal care topics** with their providers. The one exception was the topic of physical abuse by the mother's partner—48% of the mothers said this was discussed. The providers received high average ratings on the effectiveness of communications with the mothers. The average amount of time that mothers said their providers spent with them during prenatal care visits was 18 minutes.

- About half of the mothers reported that their provider was from a **different race or ethnic group** than their own. Very few mothers said that the race (or ethnic group) of the provider made a difference in the care they received.

- Most of the mothers were **happy with their prenatal providers**. Nearly all reported that their prenatal care was as good as or better than what they expected.

- The mothers provided high ratings of the **hospital's physical environment**. The lowest rating was for the hospital's food.

- Most mothers also rated the **hospital staff and providers** as respectful, responsive, and helpful. Nearly all rated their experience at the hospital as good as or better than they expected.

- Nearly all of the mothers had all of their prenatal care covered by some form of **health care insurance**. Only two percent claimed they had any problems paying for prenatal care. Most mothers received benefits from the Women, Infants, and Children Supplemental Food Program (WIC) during their pregnancy.

The report concludes with a more detailed summary of the results and with a discussion of methodological concerns that may affect how we interpret the data.

Background

In June, 2002 The Greater Flint Health Coalition (GFHC) decided to pursue the goal of becoming a "Friendly Access℠" community. The implications of this decision include a commitment to work with The Lawton and Rhea Chiles Center for Healthy Mothers and Babies (Chiles Center), whose staff is responsible for implementing the National Friendly Access℠ Program. Along with the GFHC, the Chiles Center is working with community coalitions in Indianapolis, IN, Jacksonville, FL and East Tennessee to develop, implement, and evaluate Community Friendly Access℠ Projects.

The core mission of the National Friendly Access℠ Program is to decrease disparities in the health of mothers and infants by changing the culture of health care delivery systems in ways that increase consumer access, satisfaction, utilization, and outcomes. The Friendly Access℠ program addresses the needs of low-income pregnant women and their children for whom infant mortality rates are disproportionately higher than middle or higher income women and children. One important reason for this disparity is that a significant number of low-income women and children do not access early, adequate, or continuous care. While recognizing the financial barriers to health care access, the Friendly Access℠ program asserts that the failure to assure adequate health care for low-income mothers and children is also because of cultural, organizational, and communication problems in the health care system that contribute to consumer dissatisfaction.

A key program strategy is to engage the local project communities in a process of changing the culture of health delivery systems by training health care system executives and other high level employees in the principles of customer service developed by the Walt Disney World® Resort. In order to accomplish this goal, the GFHC convened a leadership team and a steering committee to mobilize engagement in the Friendly Access℠ project and to provide leadership for the project. The leadership team consisted of representatives the three hospital systems in Genesee County: Genesys Regional Medical Center, Hurley Medical Center and McLaren Regional Medical Center, Mott Children's Health Center, Genesee County Health Department, Faith Access to Community Economic Development (FACED), Hamilton Community Health Network, the Prevention Research Center of Michigan (PRC), and the Greater Flint Health Coalition. The steering committee consisted of the leadership team members and representatives from a variety of health and human service organizations and agencies serving mothers and children in Flint and Genesee County. All three hospital systems, Mott Children's Health Center, the Health Department, FACED, and Hamilton Community Health Network formed internal teams in order to implement the Friendly Access℠ principles and practices in their organizations.

To support the development of the leadership team, the steering committee, and the internal teams, the Greater Flint Health Coalition and its partners sponsored the training for 40 health care and human service professionals from Genesee County at the Disney Institute in Orlando, FL in May, 2003. The three day training emphasized

the principles of customer service developed and implemented at Walt Disney World® Resort and how to apply these principles of customer service to health and human services for women and children.

The development of the strategic plan for the Flint/Genesee County Friendly Access℠ Project is ongoing and is being based, in part, on analyses of data conducted by the Prevention Research Center of Michigan (PRC/MI). The PRC/MI has conducted baseline data analyses of available data sets (secondary data) such as birth certificate records and new data sets (primary data) collected through interviews with perinatal patients (new mothers) and with adults who accompany young children (0-5) for pediatric health visits.

The Present Study

The present study includes the results of 358 interviews with new mothers at the three hospitals in Genesee County whose births were paid for by Medicaid or by self-pay. The interviews were conducted soon after the mothers gave birth to a living baby. The interviews cover a variety of topics about the new mother's experiences with prenatal care and with their birth and recovery. In this report, we present the breakdown of interview responses for the entire sample rather than comparing the responses of sub-samples. These aggregated results should provide a general overview of how new mothers perceive the maternal health care system from the customer's point of view. Each hospital participating in the study will receive its own hospital specific data report. Future reports will explore how these perceptions differ for different subgroups based on the mother's age, level of education, and race.

Methods

In order to study the impact of the Friendly Access[SM] project on customer perceptions of prenatal health care services, we conducted interviews with women who had just delivered babies at one of the three hospitals in Genesee County Michigan: Hurley Medical Center, Genesys Regional Medical Center, and McLaren Regional Medical Center. This wave of data collection will be considered the baseline assessment. We plan to collect similar waves of interview data at future dates to track the changes in customer perceptions.

Sample Selection Procedures

The population for this study was women who had given birth to a live baby[1] at a hospital and whose birth was paid for by Medicaid (government-paid) or paid for by the customer (self-pay) in Genesee County, As a demonstration site for a national program, the target sample size was based on two factors: (1) the number of responses needed in a random sample to derive representative estimates of local community parameters; and (2) the number of responses needed to derive stable explanatory models of the factors that influence consumer satisfaction, utilization and outcomes across other program sites. Our target sample size of 362 interviews was derived from the number of births in Genesee County in 2001 (6358) and the minimum sample size determined for 95% confidence level, confidence interval and pooled explanatory models. Our final sample size was reduced to 358 completed interviews because we discovered four completed interviews were not conducted with eligible patients.

The sub-sample size for each hospital was proportional to the percent of births paid for by Medicaid at each hospital. The proportional quotas for each hospital were determined by the total number of Medicaid births at each hospital (for the combined years 1998, 1999, 2000) divided by the total number of Medicaid births in Genesee County during the same time period. This proportion was applied to our overall target sample size (362) to calculate how many interviews would need to be completed at each facility. Table 1 below shows the counts of Medicaid deliveries per hospital, percent of sample size for each hospital, sample target and completed interviews. From 1998 to 2000, 56% of all Medicaid births in Genesee County occurred at Hurley Medical Center. We established the sample size at Hurley Medical Center (n=202) by applying this proportion to the target sample size (n=362). We used the same method to establish the samples sizes for Genesys Regional Medical Center and McLaren Regional Medical Center.

[1] . We did not interview mothers who experienced a still birth or an early infant death before the time of the scheduled interview.

Table 1. Counts and Percent of Medicaid Deliveries, Sample Target and Completed Interviews by Hospital.

Hospital	Counts of Deliveries Paid by Medicaid and Self Pay in 1998-2000	Percent of Deliveries Paid by Medicaid and Self Pay in 1998-2000	Sample Target Quotas (n=362)	Completed Interviews (n=358)
Hurley Medical Center	4,472	55.7%	202	198
Genesys Regional Medical Center	2,905	36.2%	131	130
McLaren Regional Medical Center	655	8.1%	29	30
Total	8,032	100.0%	362	358

Recruitment Procedures

The interviews were conducted by a team of trained field interviewers. The interviewers, contracted by Faith Access to Community Economic Development (F.A.C.E.D.) were community members of Flint/Genesee County. The interviewers were supervised by the authors through the University of Michigan Prevention Research Center. All interviewers attended comprehensive training that included interviewing techniques, cultural competence, the rights of human subjects and study specific protocol.

Patient privacy regulations required that a member of the hospital staff approach each eligible potential participant to determine their interest in participating in the study before the Friendly Access[SM] interviewer could contact patients. The hospital staff (generally the nurse manager) identified mothers who were eligible to participate in the study (i.e., the birth was paid for by Medicaid or self-pay) and recorded the room number, date and time of birth and minor status of eligible patients on a worksheet. Once identified on the worksheet, members of the nursing staff approached the patient and read aloud a prepared recruitment script (see Appendix 1), which provided the new mothers with general information on the study and notifying them that individuals who participated in the study would receive a $15.00 gift card at Target as an incentive. If the new mother expressed interest in learning more about the study the hospital staff would indicate the interest on the worksheet.

The interviewers approached only the mothers who expressed an interest in participating. Before starting the interview, the interviewer read aloud the informed consent form and a medical records release form and asked the mother to sign both forms. We required new mothers under the age of 18 to have parental consent to participate in the study. To protect confidentiality, we only conducted interviews with the mother alone. Visitors in the room they were asked to leave for a short time, or the

interviewer returned at a later time to conduct the interview. At the end of the interview mothers were given a $15.00 Target Gift Certificate.

In order to reduce the amount of work and interruptions to each hospital's routine operations, we adapted the recruitment procedures at each site. For example, all hospitals used a recruitment script but the position of the person delivering the script was varied. At Hurley Medical Center the script was read by nurses. At Genesys Regional Medical Center the Assistant Nurse Manager recruited patients. At McLaren Regional Medical Center unit clerks were responsible for patient recruitment.

As indicated above only new mothers insured by Medicaid or self-pay were eligible to participate in the study. We had other recruitment guidelines. We did not recruit new mothers until 12 hours after a vaginal birth and 36 hours after a Caesarean Section birth. Hospital staff responsible for identifying eligible patients generally worked Monday through Friday, so recruitment of patients occurred only on weekdays. We did not recruit patients on days when the person responsible for identifying eligible patients was not working (on vacation or sick days). Finally, to reduce conflicts with visiting hours interviews were only conducted between the hours of 8:00 a.m. and 5:00 p.m.

Data Collection and Refusal Rates

Data collection began in July 2003 and was completed in January 2004. The number of weeks required to recruit the eligible mothers varied across the three sites: 15 weeks at McLaren Regional Medical Center, 18 weeks at Hurley Medical Center, and 21 weeks at Genesys Regional Medical Center. During these recruitment periods, 692 eligible mothers were identified by hospital staff. Of this number, 29% were never approached by an interviewer, 19% refused to be interviewed, and 52% participated in the interview. Table 2 lists the final interview status for all eligible mothers at each hospital.

While we can not determine why we failed to approach 29% of the eligible mothers, 74 of the missed cases had a reason recorded on the worksheet. Of this group (n=74), 77% were missed due to patient being discharged, 12% were minors that did not have a parent available to consent, and 11% had visitors in the room. One explanation for missed cases due to early discharge is the courtesy wait time of 12 hours after vaginal birth. Many new mothers are discharged within 24 hours. If the mother had the baby during the early morning, she would not be eligible to be recruited until the following day and could be discharged before the interviewer had the opportunity to approach the mother.

Of the 491 new mothers who were approached by the interviewers, 133 (27.1%) refused to participate in the interview. Some mothers refused to the nurses and did not give a reason for refusal. The interviewers documented the reasons for refusals on the worksheet (n=61). Most mothers (34%) who refused reported not feeling well or being too tired to complete the interview. Another 25% refused to complete the interviews due

to visitors in the room. Another 17% reported that they were distressed or "just did not feel like it". Other reasons given were a concern over the release of medical records (13%) and not having prenatal care in Michigan (12%).

Table 2. Counts of Eligible Mothers and Final Interview Status by Interview Site.

Final Interview Status	Interview Sites			
	Hurley Medical Center	Genesys Regional Medical Center	McLaren Regional Medical Center	All Sites
Mothers Not Recruited	116 (27.8%)	80 (34.3%)	9 (21.4%)	205 (29.6%)
Mothers Who Refused	103 (24.7%)	23 (9.9%)	3 (7.1%)	129 (18.6%)
Completed Interviews	198 (47.5%)	130 (55.8%)	30 (71.4%)	358 (51.7%)
Total Eligible Mothers	417 (100.0%)	233 (100.0%)	42 (100.0%)	692 (100.0%)

*Medicaid and self-paying mothers in the hospitals during recruitment periods.

The Interview Protocol

The interview (see Appendix) covered a wide range of subject areas. The topics covered in the interview ranged from measures of access and quality of care to the comprehensiveness, coordination and content of care:

- Mothers' Demographics and Background Information
- Life Events and Circumstances During the Twelve Months Before the Birth
- Birth Control
- Feelings About Being Pregnant
- Verification of Pregnancy
- Finding a Provider
- Type and Location of Provider
- Experiences with Making Appointments
- Availability of Help and Assistance
- Availability of Transportation and Other Services
- Topics Discussed During Prenatal Care Visits
- Communication with Prenatal Care Provider
- Racial Concurrence of the Prenatal Care Provider with the Mother
- Ratings of Prenatal Care Provider, Staff and Facilities
- Importance of Prenatal Care
- Ratings of Prenatal Care

- Reasons for Late Entry into Prenatal Care
- Reasons for No Prenatal Care
- Satisfaction Ratings of the Hospital Experience
- Mothers' Control of Labor and Delivery
- Racial Concurrence of the Person Who Delivered the Baby with the Mother
- Overall Ratings of Labor and Delivery
- Birth Variables
- Post Delivery Variables
- Picking a Pediatrician
- Breast Feeding
- Use of WIC, Insurance and Medicaid

The average time for an interview was 53 minutes with a range of 15 minutes to 125 minutes. Many of the interviews were disrupted by visitors and hospital staff. Despite these frequent interruptions, 70% of the interviews were conducted in 70 minutes or less.

This report examines the distribution of responses of new mothers who participated in the interview. This descriptive analysis includes both average ratings given by the new mothers and percentages of the number of mothers who responded the same way during our interview. The goal of this report is to establish a community baseline of mothers with Medicaid insurance and uninsured mothers in Genesee County, Michigan.

Sample Characteristics

The first set of analyses from the interviews provides demographic and background information on the new mothers in our study. We note mothers' age, education, housing status and circumstances in the mothers' lives during the twelve months before the birth. We discuss use and methods of birth control at time of conception. We report the mothers' feelings about being pregnant and time and method of verification of pregnancy.

Table 3 (next page) provides demographic information on the new mothers. The average interview respondent was 25 years old. The youngest respondent was 16 and the oldest was 42. We noted that our mothers had an average of 2.37 children (including the new baby). Almost one-quarter (24%) had not received a high school diploma. Slightly more than one third (35%) of the mothers earned a high school diploma. Most mothers (42%) reported more than a high school. Most mothers (55%) were European American and 40% were African American. Most of the new mothers (67%) reported that they had never been married. Another 25% were married. Nine percent of the mothers were separated, divorced or widowed. While only 36% of the mothers were employed, 80% reported having money from a job or business as a family source of income. Many of the new mothers (59%) received money from Public Assistance. Only 13% reported receiving any child support or alimony.

Table 3. Percents and Means of Mothers' Demographic and Background Variables (n= 358).

Demographic and Background Variables	Value
Mother's Age in Years (ave.)	25.42
Number of Children (ave.)	2.37
Level of Education	
No High School Diploma	23.7%
High School Diploma or GED	34.6%
More than High School	41.6%
Mother's Race/Ethnicity	
Hispanic or Latino	7.3%
African American	39.8%
European American	54.5%
Native American/Alaskan Native or Something Else	5.7%
Marital Status	
Married	24.6%
Never Married	66.5%
Divorced, Separated, Widowed	8.9%
Employed	35.5%
Sources of Family Income	
Money from a Job or Business	79.9%
Public Assistance	58.4%
Child Support or Alimony	13.1%
Unemployment	11.2%
Fees, Rental Income, Commissions, Interest, Dividends	1.1%
Social Security, Workman's Comp., Veteran Benefits, Pensions	6.7%
Other	5.9%
Housing	
Children Living in Household (ave.)	2.45
Adults Living in Household (ave.)	1.97

We asked the mothers how many people lived on their households. We noted an average of 2.45 children and 1.97 adults living in the households. Most mothers (81%) lived in households with three or fewer children. Most mothers (53%) reported that there were two adults living in the household. Many mothers (29%) reported that they were the only adult living in their household.

We were interested in checking how well our sample for this study compared to the general population of mothers whose births were paid for by Medicaid or by self-pay. To compare our sample with the general population, we used the most recent State birth record data available to us for all births in Genesee County—the year was 2001. This comparison noted slight differences in our sample from the population data. In Table 4, we compare our sample's data with analogous variables from the birth records. This comparison suggests that our sample was slightly older, had one more child on average, had more education, were more likely to be Hispanic/Latino and less likely to be African American, were slightly more likely to be married and were more likely to have had a Cesarean section.

Table 4. Comparison of Percents and Means of Mothers' Demographic and Background Variables by Friendly Access Prenatal Respondents and Genesee County 2001 Medicaid and Self-pay Births.

Demographic and Background Variables	Friendly Access Prenatal (n=358)	Genesee County Medicaid and Self-pay 2001 (n=2557)
Mother's Age in Years (ave.)	25.42	23.83
Number of Children (ave.)	2.37	1.33
Level of Education		
No High School Diploma	23.7%	36.1%
High School Diploma or GED	34.6%	41.3%
More than High School	41.6%	22.6%
Mother's Race/Ethnicity		
Hispanic or Latino	7.3%	1.2%
African American	39.8%	42.8%
European American	54.5%	56.2%
Marital Status		
Married	24.6%	22.7%*
Cesarean Sections	35.6%	24.9%

*The birth records do not ask directly if the mother is married, but does note if the father named on birth certificate, which is used as a proxy for marital status.

Results

Life Events

We examined events in the mothers' lives and other circumstances that the mothers faced during the twelve months before the birth. Mothers were asked to respond yes to all circumstances that applied to them. This analysis reveals that a large percentage of new mothers who were interviewed faced multiple life stresses. Over half (55%) of the new mothers had moved to a new address during the last twelve months, 17% had moved their households more than one time, and seven percent of the mothers reported being homeless. Many (39%) had a close family member very sick or had someone close to them die (28%) in the year before their baby was born. Similarly, 36% of the new mothers argued with their husband or partners more than usual and 18% became separated or divorced from their husband or partner during the twelve months prior to the birth. Some new mothers (33%) reported that they had difficulty paying their bills or they were close to someone who had a bad problem with drinking or drugs (28%). Problems maintaining employment for either the new mother or their partner were reported by 21% of the mothers. Fewer mothers (9%) reported being in a physical fight in the twelve months before the birth of the baby. See Table 5.

Birth Control

The new mothers were asked if they were using contraception before they became pregnant and to identify what type of birth control they were using. Most of the mothers (75%) reported not using any type of birth control at the time of conception. Table 6 below lists their reasons for not using birth control. The mothers were allowed to select more than one answer. A quarter (26%) of the mothers who were not using birth control reported wanting to be pregnant. Another 15% of the mothers reported that that they did not think they could get pregnant. Nearly 12% of the mothers did not want to use birth control and seven percent of the women reported that their husband or partners did not want to use birth control. Almost ten percent of the new mothers reported that side effects kept them from using birth control. Of the 26% of the women who reported using birth control at the time of conception, 41% reported being on oral contraceptives. Another 34% reported using condoms. Some women (9%) reported having contraceptive shots. Six percent of new mothers reported using a condom and another form of birth control (pill, patch or foam). Other methods reported were: contraceptive patch (6%), the rhythm/pullout method (2%) or contraceptive foam (2%).

Table 5. Percents Of Mothers' Life Events and Circumstances Occurring the Twelve Months Prior to Birth of Baby (n= 358).

Life Events	Percent
Move to a New Address	54.9%
Close Family Member Very sick or in the Hospital	38.5%
Argued With Husband or Partner More Than Usual	35.8%
Bills That Could Not be Paid	33.0%
Someone Close Died	28.0%
Someone Close had a Bad Problem with Drinking or Drugs	27.8%
Lost Job Even Though Wanted to Continue Working	20.9%
Husband or Partner Lost Job	20.7%
Separated or Divorced From Husband or Partner	18.2%
Moved More than Once During Pregnancy	17.4%
Husband or Partner Said He Did Not Want The Pregnancy	14.0%
Mother, Husband or Partner Went to Jail	8.9%
Involved in a Physical Fight	8.9%
Homeless	7.0%
Physically Hurt By:	
Husband or Partner	3.6%
Someone else	2.0%
Family or Household Member	1.1%
A Friend	.6%

Table 6. Percents of Mothers' Use of Birth Control (n=358).

Birth Control Variable		Percent
Not Using any Type of Birth Control at Time of Conception		74.5%
Follow-Up Question:		
Reasons for Not Using Birth Control (n= 267)	**Percent**	
Wanted to be Pregnant	25.8%	
Did Not Think She Could Get Pregnant	15.0%	
Did Not Want To Use Birth Control	11.6%	
Having Side Effects From Birth Control	9.4%	
Husband or Partner Did Not Want to Use Birth Control	6.7%	
Don't Know/Not Sure	5.6%	
Did not Think She was Going to Have Sex	3.4%	
Refused to Answer	4.1%	
Other	26.6%	
Using Birth Control at Time of Contraception		25.5%
Follow-Up Question:		
Method Of Birth Control Used at Time of Conception (n=85)	**Percent**	
Pills	41.2%	
Condom	34.1%	
Shot	9.4%	
Condom and other method (pill, patch, foam)	5.9%	
Patch	4.7%	
Rhythm/Pullout	2.4%	
Foam	2.4%	

Becoming Pregnant

The mothers in our study were asked to think back to just before they became pregnant. Table 7 (below) lists the feelings reported by the mothers as to how they felt about becoming pregnant. The majority of the mothers (65%) either wanted to be pregnant later (34%) or didn't want to be pregnant then or any time in the future (32%). One quarter (25%) reported wanting to be pregnant then. Only eight percent of the mothers reported wanting to be pregnant sooner.

Table 7. Percents and Means of Mothers' Experiences with Feelings about the Pregnancy and Verification of Pregnancy (n= 357).

Pregnancy Variable	Percent
Feelings About Pregnancy	
Wanted to be Pregnant Sooner	7.9%
Wanted To Be Pregnant Later	33.5%
Wanted to be Pregnant Then	25.1%
Didn't Want To Be Pregnant Then or Any Time in the Future	31.5%
Don't Know	2.0%
Verification of Pregnancy	
Took an In-Home Pregnancy test	53.2%
Went to the Doctor	39.5%
Other	7.3%
Average Number Of Months Pregnant When Pregnancy Verified	1.91

Most mothers (53%) used an in-home pregnancy test to verify their pregnancy. Another 40% went to the doctor to make sure that they were pregnant. Most mothers (88%) reported verification of pregnancy before the start of the third month. Nearly one third (29%) of the mothers reported that they knew they were pregnant within the first month of the pregnancy. Some mothers (6%) reported they did not know they were pregnant until late in the pregnancy (five months or more). The average number of months pregnant when the pregnancy was verified was 1.91

The Prenatal Care Experience

This section of the report notes the mothers' prenatal care experiences. We include the mothers' experiences finding a prenatal provider and the type and location of provider. We also note their experiences making appointments with the providers' offices.

Table 8 (below) lists the new mothers' experience finding a prenatal care provider. Nearly half found their provider through recommendation from a family friend (27%) or a doctor (22%). Another 24% went to the same provider as a previous pregnancy (19%) or to the same provider (5%) that they had before the pregnancy (family doctor). Another 11% reported being assigned to the prenatal care provider by Medicaid (5%), another type of insurance (1%) or a hospital (5%). Finally, nine percent of new mothers interviewed reported finding a prenatal care provider by looking up names in the phone book.

Most mothers (71%) reported that their prenatal care provider was a doctor. Another 24% identified a group practice as the type of provider that they went to for prenatal care. Fewer women reported seeing a midwife (3%) or someone else (2%) as their prenatal care provider.

Table 8. Percents of Mothers' Experiences Finding a Provider, Types of Provider, and Locations of Provider (n= 351).

Provider Variable	Percent
Finding A Provider	
Friend/Family Recommendation	27.2%
Doctor Recommendation	21.8%
Went To Same Provider As Last Pregnancy	19.0%
Looked Up Name In Phone Book	8.7%
Same Doctor As Before Pregnancy	5.0%
Other	5.5%
Assigned To Provider By Medicaid	4.8%
Hospital Assigned	4.7%
Looked Up List Of Providers Given By Insurance	1.7%
Assigned To Provider By Other Insurance	.8%
Don't Know/Not Sure	.8%

Table continues on next page.

Table 8. *(continued)*.

Provider Variable	Percent
Type Of Provider	
Doctor	70.9%
Group Practice	24.2%
Midwife or Nurse	2.9%
Other	2.0%
Location Of Provider	
Doctor's Office not in a Hospital	25.0%
Clinic at a Hospital	24.1%
Public Health Clinic	20.1%
Doctor's Office in a Hospital	16.4%
A Group Office	12.4%
Other	2.0%
Mothers With More Than One Prenatal Care Provider	19.1%
Follow-Up Questions (n=66):	
Ave. Number of Providers = 3.44	
Mothers who USUALLY Saw Same Provider = 46.5%	

We noted that the responses of the interviewed mothers were evenly distributed as to where they received prenatal care. Most mothers reported being seen by their provider in: a doctor's office that was not in a hospital (25%), a clinic in a hospital (24%), a public health clinic (20%) or a doctor's office located inside a hospital (16%). Fewer mothers reported that their prenatal care providers were located in a group office (12%) or somewhere else (2%).

Most of our mothers (81%) reported that they went to one prenatal care provider during the pregnancy. Nearly one fifth (19%) of mothers reported that when they went in for prenatal care, they were seen by more than one provider. We noted that less than half (47%) of mothers who saw more than one provider usually saw the same provider at each visit. Women who were seen by more than one provider saw an average of three providers. Nearly 70% of these mothers reported going to four or fewer providers.

Making Prenatal Care Appointments

The analysis summarized in Table 9 (below) describes the new mothers' experiences making prenatal care appointments. We noted that eight percent of mothers interviewed reported that they waited a long time on the phone when making an appointment. Most mothers (74%) reported that the phone was answered by a person when they called to make the appointment.

When asked about the wait time between making an appointment for the first prenatal care visit and actually being seen by the provider, 82% of the interviewed mothers reported being seen within two weeks. Many mothers (43%) reported that they were seen by their prenatal care provider within a week of calling to make the first appointment. Ten percent of the mothers waited a month or longer.

Most mothers (64%) reported that they were reminded for all appointments. We noted that most new mothers (51%) received an appointment card from the office as a reminder. Another 38% received phone calls as reminders. Fewer (5%) received a mailing as an appointment reminder. Some mothers (5%) reported that they were reminded of appointments by phone calls and receiving something in the mail.

The new mothers were asked about the amount of time spent waiting in the office to see the prenatal care provider. Nearly one third (29%) of mothers reported waiting more than 30 minutes to see the provider. Most of the new mothers (90%) were seen by the new provider in 45 minutes or less. We noted the average time spent waiting to see the prenatal care provider was 20 minutes. The mothers rated the length of time waiting to see the provider on a five point scale (1=poor, 2=fair, 3=good, 4=very good, 5=excellent). The average rating for time spent waiting was between "good" and "very good" (3.55).

Receiving Help and Assistance from Prenatal Care Provider

Patients often receive help, advice and other services through their prenatal care providers. As noted below in Table 10, most mothers (88%) knew that help was available over the phone from the prenatal care provider when the office was closed. More mothers (92%) reported that, if needed, they could get advice over the phone when the office was open. Fewer mothers (71%) reported knowing advice was available over the phone on nights and weekends when the office was closed. The mothers rated the helpfulness of advice on ways to keep the mother and baby healthy during pregnancy on a five point scale (1=poor, 2=fair, 3=good, 4=very good, 5=excellent). The average rating for helpfulness of advice was "very good" (4.07).

Transportation is often reported as a barrier to care. Yet, 95% of the new mothers interviewed reported that it was easy to travel to the prenatal provider's office. Less than one third (30%) of new mothers reported that the provider or someone in the provider's office offered help in getting the patient transportation to the office.

Table 9. Percents and Means of Mothers' Experiences Making Appointments (n=352).

Appointment Variable	Value
Wait Time on Phone	
Waited a Long Time Making Appointment	7.7%
Ave. Wait Time on Phone (In Minutes)	3.20
Phone Call Was Answered By…	
Person	73.7%
Recording	9.7%
Both	16.5%
Wait Time for First Appointment	
1 Day or Less	9.5%
Less than One Week	32.1%
One to Two Weeks	40.2%
Two to Four Weeks	7.8%
A Month or Longer	10.4%
Frequency of Reminders	
All Appointments	63.9%
Some Appointments	11.3%
None	24.9%
Reminder Method	
Phone Call	37.9%
Mailing	4.9%
Both Phone Call and Mailing	4.9%
Other: Appointment Card	51.0%
Other: unclassified responses	1.3%
Appointment Wait Time	
Waited More than 30 Minutes to See the Provider	28.9%
Ave. Time Waiting Before Seeing Provider (In Minutes)	20.37
Ave. Rating of Wait Time to See Provider (5-point rating: 1= Poor, 5=Excellent)	3.55

Table 10. Percents and Means of Mothers' Knowledge of Existence of Availability of Help, Advice and Transportation and Ratings of Advice and Other Services Available Thorough the Prenatal Provider's Office (n=352).

Available Services	Value
Availability of Help and Advice	
Help Available Over the Phone When Office Closed	87.6%
Advice Available Over the Phone When Office Open	92.2%
Advice Available Over the Phone When Office Closed (Nights and Weekends)	71.3%
Average Rating of Helpfulness of Advice Received (5-point scale: 1= Poor, 5=Excellent)	4.07
Transportation	
Easy to Travel to the Provider's Office	94.6%
Provider' Offered Help with Transportation to the Office	30.4%
Other Services	
Average Rating of Available People to Talk to Mother About Food to Eat During Pregnancy (5-point scale: 1= Poor, 5=Excellent)	3.65
Average Rating of Childcare Available During Time with Provider (5-point scale: 1= Poor, 5=Excellent)	2.37
Average Rating of Food and Drinks Provided (5-point scale: 1= Poor, 5=Excellent)	1.91
Provider Helped to Find a Health Care Provider for the New Baby	33.3%

Prenatal care providers may offer others services such as nutrition counseling, childcare for other children during appointments, food/drinks available to pregnant women at the providers' office and help with finding a pediatric provider. The mothers rated the availability of people to talk to the mother about the foods to eat during pregnancy on a five point scale (1=poor, 2=fair, 3=good, 4=very good, 5=excellent). The mothers' average rating of the place that they received prenatal care for availability of people to talk about foods to eat was between "good" and "very good" (3.65). The mothers also rated the availability of childcare for other children during time with the provider on a five point scale (1=poor, 2=fair, 3=good, 4=very good, 5=excellent). The average rating of available childcare was fair to good (2.37). Finally, the mothers used

the same five point scale to rate the place they received prenatal care when thinking about the food and drinks provided. The average rating for food and drinks was fair to poor (1.91). Only 33% of mothers reported that the provider offered them assistance with finding a pediatrician for her new baby.

Communications with Prenatal Care Provider

The next set of analysis identifies specific topics of discussion during prenatal visits. New mothers reported specific topics that the prenatal care provider talked to her about these during any of her prenatal care visits (Table11 below). We noted that almost all mothers (93%) spoke with their provider about medicines that were safe to take during pregnancy. Similarly, high percentages of women reported talking with their providers about: smoking (90%), the baby's growth and development (89%), what to do if labor starts early (88%), drinking (88 %), testing the mothers' blood for HIV infection (87%), illegal drugs (86%) and food to be eaten during pregnancy (86%). Three quarters of mothers reported talking to their provider about classes to take to get more information about the pregnancy (77%), taking the vitamin folic acid to help prevent some birth defects (75%) and birth control methods to use after the pregnancy (74%). Fewer women spoke with their provider about how to keep from getting HIV (63%) and how to use a seat belt during pregnancy (60%). Less than half (48%) reported speaking with their prenatal care provider about physical abuse to women by their husbands or partners.

The interviewer asked the mother questions about being able to talk with their prenatal care provider. We asked the mothers to listen to the question, and to think about how often the experience happened to them during the times they saw the provider for prenatal care. We instructed them to answer always=5, usually=4, sometimes=3, rarely=2 or never=1. The mothers' average ratings of communication with the prenatal care provider are listed in Table 12. We noted that most of the ratings fell between usually and always. One rating, how often the prenatal provider discussed beliefs and religious practices about health care as part of the prenatal care, was considerably lower than the other ratings. The average rating of 1.59 falls between never and rarely.

Table 11. Percents of Mothers Who Reported Discussing Specific Topics During ANY Prenatal Care Visit (n=352).

Topic Discussed During any Prenatal Care Visit	Percent
Medicines That Are Safe to Take	93.4%
Smoking During Pregnancy Affecting The Baby	90.1%
Baby's Growth and Development	89.2%
What To Do if Labor Starts Early	88.3%
Drinking Alcohol During Pregnancy	87.7%
Breast-Feeding	86.9%
HIV Blood Tests	86.6%
Effects of Using Illegal Drugs	86.0%
Food That Should Be Eaten During Pregnancy	85.5%
Pregnancy Classes	77.0%
Taking Folic Acid to Prevent Birth Defects	75.2%
Birth Control Methods After Delivery	73.8%
HIV Prevention	63.2%
Using a Seat Belt	60.4%
Physical Abuse to Women by Their Partners	47.6%

Table 12. Mothers Average Ratings of Communication with Prenatal Care Provider (n=351).

Communication Variable	Value
Provider Understood What Mother Said or Asked (Ave. 5-point scale: 1= never, 5=always)	4.68
Provider Answered Questions In Understandable Manner (Ave. 5-point scale: 1= never, 5=always)	4.67
Mother Felt Comfortable Telling the Provider About Worries Or Problems (Ave. 5-point scale: 1= never, 5=always)	4.66
Provider Gave Mother Enough Time To Talk About Worries Or Problems (Ave. 5-point scale: 1= never, 5=always)	4.66
Provider Spent Enough Time (Ave. 5-point scale: 1= never, 5=always)	4.53
Provider Reviewed the Results of Lab Tests (Ave. 5-point scale: 1= never, 5=always)	4.52
Discussed Beliefs and Religious Practices about Health Care (Ave. 5-point scale: 1= never, 5=always)	1.59
Ave. Length of Time Provider Spent with Mother (in minutes)	18.05

Race of Prenatal Care Provider

We asked the new mothers to identify if the race or ethnic group of the provider was the same or different from their own. In Table 13, we noted that 46% of the mothers were the same race as the provider and 51% of the mothers were a different race than the provider. When asked if they thought that the race or ethnic group of the provider made a difference in the care received, only four percent of the mothers indicated that they felt there was any difference in care. As a follow-up question, the women who thought that race made a difference were asked what was different about the care that they received. We note that that because of the small number of respondents (n=13), it is important to be cautious in reporting, interpreting and generalizing these results. Nearly half of these mothers (46%) indicated that the mother and provider had a hard time understanding each other because they were of a different race or ethnicity. Another 46% thought that it was easier to understand each other. Fewer (8%) indicated that a lack of racial concordance made the patient provider impersonal- that the provider did not seem to care about the patient.

Table 13. Percents of Racial Concurrence of the Prenatal Care Provider with the Mother and Perceived Differences in Treatment Due to Race of Provider (n= 352).

Provider Race Variable		Percent
Race or ethnic group of the provider		
Same as Mother		46.3%
Different than Mother		50.9%
Not sure/ Don't know		2.8%
Race Or Ethnic Group of the Provider Made a Difference in the Care Received		4.0%
Follow-Up Question:		
What was different about the care received (n=13)	**Percent**	
Hard Time Understanding Each Other	46.2%	
Easier to Understand Each Other	46.2%	
Not Personal- Did Not Seem to Care	7.6%	

Ratings of Prenatal Care Provider, Staff, and Facilities

The next set of analysis identifies specific ratings that the mothers gave of their prenatal care provider's office and equipment, the prenatal provider, and the office/ medical support staff. The mothers rated the prenatal care providers' office and equipment on a five point scale (1=poor, 2=fair, 3=good, 4=very good, 5=excellent). Most of the average ratings were "good" to "very good". Notable exceptions were cleanliness of the office of clinic, which received an average rating of "very good" (4.08), and diaper changing and breast feeding areas which received an average rating of "good" (2.99). The mothers rated the prenatal care provider on the same five point scale. All of the average ratings were "very good" (4.09 to 4.24). Finally, the new mothers rated the office and medical support staff. We noted that the office staff received a rating of "very good" (4.11) for respect showed to the mother. The new mothers' average ratings of the nurses or receptionist for concern and comfort were slightly lower. The average rating for the concern that the nurses or receptionists showed was "good" to "very good" (3.82). The average rating for how comfortable the nurses or receptionists made the new mothers feel was "very good" (3.95) (see Table 14 below).

Table 14. Average Ratings of the Place Where Mother Received Prenatal Care on the Office and Equipment, Prenatal Provider, and Office and Medical Support Staff (n= 352).

Prenatal Care Office Variable	Average Rating*
Office and Equipment	
Cleanliness of the Office Or Clinic	4.08
Modernity of Medical Equipment	3.86
Hours the Office Was Open	3.85
Location of The Office	3.71
Attractiveness of the Office Of Your Provider	3.67
Things (Like Books And Magazines) to Keep Busy While Waiting	3.61
Comfort of the Waiting Room	3.57
Atmosphere of the Waiting Room	3.56
Diaper Changing and Breastfeeding Areas	2.99
Prenatal Provider	
Respect Shown by the Provider	4.24
Technical Skills of the Provider	4.20
How Well the Provider Explained Procedures	4.15
Concern Shown by the Provider	4.09
Comfort the Mother Felt With Provider	4.08
Thoroughness of Check-Ups	4.06
Office and Medical Support Staff	
Respect the Receptionist or Office Staff Showed	4.11
Comfort the Nurses or Receptionist Made Mother Feel	3.95
Concern the Nurses or Receptionists Showed	3.82

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

Receiving Prenatal Care

Table 15 below lists the means and percents of prenatal care variables. The mothers rated the importance of prenatal on a five point scale (1=not at all important, 2=not very important, 3=somewhat important, 4= important, 5=very important). The average rating was 4.91, indicating that nearly all mothers believed that prenatal care was very important. We noted the average month of entry into prenatal care was 2.56 months—near the end of the first trimester. Most mothers (66%) reported attending more than ten prenatal care visits.

Table 15. Percents and Means of Prenatal Care Variables (n=358).

Prenatal Care Variables	Value
Importance of Prenatal Care (Ave. 5-Point Scale: 1=not at all important, 5=very important)	4.91
Month of Entry into Prenatal Care	2.56
Number of Prenatal Care Visits	
One to Three	2.0%
Four To Seven	7.7%
Eight to Ten	24.1%
More Than Ten Times	66.2%

Ratings of Prenatal Care

Almost half of the respondents (49%) reported that the care they received was better than they expected (see Table 16). Another 43% indicated the care that they received was about what they expected. Only seven percent reported that the prenatal care they received was worse than they expected. Mothers gave high ratings of their overall prenatal care and prenatal care providers. When asked to rate their prenatal care provider with “0” as the worse provider possible and “10” as the best provider possible, the average rating for prenatal care providers 8.75. Using the same scale, mothers rated their overall prenatal care 8.97. Nearly all the mothers (91%) would recommend their prenatal care providers to a friend or relative who was pregnant. More than half (57%) would recommend their provider to someone who does not speak English well. The mothers rated the place they received prenatal care on a five point scale (1=poor, 2=fair, 3=good, 4=very good, 5=excellent) on if the care provided is the same for all patients no matter how they pay for their medical care. The average rating of care being the same for all patients was very good (4.01). Using the same scale, the

mothers' average rating of the community as to whether there are enough providers to see pregnant women was fair to good (2.91). We noted that most mothers (87%) could change providers if they desired. Nearly one-fifth (18%) of the mothers reported that they would change providers if easy to do.

Table 16. Percents and Means of Prenatal Care Ratings.

Prenatal Care Ratings	Value
Mother's Rating of Prenatal Care	
Better Than Expected	48.7%
About What Expected	43.3%
Worse Than Expected	7.4%
Not Sure	.6%
Other Ratings of Prenatal Care	
Ave. Rating of Prenatal Care Provider (0-10 rating: 0=low, 10=high)	8.75
Ave. Rating of Prenatal Care (0-10 rating: 0=low, 10=high)	8.97
Would Recommend Their Provider to a Friend or Relative Who was Pregnant	91.2%
Would Recommend Their Provider to Someone Who Does Not Speak English Well	57.0%
Care Provided is the Same for all Patients No Matter How They Pay for Their Medical Care (Ave. 5-point scale: 1=Poor, 5=Excellent)	4.01
Rating of the Community as to Whether there are Enough Providers to see Pregnant Women (Ave. 5-point scale: 1=Poor, 5=Excellent)	2.91
Could Change Providers if Desired	87.1%
Would Change Providers if Easy to Do	18.1%

Late Entry and No Prenatal Care

This section of the report notes the mother's experiences with late entry into prenatal care. We include the percentage of mothers' who did not received prenatal care as early as desired, and the reasons reported for late entry into care. We also note reasons for no prenatal care provided by mothers who did not receive any prenatal care.

Nearly one-third of mothers reported that they did not receive prenatal care as early as desired. In Table 17 (below) we list the reasons and percentages for late entry into prenatal care. Mothers were asked to identify all reasons that apply. We noted that the most common reason for late entry into prenatal care was "I did not know I was pregnant" (46%). No money or insurance was reported by 25% of mothers as a reason why they entered late into prenatal care. Another 14% could not get an appointment earlier. Fewer mothers identified not wanting anyone to know they were pregnant (7%) or lack of transportation to the doctors' office (6%) as reasons for late entry into prenatal care. Fewer reported that they couldn't find a doctor to take them as a patient (2%) or having no one to take care of other children (1%) as reasons for late entry.

Table 17. Percents of Mothers Reporting They Did Not Get Prenatal Care as Early and They Wanted and of Reasons for Late Entry into Prenatal Care (n=358).

Entry Into Prenatal Care Variable		Percent
Did Not Receive Prenatal Care as Early as Desired		31.2%
Follow-up Question:		
Reasons For Late Entry Into Prenatal Care (n=115)	**Percent**	
Did Not Know I Was Pregnant	46.1%	
No Money or Insurance	25.2%	
Could Not Get an Appointment Earlier	13.9%	
Did Not Want Anyone to Find Out I Was Pregnant	7.0%	
No Way to Get to the Clinic or Doctor's Office	6.1%	
Too Many Other Things Going On	4.3%	
Couldn't Find a Doctor to Take Me as a Patient	1.7%	
No One to Take Care of My Other Children	.9%	

Table 18 below lists reasons mothers identified as factors for no prenatal care. Because of the small number of respondents (n=6), it is important to be cautious interpreting and generalizing these results. Mothers were allowed to answer yes to more than one reason. We noted that most mothers (83%) already knew what to do since they had been pregnant before. Similarly, half of the women who did not receive any prenatal care identified: no health insurance, not realizing until late in the pregnancy that they were pregnant, too many things going on and delivered my baby before getting an appointment as reasons that they did not get prenatal care. One-third of the mothers (33%) reported: that they could not afford prenatal care, the wait was too long to get an appointment, wait time too long at the doctor's office, knew I was pregnant- no reason to go, afraid to find out I was pregnant and did not go for care this pregnancy because of the way they were treated in a previous pregnancy as reasons for not getting any prenatal care. Fewer women reported other reasons for not receiving prenatal care.

Table 18. Percents for Reasons Given By Mothers Who Received No Prenatal Care for Not Getting Prenatal Care (n= 6).

Reasons for No Prenatal Care	Percent
Had Been Pregnant Before- Knew what to do	83.3%
No Health Insurance	50.0%
Did Not Realize I was Pregnant for a Long Time	50.0%
Too many Other Things Going On	50.0%
Delivered My Baby Before I Could Get an Appointment	50.0%
Could Not Afford it	33.3%
Wait was Too Long Before I Could Get an Appointment	33.3%
Wait Too Long at the Doctor's Office	33.3%
Knew I was Pregnant- No Reason to Go	33.3%
Afraid to Find Out I was Pregnant	33.3%
Went to Doctor for a Different Pregnancy- Did Not Go for This Pregnancy Because of the Way Mother was Treated	33.3%
No Doctor Would See Me	16.7%
Dislike For Medical Tests and Procedures	16.7%
Didn't Have a Ride to Go to Doctor	16.7%
Did Not Know Where to Go	16.7%
No One to Take Care of My Children	16.7%
Could Not Get an Appointment with Anyone	16.7%

The Labor and Delivery Experience

This section of the report notes the mothers' satisfaction ratings of the hospital and mothers' ratings of the labor and delivery experience. We include the mothers' ratings of the labor and delivery staff, racial concurrence of the person who delivered the baby and ratings of the hospital.

Mothers rated their satisfaction with the physical environment and other services of the hospital on a 4-point scale (1=unsatisfied, 2=somewhat unsatisfied, 3= somewhat satisfied, 4=satisfied). Most of the average ratings for physical environment were close to the highest rating (3.74 and above). A notable exception was parking which received an average rating of 3.5. New mothers also rated the hospitals' other services. The average rating for food was "somewhat satisfied" (2.91). The average rating for diaper changing/breast feeding areas was 3.75 (see Table 19).

Table 19. Average Satisfaction Ratings of Mothers Hospital Experiences with Physical Environment and Other Hospital Services (n= 358).

Hospital Experience Variable	Average Rating*
Physical Environment	
Signs and Directions for Moving Around in the Hospital	3.88
Location of the Hospital	3.80
Location of the Hospital to the Bus Stop	3.81
Comfort of the Mother's Room	3.79
Cleanliness of the Hospital	3.75
Cleanliness of the Restroom in the Mother's Room	3.75
Cleanliness of the Restrooms for Visitors	3.74
Parking	3.51
Other Services	
Diaper Changing/Breastfeeding Area	3.75
Hospital's Food	2.97

*4-point rating: 1=unsatisfied; 4=satisfied

Table 20 (below) lists percents of new mothers' experiences during labor and delivery. The majority of the mothers (87%) were allowed to decide when family members could be present. Most mothers (82%) were allowed to decide when support

people (coaches) could be present. Nearly three-quarters (73%) felt they had some control over what happen during their labor and delivery. Most mothers (93%) reported that the labor and delivery staff respected their wishes during labor and delivery. Three-quarters (76%) of new mothers reported that the labor and delivery staff asked them what they wanted to happen during the labor and delivery. When asked about the person who delivered their baby, nearly all mothers reported being treated by the provider in a friendly way (97%) and treated with courtesy and respect (96%). Nearly all mothers reported that the provider delivering the baby respected the mothers' wishes (95%) and that the provider was as helpful as the mother felt they should be (93%).

Table 20. Percents for Mothers' Experiences with Personal Control over Labor and Delivery, Labor and Delivery Staff, and the Person Who Delivered the Baby (n= 358).

Labor and Delivery Experience	Percent
Personal Control	
Mother Allowed to Decide When Family Members Could Be Present	86.7%
Mother Allowed to Decide When Support People (Coach or Doula) Could Be Present	82.1%
Had Some Control Over What Happen During Labor and Delivery	72.8%
Labor And Delivery Staff…	
… Did Things That Respected The Mother's Wishes During Labor And Delivery	92.7%
…Asked What The Mother Wanted to Happen During Labor and Delivery	75.6%
Provider Who Delivered The Baby…	
…Treated the Mother in a Friendly Way	96.6%
…Treated Mother with Courtesy and Respect	95.5%
…Did Things That Respected The Mother's Wishes During Labor And Delivery	95.0%
…Was as Helpful as She/He Should Be	92.7%

We asked the new mothers to identify if the race or ethnic group of the person who delivered their baby was the same or different than their own. In Table 21, we noted that 45% of the mothers were the same race as the provider and 52% of the

mothers were a different race than the provider. When asked if they thought that the race or ethnic group of the provider made a difference in the care received, only two percent of the mothers indicated that they felt there was any difference in care. As a follow-up question, the women who thought that race made a difference were asked what was different about the care that they received. As noted above, because of the small number of respondents (n=6), it is important to be cautious in reporting, interpreting and generalizing these results. Half of these mothers (50%) indicated that the mother and provider had an easier time understanding each other because they were of the same race or ethnicity. The other half reported care was not personal and the provider did not seem to care.

Table 21. Percents of Racial Concurrence of the Person Who Delivered the Baby with the Mother and Perceived Differences in Treatment Due to Race of Provider (n=356).

Provider Race Variable		Percent
Race or ethnic group of the provider		
Same as Mother		44.7%
Different than Mother		51.7%
Not sure/ Don't know		3.7%
Race Or Ethnic Group of the Provider Made a Difference in the Care Received		1.7%
Follow-Up Question:		
What was different about the care received? (n=6)	**Percent**	
Easier to Understand Each Other	50.0%	
Not Personal- Did Not Seem to Care	50.0%	

The new mothers rated the health care professionals (doctors, nurses, other medical staff) who participated in labor and delivery on a five point scale (1=never, 2=rarely, 3=sometimes, 4=usually, 5 always), All of the average ratings were "usually" to "always" with average ratings of: 4.69 for courtesy and respect, 4.59 for helpfulness and 4.69 for friendliness. New mothers rated the hospital support staff (receptionists and billing clerks) similarly to the health care professionals. We noted average ratings of 4.68 for courtesy and respect, 4.57 for helpfulness and 4.66 for friendliness (see Table 22).

Table 22. Percents and Means of Labor and Deliver Experience with Health Care Professional, Hospital Support Staff, and Overall Ratings (n=358).

Labor and Delivery Experience Variables	Value
Health Care Professionals	
Treated Mother with Courtesy and Respect (Ave. 5-point rating: 1=never, 5=always)	4.69
As Helpful as the Mother Thought They Should Be (Ave. 5-point rating: 1=never, 5=always)	4.59
Treated Mother in a Friendly Way (Ave. 5-point rating: 1=never, 5=always)	4.69
Hospital Support Staff (Receptionists, Billing Clerks)	
Treated Mother with Courtesy and Respect (Ave. 5-point rating: 1=never, 5=always))	4.68
As Helpful as the Mother Thought They Should Be (Ave. 5-point rating: 1=never, 5=always)	4.57
Treated the Mother in a Friendly Way (Ave. 5-point rating: 1=never, 5=always)	4.66
Ratings of Hospital	
Overall Ratings of Delivery Care (Ave. 0-10 rating: 0=low, 10=high)	8.94
Overall Ratings of the Hospital (Ave. 0-10 rating: 0=low, 10=high)	8.93
Expectations of Hospital	
Better Than Expected	45.2%
About What Expected	49.4%
Worse Than Expected	4.8%
Not Sure	.6%

Mothers gave high ratings of their overall delivery care prenatal care and prenatal care providers. When asked to rate their delivery care with “0” as the worse care possible and “10” as the best delivery care possible, the average rating for delivery care

was 8.94. Using the same scale, mothers gave an overall rating of the hospital of 8.93. When asked to rate their hospital, most mothers (49%) reported that the care they received was about what they expected. Another 46% indicated the care that they received was better than they expected. Only five percent reported that the prenatal care they received was worse than they expected.

The new mothers reported information on the new baby and ratings on the birth itself. Their responses are listed in Table 23. More than one-third (36%) of all new mothers had Cesarean Section births. Over half of the births were boys (54%). We noted most babies (92%) were born "on time" (21 days early to fourteen days late). Another four percent of babies were born between 35 and 22 days early. Fewer (2%) were born more than 35 days early. Births over 14 days beyond the due date occurred in two percent of births. When asked to rate their delivery care, most mothers (40%) reported that the care they received was better than they expected. Another 33% indicated the care that they received was about what they expected. The remainder (27%) reported that the delivery care they received was worse than they expected.

Table 23. Percents for Birth Variables (n=358).

Birth Variables	Percent
Cesarean Births	35.6%
Percent of Babies that were Boys	53.6%
Percent delivered within days of the due date:	
Over 35 Days Early	1.7%
35-22 Days Early	4.2%
On Time (21 Days Early to 14 Days Late)	92.1%
Over 14 Days Late	2.0%
Mother's Rating of the Birth	
Worse Than Expected	26.6%
About What Expected	33.1%
Better Than Expected	40.3%

Mothers' Experiences after Delivery

In this section we report the mothers' experiences after delivery and using services. We list: the rates of mothers who have picked a health care provider for the new baby, barriers to picking a provider, mother's control of amount of contact and feeding methods. We also note mothers' use of WIC and reasons for not using WIC, type of insurance and rates of difficulty paying for the babies' births.

Most new mothers (75%) had selected a health care provider for the new baby at the time of the interview. As a follow-up question, we asked the mothers who had not picked a provider (n=94) what had kept them from finding a health care provider for the new baby. Most mothers (42%) reported that they were too busy to find a provider. Fewer mothers (14%) reported that they had not found a provider because their babies had been born prematurely. Another 12% had not found a provider to care for their child. Another 8% reported that decisions made by insurance companies or paperwork required by insurance companies had kept them from selecting a provider. Some mothers (6%) wanted or needed input, suggestions or referrals before they could make a selection. Other reasons provider were: still making a decision (4%), wanting to find a different doctor (4%), needs to make an appointment (3%), waiting to be assigned (3%) and difficulty finding a Medicaid provider (1%). This analysis is found in Table 24.

We asked the new mothers if they decided the amount of contact they had with new baby. Most mothers (79%) reported that they decided the amount of contact they had with the baby. Almost all (96%) of the mothers stated that they decided how they wanted to feed the baby. Most mothers (50%) decided to formula feed. Another 26% decided to breast feed. Fewer decided to use both formula and breastfeeding (24%). Only one percent had not decided how they wanted to feed the new baby. Most mothers (68%) were offered help from the hospital staff with learning to breastfeed. One half (50%) of the mothers who were offered help (n=240) accepted help with breastfeeding.

Table 24. Percents of Post Delivery Variables (n=357).

Post Delivery Variable		Percent
Picked a Health Care Provider for New Baby		74.1%
Follow-Up Question: Reason/Barriers to Picking a Pediatric Provider (n=78)	**Percent**	
Too Busy	42.3%	
Premature Birth	14.1%	
Have Not Found a Provider	11.5%	
Insurance Decisions/Paperwork	7.7%	
Needs input/suggestion/wants referral	6.4%	
Still Making a Decision	3.8%	
Wants to Find a Different Doctor	3.8%	
Needs to Make an Appointment	2.6%	
Waiting to be assigned	2.6%	
Difficulty finding a Medicaid Provider	1.3%	
Other	3.8%	
Mother Decided the Amount of Contact with Baby		79.3%
Mother Decided How She Wanted to Feed the Baby		95.8%
Feeding Method Decided		
Formula-feed Only		49.6%
Breastfeed Only		25.5%
Both Formula and Breastfeed		23.8%
Have Not Decided		1.1%
Hospital Staff Offered to Teach Breastfeeding		68.0%
Follow-Up Question: Accepted help if offered (n=240)	49.6%	

WIC, Insurance, and Medicaid

Table 25 below lists the new mothers experience with WIC, insurances and difficulties paying for the births. Most mothers (73%) received benefits from WIC (Women, Infants & Children Supplemental Food Program). As a follow-up question the women who did not receive WIC (n=94) were asked why they did not receive WIC. Most of these mothers (23%) indicated that they did not want or need WIC. Another 20% did not apply. Some mothers (11%) reported that they were not eligible for WIC. Fewer were waiting until after the baby was born to apply (7%) or did not know about WIC (6%). Few mothers reported that they did not know why they had not received WIC (4%)

Less than half (44%) of new mothers had Medicaid insurance before the pregnancy. Nearly one-quarter (23%) had other health insurance before the mothers became pregnant. Almost all of the new mothers' (93%) entire pregnancies were covered by some type of health insurance. Another four percent had coverage for most months of the pregnancy. Fewer (1%) had health insurance coverage for only a few months or weeks. Two percent of new mothers in our study had no part of their pregnancy covered by health insurance. Only two percent reported any problems with paying for prenatal care. Three percent thought that they may have some difficulty paying for the birth of the baby.

Table 25. Percents of Mothers' Experience with WIC, Health Insurance, and Paying for the Birth (n= 355).

Benefits and Payment Variables		Percent
Received WIC During Pregnancy		72.7%
Follow-Up Question:		
Reason Why Mothers Did Not Receive WIC (n=94)	**Percent**	
Did Not Want/Need	23.4%	
Did Not Apply	20.2%	
Not Eligible	10.6%	
Waiting Until After Baby is Born	7.4%	
Did Not Know About WIC	6.4%	
Overcrowded, Poor Service, Rude Staff	5.3%	
Don't Know	4.3%	
Did Not Know I was pregnant	3.2%	
Hard to Contact WIC	3.2%	
Missed Appointment	3.2%	
Just Started	2.1%	
Wanted to But Did Not Apply	2.1%	
Premature	1.1%	
Other	7.4%	
On Medicaid before the Pregnancy		44.1%
On Other Health Insurance before the Pregnancy		22.5%
Part of Pregnancy that Was Covered by Any Health Insurance		
Entire Pregnancy		92.7%
Most Months		4.2%
Only a Few Months or Weeks		.8%
None		1.7%
Not Sure/Don't Remember		.6%
Had Trouble Paying for Prenatal Care		2.0%
May have Difficulty Paying for Birth of Baby		3.1%

Summary of the Results

Life Events

Most of the mothers noted that they had experienced life changing events in the previous year. A surprisingly high number of the new mothers (55%) had moved to a new address in the previous 12 months. This statistic has implications for knowing how to best provide consistent prenatal health care. When pregnant women change their home address, for instance, they may be difficult to contact for appointment reminders or they may change providers because of geographic convenience. The life event data also showed a notable number of new mothers who had other serious life events in the past 12 months including having a very sick family member, having increased arguments with husband/partner, being unable to pay bills, having someone close die or have substance use problems.

Using Birth Control and Becoming Pregnant

Our questions about birth control suggest that most of the new mothers did not want to become pregnant and many did not effectively use birth control. Even though most of the new mothers (75%) were not using birth control when they conceived their babies, only 26% of the nonusers wanted to be pregnant. The 25% who reported using birth control must have experienced problems with their methods. When we asked the new mothers about how they felt about getting pregnant just before they became pregnant, only 33% reported that they wanted to be pregnant at that time or sooner. Almost two-thirds of the sample did not want to be pregnant.

Finding a Prenatal Care Provider

The new mothers used a variety of resources to find a prenatal care provider. Many of the new mothers (27%) reported that they found their prenatal care provider from a recommendation by a family member or a friend. Others (22%) followed the recommendation of a doctor and still others (19%) went to the same provider who they had used in a previous pregnancy. Most of the mothers reported that their prenatal care provider was a doctor (71%) or a group practice (24%). Very few (3%) said their provider was a midwife or nurse.

Most of the mothers reported having one prenatal care provider. About one-fifth of the sample (19%) said that they had more than one prenatal care provider. This group reported having on average 3.4 providers and just less than half of this group (47%) reported they usually saw the same provider.

Making Prenatal Health Care Appointments

Most of the mothers reported few problems making prenatal health care appointments. It appears that about one in ten mothers had notable waiting periods before speaking to someone to make an appointment AND in setting up an appointment within a month of making the appointment.

The new mothers reported that it usually took over three minutes to make an appointment with their prenatal care provider over the telephone, but only 8% reported that they usually waited a long time. Almost three-fourths of the sample reported that their phone call was answered by a person rather than by a recording. The wait period for getting their first prenatal care appointment was less than two weeks for most of the mothers (82%). A small group (10%) waited for a month or longer to get their first prenatal care appointment. Most mothers (75%) reported that they received appointment reminders for some or all appointments. The most prevalent methods of reminding were using an appointment card (51%) or a telephone call (38%).

Prenatal Care Visits

While the mothers in our sample rated receiving prenatal care as “very important” (with an average rating of 4.91 on a 5-point scale), a notable number of mothers (as high as 1/3 of the sample) initiated prenatal care late and may not have received an optimal number of prenatal health care visits. We noted the average month of entry into prenatal care was 2.56 months. Only six mothers reported that they received no prenatal care. The most frequent reason they cited for not receiving care was that they had been pregnant before and knew what to do. Other reasons were no health insurance, did not realize they were pregnant for a long time, too many things going on, and delivered baby before they could get an appointment. Nearly one-third of mothers (31%) reported that they did not receive prenatal care as early as desired. The most frequent reasons these mothers cited for late initiation of care was not knowing they were pregnant (46%), having no money or insurance (25%), and unable to get an earlier appointment (14%). Most mothers (66%) reported attending more than ten prenatal care visits.

Wait Times at Provider’s Office

The waiting time to see the prenatal care provider was less than 30 minutes for most of the mothers (71%). The average wait time was just over 20 minutes.

Prenatal Care Services

Most mothers knew that their provider could be reached over the telephone for assistance, even when the office was closed. Most reported that they could ask for

assistance or advice over the telephone when the provider's office was closed (88%) and when the office was open (92%). Slightly fewer mothers (71%) reported being able to obtain advice over the phone during the evening or on weekends. While few mothers (30%) reported that their provider offered transportation services, nearly all mothers (95%) said it was easy to travel to the provider's office. Only one-third of the mothers reported that their prenatal provider helped them find a health care provider for their new baby.

Communication during Prenatal Care Visits

Most mothers reported discussing importance prenatal care topics with their providers. We asked the new mothers to tell us if they had discussed a list of important topics during their pregnancy with their providers. These topics included the safety of taking medicines, smoking, the baby's development, and what to do if labor starts early. For nearly all of the topics, the majority of the mothers reported that they had discussed the issue with their provider. The one exception was the topic of physical abuse by the mother's partner—48% of the mothers said this was discussed.

The providers received high average ratings on the effectiveness of communications with the mothers. We asked the mothers to make 5-point ratings based on how often their provider engaged in effective communication with the mother. The ratings for most of the questions were very high (over 4.5 on average) suggesting that the providers frequently understood the mothers, reviewed lab results and answered questions, helped mothers feel comfortable to talk about worries, and spent enough time with the mothers. The one area of communication that was infrequent was the mother's beliefs and religious practices about health care. The average amount of time that mothers said their providers spent with them during prenatal care visits was 18 minutes.

Race of the Prenatal Care Provider

About half of the mothers (51%) reported that their provider was from a different race or ethnic group than their own. Very few mothers (4%) said that the race (or ethnic group) of the provider made a difference in the care they received.

Ratings of the Prenatal Care Providers

Most of the mothers were happy with their prenatal providers. Nearly all (92%) reported that their prenatal care was as good as or better than what they expected. Using a 0-10 rating scale, the mothers gave high ratings to their provider (ave.=8.75) and to their prenatal care (8.97). Most (91%) said they would recommend their provider to a friend or relative. The mothers also used a 5-point scale (1=poor, 5=excellent) to rate the quality of their prenatal care experience. The ratings ranged from average to

very good. The average ratings of their provider's office and equipment ranged from 2.99 to 4.08. The average ratings of the provider were higher ranging from 4.06 to 4.24. The average ratings of the office and medical support staff ranged from 3.82 to 4.11.

Ratings of the Hospital Experience

The mothers provided high ratings of the hospital's physical environment. Ratings on a 4-point scale ranged from 3.51 to 3.88 on items about the hospital's signs and directions, the hospital's location and parking, the comfort of the rooms, diaper changing and breastfeeding areas and the cleanliness of the facilities. The lowest rating was for the hospital's food (2.97).

Ratings of Providers during Labor and Delivery

Most mothers also rated the hospital staff and their providers as respectful and responsive. The vast majority of the mothers reported having decision power about when family members (87%) and support people (82%) could be present and over what happened during labor and delivery (73%). Nearly all mothers (93%) believed that the labor and delivery staff respected their wishes during labor and delivery and that their provider treated the mothers with respect (96%) and in a friendly way (97%). Also, 93% of the mothers said that the provider was "as helpful as she/he should be." While 52% of the mothers reported that the race of the provider who delivered their baby was different than their own race, only 2% reported that the provider's race made a difference in the care they received. The positive ratings of the providers at the hospital were also noted when the mothers used 5-point ratings of the health care professionals and the support staff at the hospitals. The average ratings ranged between 4.57 and 4.69. Using a 0-10 rating scale the mothers provided high ratings of the delivery care (8.94) and of the hospital (8.93). Nearly all (95%) rated their experience at the hospital as good as or better than they expected.

Mothers' Experiences after Delivery

Most of the mothers (79%) reported that they decided the amount of time they had contact with their baby. Nearly all (96%) decided how they would feed their baby (50% decided to feed the baby with formula only). Most mothers (68%) reported that the hospital staff offered to teach them how to breastfeed. About one-fourth of the mothers had not chosen a health care provider for their baby at the time of the interview. The most prevalent reasons were that they had been too busy or had a premature birth.

Health Care Insurance and WIC Benefits

For mothers to be eligible for this study, their birth had to be paid for by Medicaid or by self-pay (uninsured). According to the mothers' report, less than half (44%) were covered by Medicaid before they were pregnant. Nearly all of the mothers (93%) had all of their prenatal care covered by some form of health care insurance. Only two percent claimed they had any problems paying for prenatal care. Most mothers (73%) received benefits from the Women, Infants, and Children (WIC) program during their pregnancy.

Methodological Notes and Cautions

Our sampling procedures attempted to recruit a sample representative of prenatal/perinatal patients whose health care is paid for by Medicaid or by self-pay. We established sampling quotas for each of the three hospitals in Genesee County based on birth record data on all births over a recent 3-year period to achieve the representative sample. We employed a similar recruitment strategy at each hospital, but there were differences in recruitment rates and refusal rates which resulted in different interview completion rates across the three hospitals. The interview completion rates were highest at McLaren Regional Medical Center (71%) and lower at Genesys Regional Medical Center (56%) and Hurley Medical Center (48%).

It appears that this sampling strategy allowed us to approximate a representative sample of the Genesee County population of new mothers whose births were paid for by Medicaid of by self-pay. The comparisons between our sample and population data from the Birth Records data suggest that we may have sample women who were slightly older, who have (on average) one more child, and who more likely to be Hispanic/Latino than what we see in the population.

The high number of "missed interviews" at Hurley Medical Center should be viewed with the understanding that Hurley Medical Center was the only hospital with a Neonatal Intensive Care Unit (NICU) for babies with more threatening health conditions. The mothers were free to be in the NICU at any time, but we did not recruit mothers who were in the NICU at the time. If we missed interviews with a significant number of mothers with babies in the NICU, we may have missed interviewing mothers with a different perspective on their prenatal care and perinatal care.

The demographic data on our final sample of 358 new mothers suggests that our sample was slightly different from the population of mothers whose births were paid for by Medicaid or by self-pay. Our sample, for instance, was slightly older and more educated. The mothers in our sample also had more children and were more likely to be married. There were a higher proportion of mothers who were Hispanic/Latino and fewer mothers who were African American compared to the population of new mothers in Genesee County. Finally, we noted that our sample was more likely to have had a birth by Cesarean section than the general trend in the county. While most of these are

small differences, it is possible that the results of this study were influenced by these differences.

Given that most of the mothers' ratings of health care were positive, it is important to speculate on possible reasons for these high ratings. One possibility is that prenatal and perinatal care is generally thought to be highly accessible and satisfying to the new mothers. Across a number of different satisfaction measures in the interviews, the most mothers gave high satisfaction ratings.

Another possible explanation for the high satisfaction ratings is that many mothers may be reluctant to make negative comments or provide negative ratings. The interviews took place at the hospital after the mothers had given birth. The hospital staff was involved in recruiting the mothers and our interviewers wore hospital id badges. Even though we assured the mothers that the interviewers did not work for the hospital, it is possible that some mothers would be reluctant to tell negative comments or provide negative ratings of health care services during the interviews. Also, we only spoke to mothers who gave birth to live babies. Those mothers who had a still birth or experienced an early infant death may have had a different perspective. As mentioned above, if our sample included fewer mothers whose babies were in the NICU at Hurley Medical Center, we may be missing the perspectives of mothers with babies requiring intensive medical care after the birth.

APPENDIX

1. **Recruitment Script**
2. **The Interview**

Flint/Genesee County Friendly Access℠ Project

Primary Data Report #2

New Mothers' Perspectives on Maternal Health Care in Genesee County, Michigan:

Comparing African American, European American and Other Races

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Revised July 21, 2004

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Introduction

This is the second report based on data collected from interviews with 358 lower income women who had just given birth at three hospitals in Genesee County between July, 2003 and January, 2004. The first report summarized the responses of the 358 women who answered the same set of questions in a structured interview in their hospital recovery room.

This report also reports how the new mothers answered the same questions, but presents the responses for specific race groups. We split the sample into three race groups based on the mother's reported race identification. The three groups were European American or White (54.5%), African American or Black (39.8%) and Other (13.0%).

The report contains information about the project's background and the methodology used to collect the data. The results of the study are presented as data tables without narrative explanation or any interpretation of the data.

After the data tables are presented, we provide a summary of the statistically significant differences that we noted in the data tables. We only list the results that showed a statistically significant difference among the three race groups. We use specific statistical tests such as the chi-square test and the *F* test to determine the strength of the observed difference. How these statistical tests are computed and used is a complex topic and will not be covered here. In brief, the statistical test (e.g., chi-square, F test) must be large enough to conclude that the observed difference is not likely to be a chance occurrence. We adopted a error rate of 5% ($p < .05$) of being incorrect when we conclude there is a statistically significant difference.

What follows are sections from the first report on the maternal interview data that describe the background to the interview study and the specific methods used in the study.

Project Background

In June, 2002 The Greater Flint Health Coalition (GFHC) decided to pursue the goal of becoming a "Friendly Access^{SM}" community. The implications of this decision include a commitment to work with The Lawton and Rhea Chiles Center for Healthy Mothers and Babies (Chiles Center), whose staff is responsible for implementing the National Friendly Access^{SM} Program. Along with the GFHC, the Chiles Center is working with community coalitions in Indianapolis, IN, Jacksonville, FL and East Tennessee to develop, implement, and evaluate Community Friendly Access^{SM} Projects.

The core mission of the National Friendly Access^{SM} Program is to decrease disparities in the health of mothers and infants by changing the culture of health care delivery systems in ways that increase consumer access, satisfaction, utilization, and outcomes. The Friendly Access^{SM} program

addresses the needs of low-income pregnant women and their children for whom infant mortality rates are disproportionately higher than middle or higher income women and children. One important reason for this disparity is that a significant number of low-income women and children do not access early, adequate, or continuous care. While recognizing the financial barriers to health care access, the Friendly Access℠ program asserts that the failure to assure adequate health care for low-income mothers and children is also because of cultural, organizational, and communication problems in the health care system that contribute to consumer dissatisfaction.

A key program strategy is to engage the local project communities in a process of changing the culture of health delivery systems by training health care system executives and other high level employees in the principles of customer service developed by the Walt Disney World® Resort. In order to accomplish this goal, the GFHC convened a leadership team and a steering committee to mobilize engagement in the Friendly Access℠ project and to provide leadership for the project. The leadership team consisted of representatives the three hospital systems in Genesee County: Genesys Regional Medical Center, Hurley Medical Center and McLaren Regional Medical Center, Mott Children's Health Center, Genesee County Health Department, Faith Access to Community Economic Development (FACED), Hamilton Community Health Network, the Prevention Research Center of Michigan (PRC), and the Greater Flint Health Coalition. The steering committee consisted of the leadership team members and representatives from a variety of health and human service organizations and agencies serving mothers and children in Flint and Genesee County. All three hospital systems, Mott Children's Health Center, the Health Department, FACED, and Hamilton Community Health Network formed internal teams in order to implement the Friendly Access℠ principles and practices in their organizations.

To support the development of the leadership team, the steering committee, and the internal teams, the Greater Flint Health Coalition and its partners sponsored the training for 40 health care and human service professionals from Genesee County at the Disney Institute in Orlando, FL in May, 2003. The three day training emphasized the principles of customer service developed and implemented at Walt Disney World® Resort and how to apply these principles of customer service to health and human services for women and children.

The development of the strategic plan for the Flint/Genesee County Friendly Access℠ Project is ongoing and is being based, in part, on analyses of data conducted by the Prevention Research Center of Michigan (PRC/MI). The PRC/MI has conducted baseline data analyses of available data sets (secondary data) such as birth certificate records and new data sets (primary data) collected through interviews with perinatal patients (new mothers) and with adults who accompany young children (0-5) for pediatric health visits.

The Present Study

The present study includes the results of 358 interviews with new mothers at the three hospitals in Genesee County whose births were paid for by Medicaid or by self-pay. The interviews were conducted soon after the mothers gave birth to a living baby. The interviews cover a variety of topics about the new mother's experiences with prenatal care and with their birth and recovery. In this report, we present the breakdown of interview responses for the entire sample rather than comparing the responses of sub-samples. These aggregated results should provide a general overview of how new mothers perceive the maternal health care system from the customer's point of view. Each hospital participating in the study will receive its own hospital specific data report. Future reports will explore how these perceptions differ for different subgroups based on the mother's age, level of education, and race.

Methods

In order to study the impact of the Friendly Access^{SM} project on customer perceptions of prenatal health care services, we conducted interviews with women who had just delivered babies at one of the three hospitals in Genesee County Michigan: Hurley Medical Center, Genesys Regional Medical Center, and McLaren Regional Medical Center. This wave of data collection will be considered the baseline assessment. We plan to collect similar waves of interview data at future dates to track the changes in customer perceptions.

Sample Selection Procedures

The population for this study was women who had given birth to a live baby[1] at a hospital and whose birth was paid for by Medicaid (government-paid) or paid for by the customer (self-pay) in Genesee County, As a demonstration site for a national program, the target sample size was based on two factors: (1) the number of responses needed in a random sample to derive representative estimates of local community parameters; and (2) the number of responses needed to derive stable explanatory models of the factors that influence consumer satisfaction, utilization and outcomes across other program sites. Our target sample size of 362 interviews was derived from the number of births in Genesee County in 2001 (6358) and the minimum sample size determined for 95% confidence level, confidence interval and pooled explanatory models. Our final sample size was reduced to 358 completed interviews because we discovered four completed interviews were not conducted with eligible patients.

The sub-sample size for each hospital was proportional to the percent of births paid for by Medicaid at each hospital. The proportional quotas for each hospital were determined by the total number of Medicaid births at each hospital

[1] . We did not interview mothers who experienced a still birth or an early infant death before the time of the scheduled interview.

(for the combined years 1998, 1999, 2000) divided by the total number of Medicaid births in Genesee County during the same time period. This proportion was applied to our overall target sample size (362) to calculate how many interviews would need to be completed at each facility. Table 1 below shows the counts of Medicaid deliveries per hospital, percent of sample size for each hospital, sample target and completed interviews. From 1998 to 2000, 56% of all Medicaid births in Genesee County occurred at Hurley Medical Center. We established the sample size at Hurley Medical Center (n=202) by applying this proportion to the target sample size (n=362). We used the same method to establish the samples sizes for Genesys Regional Medical Center and McLaren Regional Medical Center.

Table 1. Counts and Percent of Medicaid Deliveries, Sample Target and Completed Interviews by Hospital.

Hospital	Counts of Deliveries Paid by Medicaid and Self Pay in 1998-2000	Percent of Deliveries Paid by Medicaid and Self Pay in 1998-2000	Sample Target Quotas (n=362)	Completed Interviews (n=358)
Hurley Medical Center	4,472	55.7%	202	198
Genesys Regional Medical Center	2,905	36.2%	131	130
McLaren Regional Medical Center	655	8.1%	29	30
Total	8,032	100.0%	362	358

Recruitment Procedures

The interviews were conducted by a team of trained field interviewers. The interviewers, contracted by Faith Access to Community Economic Development (F.A.C.E.D.) were community members of Flint/Genesee County. The interviewers were supervised by the authors through the University of Michigan Prevention Research Center. All interviewers attended comprehensive training that included interviewing techniques, cultural competence, the rights of human subjects and study specific protocol.

Patient privacy regulations required that a member of the hospital staff approach each eligible potential participant to determine their interest in participating in the study before the Friendly Access^{SM} interviewer could contact patients. The hospital staff (generally the nurse manager) identified mothers who were eligible to participate in the study (i.e., the birth was paid for by Medicaid or self-pay) and recorded the room number, date and time of birth and minor status of eligible patients on a worksheet. Once identified on the worksheet, members of the nursing staff approached the patient and read aloud a prepared

recruitment script (see Appendix 1), which provided the new mothers with general information on the study and notifying them that individuals who participated in the study would receive a $15.00 gift card at Target as an incentive. If the new mother expressed interest in learning more about the study the hospital staff would indicate the interest on the worksheet.

The interviewers approached only the mothers who expressed an interest in participating. Before starting the interview, the interviewer read aloud the informed consent form and a medical records release form and asked the mother to sign both forms. We required new mothers under the age of 18 to have parental consent to participate in the study. To protect confidentiality, we only conducted interviews with the mother alone. Visitors in the room they were asked to leave for a short time, or the interviewer returned at a later time to conduct the interview. At the end of the interview mothers were given a $15.00 Target Gift Certificate.

In order to reduce the amount of work and interruptions to each hospital's routine operations, we adapted the recruitment procedures at each site. For example, all hospitals used a recruitment script but the position of the person delivering the script was varied. At Hurley Medical Center the script was read by nurses. At Genesys Regional Medical Center the Assistant Nurse Manager recruited patients. At McLaren Regional Medical Center unit clerks were responsible for patient recruitment.

As indicated above only new mothers insured by Medicaid or self-pay were eligible to participate in the study. We had other recruitment guidelines. We did not recruit new mothers until 12 hours after a vaginal birth and 36 hours after a Caesarean Section birth. Hospital staff responsible for identifying eligible patients generally worked Monday through Friday, so recruitment of patients occurred only on weekdays. We did not recruit patients on days when the person responsible for identifying eligible patients was not working (on vacation or sick days). Finally, to reduce conflicts with visiting hours interviews were only conducted between the hours of 8:00 a.m. and 5:00 p.m.

Data Collection and Refusal Rates

Data collection began in July 2003 and was completed in January 2004. The number of weeks required to recruit the eligible mothers varied across the three sites: 15 weeks at McLaren Regional Medical Center, 18 weeks at Hurley Medical Center, and 21 weeks at Genesys Regional Medical Center. During these recruitment periods, 692 eligible mothers were identified by hospital staff. Of this number, 29% were never approached by an interviewer, 19% refused to be interviewed, and 52% participated in the interview. Table 2 lists the final interview status for all eligible mothers at each hospital.

While we can not determine why we failed to approach 29% of the eligible mothers, 74 of the missed cases had a reason recorded on the worksheet. Of this group (n=74), 77% were missed due to patient being discharged, 12% were

minors that did not have a parent available to consent, and 11% had visitors in the room. One explanation for missed cases due to early discharge is the courtesy wait time of 12 hours after vaginal birth. Many new mothers are discharged within 24 hours. If the mother had the baby during the early morning, she would not be eligible to be recruited until the following day and could be discharged before the interviewer had the opportunity to approach the mother.

Of the 491 new mothers who were approached by the interviewers, 133 (27.1%) refused to participate in the interview. Some mothers refused to the nurses and did not give a reason for refusal. The interviewers documented the reasons for refusals on the worksheet (n=61). Most mothers (34%) who refused reported not feeling well or being too tired to complete the interview. Another 25% refused to complete the interviews due to visitors in the room. Another 17% reported that they were distressed or "just did not feel like it". Other reasons given were a concern over the release of medical records (13%) and not having prenatal care in Michigan (12%).

Table 2. Counts of Eligible Mothers and Final Interview Status by Interview Site.

Final Interview Status	Interview Sites			
	Hurley Medical Center	Genesys Regional Medical Center	McLaren Regional Medical Center	All Sites
Mothers Not Recruited	116 (27.8%)	80 (34.3%)	9 (21.4%)	205 (29.6%)
Mothers Who Refused	103 (24.7%)	23 (9.9%)	3 (7.1%)	129 (18.6%)
Completed Interviews	198 (47.5%)	130 (55.8%)	30 (71.4%)	358 (51.7%)
Total Eligible Mothers	417 (100.0%)	233 (100.0%)	42 (100.0%)	692 (100.0%)

*Medicaid and self-paying mothers in the hospitals during recruitment periods.

The Interview Protocol

The interview (see Appendix) covered a wide range of subject areas. The topics covered in the interview ranged from measures of access and quality of care to the comprehensiveness, coordination and content of care:

- Mothers' Demographics and Background Information
- Life Events and Circumstances During the Twelve Months Before the Birth
- Birth Control
- Feelings About Being Pregnant

- Verification of Pregnancy
- Finding a Provider
- Type and Location of Provider
- Experiences with Making Appointments
- Availability of Help and Assistance
- Availability of Transportation and Other Services
- Topics Discussed During Prenatal Care Visits
- Communication with Prenatal Care Provider
- Racial Concurrence of the Prenatal Care Provider with the Mother
- Ratings of Prenatal Care Provider, Staff and Facilities
- Importance of Prenatal Care
- Ratings of Prenatal Care
- Reasons for Late Entry into Prenatal Care
- Reasons for No Prenatal Care
- Satisfaction Ratings of the Hospital Experience
- Mothers' Control of Labor and Delivery
- Racial Concurrence of the Person Who Delivered the Baby with the Mother
- Overall Ratings of Labor and Delivery
- Birth Variables
- Post Delivery Variables
- Picking a Pediatrician
- Breast Feeding
- Use of WIC, Insurance and Medicaid

The average time for an interview was 53 minutes with a range of 15 minutes to 125 minutes. Many of the interviews were disrupted by visitors and hospital staff. Despite these frequent interruptions, 70% of the interviews were conducted in 70 minutes or less.

This report examines the distribution of responses of new mothers who participated in the interview. This descriptive analysis includes both average ratings given by the new mothers and percentages of the number of mothers who responded the same way during our interview. The goal of this report is to establish a community baseline of mothers with Medicaid insurance and uninsured mothers in Genesee County, Michigan.

Sample Characteristics

The first set of analyses from the interviews provides demographic and background information on the new mothers in our study. We note mothers' age, education, housing status and circumstances in the mothers' lives during the twelve months before the birth. We discuss use and methods of birth control at time of conception. We report the mothers' feelings about being pregnant and time and method of verification of pregnancy.

Table 3 (next page) provides demographic information on the new mothers. The average interview respondent was 25 years old. The youngest respondent was 16 and the oldest was 42. We noted that our mothers had an average of 2.37 children (including the new baby). Almost one-quarter (24%) had not received a high school diploma. Slightly more than one third (35%) of the mothers earned a high school diploma. Most mothers (42%) reported more than a high school. Most mothers (55%) were European American and 40% were African American. Most of the new mothers (67%) reported that they had never been married. Another 25% were married. Nine percent of the mothers were separated, divorced or widowed. While only 36% of the mothers were employed, 80% reported having money from a job or business as a family source of income. Many of the new mothers (59%) received money from Public Assistance. Only 13% reported receiving any child support or alimony.

We asked the mothers how many people lived on their households. We noted an average of 2.45 children and 1.97 adults living in the households. Most mothers (81%) lived in households with three or fewer children. Most mothers (53%) reported that there were two adults living in the household. Many mothers (29%) reported that they were the only adult living in their household.

We were interested in checking how well our sample for this study compared to the general population of mothers whose births were paid for by Medicaid or by self-pay. To compare our sample with the general population, we used the most recent State birth record data available to us for all births in Genesee County—the year was 2001. This comparison noted slight differences in our sample from the population data. In Table 4, we compare our sample's data with analogous variables from the birth records. This comparison suggests that our sample was slightly older, had one more child on average, had more education, were more likely to be Hispanic/Latino and less likely to be African American, were slightly more likely to be married and were more likely to have had a Cesarean section.

Table 3. Percents and Means of Mothers' Demographic and Background Variables (n= 358).

Demographic and Background Variables	Value
Mother's Age in Years (ave.)	25.42
Number of Children (ave.)	2.37
Level of Education	
No High School Diploma	23.7%
High School Diploma or GED	34.6%
More than High School	41.6%
Mother's Race/Ethnicity*	
Hispanic or Latino	7.3%
African American	39.8%
European American	54.5%
Native American/Alaskan Native or Something Else	5.7%
Marital Status	
Married	24.6%
Never Married	66.5%
Divorced, Separated, Widowed	8.9%
Employed	35.5%
Sources of Family Income	
Money from a Job or Business	79.9%
Public Assistance	58.4%
Child Support or Alimony	13.1%
Unemployment	11.2%
Fees, Rental Income, Commissions, Interest, Dividends	1.1%
Social Security, Workman's Comp., Veteran Benefits, Pensions	6.7%
Other	5.9%
Housing	
Children Living in Household (ave.)	2.45
Adults Living in Household (ave.)	1.97

* *Respondents reported Hispanic/Latino origin separately.

Table 4. Comparison of Percents and Means of Mothers' Demographic and Background Variables by Friendly Access Prenatal Respondents and Genesee County 2001 Medicaid and Self-pay Births.

Demographic and Background Variables	Friendly Access Prenatal (n=358)	Genesee County Medicaid and Self-pay 2001 (n=2557)
Mother's Age in Years (ave.)	25.42	23.83
Number of Children (ave.)	2.37	1.33
Level of Education		
No High School Diploma	23.7%	36.1%
High School Diploma or GED	34.6%	41.3%
More than High School	41.6%	22.6%
Mother's Race/Ethnicity		
Hispanic or Latino	7.3%	1.2%
African American	39.8%	42.8%
European American	54.5%	56.2%
Marital Status		
Married	24.6%	22.7%*
Cesarean Sections	35.6%	24.9%

*The birth records do not ask directly if the mother is married, but does note if the father named on birth certificate, which is used as a proxy for marital status.

Race Differences Data Tables

Demographics

Table 5. Comparison of Means of Age of Mother, Number of Children, Number of Children and Household Composition by Race of Mother

	Race of Mother							
	African American		European American		Other			
	Mean	S.D.	Mean	S.D.	Mean	S.D.	F	p-value
Age of Mother	25.36	4.76	25.46	5.45	25.76	4.97	.057	.945
Number of Children*	2.82	1.63	2.03	1.10	2.50	1.28	14.279	.000
Number of Children Living in Household*	2.91	1.64	2.10	1.10	2.60	1.19	14.968	.000
Number of Adults Living in Household*	1.66	.87	2.13	.76	2.50	1.00	18.048	.000

Table 6. Counts and Percents for Mother's Level of Education by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Mother's Education	Less Than High School	43 30.7%	36 18.8%	3 15.0%	8.888 p=.064
	High School Graduate	44 31.4%	68 35.4%	10 50.0%	
	More Than High School	53 37.9%	88 45.8%	7 35.0%	
Total		140 100.0%	192 100.0%	20 100.0%	

Table 7. Counts and Percents for Hispanic or Latino Ancestry by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Hispanic or Latino*	Yes	4 2.9%	8 4.2%	9 45.0%	57.653 p=.000
	No	136 97.1%	183 95.8%	11 55.0%	
Total		140 100.0%	191 100.0%	20 100.0%	

Table 8. Counts and Percents for Marital Status by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Marital Status*	Married	21 15.0%	61 31.8%	4 20.0%	37.400 p=.000
	Divorced, Separated or Widowed	7 5.0%	25 13.0%	0 .0%	
	Never Married	112 80.0%	106 55.2%	16 80.0%	
Total		140 100.0%	192 100.0%	20 100.0%	

Table 9. Counts and Percents for Employment Status by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Currently Employed	Yes	51 36.4%	67 34.9%	6 30.0%	.337 p=.845
	No	89 63.6%	125 65.1%	14 70.0%	
Total		140 100.0%	192 100.0%	20 100.0%	

Table 10. Counts and Percents for Households that Earn Money from a Job or Business by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Money From A Job Or Business*	No	46 32.9%	23 12.0%	3 15.0%	22.078 p=.000
	Yes	94 67.1%	169 88.0%	17 85.0%	
Total		140 100.0%	192 100.0%	20 100.0%	

Table 11. Counts and Percents for Households that Receive Public Assistance by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Public Assistance*	No	32 22.9%	103 53.6%	11 55.0%	33.216 p=.000
	Yes	108 77.1%	89 46.4%	9 45.0%	
Total		140 100.0%	192 100.0%	20 100.0%	

Table 12. Counts and Percents for Households that Receive Unemployment by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Unemployment	No	128 91.4%	168 87.5%	16 80.0%	2.811 p=.245
	Yes	12 8.6%	24 12.5%	4 20.0%	
Total		140 100.0%	192 100.0%	20 100.0%	

Table 13. Counts and Percents for Households that Receive Child Support or Alimony by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Child Support Or Alimony	No	118 84.3%	173 90.1%	15 75.0%	5.070 p=.079
	Yes	22 15.7%	19 9.9%	5 25.0%	
Total		140 100.0%	192 100.0%	20 100.0%	

Table 14. Counts and Percents for Households that Receive Earnings from Fees, Rental Income, Commissions, Interest, Dividends by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Fees, Rental Income, Commissions, Interest, Dividends	No	139 99.3%	189 98.4%	20 100.0%	.762 p=.683
	Yes	1 .7%	3 1.6%	0 .0%	
Total		140 100.0%	192 100.0%	20 100.0%	

Table 15. Counts and Percents for Households that Receive Income from Social Security, Workers Compensation , Veteran Benefits Or Pensions by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Social Security, Worker Comp., Veteran Benefits Or Pensions	No	130 92.9%	178 92.7%	20 100.0%	1.554 p=.460
	Yes	10 7.1%	14 7.3%	0 .0%	
Total		140 100.0%	192 100.0%	20 100.0%	

Table 16. Counts and Percents for Households that Have Other Sources of Income by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Other Sources of Income	No	135 96.4%	178 92.7%	18 90.0%	2.613 p=.271
	Yes	5 3.6%	14 7.3%	2 10.0%	
Total		140 100.0%	192 100.0%	20 100.0%	

Table 17. Counts and Percents of Mother Having a Doctor for Regular Care Before Becoming Pregnant by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Had a Doctor or Midwife for Regular Care Before Getting Pregnant	Yes	86 61.4%	114 59.7%	11 55.0%	3.528 p=.474
	No	52 37.1%	77 40.3%	9 45.0%	
	Don't Know	2 1.4%	0 0.0%	0 0.0%	
Total		140 100.0%	191 100.0%	20 100.0%	

Table 18. Counts and Percents for Mother Having Someone to Talk to During Pregnancy by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Did you have anyone you could talk to about problems in you life during your pregnancy?	Yes	120 87.6%	180 94.2%	17 89.5%	4.556 p=.102
	No	17 12.4%	11 5.8%	2 10.5%	
Total		137 100.0%	191 100.0%	19 100.0%	

Mother's Life Events and Circumstances Occurring the Twelve Months Prior to the Birth of the Baby

Table 19. Counts and Percents for a Close Family Member was Very Sick or in the Hospital During the Twelve Months before the Birth of the Baby by Race of Mother

		Race of Mother			Chi-square
		African American	European American	Other	
A Close Family Member was Very Sick or in The hospital	Yes	61 43.6%	73 38.0%	3 15.0%	6.312 p=.043
	No	78 55.7%	119 62.0%	17 85.0%	
Total		139 100.0%	192 100.0%	20 100.0%	

Table 20. Counts and Percents for Mother Becoming Separated or Divorced from Husband or Partner During the Twelve Months before the Birth of the Baby by Race of Mother

		Race of Mother			Chi-square
		African American	European American	Other	
Separated or Divorced from Husband or Partner	Yes	33 23.6%	30 15.6%	2 10.0%	4.405 p=.111
	No	107 76.4%	162 84.4%	18 90.0%	
Total		140 100.0%	192 100.0%	20 100.0%	

Table 21. Counts and Percents for Mother Moving to a New Address During the Twelve Months before the Birth of the Baby by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Move to a New Address*	Yes	61 43.6%	124 64.9%	8 40.0%	16.802 p=.000
	No	79 56.4%	67 35.1%	12 60.0%	
Total		140 100.0%	191 100.0%	20 100.0%	

Table 22. Counts and Percents for Mother Being Homeless During the Twelve Months Prior to the Birth of the Baby by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Homeless	Yes	11 7.9%	14 7.3%	0 .0%	1.660 p=.436
	No	129 92.1%	177 92.2%	20 100.0%	
Total		140 100.0%	191 100.0%	20 100.0%	

Table 23. Counts and Percents for Mother's Husband or Partner Lost Job During the Twelve Months Prior to the Birth of the Baby by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Husband or Partner Lost Job	Yes	26 18.7%	47 24.7%	1 5.0%	5.082 p=.079
	No	113 81.3%	143 75.3%	19 95.0%	
Total		139 100.0%	190 100.0%	20 100.0%	

Table 24. Counts and Percents of Mothers that Lost Job Even Though Wanted to Keep on Working During the Twelve Months Prior to the Birth of the Baby by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Lost Job Even Though Wanted to Continue Working*	Yes	32 22.9%	40 20.8%	3 15.8%	.569 p=.752
	No	108 77.1%	152 79.2%	16 84.2%	
Total		140 100.0%	192 100.0%	20 100.0%	

Table 25. Counts and Percents of Mothers that Argued with Husband or Partner more than Usual During the Twelve Months Prior to the Birth of the Baby by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Argued with Husband or Partner More Than Usual*	Yes	73 52.5%	50 26.2%	4 20.0%	26.577 p=.000
	No	66 47.5%	141 73.8%	16 80.0%	
Total		139 100.0%	191 100.0%	20 100.0%	

Table 26. Counts and Percents of Mothers whose Husband or Partner Said He Did Not Want the Pregnancy During the Twelve Months Prior to the Birth of the Baby by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Husband or Partner Said He Did Not Want The Pregnancy	Yes	25 17.9%	24 12.6%	1 5.0%	3.336 p=.189
	No	115 82.1%	167 87.4%	19 95.0%	
Total		140 100.0%	191 100.0%	20 100.0%	

Table 27. Counts and Percents of Mothers Having Bills that Could not be Paid During the Twelve Months Prior to the Birth of the Baby by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Bills that Could Not be Paid	Yes	47 33.6%	68 35.8%	3 15.0%	3.502 p=.174
	No	93 66.4%	122 64.2%	17 85.0%	
Total		140 100.0%	190 100.0%	20 100.0%	

Table 28. Counts and Percents of Mothers Involved in a Physical Fight During the Twelve Months Prior to the Birth of the Baby by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Involved in a Physical Fight	Yes	18 12.9%	14 7.3%	0 .0%	5.155 p=.076
	No	122 87.1%	178 92.7%	20 100.0%	
Total		140 100.0%	192 100.0%	20 100.0%	

Table 29. Counts and Percents of Mothers whose Husband or Partner Went to Jail During the Twelve Months Prior to the Birth of the Baby by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Husband Or Partner Went To Jail	Yes	14 10.0%	17 8.9%	1 5.0%	.558 p=.757
	No	126 90.0%	175 91.1%	19 95.0%	
Total		140 100.0%	192 100.0%	20 100.0%	

Table 30. Counts and Percents of Mothers Who had Someone Close Have a Bad Problem with Drinking or Drugs During the Twelve Months Prior to the Birth of the Baby by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Someone Close Had a Bad Problem With Drinking Or Drugs	Yes	43 31.2%	55 28.8%	1 5.0%	5.921 p=.052
	No	95 68.8%	136 71.2%	19 95.0%	
Total		138 100.0%	191 100.0%	20 100.0%	

Table 31. Counts and Percents of Mothers Who had Someone Very Close Die During the Twelve Months Prior to the Birth of the Baby by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Someone Very Close Died	Yes	46 32.9%	50 26.2%	4 20.0%	2.519 p=.284
	No	94 67.1%	141 73.8%	16 80.0%	
Total		140 100.0%	191 100.0%	20 100.0%	

Table 32. Counts and Percents of Mothers Who Moved More than Once During the Twelve Months Prior to the Birth of the Baby by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Moved More Than Once During Pregnancy	Yes	25 17.9%	34 17.8%	3 15.0%	.104 p=.949
	No	115 82.1%	157 82.2%	17 85.0%	
Total		140 100.0%	191 100.0%	20 100.0%	

Table 33. Counts and Percents of Mothers Who were Physically Hurt By Husband or Partner During their Pregnancy by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Physically Hurt By Husband or Partner	No	132 94.3%	187 97.4%	20 100.0%	3.015 p=.221
	Yes	8 5.7%	5 2.6%	0 .0%	
Total		140 100.0%	191 100.0%	20 100.0%	

Table 34. Counts and Percents of Mothers Who were Physically Hurt By a Household Member Other than a Husband or Partner During their Pregnancy by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Physically Hurt By A Household Member Other than a Husband or Partner	No	138 98.6%	190 99.0%	20 100.0%	.352 p=.839
	Yes	2 1.4%	2 1.0%	0 .0%	
Total		140 100.0%	192 100.0%	20 100.0%	

Table 35. Counts and Percents of Mothers Who were Physically Hurt By a Friend During their Pregnancy by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Physically Hurt By A Friend	No	138 98.6%	192 100.0%	20 100.0%	3.046 p=.218
	Yes	2 1.4%	0 .0%	0 .0%	
Total		140 100.0%	192 100.0%	20 100.0%	

Table 36. Counts and Percents of Mothers Who were Physically Hurt By Someone Else During their Pregnancy by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Physically Hurt By Someone Else	No	138 98.6%	187 97.4%	20 100.0%	1.004 p=.605
	Yes	2 1.4%	5 2.6%	0 .0%	
Total		140 100.0%	192 100.0%	20 100.0%	

Use and Methods of Birth Control

Table 37. Counts and Percents of Mother's Use of Birth Control at Time of Conception by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
When you got pregnant with your new baby, were you or your husband or partner using any kind of birth control?	Yes	37 26.4%	46 24.1%	7 35.0%	1.207 p=.547
	No	103 73.6%	145 75.9%	13 65.0%	
Total		140 100.0%	191 100.0%	20 100.0%	

Table 38. Counts and Percents for Wanting to be Pregnant as Mother's Reason for Not Using of Birth Control at Time of Conception by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Wanted to Be Pregnant	No	85 82.5%	102 69.9%	9 69.2%	5.363 p=.068
	Yes	18 17.5%	44 30.1%	4 30.8%	
Total		103 100.0%	146 100.0%	13 100.0%	

Table 39. Counts and Percents for Not Thinking She Could Get Pregnant as Mother's Reason for Not Using of Birth Control at Time of Conception by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Did Not Think She Could Get Pregnant	No	86 83.5%	125 85.6%	11 84.6%	.210 p=.900
	Yes	17 16.5%	21 14.4%	2 15.4%	
Total		103 100.0%	146 100.0%	13 100.0%	

Table 40. Counts and Percents for Mother Having Side Effects From Birth Control as Reason for Not Using of Birth Control at Time of Conception by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Having Side Effects From Birth Control	No	91 88.3%	134 91.8%	13 100.0%	2.234 p=.327
	Yes	12 11.7%	12 8.2%	0 .0%	
Total		103 100.0%	146 100.0%	13 100.0%	

Table 41. Counts and Percents for Mother Not Wanting to Use Birth Control as Reason for Not Using of Birth Control at Time of Conception by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Did Not Want To Use Birth Control	No	87 84.5%	132 90.4%	12 92.3%	2.271 p=.321
	Yes	16 15.5%	14 9.6%	1 7.7%	
Total		103 100.0%	146 100.0%	13 100.0%	

Table 42. Counts and Percents for Mother Not Thinking She was Going to Have Sex as Reason for Not Using of Birth Control at Time of Conception by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Did not Think She was Going to Have Sex	No	97 94.2%	143 97.9%	13 100.0%	3.075 p=.215
	Yes	6 5.8%	3 2.1%	0 .0%	
Total		103 100.0%	146 100.0%	13 100.0%	

Table 43. Counts and Percents for Husband or Partner Did Not Want to Use Birth Control as Reason for Not Using of Birth Control at Time of Conception by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Husband or Partner Did Not Want to Use Birth Control	No	94 91.3%	138 94.5%	12 92.3%	1.017 p=.602
	Yes	9 8.7%	8 5.5%	1 7.7%	
Total		103 100.0%	146 100.0%	13 100.0%	

Table 44. Counts and Percents for Other Reasons for Not Using of Birth Control at Time of Conception by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Other Reasons for Not Using Birth Control	No	79 76.7%	104 71.2%	8 61.5%	1.807 p=.405
	Yes	24 23.3%	42 28.8%	5 38.5%	
Total		103 100.0%	146 100.0%	13 100.0%	

Table 45. Counts and Percents of Mothers Who Did Not Know Why They Did Not Use Birth Control at Time of Conception by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Don't Know	No	95 92.2%	140 95.9%	13 100.0%	2.369 p=.306
	Yes	8 7.8%	6 4.1%	0 .0%	
Total		103 100.0%	146 100.0%	13 100.0%	

Table 46. Counts and Percents of Birth Control Method Used by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Birth control Method Used at Time of Contraception	Pills	13 34.2%	22 44.9%	3 50.0%	6.218 p=.905
	Condom	12 31.6%	16 32.7%	2 33.3%	
	Shot	6 15.8%	3 6.1%	1 16.7%	
	Condom and Other Method (pill, patch, foam)	2 5.3%	3 6.1%	0 .0%	
	Patch	1 2.6%	3 6.1%	0 .0%	
	Rhythm/ Pullout	3 7.9%	1 2.0%	0 .0%	
	Foam	1 2.6%	1 2.0%	0 .0%	
Total		38 100.0%	49 100.0%	6 100.0%	

Becoming Pregnant

Table 47. Counts and Percents for Mother's Feelings about Pregnancy by Race of Mother

		Race of Mother			Chi-square
		African American	European American	Other	
Feelings about Pregnancy*	Wanted to be Pregnant Sooner	5 3.6%	19 9.9%	4 20.0%	23.269 p=.010
	Wanted to be Pregnant Later	40 28.6%	76 39.8%	3 15.0%	
	Wanted to be Pregnant Then	34 24.3%	47 24.6%	4 20.0%	
	Didn't Want to Be Pregnant Then or at Any Time in the Future	57 40.7%	44 23.0%	9 45.0%	
	Don't know	3 2.1%	4 2.1%	0 .0%	
	Refused to answer	1 .7%	1 .5%	0 .0%	
Total		140 100.0%	191 100.0%	20 100.0%	

Table 48. Counts and Percents for Method of Verification of Pregnancy by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Verification of pregnancy*	Went to the doctor	70 50.0%	59 30.9%	9 45.0%	16.999 p=.002
	Took an in-home pregnancy test	57 40.7%	119 62.3%	11 55.0%	
	Other	13 9.3%	13 6.8%	0 .0%	
Total		140 100.0%	191 100.0%	20 100.0%	

Table 49. Comparison of Means of Month Pregnancy Verified by Race of Mother

	Race of Mother							
	African American		European American		Other			
	Mean	S.D.	Mean	S.D.	Mean	S.D.	F	p-value
Average Number of months When Pregnancy was Verified	2.01	1.32	1.84	1.25	2.03	1.09	.775	.461

The Prenatal Care Experience

Table 50. Cross-tabulation of Finding a Prenatal Care Provider by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Finding a Prenatal Care Provider	Doctor Recommended	35 25.2%	40 20.8%	1 5.0%	23.938 p=.091
	Friend/Family Recommendation	32 23.0%	60 31.3%	5 25.0%	
	Looked Up Name in Phone Book	8 5.8%	20 10.4%	1 5.0%	
	Went to Same Provider as Last Pregnancy	33 23.7%	25 13.0%	8 40.0%	
	Assigned to Provider by Medicaid	7 5.0%	10 5.2%	0 .0%	
	Assigned to Provider Other Insurance	1 .7%	2 1.0%	0 .0%	
	Looked up List of Providers Given by Insurance	3 2.2%	2 1.0%	1 5.0%	
	Don't know/not sure	0 .0%	3 1.6%	0 .0%	
	Other	20 14.4%	30 15.6%	4 20.0%	
Total		38 100.0%	49 100.0%	6 100.0%	

Table 51. Counts and Percents for Type of Prenatal Care Provider by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Type of Provider	Doctor	103 76.3%	132 69.5%	12 60.0%	10.09 p=.121
	Midwife or Nurse	2 1.5%	8 4.2%	0 .0%	
	Group Practice	26 19.3%	49 25.8%	7 35.0%	
	Other	4 3.0%	1 .5%	1 5.0%	
Total		135 100.0%	190 100.0%	20 100.0%	

Table 52. Counts and Percents for Location of Prenatal Care Provider's Office by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Provider's Office In a:*	Public Health Clinic	37 27.8%	27 14.3%	4 20.0%	26.796 p=.008
	Clinic at a Hospital	27 20.3%	51 27.0%	4 20.0%	
	Office in a Hospital	15 11.3%	35 18.5%	7 35.0%	
	Office Not in a Hospital	42 31.6%	42 22.2%	2 10.0%	
	A Group Office	10 7.5%	30 15.9%	2 10.0%	
	Emergency Room	0 .0%	1 .5%	0 .0%	
	Other	2 1.5%	3 1.6%	1 5.0%	
Total		133 100.0%	189 100.0%	20 100.0%	

Table 53. Counts and Percents for Mothers Who Saw More Than One Provider By Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Saw More Than One Provider	Yes	20 14.9%	44 23.0%	2 10.0%	4.493 p=.106
	No	114 85.1%	147 77.0%	18 90.0%	
Total		134 100.0%	191 100.0%	20 100.0%	

Table 54. Comparison of Means of Number of Providers Seen by Mothers Who Saw More Than One Provider by Race

	Race of Mother							
	African American		European American		Other			
	Mean	S.D.	Mean	S.D.	Mean	S.D.	F	p-value
Average Number of Providers	3.39	2.23	3.43	1.68	3.50	1.84	.004	.996

Making Prenatal Care Appointments

Table 55. Counts and Percents for Waiting a Long Time on the Phone to Make an Appointment with Prenatal Care Provider by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Waited a Long Time on Phone to Make An Appointment	Yes	10 7.4%	15 7.9%	2 10.0%	.164 p=.921
	No	125 92.6%	176 92.1%	18 90.0%	
Total		135 100.0%	191 100.0%	20 100.0%	

Table 56. Counts and Percents for Phone Call Answered By Person, Recording or Both by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Phone Call was Answered By:	Person	98 75.4%	135 73.4%	12 63.2%	9.238 p=.055
	Recording	6 4.6%	23 12.5%	4 21.1%	
	Both	26 20.0%	26 14.1%	3 15.8%	
Total		130 100.0%	184 100.0%	19 100.0%	

Table 57. Counts and Percents for Wait Time for First Appointment with Prenatal Care Provider by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Wait Time For First Appointment	1 Day or Less	9 6.7%	22 11.8%	1 5.0%	8.694 p=.369
	Less than One Week	49 36.6%	55 29.6%	7 35.0%	
	One to Two Weeks	54 40.3%	72 38.7%	9 45.0%	
	Two to Four Weeks	6 4.5%	20 10.8%	1 5.0%	
	One Month or Longer	16 11.9%	17 9.1%	2 10.0%	
Total		134 100.0%	186 100.0%	20 100.0%	

Table 58. Counts and Percents for Frequency of Appointment Reminder by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Frequency of Reminders	None	26 19.5%	52 27.7%	7 36.8%	6.433 p=.169
	Some Appointments	12 9.0%	22 11.7%	3 15.8%	
	All Appointments	95 71.4%	114 60.6%	9 47.4%	
Total		133 100.0%	188 100.0%	19 100.0%	

Table 59. Counts and Percents for Appointment Reminder Method by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Reminder Method*	Phone Call	33 31.1%	58 43.0%	6 50.0%	17.995 p=.021
	Mailing	9 8.5%	1 .7%	0 .0%	
	Both	9 8.5%	3 2.2%	0 .0%	
	Appointment Card	53 50.0%	71 52.6%	6 50.0%	
	Other	2 1.9%	2 1.5%	0 .0%	
Total		106 100.0%	135 100.0%	12 100.0%	

Table 60. Comparison of Means of Wait Times, Time Spent with the Provider and Ratings of Wait Times by Race of Mother

	Race of Mother							
	African American		European American		Other			
	Mean	S.D.	Mean	S.D.	Mean	S.D.	F	p-value
Average Number of Minutes Waiting on the Phone	3.82	6.56	2.90	4.14	2.47	1.81	1.370	.256
Average Number of Minutes Waiting in the Waiting Room	22.73	25.38	19.03	19.38	16.85	24.71	1.364	.257
Average Number of Minutes the Provider Usually spent with Mother	17.14	10.23	18.59	10.85	19.39	13.01	.848	.429
Ratings of the Time Between Calling for The First Visit And The Day Of The First Visit	3.61	1.20	3.78	1.18	3.30	1.34	1.921	.148
Rating Of Length Of Time You Wait To See Provider*	3.30	1.25	3.72	1.23	3.60	1.05	4.479	.012

Receiving Help and Assistance from Prenatal Care Provider

Table 61. Counts and Percents for Help Available Over Phone When Office Closed by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Help Available Over Phone When Office was Closed	Yes	112 83.6%	167 89.3%	19 95.0%	3.436 p=.179
	No	22 16.4%	20 10.7%	1 5.0%	
Total		134 100.0%	187 100.0%	20 100.0%	

Table 62. Counts and Percents for Help Available over Phone When Office was Open by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Help Available Over Phone When Office was Open*	Yes	115 87.1%	180 94.7%	20 100.0%	8.033 p=.018
	No	17 12.9%	10 5.3%	0 .0%	
Total		132 100.0%	190 100.0%	20 100.0%	

Table 63. Counts and Percents for Help Available Over the Phone When Office Closed on Weekends and Evenings by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Help Available Over Phone When Office was Closed on Weekends and Evenings	Yes	91 67.4%	140 73.3%	15 75.0%	4.486 p=.344
	No	26 19.3%	33 16.8%	1 5.0%	
	Not Applicable	18 13.3%	19 9.9%	4 20.0%	
Total		135 100.0%	191 100.0%	20 100.0%	

Table 64. Counts and Percents for Easy for Mother to Travel to the Provider's Office by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Easy to Travel to the Provider's Office	Yes	128 94.8%	176 93.6%	20 100.0%	1.461 p=.482
	No	7 5.2%	12 6.4%	0 .0%	
Total		135 100.0%	188 100.0%	20 100.0%	

Table 65. Counts and Percents for Provider's Office Offered Help with Transportation to the Office by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Provider's Office Offered Help with Transportation to the Office*	Yes	48 35.8%	47 24.7%	9 47.4%	14.361 p=.006
	No	82 61.2%	143 75.3%	10 52.6%	
Total		135 100.0%	188 100.0%	20 100.0%	

Prenatal Patient-Provider Communication

Table 66. Comparison of Means of Ratings of Prenatal Patient- Provider Communication by Race of Mother

	Race of Mother							
	African American		European American		Other			
	Mean	S.D.	Mean	S.D.	Mean	S.D.	F	p-value
Provider Answered Questions in an Understandable Manner	4.59	.87	4.70	.61	4.80	.52	1.255	.286
Provider Understood What Mother Said or Asked	4.71	.75	4.63	.69	4.80	.62	.808	.447
Mother Felt Comfortable telling Provider About Her Worries or Problems	4.64	.92	4.71	.71	4.40	1.00	1.382	.252
Provider Gave Mother Enough Time to Talk About Her Worries or Problems	4.65	.82	4.62	.77	4.90	.45	1.175	.310
Provider Spent Enough Time	4.46	1.04	4.56	.79	4.74	.81	1.037	.356
Comfort the Mother Felt With the Provider *	3.87	1.10	4.20	1.00	4.11	.99	3.903	.021
How Well Provider Explained Procedures	4.06	1.04	4.22	.99	3.95	1.00	1.319	.271
Respect Shown By The Provider *	4.06	1.01	4.33	.93	4.35	.88	3.363	.036
Concern Shown By The Provider*	3.84	1.11	4.24	.97	4.10	1.02	5.902	.003
Rating of Thoroughness of Check Ups*	3.88	1.07	4.16	.97	4.15	.99	3.151	.044

Ratings of the Prenatal Care Provider Office, Services and Support Staff

Table 67. Comparison of Means of Ratings of Prenatal Office and Equipment, Services Available at Prenatal Care Office, Care Based on Insurance Status, and Sufficient Providers to See Pregnant Women by Race of Mother

	Race of Mother							
	African American		European American		Other			
	Mean	S.D.	Mean	S.D.	Mean	S.D.	F	p-value
Rating of Prenatal Office and Equipment								
Comfort Of The Waiting Room	3.41	1.20	3.69	1.21	3.40	1.19	2.308	.101
Attractiveness Of The Office The Provider*	3.48	1.18	3.79	1.10	3.55	.95	3.166	.043
Hours That Provider's Office Was Open	3.69	1.10	3.95	1.07	3.85	1.04	2.256	.106
Atmosphere Of The Waiting Room	3.46	1.18	3.62	1.18	3.60	1.10	.718	.488
Things (Like Books And Magazines) To Keep Busy While Waiting	3.44	1.27	3.70	1.27	3.75	1.02	1.927	.147
Diaper Changing And Breastfeeding Areas	2.81	1.56	3.16	1.38	2.79	1.63	1.407	.247
Rating of Services Available at Prenatal Care Office								
Availability Of People To Talk To About The Food Eaten During Pregnancy*	3.46	1.22	3.80	1.11	3.37	1.30	3.820	.023

Table Continued Next Page

Table 67. (continued)

	Race of Mother							
	African American		European American		Other			
	Mean	S.D.	Mean	S.D.	Mean	S.D.	F	p-value
Rating of Services Available at Prenatal Care Office (continued)								
Food And Drinks Provided	1.81	1.33	1.93	1.34	2.00	1.67	.296	.744
Childcare Available For Children During Time With The Provider	2.32	1.64	2.47	1.63	2.00	1.41	.547	.580
Helpfulness Of The Advice You Received In How To Keep Yourself And Your Baby Healthy During Your Pregnancy*	3.82	1.13	4.24	.96	3.95	1.00	6.472	.002
Care Based on Insurance Status								
Care Provided Was The Same For All Patients No Matter How They Pay For Their Medical Care*	3.70	1.15	4.22	.97	3.90	1.12	9.482	.000
Sufficient Providers to See Pregnant Women								
Enough Providers To See Pregnant Women*	3.38	1.27	4.04	1.10	3.85	.99	12.173	.000
Enough Providers To See Pregnant Women in the Community*	2.50	1.47	3.19	1.27	2.61	1.61	9.555	.000

Table 68. Comparison of Means of Ratings of Medical Support Staff by Race of Mother

	Race of Mother							
	African American		European American		Other			
	Mean	S.D.	Mean	S.D.	Mean	S.D.	F	p-value
	Medical Support Staff							
Rating Of How Comfortable The Nurses Or Receptionists Made You Feel*	3.75	1.10	4.09	.97	3.85	.99	4.46	.012
Rating Of Concern Shown By The Nurses Or Receptionist	3.66	1.17	3.94	1.08	3.80	1.00	2.48	.096
Rating of Respect Shown by the Receptionists and Office Staff*	3.88	1.08	4.24	1.06	4.35	1.46	4.87	.008

Topics Discussed at Prenatal Care Visits

Table 69. Counts and Percents for Food that should be Eaten During Pregnancy as a Topic Discussed During ANY Prenatal Care Visit by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Food That Should be Eaten During Pregnancy	Yes	117 88.0%	161 84.3%	17 85.0%	.878 p=.645
	No	16 12.0%	30 15.7%	3 15.0%	
Total		135 100.0%	188 100.0%	20 100.0%	

Table 70. Counts and Percents for How Smoking Could Affect the Baby as a Topic Discussed During ANY Prenatal Care Visit by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
How Smoking Could Affect the Baby?	Yes	125 92.6%	169 88.5%	17 85.0%	2.207 p=.363
	No	10 7.4%	22 11.5%	3 15.0%	
Total		135 100.0%	188 100.0%	20 100.0%	

Table 71. Counts and Percents for Breastfeeding as a Topic Discussed During ANY Prenatal Care Visit by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Breast-feeding	Yes	119 88.1%	163 86.7%	19 95.0%	1.190 p=.551
	No	16 11.9%	25 13.3%	1 5.0%	
Total		135 100.0%	188 100.0%	20 100.0%	

Table 72. Counts and Percents for Drinking Alcohol During Pregnancy as a Topic Discussed During ANY Prenatal Care Visit by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Drinking Alcohol During Pregnancy	Yes	122 90.4%	164 86.3%	16 80.0%	2.294 p=.318
	No	13 9.6%	26 13.7%	4 20.0%	
Total		135 100.0%	188 100.0%	20 100.0%	

Table 73. Counts and Percents for Using a Seat Belt During Pregnancy as a Topic Discussed During ANY Prenatal Care Visit by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Using a Seat Belt During Pregnancy*	Yes	92 68.7%	101 53.2%	14 70.0%	8.732 p=.013
	No	42 31.3%	89 46.8%	6 30.0%	
Total		135 100.0%	188 100.0%	20 100.0%	

Table 74. Counts and Percents for Birth Control Methods Used After Pregnancy as a Topic Discussed During ANY Prenatal Care Visit by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Birth Control Methods After Delivery	Yes	109 80.7%	130 68.8%	15 75.0%	5.844 p=.054
	No	26 19.3%	59 31.2%	5 25.0%	
Total		135 100.0%	188 100.0%	20 100.0%	

Table 75. Counts and Percents for Medicine that are Safe to Take During Pregnancy as a Topic Discussed During ANY Prenatal Care Visit by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Medicines that are Safe to Take	Yes	125 94.0%	176 92.6%	20 100.0%	1.694 p=.429
	No	8 6.0%	14 7.4%	0 .0%	
Total		135 100.0%	188 100.0%	20 100.0%	

Table 76. Counts and Percents for Effects of Illegal Drugs During Pregnancy as a Topic Discussed During ANY Prenatal Care Visit by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Effects of Illegal Drugs	Yes	116 86.6%	163 85.3%	20 100.0%	.108 p=.947
	No	18 13.4%	28 14.7%	0 .0%	
Total		135 100.0%	188 100.0%	20 100.0%	

Table 77. Counts and Percents for Baby's Growth and Development as a Topic Discussed During ANY Prenatal Care Visit by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Baby's Growth and Development	Yes	124 92.5%	168 88.0%	16 84.2%	2.371 p=.306
	No	10 7.5%	23 12.0%	3 15.8%	
Total		135 100.0%	188 100.0%	20 100.0%	

Table 78. Counts and Percents for What to do if Labor Starts Early as a Topic Discussed During ANY Prenatal Care Visit by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
What to do if Labor Starts Early	Yes	117 87.3%	167 88.4%	19 95.0%	.998 p=.607
	No	17 12.7%	22 11.6%	1 5.0%	
Total		135 100.0%	188 100.0%	20 100.0%	

Table 79. Counts and Percents for Pregnancy Classes as a Topic Discussed During ANY Prenatal Care Visit by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Pregnancy Classes	Yes	97 72.4%	155 81.6%	15 75.0%	3.904 p=.142
	No	37 27.6%	35 18.4%	5 25.0%	
Total		135 100.0%	188 100.0%	20 100.0%	

Table 80. Counts and Percents for HIV Prevention as a Topic Discussed During ANY Prenatal Care Visit by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
HIV Prevention	Yes	91 67.4%	112 58.9%	16 80.0%	4.936 p=.085
	No	44 32.6%	78 41.1%	4 20.0%	
Total		135 100.0%	190 100.0%	20 100.0%	

Table 81. Counts and Percents for HIV Blood Tests as a Topic Discussed During ANY Prenatal Care Visit by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
HIV Blood Tests	Yes	121 89.6%	162 86.2%	17 85.0%	.975 p=.614
	No	14 10.4%	26 13.8%	3 15.0%	
Total		135 100.0%	190 100.0%	20 100.0%	

Table 82. Counts and Percents for Physical Abuse to Women by Their Partners as a Topic Discussed During ANY Prenatal Care Visit by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Physical Abuse to women by Their Partners	Yes	69 52.3%	84 44.7%	10 50.0%	1.827 p=.401
	No	63 47.7%	104 55.3%	10 50.0%	
Total		135 100.0%	190 100.0%	20 100.0%	

Table 83. Counts and Percents for Taking The Vitamin Folic Acid to Prevent Birth Defects as a Topic Discussed During ANY Prenatal Care Visit by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Taking Folic Acid to Prevent Birth Defects	Yes	105 77.8%	140 74.5%	14 70.0%	.814 p=.666
	No	30 22.2%	48 25.5%	6 30.0%	
Total		135 100.0%	190 100.0%	20 100.0%	

Racial Concurrence of Patient and Prenatal Provider

Table 84. Counts and Percents for Racial Concurrence of Mother and Prenatal Care Provider by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Race or Ethnic Group of Provider	Same	68 50.4%	88 46.1%	6 30.0%	.8166 p=.086
	Different	66 48.9%	94 49.2%	14 70.0%	
	Not Sure/ Don't Remember	1 .7%	9 4.7%	0 .0%	
Total		135 100.0%	191 100.0%	20 100.0%	

Table 85. Count and Percents for Racial Concurrence of Mother and Prenatal Care Provider Making a Difference in the Care Received by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Race or Ethnic Group of Provider Made a Difference in the Care Received	Yes	4 3.0%	10 5.3%	0 .0%	5.070 p=.280
	No	128 95.5%	178 94.7%	20 100.0%	
	Not Sure/ Don't Remember	2 1.5%	0 .0%	0 .0%	
Total		134 100.0%	188 100.0%	20 100.0%	

Prenatal Care Ratings

Table 86. Comparison of Means of Ratings of Importance of Prenatal Care and Month of Entry into Care by Race of Mother

	Race of Mother							
	African American		European American		Other			p-
	Mean	S.D.	Mean	S.D.	Mean	S.D.	F	value
Importance of Prenatal Care	4.91	.40	4.91	.37	4.85	.37	.209	.812
Month of Entry into Prenatal Care	2.64	1.66	2.53	1.51	2.48	1.07	.216	.806

Table 87. Counts and Percent for Number of Prenatal Care Visits by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Number of Prenatal Care Visits	One to Three Times	5 3.7%	2 1.1%	0 .0%	8.315 p=.216
	Four to Seven Times	15 11.2%	11 5.8%	1 5.0%	
	Eight to Ten Times	32 23.9%	44 23.3%	7 35.0%	
	More than 10 Times	82 61.2%	132 69.8%	12 60.0%	
Total		134 100.0%	189 100.0%	20 100.0%	

Table 88. Count and Percents for Mother's Ratings of Prenatal Care by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Mother's Rating of Prenatal Care	Worse than Expected	9 6.7%	17 8.9%	0 .0%	2.543 p=.864
	About what Expected	59 44.0%	83 43.5%	9 45.0%	
	Better than Expected	65 48.5%	90 47.1%	11 55.0%	
	Not Sure	1 .7%	1 .5%	0 .0%	
Total		134 100.0%	191 100.0%	20 100.0%	

Table 89. Comparison of Means of Ratings of Prenatal Care Provider and Prenatal Care by Race of Mother

	Race of Mother							
	African American		European American		Other			p
	Mean	S.D.	Mean	S.D.	Mean	S.D.	F	value
Average Rating of Prenatal Care Provider	8.70	2.11	8.74	1.65	8.85	1.87	.059	.942
Average Rating of Prenatal Care	8.92	1.72	8.96	1.51	9.05	1.40	.069	.933

Table 90. Counts and Percents for Mothers Who Would Recommend Their Prenatal Care Provider to a Friend of Relative who was Pregnant by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Would Recommend Their Provider to a Friend or Relative Who was Pregnant	Yes	120 89.6%	176 92.1%	18 90.0%	.842 p=.933
	No	13 9.7%	14 7.3%	2 10.0%	
	Not Sure	1 .7%	1 .5%	0 .0%	
Total		134 100.0%	191 100.0%	20 100.0%	

Table 91. Counts and Percents for Mothers Who Would Recommend Their Prenatal Care Provider to Someone Who Does Not Speak English Well by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Would recommend their provider to Someone Who Does Not Speak English Well	Yes	70 52.2%	115 60.2%	12 60.0%	6.295 p=.178
	No	50 37.3%	49 25.7%	7 35.0%	
	Not Sure	14 10.4%	27 14.1%	1 5.0%	
Total		134 100.0%	191 100.0%	20 100.0%	

Table 92. Counts and Percents for Mothers Who Indicated They Could Change Providers if They Wanted to by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Could Change Providers if Desired	Yes	110 82.1%	172 90.5%	18 90.0%	8.688 p=.069
	No	17 12.7%	11 5.8%	0 .0%	
	Not Sure	7 5.2%	7 3.7%	2 10.0%	
Total		134 100.0%	190 100.0%	20 100.0%	

Table 93. Counts and Percents for Mothers Who Indicated They Would Change Providers if it was Easy to Do by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Would Change Providers if Easy to Do	Yes	31 23.1%	28 14.7%	5 25.0%	4.881 p=.300
	No	102 76.1%	160 83.8%	15 75.0%	
	Not Sure	1 .7%	3 1.6%	0 .0%	
Total		134 100.0%	191 100.0%	20 100.0%	

Reasons for Late Entry into Prenatal Care

Table 94. Counts and Percents for Could not Get an Appointment Earlier as a Reason for Not Getting Prenatal Care as Early as Mother desired by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Could Not Get an Appointment Earlier In Pregnancy	No	38 84.4%	52 86.7%	8 88.9%	.174 p=.916
	Yes	7 15.6%	8 13.3%	1 11.1%	
Total		45 100.0%	60 100.0%	9 100.0%	

Table 95. Counts and Percents for Not Enough Money or Insurance to Pay for Prenatal Care Visits as a Reason for Not Getting Prenatal Care as Early as Mother desired by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Not Enough Money Or Insurance To Pay For Visits*	No	40 88.9%	38 63.3%	8 88.9%	10.018 p=.007
	Yes	5 11.1%	22 36.7%	1 11.1%	
Total		45 100.0%	60 100.0%	9 100.0%	

Table 96. Counts and Percents for Did Not Know I was Pregnant as a Reason for Not Getting Prenatal Care as Early as Mother Desired by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Did Not Know I Was Pregnant	No	24 53.3%	33 55.0%	4 44.4%	.351 p=.839
	Yes	21 46.7%	27 45.0%	5 55.6%	
Total		45 100.0%	60 100.0%	9 100.0%	

Table 97. Counts and Percents for No Way to Get to the Clinic or Doctor's Office as a Reason for Not Getting Prenatal Care as Early as Mother Desired by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Had No Way to Get to the Clinic or Doctor's Office	No	43 95.6%	55 91.7%	9 100.0%	1.314 p=.518
	Yes	2 4.4%	5 8.3%	0 .0%	
Total		45 100.0%	60 100.0%	9 100.0%	

Table 98. Counts and Percents for Not Finding a Doctor or Midwife Who Would Take the Mother as a Reason for Not Getting Prenatal Care as Early as Mother Desired by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Could Not Find a Doctor or Midwife Who Would Take Me as a Patient	No	45 100.0%	58 96.7%	9 100.0%	1.832 p=.400
	Yes	0 .0%	2 3.3%	0 .0%	
Total		45 100.0%	60 100.0%	9 100.0%	

Table 99. Counts and Percents for No One to Take Care of Other Children as a Reason for Not Getting Prenatal Care as Early as Mother desired by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
No One to Take Care of Other Children	No	44 97.8%	60 100.0%	9 100.0%	1.547 p=.461
	Yes	1 2.2%	0 .0%	0 .0%	
Total		45 100.0%	60 100.0%	9 100.0%	

Table 100. Counts and Percents for Mother Having Too Many Things Going On as a Reason for Not Getting Prenatal Care as Early as Mother desired by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Had Too Many Things Going on	No	44 97.8%	57 95.0%	8 88.9%	1.527 p=.466
	Yes	1 2.2%	3 5.0%	1 11.1%	
Total		45 100.0%	60 100.0%	9 100.0%	

Reasons for No Prenatal Care

Table 101. Counts and Percents for Could Not Afford Prenatal Care as a Reason for Not Getting Prenatal Care by Race of Mother

		Race of Mother		
		African American	European American	Chi-square
Couldn't Afford It	Yes	2 40%	0 0%	.600 p=.439
	No	3 60.0%	1 100.0%	
Total		5 100.0%	1 100.0%	

Table 102. Counts and Percents for Not Having a Ride to the Doctor as a Reason for Not Getting Prenatal Care by Race of Mother

		Race of Mother		
		African American	European American	Chi-square
Didn't Have A Ride To The Doctor*	Yes	0 0%	1 100.0%	.600 p=.014
	No	5 100.0%	0 .0%	
Total		5 100.0%	1 100.0%	

Table 103. Counts and Percents for Already Knew I Was Pregnant- There Was No Reason to go as a Reason for Not Getting Prenatal Care by Race of Mother

		Race of Mother		
		African American	European American	Chi-square
Already Knew I Was Pregnant- There Was No Reason to Go	Yes	1 20%	1 100.0%	2.400 p=.301
	No	3 60.0%	0 0%	
	Not Sure	1 20.0%	0 0%	
Total		5 100.0%	1 100.0%	

Table 104. Counts and Percents for Mother Being Afraid to Find Out She was Pregnant as a Reason for Not Getting Prenatal Care by Race of Mother

		Race of Mother		
		African American	European American	Chi-square
Afraid to Find Out She was Pregnant	Yes	1 20.0%	1 100.0%	2.400 p=.121
	No	4 80.0%	0 .0%	
Total		5 100.0%	1 100.0%	

Table 105. Counts and Percents for Tried to Go for Prenatal Care, But No Doctor Would See Me as a Reason for Not Getting Prenatal Care by Race of Mother

		Race of Mother		
		African American	European American	Chi-square
Tried to Go for Prenatal Care, But No Doctor Would See Me	Yes	1 20.0%	1 100.0%	.240 p=.624
	No	4 80.0%	0 .0%	
Total		5 100.0%	1 100.0%	

Table 106. Counts and Percents for Not Liking Medical Tests and Procedures as a Reason for Not Getting Prenatal Care by Race of Mother

		Race of Mother		
		African American	European American	Chi-square
Don't Like Medical Tests and Procedures*	Yes	0 0%	1 100.0%	6.000 p=.014
	No	5 100.0%	0 0%	
Total		5 100.0%	1 100.0%	

Table 107. Counts and Percents for Not Having Any Health Insurance as a Reason for Not Getting Prenatal Care by Race of Mother

		Race of Mother		
		African American	European American	Chi-square
Didn't Have Any Health Insurance.	Yes	3 60.0%	0 .0%	1.200 p=.273
	No	2 40.0%	1 100.0%	
Total		5 100.0%	1 100.0%	

Table 108. Counts and Percents for Already Knew What to Do Since I Had Been Pregnant Before as a Reason for Not Getting Prenatal Care by Race of Mother

		Race of Mother		
		African American	European American	Chi-square
Already Knew What To Do Since I Had Been Pregnant Before	Yes	4 60.0%	1 .0%	.240 p=.624
	No	1 40.0%	0 100.0%	
Total		5 100.0%	1 100.0%	

Table 109. Counts and Percents for Not Realizing Being Pregnant for a Long Time as a Reason for Not Getting Prenatal Care by Race of Mother

		Race of Mother		
		African American	European American	Chi-square
Didn't realize I was Pregnant for a Long Time	Yes	3 60.0%	0 .0%	1.200 p=.273
	No	2 40.0%	1 100.0%	
Total		5 100.0%	1 100.0%	

Table 110. Counts and Percents for the Wait is too Long at the Doctor's Office as a Reason for No Prenatal Care by Race of Mother

		Race of Mother		
		African American	European American	Chi-square
The Wait is Too Long at the Doctor's Office	Yes	1 20.0%	1 100.0%	2.400 p=.121
	No	4 80.0%	0 .0%	
Total		5 100.0%	1 100.0%	

Table 111. Counts and Percents for Did Not Know Where to Go as a Reason for No Prenatal Care by Race of Mother

		Race of Mother		
		African American	European American	Chi-square
Didn't Know Where To Go*	Yes	0 0%	1 100.0%	6.000 p=.014
	No	5 100.0%	0 .0%	
Total		5 100.0%	1 100.0%	

Table 112. Count and Percent for Had No One to Take Care of My Children as a Reason for No Prenatal Care by Race of Mother

		Race of Mother		
		African American	European American	Chi-square
Had No One to Take Care of My Children*	Yes	0 0%	1 100.0%	6.000 p=.014
	No	5 100.0%	0 .0%	
Total		5 100.0%	1 100.0%	

Table 113. Count and Percent for Could Not Get an Appointment as a Reason for No Prenatal Care by Race of Mother

		Race of Mother		
		African American	European American	Chi-square
Could Not Get an Appointment with Anyone	Yes	1 20.0%	0 .0%	.240 p=.624
	No	4 80.0%	1 100.0%	
Total		5 100.0%	1 100.0%	

Table 114. Count and Percent for Had Too Many Other Things Going On as a Reason for No Prenatal Care by Race of Mother

		Race of Mother		
		African American	European American	Chi-square
Had Too Many Other Things Going On	Yes	2 40.0%	1 100.0%	1.200 p=.273
	No	3 60.0%	0 0%	
Total		5 100.0%	1 100.0%	

Table 115. Count and Percent for the Wait was too Long to get an Appointment by as a Reason for No Prenatal Care by Race of Mother

		Race of Mother		
		African American	European American	Chi-square
Wait was too Long to get an Appointment	Yes	1 20.0%	0 .0%	2.400 p=.121
	No	4 80.0%	1 100.0%	
Total		5 100.0%	1 100.0%	

Table 116. Counts and Percents for Delivered Baby Before I could get an Appointment as a Reason for No Prenatal Care by Race of Mother

		Race of Mother		
		African American	European American	Chi-square
Delivered Baby Before I Could get an Appointment	Yes	3 60.0%	0 .0%	1.200 p=.273
	No	2 40.0%	1 100.0%	
Total		5 100.0%	1 100.0%	

Table 117. Count and Percents for Going to Appointments for a Different Pregnancy, but No Going Again for this Pregnancy Because of the Treatment Received as a Reason for No Prenatal Care by Race of Mother

		Race of Mother		
		African American	European American	Chi-square
I Went for an Appointment for a Different Pregnancy, but Didn't Go for this One Because of the Way I was Treated Before	Yes	1 20.0%	0 .0%	2.400 p=.121
	No	4 80.0%	1 100.0%	
Total		5 100.0%	1 100.0%	

Ratings of Hospital Experience

Table 118. Comparison of Means of Hospital Satisfaction Ratings by Race of Mother

	Race of Mother							
	African American		European American		Other			
	Mean	S.D.	Mean	S.D.	Mean	S.D.	F	p-value
Satisfaction with the location of the hospital*	3.89	.42	3.72	.67	3.85	.49	3.366	.036
Satisfaction with the location of the hospital to the bus stop*	3.91	.40	3.63	.90	3.73	.91	3.273	.041
Satisfaction with the signs and directions for moving around in the hospital	3.93	.249	3.84	.51	3.95	.224	2.452	.088
Satisfaction with the parking*	3.68	.81	3.40	.99	3.32	1.25	3.980	.020
Satisfaction with the cleanliness of the hospital	3.68	.80	3.82	.53	3.60	.94	2.075	.127
Satisfaction with the comfort of your room	3.79	.621	3.82	.426	3.55	.89	2.203	.112
Satisfaction with the hospital's food?*	2.70	1.27	3.13	1.00	3.26	1.15	6.636	.001
Satisfaction with the cleanliness of the restroom in your room*	3.71	.74	3.81	.63	3.40	1.10	3.25	.040

Table Continued on Next Page

Table 118. (Continued)

	Race of Mother							
	African American		European American		Other			
	Mean	S.D.	Mean	S.D.	Mean	S.D.	F	p-value
Satisfaction with the cleanliness of the restrooms for visitors*	3.68	.811	3.87	.480	3.07	1.21	9.02	.000
Satisfaction with the diaper changing /breastfeeding area*	3.65	.92	3.88	.97	4.15	1.13	6.094	.003

Table 119. Counts and Percents for Having Feelings of Control Over What Happened During Labor and Delivery by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Did You Feel Like You Had Some Control Over What was Happening to You During Your Labor and Delivery*	Yes	89 63.6%	150 78.5%	16 80.0%	10.605 p=.031
	No	50 35.7%	41 21.5%	4 20.0%	
	Not Sure	1 .7%	0 .0%	0 .0%	
Total		140 100.0%	191 100.0%	20 100.0%	

Table 120. Counts and Percents of Labor and Delivery Staff Asking Mother what they Wanted to Happen During Labor and Delivery by Race of Mother

		Race of Mother			Chi-square
		African American	European American	Other	
Did the labor and delivery staff ask you about what you wanted to happen during your labor?	Yes	106 76.3%	143 74.9%	15 75.0%	1.061 p=.900
	No	31 22.3%	43 22.5%	5 25.0%	
	Not Sure	2 1.4%	5 2.6%	0 .0%	
Total		139 100.0%	191 100.0%	20 100.0%	

Table 121. Counts and Percents for Labor and Delivery Staff Allowing Mother to Decide when Family Members Could be Present During Labor by Race of Mother

		Race of Mother			Chi-square
		African American	European American	Other	
Did the Labor and Delivery Staff allow you to Decide when Family Members Could be Present during your Labor?	Yes	115 83.3%	170 89.0%	16 84.2%	2.463 p=.651
	No	22 15.9%	43 10.5%	5 15.8%	
	Not Sure	1 .7%	1 .5%	0 0%	
Total		138 100.0%	191 100.0%	20 100.0%	

Table 122. Counts and Percents for Labor and Delivery Staff Allowing Mother to Decide when Other Support People could be Present During Labor by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Did the Labor and Delivery Staff Allow you to Decide when Other Support People (like a coach or doula) could be Present during your Labor?	Yes	108 78.3%	160 84.7%	15 78.9%	3.012 p=.556
	No	26 18.8%	25 13.2%	4 21.1%	
	Not Sure	4 2.9%	4 2.1%	0 .0%	
Total		138 100.0%	189 100.0%	19 100.0%	

Table 123. Counts and Percents for Labor and Delivery Staff Doing Things that Respected the Mother's Wishes During Labor and Delivery by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Do you feel the labor and delivery staff did things that respected your wishes for labor and delivery?	Yes	125 89.9%	180 94.2%	19 95.0%	3.172 p=.529
	No	12 8.6%	8 4.2%	1 5.0%	
	Not Sure	2 1.4%	3 1.6%	0 .0%	
Total		139 100.0%	191 100.0%	20 100.0%	

Table 124. Counts and Percents for Person Who Delivered the Baby Doing Things that Respected the Mother's Wishes During Labor and Delivery by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Do you feel that the person who delivered your baby did things that respected your wishes for your labor and delivery?	Yes	131 93.6%	184 96.3%	19 95.0%	1.744 p=.783
	No	7 5.0%	5 2.6%	1 5.0%	
	Not Sure	2 1.4%	2 1.0%	0 .0%	
Total		140 100.0%	191 100.0%	20 100.0%	

Table 125. Counts and Percents for Person Who Delivered the Baby Treating Mother with Courtesy and Respect During Labor and Delivery by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Did the person who delivered your baby treat you with courtesy and respect?	Yes	134 95.7%	182 95.3%	19 95.0%	.962 p=.915
	No	5 3.6%	6 3.1%	1 5.0%	
	Not Sure	1 .7%	3 1.6%	0 .0%	
Total		140 100.0%	191 100.0%	20 100.0%	

Table 126. Counts and Percents for Person Who Delivered the Baby Being as Helpful as Mother Thought S/he Should be by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Was the Person Who Delivered Your Baby as helpful as you thought s/he should be?	Yes	129 92.8%	175 92.1%	19 95.0%	2.704 p=.609
	No	10 7.2%	12 6.3%	1 5.0%	
	Not Sure	0 .0%	3 1.6%	0 .0%	
Total		139 100.0%	190 100.0%	20 100.0%	

Table 127. Counts and Percents for Person Who Delivered the Baby Treating Mother in a Friendly Way by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Did the person who delivered your baby treat you in a friendly way?	Yes	133 96.4%	184 96.8%	19 95.0%	2.038 p=.729
	No	4 2.9%	3 1.6%	1 5.0%	
	Not Sure	1 .7%	3 1.6%	0 .0%	
Total		138 100.0%	190 100.0%	20 100.0%	

Racial Concurrence of Patient and Person Who Delivered the Baby

Table 128. Counts and Percents for Racial Concurrence of Mother and Person Who Delivered the Baby by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Was the race or ethnic group of the person who delivered your baby the same or different than yours?	Yes	65 46.8%	85 44.5%	7 35.0%	2.420 p=.659
	No	70 50.4%	98 51.3%	13 65.0%	
	Not Sure	4 2.9%	8 4.2%	0 .0%	
Total		139 100.0%	191 100.0%	20 100.0%	

Table 129. Counts and Percents for Racial Concurrence of Mother and Person Who Delivered the Baby Making a Difference in the Care Received by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Do you think the race or ethnic group of this provider made a difference in the care you received?	Yes	2 1.4%	4 2.1%	0 .0%	2.682 p=.612
	No	135 96.4%	184 97.4%	20 100.0%	
	Not Sure	3 2.1%	1 .5%	0 .0%	
Total		140 100.0%	189 100.0%	20 100.0%	

Respect, Courtesy, and Helpfulness of Provider and Hospital Staff

Table 130. Comparison of Means of Hospital Care Variables by Race of Mother

	Race of Mother							
	African American		European American		Other			
	Mean	S.D.	Mean	S.D.	Mean	S.D.	F	p-value
How often did healthcare providers at the hospital treat you with courtesy and respect?	4.64	.65	4.74	.49	4.55	.76	1.878	.154
How often did the other hospital staff such as receptionist and billing clerks treat you with courtesy and respect?	4.62	.67	4.72	.52	4.63	.68	1.031	.358
How often were the health care professionals at the hospital as helpful as you thought they should be?	4.54	.76	4.63	.61	4.60	.75	.588	.556
How often was the other hospital staff as helpful as you thought they should be?	4.58	.72	4.54	.69	4.60	.75	.170	.844
How often did the health care professionals at the hospital treat you in a friendly way?	4.63	.65	4.75	.49	4.60	.75	2.278	.104
How often did the hospital staff treat you in a friendly way?	4.65	.60	4.69	.55	4.50	.83	1.068	.345

Table Continued on Next Page

Table 126. (continued)

	Race of Mother							
	African American		European American		Other			
	Mean	S.D.	Mean	S.D.	Mean	S.D.	F	p-value
How would you rate your delivery care?	8.93	1.87	8.93	1.71	8.80	2.29	.047	.955
How would you rate the hospital?*	8.66	1.89	9.09	1.30	9.20	1.40	3.277	.039

Table 131. Counts and Percents for Mother's Ratings of Care at the Hospital by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Mother's Rating of Care at the Hospital	Worse than Expected	7 5.0%	8 4.2%	2 10.0%	2.070 p=.913
	About what Expected	72 51.4%	91 47.9%	9 45.0%	
	Better than Expected	60 42.9%	90 47.4%	9 45.0%	
	Not sure	1 .7%	1 .5%	0 .0%	
Total		140 100.0%	190 100.0%	20 100.0%	

Birth Variables

Table 132. Counts and Percents for Method of Delivery by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Vaginal or Cesarean Birth	Vaginal	87 62.6%	126 65.6%	12 60.0%	.478 p=.787
	Cesarean	52 37.4%	66 34.4%	8 40.0%	
Total		139 100.0%	192 100.0%	20 100.0%	

Table 133. Counts and Percents for Sex of Baby by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Sex of Baby	Girl	64 45.7%	91 47.4%	9 45.0%	.114 p=.945
	Boy	76 54.3%	101 52.6%	11 55.0%	
Total		192 100.0%	20 100.0%	20 100.0%	

Table 134. Counts and Percents for Mother's Expectations of the Birth of the Baby by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Expectations on the Birth of the Baby	Worse than Expected	39 27.9%	48 25.0%	6 30.0%	2.452 p=.874
	About what Expected	49 35.0%	60 31.3%	7 35.0%	
	Better than Expected	52 37.1%	83 43.2%	7 35.0%	
	Not sure	0 .0%	1 .5%	0 .0%	
Total		140 100.0%	192 100.0%	20 100.0%	

Table 135. Counts and Percents for Baby Delivered Within Days of the Due Date by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Baby was delivered:	More Than 35 Days Early	1 .7%	5 2.6%	0 .0%	8.274 p=.219
	35 To 22 Days Early	5 3.6%	10 5.3%	0 .0%	
	On Time- 21 Days Early To 14 Days Late	131 95.6%	170 89.5%	19 95.0%	
	More Than 14 Days Late	0 .0%	5 2.6%	1 5.0%	
Total		137 100.0%	190 100.0%	20 100.0%	

Mother's Experiences after Delivery

Table 136. Counts and Percents for Mother Picking a Health Care Provider for the Baby by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Have you picked a health care provider for you new baby?	Yes	103 74.6%	139 72.8%	16 80.0%	.550 p=.759
	No	35 25.4%	52 27.2%	4 20.0%	
Total		138 100.0%	191 100.0%	20 100.0%	

Table 137. Counts and Percents for Barriers to Finding a Pediatrician by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Barriers to finding a pediatrician	Waiting to be Assigned	1 3.4%	0 .0%	1 25.0%	22.450 p=.317
	Too Busy	11 37.9%	20 45.5%	2 50.0%	
	Wants New Doctor	2 6.9%	1 2.3%	0 .0%	
	Still Making the Decision	2 6.9%	1 2.3%	0 .0%	
	Need to Make an Appointment	2 6.9%	0 .0%	0 .0%	
	Insurance Decisions/ Clarifications	3 10.3%	3 6.8%	0 .0%	
	Have Not Found a Provider	1 3.4%	7 15.9%	0 .0%	
	Needs Input or Suggestions	2 6.9%	2 4.5%	1 25.0%	
	Difficulty Finding a Medicaid Provider	0 .0%	1 2.3%	0 .0%	
	Baby was premature	4 13.8%	7 15.9%	0 .0%	
	Other	1 3.4%	2 4.5%	0 .0%	
Total		29 100.0%	44 100.0%	4 100.0%	

Table 138. Counts and Percents for Mother Deciding Amount of Contact with Baby by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Did You Get to Decide the Amount of Contact You had With Your Baby?	Yes	115 82.1%	146 76.4%	17 85.0%	5.754 p=.218
	No	23 16.4%	45 23.6%	3 15.0%	
	Not Sure	2 1.4%	0 .0%	0 .0%	
Total		140 100.0%	191 100.0%	20 100.0%	

Table 139. Counts and Percents for Mother Deciding Feeding Methods by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Did you get to decide how you wanted to feed your baby?	Yes	131 94.2%	184 96.3%	20 100.0%	3.133 p=.536
	No	8 5.8%	6 3.1%	0 0%	
	Not Sure	0 0%	1 .5%	0 0%	
Total		139 100.0%	191 100.0%	20 100.0%	

Table 140. Counts and Percents for Method of Feeding the Baby by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Did you decide to breast feed, bottle feed or both?*	Formula feed only	90 64.7%	75 39.1%	10 50.0%	31.888 p=.000
	Breast feed only	16 11.5%	69 35.9%	5 25.0%	
	Both	30 21.6%	47 24.5%	5 25.0%	
	Haven't Decided Yet	3 2.2%	1 .5%	0 .0%	
Total		139 100.0%	192 100.0%	20 100.0%	

Table 141. Counts and Percents for the Hospital Offering To Teach the Mother to Breastfeed by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Did someone at the hospital offer to teach you how to breastfeed your baby?	Yes	88 62.9%	135 70.7%	14 73.7%	7.606 p=.107
	No	51 36.4%	55 28.8%	4 21.1%	
	Not Sure	1 .7%	1 .5%	1 5.3%	
Total		140 100.0%	191 100.0%	19 100.0%	

Table 142. Counts and Percents for Accepting Help (if offered) with Breastfeeding by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
If Help with Breastfeeding was Offered: Did you accept help?*	Yes	29	84	3	45.932
		29.9%	60.4%	21.4%	
	No	68	54	9	p=.000
		70.1%	38.8%	64.3%	
	Not Sure	0	1	2	
		.0%	.7%	14.3%	
Total		97	139	14	
		100.0%	100.0%	100.0%	

WIC, Insurance and Medicaid

Table 143. Counts and Percents for Use of WIC by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Did you use WIC	Yes	110 79.1%	134 70.5%	13 65.0%	3.881 p=.144
	No	29 20.9%	56 29.5%	7 35.0%	
Total		139 100.0%	190 100.0%	20 100.0%	

Table 145. Counts and Percents for Reasons for Not Using WIC by Race of Mother

		Race of Mother			Chi-square
		African American	European American	Other	
Reasons for Not Using WIC	Did Not Want/Need WIC	6 22.2%	10 18.2%	3 42.9%	23.471 p=606
	Did Not Apply	8 29.6%	10 18.2%	1 14.3%	
	Did not Know I was Pregnant	1 3.7%	2 3.6%	0 .0%	
	Don't Know	3 11.1%	1 1.8%	0 .0%	
	Did Know About WIC	0 .0%	5 9.1%	1 14.3%	
	Hassle, Poor Service, overcrowded/ rude staff	2 7.4%	3 5.5%	0 .0%	
	Waiting until Baby was born	2 7.4%	5 9.1%	0 .0%	
	Hard to contact	0 .0%	3 5.5%	0 .0%	
	Other	1 3.7%	4 7.3%	2 28.6%	
	Premature birth	1 3.7%	0 .0%	0 .0%	
	Wanted to But Didn't	0 .0%	2 3.6%	0 .0%	
	Not eligible	2 7.4%	6 10.9%	0 0%	

Table Continued on next page

Table 145. (Continued).

Reasons for Not Using WIC		Race of Mother		
		African American	European American	Other
	Missed appointment	1 3.7%	2 3.6%	0 0%
	Just started	0 .0%	2 3.6%	0 0%
Total		27 100.0%	55 100.0%	7 100.0%

Table 146. Counts and Percents for Length of Time Pregnancy was Covered By Health Insurance by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
How much of your prenatal care was covered by any type of health insurance, including Medicaid?	None	3 2.2%	2 1.0%	0 .0%	12.409 p=.134
	Only a few months or weeks	1 .7%	1 .5%	1 5.0%	
	Most months	3 2.2%	12 6.3%	0 .0%	
	The entire pregnancy	128 93.4%	177 92.2%	19 95.0%	
	Not sure/ Don't remember	2 1.5%	0 .0%	0 .0%	
Total		137 100.0%	192 100.0%	20 100.0%	

Table 147. Counts and Percents for Mother's Difficulty Paying for Prenatal Care by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Did you have trouble paying for you prenatal care?	Yes	2 1.5%	4 2.1%	1 5.3%	1.219 p=.544
	No	134 98.5%	186 97.9%	18 94.7%	
Total		136 100.0%	190 100.0%	19 100.0%	

Table 148. Counts and Percents for Insurance Coverage for Delivery Care by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Was your delivery care covered by any type of health insurance, including Medicaid	Yes	129 92.8%	182 95.3%	20 100.0%	7.460 p=.113
	No	4 2.9%	8 4.2%	0 .0%	
	Not Sure	6 4.3%	1 .5%	0 .0%	
Total		139 100.0%	191 100.0%	20 100.0%	

Table 149. Counts and Percents for Difficulty Paying for the Birth of Baby by Race of Mother

		Race of Mother			
		African American	European American	Other	Chi-square
Do you think you will have any trouble paying for your baby's birth?	Yes	3 2.2%	6 3.1%	2 10.0%	3.478 p=.176
	No	134 97.8%	185 96.9%	18 90.0%	
Total		137 100.0%	191 100.0%	20 100.0%	

Summary of Statistically Significant Differences

This report presented data tables that compared the responses of lower income mothers from three different race groups in Genesee County: In all, there were 191 analyses that compared the three race groups. Of the 191 comparisons, 44 (23%) revealed differences that were statistically significant, which means the differences were strong enough that we can conclude with 95% confidence that the differences were not due to chance alone. The statistically significant differences are summarized here.

Mother's Demographics

African American Mothers…

- Have .80 more children (on average) compared to European Americans.
- Have .50 fewer adults in household (on average) compared to European Americans.
- Were less likely to be married (15%) compared to European Americans (32%).
- Were less likely to have household income earned from a job or business (67%) compared to European Americans (88%).
- Were more likely to have household income from public assistance (77%) compared to European Americans (46%).

Life Events

African American Mothers…

- Were more likely to have a close family member become very sick or in the hospital in the past 12 months (44%) compared to European Americans (38%).
- Were less likely to have moved to a new address in the past 12 months (44%) compared to European Americans (65%).
- Were more likely to have argued with husband or partner more than usual in the past 12 months (53%) compared to European Americans (26%).

Birth Control

There were no statistically significant race differences.

Becoming Pregnant

African American Mothers…

- Were more likely to report not wanting to be pregnant then or at any time in the future (41%) compared to European Americans (23%).
- Were more likely to go to a doctor to verify pregnancy (50%) compared to European Americans (31%)
- Were less likely to use an in-home pregnancy test to verify pregnancy (41%) compared to European Americans (62%).

The Prenatal Care Experience

African American Mothers were more likely to report that prenatal provider was located in a public health clinic (28%) compared to European Americans (14%).

Making Prenatal Care Appointments

African American Mothers…

- Were less likely to receive appointment reminders on the telephone (31%) compared to European Americans (43%).
- Reported lower average rating of the length of time they waited to see provider (3.3) compared to European Americans (3.7).

Receiving Help and Assistance from Prenatal Care Provider

African American Mothers…

- Were less likely to report help available over the phone when prenatal care office was open (87%) compared to European Americans (94%).
- Were more likely to report that the prenatal care provider offered help with transportation to the office (36%) compared to European Americans (25%).

Prenatal Patient-Provider Communication

African American Mothers…

- Reported lower average ratings of the comfort they felt with the provider (3.9) compared to European Americans (4.2).
- Reported lower average ratings of the respect shown by the provider (4.0) compared to European Americans (4.3).
- Reported lower average ratings of the concern shown by the provider (4.0) compared to European Americans (4.3).
- Reported lower average ratings of the thoroughness of prenatal check-ups (3.9) compared to European Americans (4.2).

Ratings of the Prenatal Care Provider Office, Services, and Support Staff

African American Mothers…

- Reported lower average ratings of the attractiveness of the provider's office (3.5) compared to European Americans (3.7).
- Reported lower average ratings of the availability of people to talk about the food eaten during pregnancy (3.5) compared to European Americans (3.8).
- Reported lower average ratings of helpfulness of advice received on how to keep self and baby healthy during pregnancy (3.8) compared to European Americans (4.2).
- Reported lower average ratings of the care provided being the same for all patients no matter how they pay for the medical care (3.7) compared to European Americans (4.2).
- Reported lower average ratings of there being enough providers to see pregnant women (3.4) compared to European Americans (4.0).
- Reported lower average ratings of there being enough providers to see pregnant women in the community (2.5) compared to European Americans (3.2).
- Reported lower average ratings of how comfortable the nurses or receptionist made them feel (3.8) compared to European Americans (4.1).
- Reported lower average ratings of the respect shown by the receptionists and office staff (3.9) compared to European Americans (4.2).

Topics Discussed at Prenatal Care Visits

African American Mothers were more likely to report discussing the use of a seat belt during pregnancy (69%) compared to European Americans (53%).

Prenatal Care Ratings

There were no statistically significant race differences.

Reasons for Late Entry Into Prenatal Care

African American Mothers were more likely to report not having enough money or insurance as a reason for not getting prenatal care as early as the mother desired (88%) compared to European Americans (63%).

Reasons for No Prenatal Care

There were only six individuals who did not receive prenatal care. The analyses cannot be generalized to a general population.

Ratings of Hospital Experience (Labor, Delivery, Recovery)

African American Mothers…

- Reported higher average ratings of their satisfaction with the location of the hospital where they gave birth (3.9) compared to European Americans (3.7).

- Reported higher average ratings of their satisfaction with the location of the bus stop in relation to the hospital where they gave birth (3.9) compared to European Americans (3.6).

- Reported higher average ratings of their satisfaction with the parking at the hospital where they gave birth (3.7) compared to European Americans (3.4).

- Reported lower average ratings of their satisfaction with the food at the hospital where they gave birth (2.7) compared to European Americans (3.1).

- Reported lower average ratings of their satisfaction with the cleanliness of the restroom in their room at the hospital where they gave birth (3.7) compared to European Americans (3.8).

- Reported lower average ratings of their satisfaction with the cleanliness of the restroom for visitors at the hospital where they gave birth (3.7) compared to European Americans (3.9).

- Reported lower average ratings of their satisfaction with the diaper changing/breastfeeding areas at the hospital where they gave birth (3.7) compared to European Americans (3.9).

- Were less likely to report feeling like they has some control over what was happening during labor and delivery (64%) compared to European Americans (79%).

Racial Concordance of Mother and Prenatal Care Provider

There were no statistically significant race differences.

Respect, Courtesy, and Helpfulness of Provider and Hospital Staff

African American mothers reported lower average ratings of the hospital (8.7) compared to European Americans (9.1).

Birth Variables

There were no statistically significant race differences.

Mother's Experiences after Delivery

African American mothers…

- Were more likely to choose formula feed only as the feeding method for their baby (65%) compared to European Americans (39%).

- Were less likely to accept help with breastfeeding if help was offered (30%) compared to European Americans (60%).

WIC, Insurance, and Medicaid

There were no statistically significant race differences.

Flint/Genesee County Friendly Access℠ Project

Primary Data Report #4

Parent and Caregiver Perspectives on Pediatric Health Care in Genesee County, Michigan: Comparing African American, European American and Other Races

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September, 2005

FR-11D1A primarydatareport#4.091305lk

Parent and Caregiver Perspectives on Pediatric Health Care in Genesee County, Michigan: Comparing African American, European American and Other Races.

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Parent and Caregiver Perspectives on Pediatric Health Care in Genesee County, Michigan: Comparing African American, European American and Other Races.

Executive Summary

The Flint/Genesee County Friendly Access[SM] Project made a commitment to conduct community-wide assessments of how lower income pregnant women and young children experience the health care they receive. To date, the project has (A) collated and summarized aggregated data on low-income children and families in Genesee County, (B) conducted 358 interviews with women hospital patients recovering from giving birth, and (C) conducted 377 interviews with parents and caregivers of young children (ages 6 months to 5 years) receiving pediatric health care.

In a previous report, we summarized the interview responses of parents and caregivers of Medicaid-insured children receiving pediatric health care at six pediatric clinics in Genesee County. In this report, we provide a detailed breakdown of the interview responses of parent and caregivers of children by race of the respondent. We also compare the responses of African American, European American and those of other races from six participating pediatric clinics.

Background and Methods

This study was an activity the Flint/Genesee County Friendly Access[SM] Project, a project of the Greater Flint Health Coalition carried out by the evaluation research faculty and staff at the Prevention Research Center of Michigan at the University of Michigan School of Public Health. While the Friendly Access[SM] Project is funded by a variety of funders in Genesee County, this study was directly funded by a grant from the Ruth Mott Foundation of Flint, Michigan to the Greater Flint Health Coalition and supported by the Lawton and Rhea Chiles Center for Healthy Mothers and Babies at the University of South Florida. Additional support for this study came from Faith Access to Community Economic Development (F.A.C.E.D.) and from the health care providers at six pediatric health care clinics in Genesee County: Genesys Family Health Center (East), Genesys Family Practice Center (West), Hurley Children's Clinic, McLaren Family Practice Residency Center, Hamilton Community Health Network, Main Site, and Hamilton Community Health Network, North Pointe Site.

The report includes background information about the Friendly Access[SM] Project in Genesee County and detailed information about the method used to conduct interviews with parents and caregivers who have brought a child to a pediatric health care clinic. The parents and caregivers who brought a child in for

a pediatric office call that were paid for by Medicaid or by self-pay (uninsured) were eligible for participation in this study. We attempted to have the sub-sample size for each office be proportional to the percent of enrolled Medicaid patients (newborn to five years) at each provider's office. The final sample included 377 parents/caregivers. After the office staff identified and recruited eligible parents/caregivers, a team of trained field interviewers conducted the interviews. The parents/caregivers received a $15 gift certificate after they completed the interview. Data collection began in July 2003 and was completed in June 2004. The topics covered in the interview ranged from measures of access and quality of care to the comprehensiveness, coordination and content of care.

Summary of the Results

The results from the interviews suggest that parents/caregivers are happy with the pediatric care they received. The interviews also highlight some areas where racial disparities may be of concern to pediatric health care providers including: wait times for routine care appointments, understandable communication between the provider and parent/caregiver, and prescribed medications.

The report includes 21 tables of specific results from this study. **In general, there were few analyses (14%) that revealed statistically significant differences between the race groups.** Some of the most prominent, statistically significant results are:

- More parent/caregivers of Other Races than African Americans or European Americans reported that their children had health problems that were likely to last one year or longer.

- Almost twice as many African American as European American children diagnosed with asthma were currently receiving treatment for asthma.

- More African Americans reported taking the child to a public health clinic for pediatric care compared to European Americans or Other Races sample.

- African American parent/caregivers were less likely (52%) to report getting routine care as early as they wanted compared to 64% of European Americans and 77% of Other Races.

- African Americans and Other Races respondents rated the question, if the provider understood what the parent/caregiver said or asked, lower than European Americans rating.

- Almost all parent/caregivers in the three samples spoke the same language as the provider. Few African American and European American parent/caregivers reported speaking a different language than the provider. A higher number of Other Races parent/caregivers reported speaking a different language.

- More respondents of Other Races reported the provider gave them prescriptions than African Americans or and European Americans.

The report concludes with a more detailed summary of the results and with a discussion of methodological concerns that may affect how we interpret the data.

Parent and Caregiver Perspectives on Pediatric Health Care in Genesee County, Michigan: Comparing African American, European American and Other Races.

Background

In June, 2002 The Greater Flint Health Coalition (GFHC) decided to pursue the goal of becoming a "Friendly Access℠" community. The implications of this decision include a commitment to work with The Lawton and Rhea Chiles Center for Healthy Mothers and Babies (Chiles Center), whose staff is responsible for implementing the National Friendly Access℠ Program. Along with the GFHC, the Chiles Center is working with community coalitions in Indianapolis, Inidana, Jacksonville, Florida and East Tennessee to develop, implement and evaluate Community Friendly Access℠ Projects.

The core mission of the National Friendly Access℠ Program is to decrease disparities in the health of mothers and infants by changing the culture of health care delivery systems in ways that increase consumer access, satisfaction, utilization and outcomes. The Friendly Access℠ Program addresses the needs of low-income pregnant women and their children for whom infant mortality rates are disproportionately higher than middle or higher income women and children do. One important reason for this disparity is that a significant number of low-income women and children do not access early, adequate or continuous care. While recognizing the financial barriers to health care access, the Friendly Access℠ Program asserts that the failure to assure adequate health care for low-income mothers and children is also because of cultural, organizational, and communication problems in the health care system that contribute to consumer dissatisfaction.

A key program strategy is to engage the local project communities in a process of changing the culture of health delivery systems by training health care system executives and other high level employees in the principles of customer service developed by the Walt Disney World® Resort. In order to accomplish this goal, the GFHC convened a leadership team and a steering committee to mobilize engagement in the Friendly Access℠ Project and to provide leadership for the project. The leadership team consisted of representatives from the three hospital systems in Genesee County (Genesys Regional Medical Center, Hurley Medical Center, McLaren Regional Medical Center), Mott Children's Health Center, Genesee County Health Department, Faith Access to Community Economic Development (F.A.C.E.D.), Hamilton Community Health Network, the Prevention Research Center of Michigan (PRC), and the Greater Flint Health Coalition. The steering committee consisted of the leadership team members and representatives from a variety of health and human service organizations and agencies serving mothers and children in Flint and Genesee County. All three hospital systems, Mott Children's Health Center, the Health Department, F.A.C.E.D., and Hamilton Community Health Network formed internal teams in

order to implement the Friendly Access℠ principles and practices in their organizations.

To support the development of the leadership team, the steering committee, and the internal teams, the Greater Flint Health Coalition and its partners sponsored the training for 40 health care and human service professionals from Genesee County at the Disney Institute in Lake Buena Vista, Florida in May 2003. The three day training emphasized the principles of customer service developed and implemented at Walt Disney World® Resort and how to apply these principles of customer service to health and human services for women and children.

The development of the strategic plan for the Flint/Genesee County Friendly Access℠ Project is ongoing and is being based, in part, on analyses of data conducted by the Prevention Research Center of Michigan (PRC/MI). The PRC/MI has conducted baseline data analyses of available data sets (secondary data) such as birth certificate records and new data sets (primary data) collected through interviews with perinatal patients (new mothers) and with adults who accompany young children (0-5) for pediatric health visits.

The Present Study

The present study includes the compiled responses of 377 interviews with parents or caregivers of children (ages 6 months to five years), who had come for an appointment with their pediatric health care provider and whose health care was paid for by Medicaid (or another government-sponsored health care plan) or by self-pay (no insurance). Most of the interviews were conducted in a clinic setting at the time of the appointment. If it was more convenient for the parent/caregiver, the interviewer offered to do the interview over the phone. Only three interviews, however, were conducted over the phone.

The interviews cover a variety of topics about the parent/caregiver's experiences with pediatric care. In this report, we present the interview responses from African American, European American and Other Races (Hispanic, more than one race, and other nationalities. These results should provide a general overview of the similarities and differences from the customer's point of view, in the responses of African Americans, European Americans and Other Races in parents/caregivers perception of the pediatric health care system at six clinics in Genesee County.

Methods

In order to study the impact of the Friendly Access[SM] Project on customer perceptions of pediatric health care services, we conducted interviews with parents/caregivers who had brought a child in for a regular check-up or a sick call at one of six pediatric provider's offices in Genesee County Michigan: Hurley Children's Clinic, Genesys Family Practice Center (West), Genesys Family Health Center (East), McLaren Family Practice Residency Center, Hamilton Community Health Network, Main Site and Hamilton Community Health Network, North Pointe Site. This wave of data collection will be considered the baseline assessment for the providers and the community. We plan to collect similar waves of interview data at future dates to track the changes in customer perceptions.

Sample Selection Procedures

The intended population for this study was parents and caregivers for children six months to five years old who had brought a child in for a check-up or a sick call at a clinic or physician's office whose medical care was paid for by Medicaid (government-paid) or paid for by the customer (self-pay) in Genesee County, As a demonstration site for the national Friendly Access[SM] Program, the target sample size was based on two factors: (1) the number of responses needed in a random sample to derive representative estimates of local community parameters; and (2) the number of responses needed to derive stable explanatory models of the factors that influence consumer satisfaction, utilization and outcomes across other program sites. Our target sample size of 380 interviews was derived from the number of children ages zero to five in Genesee County in 2000 as determined by the US Census (31,790) and the minimum sample size determined for 95% confidence level, confidence interval and pooled explanatory models.

This study recruited a "convenience" rather than a representative sample of parents and caregivers in Genesee County because of the logistical difficulties of conducting interviews at a representative sampling of provider settings that served all pediatric patients whose health care is paid for by Medicaid or by self-pay. Our convenience sample was drawn from six pediatric care clinics that had committed to participate in the Flint/Genesee County Friendly Access[SM] Project.

At the six participating pediatric clinics, we employed a quota sampling strategy where the sub-sample size for each provider's office was proportional to the percent of children (ages zero to five) whose health care is paid for by Medicaid (or another government-sponsored health plan) at each site. Each clinic provided us with either a firm count or an estimate of the number of children age zero to five on Medicaid that had been assigned to each site as of May,

2003. The proportional quotas for each site were determined by the total number of Medicaid patients ages zero to five at each site divided by the total count of Medicaid children age zero to five at all six clinics during the same time period. This proportion was applied to our overall target sample size (380) to calculate how many interviews would need to be completed at each facility.

We made adjustments to the sample quotas after we began recruiting. Table 1 below shows the counts of Medicaid enrollment reported by each clinic site, percent of sample size for each clinic, sample target, adjusted targets and completed interviews. In 2003, 68% of the total Medicaid enrollees at all six clinics were enrolled at Hurley Children's Clinic. We established the sample size at Hurley Children's Clinic (n=261) by applying this proportion to the total target sample size (n=380). We used the same method to establish samples sizes for the other five clinics. Our actual count of interviews collected at each site did not meet the target sample sizes (see Table One). In some cases, we increased the sample sizes to create a larger sample size for clinics so that the data would be more generalizable and useful (Hamilton Community Health Network, Main and North Pointe Sites, and Genesys East). We lowered the sample size at Hurley Children's Clinic and McLaren Family Practice Residency Center to accommodate these increases. The McLaren Family Practice Residency Center sample was also lowered because fewer than the expected number of eligible patients came for appointments during the recruitment period. We would have increased the sample size at Genesys East, but we could not due to limited days of access to the clinic.

Recruitment Procedures

A team of trained field interviewers conducted the interviews. The interviewers, contracted by Faith Access to Community Economic Development (F.A.C.E.D.) were community members of Flint/Genesee County. The interviewers were supervised by the authors through the University of Michigan Prevention Research Center. All interviewers attended comprehensive training that included interviewing techniques, cultural competence, the rights of human subjects and study specific protocol.

Patient privacy regulations required that a member of the provider's staff approach each eligible potential participant to determine their interest in participating in the study before the Friendly Access^{SM} interviewer could contact the parent/caregiver's of patients. The clinic staff (generally the nurse or receptionist) identified patients who were eligible to participate in the study (i.e., the child was between the age of six months and five years and the visit was paid for by Medicaid or self-pay).

Table 1. Counts and Percent of Medicaid Enrollment Counts, Sample Target Quotas, Adjusted Sample Target Quotas and Completed Interviews by Pediatric Site.

Pediatric Site	Medicaid Enrollment Counts 2003	Percent of Total Medicaid Enrollment Counts at All Six Sites	Sample Target Quotas (n=380)	Adjusted Sample Target Quotas (n=380)	Completed Interviews (n=377)
Hurley Children's Clinic	5076	68.6%	260	241	241
Genesys Family Health Center (East)	355	4.8%	18	18	18
Genesys Family Practice Center (West)	257	3.5%	15	22	19
McLaren Family Practice Residency Center	985	13.3%	50	29	29
Hamilton Community Health Network, Main Site	435	5.9%	22	42	42
Hamilton Community Health Network, North Pointe Site	290	3.9%	15	28	28
Total	7398	100.0%	380	380	377

Once identified, a member of the nursing staff approached the parent/caregiver and asked them if they would like to participate in the study. A recruitment script (see Appendix 1), was provided to the staff of each office to be read aloud to the parent/caregiver. The script provided the parent/caregiver with general information on the study and notified them that individuals who participated in the study would receive a $15.00 gift card for Target stores as an incentive. If the parent/caregiver expressed interest in learning more about the study the clinic staff notified the interviewer.

The interviewers approached only the parents/caregivers who expressed an interest in participating. Before starting the interview, the interviewer read aloud the informed consent form and asked the parent/caregiver to sign the forms. A copy was provided for the parent/caregiver to keep. We required parents/caregivers under the age of 18 to have parental consent to participate in the study. To protect confidentiality, we only conducted interviews with the parent/caregiver alone. Others in the room were asked to leave for a short time or the interviewer returned at a later time to conduct the interview. At the end of the interview parents/caregivers were given a $15.00 Target Gift Certificate.

As indicated above only parents/caregivers of children insured by Medicaid or self-pay that were six months to five years old were eligible to participate in the study. Clinic staff responsible for identifying eligible patients generally worked Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m. Although some of the pediatric clinics had evening hours, recruitment was only done during daytime hours.

Data Collection and Refusal Rates

Data collection began in July 2003 and was completed in July 2004. During this recruitment period, 381 eligible parents/caregivers were identified by clinic staff and recorded in the interviewer's log. Of this number, only one person refused to be interviewed after having the study explained by the interviewer. Other refusals or missed interviews (e.g., refusals after the nurse read the recruitment script) were not recorded in the interviewer's log as planned. Because of these oversights, we are not able to determine the refusal rate for this study.

The Interview Protocol

The interview (see Appendix) covered a wide range of subject areas. The topics covered in the interview ranged from measures of access and quality of care to the comprehensiveness, coordination and content of care:

- Parent/ Caregiver's Demographics and Background Information

- Child's Demographics and Background Information
- Child's Health and Medical Conditions
- Type and Location of Provider
- Experiences with Making Appointments
- Emergency Room Visits
- Availability of Help and Assistance
- Availability of Transportation and Other Services
- Communication with Pediatric Provider
- Racial Concurrence of the Pediatric Care Provider with the Parent/caregiver
- Ratings of Pediatric Care Staff and Facilities
- Quality of Care
- Ratings of Pediatric Care
- Availability of Prescription Medication
- Health Insurance and Medicaid

The average time for an interview was 43 minutes with a range of ten minutes to 159 minutes. Many of the interviews were disrupted by clinic staff. Despite the interruptions, 70% of the interviews were conducted in 63 minutes or less.

This report examines the distribution of responses of parents/caregivers who participated in the interview. This descriptive analysis includes both average ratings given by the parents/caregivers and percentages of the number of individuals who responded the same way during our interview. The goal of this report is to give a comparison of responses by race (African American, European American and Other Races) to establish a baseline of parents/caregivers of children with Medicaid insurance or uninsured treated at Friendly Access^{SM} Pediatric Sites in Genesee County, Michigan.

Sample Characteristics

The first set of analyses from the interviews provides demographic and background information on the respondents in our study and the children who were brought in for care. We compare the responses categorized by the reported race (African American, European American and Other Races) of the parent/caregiver's in terms of average age, gender, relationship to child, ethnicity, education and housing status. We also note the child's age, gender and ethnicity by race.

Table 2 (below) provides demographic information on the parents/caregivers. We note similarities and differences between the African Americans, European Americans and Other Races in our sample. The average African American interview respondent was slightly older (28 years old.) than the average European American respondent (27 years old). The average of age in

the Other Races sample was older, 31 years old. In the three samples, almost all (African American 91%, European American 91%, and Other Races 77%) of the respondents were female. Most children (African American 85%, European American 89%, Other Races 65%) were brought to the clinics by their mothers.

We noted small differences in educational levels of the respondents. While African American (25%) and European American (23%) were nearly equally likely to have less than a high school education, parent/caregivers in the Other Races sample (35%) were more to report that they had not received a high school diploma. More European Americans (53%) reported that they had earned a high school diploma or G.E.D. Fewer African Americans (40%) and Other Races (29%) had earned a high school diploma or G.E.D. While African Americans and Other Races (35%) in our sample were equally likely to report a more than a high school education, fewer European Americans (25%) reported more than a high school education. These differences were not statistically significant.

There were statistically significant differences between the three subsamples on other demographic variables. Parent/Caregivers in the Other Races sample (35%) were more likely were more likely to report being Hispanic then African Americans (2%) or European Americans (0%).

Table 2. Comparison of Percents and Means of Respondents' Demographic and Background Variables by African American, European American and Other Races.

Demographic and Background Variables	African American (n=257)	European American (n=96)	Other Races (n=17)	Test Statistic
Respondent's Age in Years (ave.)	27.67	26.53	31.0	F=2.43
Gender				
Female	90.7%	90.6%	76.5%	X^2=7.12
Male	5.4%	8.3%	11.8%	
Unreported	3.9%	1.0%	11.8%	
Relationship to Child				
Mother	85.3%	88.5%	64.7%	X^2=11.33
Father	5.0%	8.3%	11.8%	
Grandmother	4.7%	2.1%	11.8%	
Other	5.0%	1.0%	11.8%	

Table 2 continues on next page

Table 2 (continued).

Level of Education				
No High School Diploma	24.7%	22.7%	35.3%	X^2=6.43
High School Diploma or GED	40.4%	52.6%	29.4%	
More than High School	34.9%	24.7%	35.3%	
Respondent's Ethnicity				
Hispanic or Latino	2.0%	0.0%	35.3%	X^2=65.73*
Marital Status				
Married	19.7%	38.1%	41.2%	X^2=26.63*
Never Married	73.2%	49.5%	41.2%	
Divorced, Separated, Widowed	7.1%	12.4%	17.6%	
Currently Employed	41.0%	46.4%	29.4%	X^2=2.27
Sources of Family Income				
Money from a Job or Business	60.1%	80.4%	52.9%	X^2=13.97*
Public Assistance	61.2%	56.7%	41.2%	X^2=2.98
Child Support or Alimony	18.6%	17.5%	11.8%	X^2=.53
Unemployment	11.2%	5.2%	11.8%	X^2=3.08
Social Security, Workman's Comp., Veteran Benefits, Pensions	12.0%	8.2%	17.6%	X^2=1.72
Other	.8%	1.0%	11.8%	X^2=14.62*
Housing				
Children Living in Household (ave.)	2.53	2.19	2.53	F=1.87
Adults Living in Household (ave.)	1.73	1.86	2.27	F=3.72*

*p< .05

While most of the African American (73%) and European American (50%) parents/ caregivers reported that they had never been married, respondents in the Other Races sample (41%) were equally likely to be married as never married. We note other differences in marital status. More respondents in the Other Races sample (18%) reported being divorced, separated or widowed than European Americans (12%) or African Americans (7%). These differences were statistically significant.

We noted small differences in employment status and sources of family income. Most respondents in all three samples reported they were not employed. Still, most of the respondents at the three sites reported having money from a job or business as a family source of income. A statistically significant higher percentage of European Americans (80%) than African Americans (60%) and respondents in the Other Races sample (53%) reported having family income from a job. Many of the parents/caregivers (African American 61%, European American 57%, Other Races 41%) reported receiving money from Public Assistance. Fewer reported receiving child support (African American 19%, European American 18%, and Other Races 12%) or unemployment (African American 11%, European American 5%, and Other Races 12%). Respondents in the Other Races sample (12%) were more likely to report having other types of household income (Child Care Provider, Foster Person Payments, Job Corps, Refugee Aid and Supplemental Children's Health) than African Americans and European Americans (1%). This difference was statistically significant.

If the parent/caregiver who brought the child in for medical care lived with the child, we asked how many people lived in their household. We noted that the parents/caregivers in the three samples lived with an average of between two and three children (African American 2.53, European American 2.19, and Other Races 2.53). We also noted that the parents/caregivers in the Other Races sample lived with an average of between two and three adults (2.27 ave.) compared to African Americans (1.73 ave.) and European Americans (1.86 ave.) adults living in the household. This difference is statistically significant.

In Table 3 (below), we note demographic information on the children brought to the office for medical care. We observed few differences between the samples. The average child was between two and three years old for all three samples. We asked the parent/caregivers if they considered the child Hispanic. We note statistically significant differences in the responses. More respondents in the Other Races sample (35%) than the African American sample (2%) and European Americans (2%) reported the children as Hispanic.

Since we recruited a “convenience” sample for this study, we were interested in checking how well our sample for this study compared to the general population of children whose medical care was paid for by Medicaid or by self-pay. To compare our sample with the general population, we used Medicaid data for Genesee County from February 2003 provided by the State of Michigan. We compared the respondents to US Census 2000 data for the residents of Flint and “out-county” residents (Genesee County with Flint residents removed).

Table 3. Comparison of Percents and Means of Children's Demographic and Background Variables by African American, European American and Other Races.

Demographic and Background Variables	African American (n=257)	European American (n=96)	Other Races (n=17)	Test Statistic
Childs Age in Years (ave.)	2.65	2.62	2.66	F=.01
Gender				
Male	54.1%	48.5%	41.2%	X^2=.1.75
Female	45.9%	51.5%	58.8%	
Child's Ethnicity				
Hispanic or Latino	2.4%	2.1%	35.3%	X^2=48.31*

Table 4. Comparison of Percents of Children's Race and Ethnicity by Friendly Access Pediatric Interviews and Children age 0 to 5 enrolled in Medicaid in Genesee County.

Demographic and Background Variables	Friendly Access Pediatric Sample (n=377)	Genesee County Medicaid (Birth to 5) (N=13,428)[a]
Child's Ethnicity		
Hispanic or Latino	4.3%	4.1%
Child's Race		
African American	71.4%	48.1%
European American	23.0%	49.7%
More than One Race	2.1%	*
Other	3.5%	2.2%

[a] State of Michigan 2003
* Data not available

These comparisons noted important differences in our sample from the population data. In Table 4, we compare the children represented in our sample's data with analogous variables from other data sources. This comparison suggests that our sample of children was different from the children

in Genesee County age birth to 5 years enrolled in Medicaid. Our sample (71%) was more likely to be African American than all children enrolled in Medicaid (48%), and less likely to be European Americans (23%) than those children enrolled in Medicaid (50%) were. Our sample was equally likely as the total Medicaid group to be Hispanic.

In Table 5, we compare the parents/caregivers on our sample with analogous variables from the US Census Bureau for the 2000 Census. These comparisons should be considered with appropriate cautions because the sample of respondents for this study (parents and caregivers) is not representative of all adults who reside in Genesee County. We expected, for instance, that our sample would be younger than the average age of adults in Genesee County. The comparisons suggest that our sample of parents/caregivers had some similarities with adults in Flint, but was very different from the Genesee County adults who live outside of the City of Flint. In our sample, the respondent was more likely to be African American (69.4%) than all adults over 18 in the City of Flint (49.4%) or those who live out-county (6.5%) were. Our sample was nearly equally as likely as the Flint residents to be Hispanic, but more likely to be Hispanic than the out-county residents.

The respondents in our sample also varied from City and out-county residents in education, marital status and employment. Our respondents (32%) were less likely to have a more than high school education than adults over 25 living in the City of Flint (42%) or out-county residents (52%). While 57% of out-county residents and 36% of City of Flint residents were married, only 25% of our respondents reported being married. While 42% of our respondents reported being employed, the rate of employment for persons over 16 in the labor force was 87% in the City and 95% for out-county residents.

We were interested in knowing if there was a relationship between the clinic attended and the race of the respondents. If there was a relationship, differences in responses between the races could be attributable to the clinic site where the child received care, rather than the race of the respondent. In Table 6 (below) we note the percentage of interviews for race of the respondent by pediatric clinic site. We observed a statistically significant difference between the samples. Most of the respondents at Hurley Children's Center were African American (76.6%), less than one-quarter (21%) were European American. Few respondents were of Other Races (3%). We note similar demographics at Hamilton Community Health Network, Main Site (African American 74%, European American 21%, Other Races 5%). There were differences in the remainder of the samples. Respondents at Hamilton Community Health Network, North Pointe Site were more likely to be African American (86%) than European American (15%). At Genesys Family Health Center (East), the population was one-half African American (50%) and one-half European American (50%). At Genesys Family Practice Residency Center (West), the respondent was equally likely to be of Other Races (21%) or African American

(21%) and more likely to be European American (58%). The respondents in our sample at McLaren Family Practice Residency Center were more likely to be European American (55%) than African American (34%) or of Other Races (14%).

Table 5. Comparison of Percents of Parent/Caregiver's Race, Ethnicity, Marital Status, and Education for the Friendly Access[SM] Sample, the City of Flint, and for Genesee County—without the City of Flint.

Demographic and Background Variables	Friendly Access Pediatric Sample (n=377)	City of Flint	Genesee County (without Flint)
Ethnicity [a]		**(n=86,702)**	**(n=229,838)**
Hispanic or Latino	3.5%	2.6%	1.6%
Race [a]		**(n=86,702)**	**(n=229,838)**
African American	69.2%	49.4%	6.5%
European American	26.0%	46.3%	90.3%
More than One Race	1.1%	2.2%	1.2%
Other	3.5%	2.2%	2.0%
Level of Education [a]		**(n=86,702)**	**(n=229,838)**
No High School Diploma	24.9%	27.3%	15.1%
High School Diploma or GED	42.8%	31.8%	33.5%
More than High School	32.4%	41.0%	51.5%
Marital Status [b]		**(n=91,697)**	**(n=243,936)**
Married	25.1%	35.7%	57.1%
Never Married	65.3%	39.0%	24.1%
Divorced, Separated, Widowed	9.1%	25.2%	18.7%
Employment Status [c]		**(n=52,710)**	**(n=155,098)**
Employed	41.9%	87.1%	94.8%

[a] US Census 2000 counts for 18 years and older
[b] US Census 2000 counts for 15 years and older
[c] US Census 2000 counts for 16 years or older in labor force

Table 6. Comparison of Percents of Race of Respondent by Pediatric Clinic Site.

Race Of Respondent	Hurley Children's Center (n=239)	Hamilton Community Health Network, Main Site (n=42)	Hamilton Community Health Network, North Pointe Site (n=27)	Genesys Family Health Center (East) (n=16)	Genesys Family Practice Center (West) (n=19)	McLaren Family Practice Residency Center (n=29)	Test Statistic
African American	76.6%	73.8%	85.2%	50.0%	21.2%	31.0%	X^2=.61.17*
European American	20.5%	21.4%	14.8%	50.0%	57.9%	55.2%	
Other Races	2.9%	4.8%	0.0%	0.0%	21.1%	13.8%	

*p < .05

Results

Child's Current Health Status

We asked for the Parent/caregiver's rating of their child's health and if their child had any ongoing health and behavioral problems (Table 7). We asked the parent/caregiver to rate the child's health on a five point scale (1=excellent, 5=poor). We noted that the average rating for child's health for the three samples was between excellent (1) and very good (2). The standard deviation (SD) was .96 for the African American sample, .88 for the European American sample and .93 for the Other Races, nearly one full point.[1] Few African American (8%) and European American (7%) parents/caregivers indicated that the child had any physical, mental or behavioral problems that were likely to last for one year or longer. A higher number of parent/caregivers in the Other Races sample (29%) indicated that the child had any physical, mental or behavioral problems that were likely to last for one year or longer. This difference is a statistically significant.

We asked the parent/caregiver if the child they brought in for pediatric care had been diagnosed with any of four specific health conditions, and if so, if the child was currently receiving treatment for that condition. Most children did not have speech impairment (African American 4%, European American 2%, Other Races 6%), developmental delay (African American 4%, European American 6%, Other Races 0%), attention deficit hyperactivity disorder (African American 3%, European American 1%, Other Races 0%), or asthma (African American 20%, European American 12%, Other Races 0%). Of those who answered the follow-up question, if the child was currently receiving treatment, we note differences between the samples. While 100% of the European Americans who had been diagnosed with speech impairment were currently receiving treatment, fewer Other Races (50%) and African Americans (25%) received treatment. More European Americans (100%) then African Americans

[1] In this report we also provide standard deviations for the average scores reported in the Tables. The standard deviation (SD) is an index of 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 suggest a greater variety 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 is within one rating point (above or below) the sample's mean rating.

(67%) diagnosed with developmental delay reported currently receiving treatment. All European Americans (100%) and 25% of African Americans diagnosed with attention deficit hyperactivity disorder received treatment. We note a statistically significant difference in the children diagnosed with asthma that were currently receiving treatment, 91% of African Americans compared to 50% of European Americans were currently receiving treatment for asthma.

The Pediatric Care Experience

This section of the report notes the respondents' pediatric care experiences. We include the type, location and length of time with the provider. We also note their experiences making appointments with the providers' office.

In Table 8 we note that nearly all parents/caregivers (African American 92%, European American 99%, Other Races 94%) report that they have a place that they usually take their child for health care. We noted few differences in the type of provider reported by the parent/caregivers. Most respondents (African Americans 79%, European American 68%, Other Races 71%) reported that the pediatric provider was a doctor. More European American parent/caregivers (26%) and those in the Other Races sample (24%) reported that they went to a doctor and a nurse for pediatric care than African Americans (18%).

We also noted statistically significant differences in how the parent/caregiver perceived the provider. More African Americans (88%) reported taking the child to a public health clinic for pediatric care compared to 69% of European Americans and 65% of the Other Races sample. A higher number of respondents in the Other Races sample (29%) and European Americans (23%) reported that their pediatric care providers were located in a group office compared to 6% of African Americans.

Most of the respondents reported that they had been seeing the same provider for more than one year. Around one quarter (African American 29%, European American 27%, Other Races 24%) reported seeing the provider for one year or less. Most of the respondents in the three samples reported that they chose their provider (African Americans 74%, European American 70%, Other Races 82%) Fewer than three out of ten reported being assigned to their provider.

Table 7. Comparison of Percents and Means of Rating of Child's Health, Health Problems and Treatment Status by African American, European American and Other Races.

Child Health Variables	African American (n=257)	European American (n=96)	Other Races (n=17)	Test Statistic
Caregiver's Rating of Child's Health (Ave. 5-point scale: (1= excellent, 5=poor)	Mean=1.93 SD=.96	Mean=1.82 SD=.88	Mean = 1.88 SD=.93	X^2=.46
Percent of Children with Physical, Mental, Behavioral Problems that are Likely to Last One Year or Longer	7.8%	7.4%	29.4%	X^2=13.19*
Health Diagnoses				
Speech Impairment	3.5%	2.1%	5.9%	X^2=1.73
Follow-Up: Percent of children currently receiving treatment for speech impairment	25.0%	100.0%	50.0%	X^2=3.00
Developmental Delay	4.3%	6.3%	0.0%	X^2=8.74
Follow-Up: Percent of children currently receiving treatment for development delay	66.7%	100.0%	0.0%	X^2=1.29
Attention Deficit Hyperactivity Disorder	2.7%	1.0%	0.0%	X^2=2.61
Follow-Up: Percent of children currently receiving treatment for attention deficit hyperactivity disorder	25.0%	100.0%	0.0%	X^2=1.88
Asthma	19.8%	11.5%	0.0%	X^2=9.85
Follow-Up: Percent of children currently receiving treatment for asthma	90.9%	50.0%	0.0%	X^2=15.34*

*p < .05

Table 8. Comparison of Percents of Types of Provider, Location of Provider, Length or Time attending Provider, and Appointment Wait Times by African American, European American and Other Races.

Provider Variable	African American (n=257)	European American (n=96)	Other Races (n=17)	Test Statistic
Have a Place that They Usually Take the Child for Health Care	92.2%	99.0%	94.1%	X^2=5.74
Type Of Provider				
Doctor	78.7%	68.0%	70.6%	X^2=7.74
Doctor and Nurse	15.9%	25.8%	23.5%	
Nurse/Nurse Practitioner	5.0%	4.1%	5.9%	
Other	0.4%	2.1%	0.0%	
Location Of Provider Child Usually Visits				
Public Health Clinic	88.0%	69.1%	64.7%	X^2=35.38*
A Group Office	5.8%	22.7%	29.4%	
Clinic at a Hospital	3.5%	1.0%	5.9%	
Doctor's Office not in a Hospital	2.3%	4.1%	0.0%	
Doctor's Office in a Hospital	0.4%	2.1%	0.0%	
Emergency Room Clinic	0.0%	1.0%	0.0%	
Length of Time going to the Provider				
Less Than Six Months	9.3%	6.2%	5.9%	X^2=4.99
Between Six months and One Year	19.8%	20.6%	17.6%	
One to Two Years	34.5%	43.3%	35.3%	
Three to Four Years	31.0%	25.8%	41.2%	
Five or more Years	5.4%	4.1%	0.0%	
Assignment to Provider				
Chose	74.2%	69.1%	82.4%	X^2=5.10
Assigned	24.2%	26.8%	17.6%	
Other	0.4%	2.0%	0.0%	

*$p < .05$

Making Pediatric Care Appointments

The analysis summarized in Table 9 (below) describes the parents/caregivers' experiences making pediatric care appointments. We noted differences between the samples when asked if they waited a long time on the phone when making an appointment. Few of the Other Races respondents (6%) felt they waited a long time before making an appointment. A higher number of African Americans (15%) and European Americans (16%) reported waited a long time making an appointment. The average reported wait time on the phone was between 5-6 minutes for the African Americans and European Americans, 4-5 minutes for Other Races. Half of the African American (53%) and Other Races (50%) parents/caregivers reported that a person answered the phone when they called to make the appointment. Most European American (50%) parents/caregivers reported that both a person and a machine answered the phone when they called to make the appointment.

When asked about the wait time between making an appointment and actually being seen by the provider when the child was ill, more than half of the respondents at all three samples reported being seen in one day or less (African American 76%, European American 75%, Other Races 65%). Fewer stated that they got in to see the pediatric provider within one week (African Americans 16%, European American 17%, Other Races 24%). Twelve percent of Other Races respondents, six percent of European Americans and four percent of African Americans reported that it took more than one week to get an ill child in to see the provider. We note differences in responses when the parent/caregiver was asked about the wait time between making an appointment and actually being seen by the provider when the child needed routine care (well baby or check-up). European American respondents (42%) were slightly more likely to report being seen in one day or less than the African Americans (40%) or Other Races (35%). Most respondents (African Americans 54%, European American 54.3%, Other Races 59%) reported that it took one week or more to get a routine care appointment with the pediatric provider.

Provider's offices often call or mail cards to remind the family of upcoming appointments. We noted differences in parent/caregiver responses when asked about appointment reminders. Nearly half of the parents/caregivers (African Americans 44%, European American 47%, Other Races 41%) reported that they were reminded for all appointments. Nearly one-third of African Americans (29%) and European Americans (33%) reported never receiving appointment reminders. Fewer parent/caregivers of Other Races (12%) never received appointment reminders. Of those receiving reminders, the most prevalent reminder methods were telephone calls (African Americans 63%, European American 71%, Other Races 69%).

Table 9. Comparison of Percents and Means of Parent/Caregiver's Experiences Making Appointments by African American, European American and Other Races.

Appointment Variable	African American (n=257)	European American (n=96)	Other Races (n=17)	Test Statistic
Wait Time on Phone				
Waited a Long Time Making Appointment	17.8%	15.5%	5.9%	X^2=3.88
Ave. Wait Time on Phone (In Minutes)	Mean =5.79 SD=6.25	Mean =5.46 SD=5.66	Mean=4.88 SD=6.22	F=.24
Phone Call Was Answered By…				
Person	52.8%	43.5%	50.0%	X^2=3.10
Recording	7.7%	6.5%	6.3%	
Both	39.4%	50.0%	43.8%	
Wait Time for Appointment When Ill				
1 Day or Less	76.1%	74.8%	64.7%	X^2=16.68
Less than One Week	16.1%	16.8%	23.5%	
One to Two Weeks	1.6%	4.2%	11.8%	
Two to Four Weeks	1.6%	0.0%	0.0%	
A Month or Longer	0.8%	2.1%	0.0%	
Don't Remember	3.9%	2.1%	0.0%	
Wait Time for Appointment For Routine Care				
1 Day or Less	17.5%	22.7%	17.7%	X^2=7.94
Less than One Week	22.5%	19.6%	17.6%	
One to Two Weeks	19.8%	21.6%	23.5%	
Two to Four Weeks	15.1%	10.3%	11.8%	
A Month or Longer	19.4%	17.5%	23.5%	
Don't Remember	2.7%	4.1%	0.0%	
Other	3.1%	4.1%	5.9%	

Table 9 continues on next page

Table 9 (continued).

Appointment Variable	African American (n=257)	European American (n=96)	Other Races (n=17)	Test Statistic
Receiving Appointment Reminders				
All Appointments	43.6%	46.9%	41.2%	X^2=14.89
Most Appointments	8.6%	7.3%	5.9%	
Some Appointments	8.6%	6.3%	29.4%	
A Few Appointments	9.3%	4.2%	11.8%	
None	28.8%	33.3%	11.8%	
Don't remember	1.2%	2.1%	0.0%	
Follow-Up:	**(n=185)**	**(n=63)**	**(n=13)**	
Reminder Method				
Phone Call	62.7%	71.4%	69.2%	X^2=6.95
Mailing	12.4%	9.5%	23.1%	
Both Phone Call and Mailing	21.6%	14.3%	0.0%	
Other: unclassified responses	3.2%	4.8%	7.7%	
Appointment Wait Time				
Waited More than 30 Minutes to See the Provider	47.1%	43.6%	35.3%	X^2=1.10
Ave. Time Waiting Before Seeing Provider (In Minutes)	Mean=24.09 SD=15.88	Mean=23.91 SD=17.10	Mean=20.94 SD=10.57	X^2=.31
Child brought to the Provider because Ill	35.7%	38.1%	23.5%	X^2=1.35
Made an Appointment for this Visit	84.9%	84.5%	88.2%	X^2=.16
Routine Care Available as early as Respondent Wants	51.6%	63.5%	76.5%	X^2=7.14*

*p < .05

The parents/caregivers were asked about the amount of time spent waiting in the office to see the pediatric care provider. More African Americans (47%) and European Americans (44%) parent/caregivers than Other Races (35%) reported waiting more than 30 minutes to see the provider. We noted the average time spent waiting to see the pediatric provider was about the same for African Americans (24 minutes), European Americans (23 minutes) and Other Races (21 minutes).

More than three in ten African American (36%) and European American (38%) respondents had brought their child in to see the provider because the child was ill. Fewer respondents of Other Races (24%) had brought their child in to see the provider because the child was ill. Nearly all of the parents/caregivers (African American 85%, European American 85%, Other Races 88%) had made an appointment to see the pediatric provider. We noted statistically significant differences in reporting that routine care was available as early as the parent/caregiver wanted. In the African American sample, 52% reported getting routine care as early as they wanted compared to 64% of European Americans and 77% of Other Races.

Receiving Help and Assistance from Pediatric Care Provider

Parent and Caregivers often receive help, advice and other services through their pediatric care providers. As noted below in Table 10, most respondents in the three samples (African American 61%, European American 61%, Other Races 71%) knew that help was available over the phone from the pediatric provider when the office was closed. Similarly, most respondents (African American 78%, European American 83%, Other Races 83%) reported that, if needed, they could get advice over the phone when the office was open.

Most of the parents/caregivers (African American 72%, European American 83%, Other Races 89% reported that they never have difficulty traveling to the pediatric provider's office. However, five percent of African American respondents and two percent of European American respondents indicated that they always had difficulty finding transportation to the pediatric provider. When asked if the provider or someone in the provider's office offered help in getting the patient transportation to the office, less than one in five reported that they were offered help with transportation (African American 16%, European American 17%, Other Races 18%).

We asked the parent/caregiver if their provider makes home visits. We note statistically significant differences in responses. Five percent of African Americans, one percent of European Americans and zero percent of Other Races indicated that the providers at their clinics offered home visits.

Table 10. Comparison of Percents and Means of Parent/Caregiver's Knowledge of Existence of Availability Services by African American, European American and Other Races.

Available Services	African American (n=257)	European American (n=96)	Other Races (n=17)	Test Statistic
Availability of Help and Advice				
Help Available Over the Phone When Office Closed	61.1%	61.9%	70.6%	X^2=1.13
Advice Available Over the Phone When Office Open	77.9%	81.4%	82.4%	X^2=1.53
Transportation				
Have Difficulty Traveling to the Provider's Office				
Never	72.1%	82.5%	88.2%	X^2=8.29
Rarely	10.5%	7.2%	0.0%	
Sometimes	10.9%	8.2%	11.8%	
Usually	1.2%	0.0%	0.0%	
Always	5.4%	2.1%	0.0%	
Provider' Offered Help with Transportation to the Office	15.5%	16.5%	17.6%	X^2=3.11
Provider Makes Home Visits	4.7%	1.0%	0.0%	X^2=11.70*
Provider Conducts Patient Satisfaction Surveys	55.0%	45.4%	29.4%	X^2=14.61*

*p < .05

We asked the parent/caregivers if the provider conducted patient surveys to see if the services were meeting their needs. We note differences between the samples. Fewer patients of Other Races (29%) reported that the provider conducted patient satisfaction surveys than the African American sample (55%) or the European American sample (45%).

Ratings of Pediatric Care Facilities and Office Staff

The next set of analyses (Table 11) identifies specific ratings that the parent/caregiver's gave of their pediatric care provider's office and office staff. The parent/caregiver's rated the pediatric providers' office and equipment on a four point scale (1=unsatisfied, 2=somewhat unsatisfied, 3=somewhat satisfied, 4=satisfied). Most of the average ratings were in the "somewhat satisfied" to "satisfied" range. We noted similarities in the samples. We noted lower ratings in all three samples for: the diaper changing and breast-feeding areas (African American 3.56, European American 3.47, Other Races 2.71), childcare available for other children (African American 3.40, European American 3.19, Other Races 3.10) and things to keep the child busy while waiting (African American 3.51, European American 3.48, Other Races 3.24.

We asked the respondent to rate the provider's office staff. We instructed them to answer always=5, usually=4, sometimes=3, rarely=2 or never=1. In Table 12 (below), we note that in the three samples the parents/caregivers rated the office staff highly. All of the average ratings were between "usually" and "always" values. When compared to the sample of Other Races, we note slightly higher ratings from African Americans and European Americans. The average rating for treating the parent/caregiver with courtesy and respect was nearly "always" (African American 4.71, European American 4.71, Other Races 4.59). The average rating for the office staff being as helpful as the parent/caregiver thought they should be was "usually" to "always" (African American 4.52, European American 4.62, Other Races 4.18). Similar ratings were given to the provider's office staff treating the parent/caregiver in a friendly way (African American 4.64, European American 4.75, Other Races 4.41).

Communications with Pediatric Care Provider

The next set of analyses identifies how the parents/caregivers perceive their communication of the pediatric provider and how often the provider responds to specific situations that might arise during pediatric visits. We also note language differences and report difficulties in communication between the parent/caregiver and the pediatric provider.

The interviewer asked the parent/caregiver questions about being able to talk with their pediatric provider. We asked them to listen to the question, and to think about how often the experience happened to them during the times they brought the child to the provider for care. We instructed them to answer always=5, usually=4, sometimes=3, rarely=2 or never=1. The parents/caregivers' average ratings of communication with the pediatric care providers are listed in Table 13. We noted that in the three samples, almost all of the ratings fell between the "usually" and "always" values. One rating, how often the pediatric provider discussed beliefs and religious practices about health care

Table 11. Comparison of Parent/Caregiver Average Ratings[1] of Satisfaction with Pediatric Care Office Facilities by African American, European American and Other Races.

Pediatric Care Office Facilities	African American (n=257)		European American (n=96)		Other Races (n=17)		Test Statistic
	Mean	SD	Mean	SD	Mean	SD	
Location of The Office	3.85	.43	3.90	.40	4.00	0.0	F=1.42
Location of the Office to a Bus Stop	3.78	.57	3.95	.21	4.00	0.0	F=1.58
Parking	3.70	.71	3.73	.63	3.75	.78	F=.07
Hours the Office Was Open	3.82	.52	3.86	.37	4.00	0.0	F=1.25
Cleanliness of the Office Or Clinic	3.85	.43	3.92	.37	3.88	.33	F=.91
Comfort of the Waiting Room	3.75	.60	3.79	.57	3.76	.56	F=.15
Things (Like Books And Magazines) to Keep Child Busy While Waiting	3.51	.86	3.48	.90	3.24	1.30	F=.76
Things (Like Books And Magazines) to Keep Parent or Caregiver Busy While Waiting	3.22	1.08	3.49	.95	3.35	1.00	F=2.29
Cleanliness of the Restrooms	3.83	.49	3.87	.46	3.86	.36	F=.20
Diaper Changing and Breastfeeding Areas	3.56	.91	3.47	1.06	2.71	1.60	F=2.47
Child Care Available for Other Children	3.40	1.11	3.19	1.28	3.10	1.45	F=.71
Cleanliness of the Exam Rooms	3.80	.53	3.91	.38	3.94	.24	F=2.08

[1] 4-point rating: 1=unsatisfied, 4=satisfied.

Table 12. Comparison of Parent/Caregiver's Average Ratings[1] of Provider's Office Staff by African American, European American and Other Races.

Pediatric Provider's Office Staff	African American (n=257)		European American (n=96)		Other Races (n=17)		Test Statistic
	Mean	SD	Mean	SD	Mean	SD	
Provider's Office Staff Treated Parent/Caregiver with Courtesy and Respect	4.71	.61	4.71	.74	4.59	.62	F=.299
Provider's Office Staff as helpful as they should be	4.52	.79	4.62	.76	4.18	1.19	F=2.28
Provider's Office Staff Treated the parent/caregiver in a Friendly Way	4.64	.69	4.75	.61	4.41	.94	F=.2.07

[1] 5-point rating: 1=never, 5=always.

as part of the pediatric care, was considerably lower than the other ratings. The average ratings for African Americans (1.42), European Americans (1.36) and Other Races (1.00) fall between the "never" and "rarely" values. We note one question, if the provider understood what the parent/caregiver said or asked, has a statistically significant difference in average ratings. European Americans' average rating was 4.62. The ratings for African Americans (4.40) and Other Races (4.41) were lower.

Parents/caregivers also reported how often the provider performed certain services or spoke on specific topics during pediatric visits. They used a five point rating (1=never, 2=rarely, 3=sometimes, 4=usually, 5=always) for their responses. Table 14 (below), shows the average ratings. Most of the average ratings for the questions were between the "usually" and "always" values for African Americans and European Americans. Most of the average ratings for Other Races were between "sometimes" and "usually" and "rarely" and "sometimes". For all three groups, we noted low average ratings for: how often the provider or someone in the provider's office would know if parent/ caregiver had trouble getting or paying for medicine the child needed (African American 3.25, European American 3.66, Other Races 2.93), and if the Provider works with the child's Day Care/preschool for the child's health when necessary (African American 3.25, European American 3.54, Other Races 2.75).

Table 13. Comparison of Parent/Caregiver's Average Ratings[1] of Communication with Pediatric Care Provider by African American, European American and Other Races.

	African American (n=257)		European American (n=96)		Other Races (n=17)		Test
Pediatric Care Office Facilities	**Mean**	**SD**	**Mean**	**SD**	**Mean**	**SD**	**Statistic**
Provider Understood What Respondent Said or Asked	4.40	.80	4.62	.60	4.41	.71	F=3.09*
Parent/Caregiver Comfortable Asking Questions	4.79	.48	4.73	.62	4.75	.58	F=.51
Provider Answered Questions In Understandable Manner	4.50	.77	4.47	.74	4.44	.81	F=.11
Parent/Caregiver Felt Comfortable Telling the Provider About Worries Or Problems	4.56	.89	4.62	.84	4.53	1.06	F=.21
Provider Gave Parent/Caregiver Enough Time To Talk About Worries Or Problems	4.47	.87	4.63	.71	4.14	.86	F=2.57
Provider Discusses Family's Beliefs and Religious Practices About Health Care	1.42	1.08	1.36	.98	1.00	0.0	F=1.14
Ave. Length of Time Provider Spent with Child	16.45	10.8	15.77	6.32	13.53	7.02	F=.82

[1] 5-point rating: 1=never, 5=always.
*p < .05

Perceptions of Care Quality

The next set of analyses examines the parent/caregiver's perceptions of the quality of care provided to the children in the pediatric setting. We note that in the three samples most of the average ratings for the questions were between the "usually" and "always" values (Table 15). We noted that the lowest average ratings were consistent in the three samples. For all three groups, we noted low average ratings for how often the provider talks about child safety, things like car seats, seat belts and accidents (African American 3.89, European American

3.85, Other Races 3.44), how often the provider talks about when the child should begin walking, sitting up and talking (African American 4.10, European American 3.94, Other Races 4.13) and how often the provider asks parent/caregiver for their ideas and opinions when planning treatment and care for the child (African American 3.73, European American 3.89, Other Races 4.00). For African Americans (4.07) and European Americans (3.96) lower ratings were also seen for the question how often is the child taken care of by the same provider. These differences were not statistically significant.

General Ratings of Pediatric Care

The next set of analyses examines the parent/caregiver's ratings of pediatric care (see Table 16). Six out of ten African American respondents (60%) reported that the care they received for the child was about what they expected. Fewer European American (46%) and Other Races (47%) reported that the care they received for the child was about what they expected. Nearly half of European American respondents (47%) and Other Races (47%) reported that the care they received was better than they expected, compared to 37% of African American respondents. Six percent of Other Races, five percent of European Americans and two percent of African Americans reported that the pediatric care received was worse than they expected.

The parents/caregivers in the three samples gave high ratings of the overall pediatric care and pediatric care providers. When asked to rate their pediatric care provider with "0" as the worse provider possible and "10" as the best provider possible, the average ratings for pediatric care providers was 8.50 for African Americans, 8.55 for European Americans and 8.35 for Other Races. Using the same scale, parents/caregivers rated their child's overall pediatric care highly in the three samples (African American 8.69, European American 8.79, Other Races 8.41).

Nearly all the parents/caregivers (African American 93%, European American 93%, Other Races 82%) would recommend their pediatric care providers to a friend or relative. Most respondents (African American 69%, European American 78%, Other Races 65%) would recommend their provider to someone who does not speak English well. More African and European respondents (89%) then Other Races (77%) reported that they could change providers if they desired. Less than one third of all respondents (African American 22%, European American 24%, Other Races 29%) reported that they would change providers if it were easy to do.

Table 14. Comparison of Average Ratings of the Comprehensive Care and Coordination of Care by African American, European American and Other Races.

Comprehensive and Coordinated Care Ratings	African American (n=257)		European American (n=96)		Other Races (n=17)		Test Statistic
	Mean	SD	Mean	SD	Mean	SD	
Provider Knows the Child's Medical History	4.26	.97	4.45	.96	4.31	.87	F=1.26
Provider or Someone in the Provider's Office Would Know if Caregiver had Trouble Getting or Paying for Medicine the Child Needed	3.25	1.72	3.66	1.66	2.93	1.91	F=2.30
Provider Asks about the Medicines Your Child is Taking	4.68	.77	4.68	.93	4.18	1.34	F=.2.91
Provider Talks about the Results of Lab Tests	4.19	1.24	4.37	1.30	3.88	1.46	F=1.25
Provider Arranges Other Health Care if Required	4.34	1.18	4.34	1.31	4.58	.67	F=.24
Provider Follows Up on Child's Visits to Other Health Care Providers	4.10	1.22	4.14	1.29	3.73	1.62	F=.53
Provider Communicates with other Health Providers About Child	4.03	1.28	4.28	1.14	3.42	1.68	F=2.71
Provider Works with Day Care/preschool for Child's Health When Necessary	3.25	1.72	3.54	1.76	2.75	1.91	F=1.13

[1] 5-point rating: 1=never, 5=always.

Table 15. Comparison of Parent/Caregiver's Average Ratings[1] of Quality of Care by African American, European American and Other Races.

Comprehensive and Coordinated Care Ratings	African American (n=257)		European American (n=96)		Other Races (n=17)		Test Statistic
	Mean	SD	Mean	SD	Mean	SD	
Child is Taken Care of by the Same Provider Each Time	4.07	1.67	3.96	1.24	4.69	.60	F=2.68
Provider Explains Things to Parent/Caregiver's Satisfaction	4.54	.73	4.61	.64	4.47	.80	F=.45
Provider Spends Enough Time	4.39	.87	4.43	.94	4.35	1.06	F=.09
Provider Listens to Parent/ Caregiver	4.62	.64	4.69	.55	4.59	.62	F=.48
Provider Talks about Keeping Your Child Healthy	4.58	.85	4.66	.64	4.29	1.11	F=1.51
Provider Talks about Child Safety (Car Seats, Seat Belts and Accidents)	3.89	1.45	3.85	1.42	3.44	1.83	F=.75
Provider Talks About Child's Growth	4.44	1.01	4.55	.87	4.18	1.29	F=1.14
Provider Talks About Child's Behavior in General (When s/he should begin walking, sitting up and talking)	4.10	1.27	3.94	1.35	4.13	1.36	F=.58
Provider Asks Parent/Caregiver for Their Ideas and Opinions when Planning Treatment and Care for the Child	3.73	1.43	3.89	1.41	4.00	1.60	F=.57

[1] 5-point rating: 1=never, 5=always.

Table 16. Comparison of Percents and Means of Pediatric Care Ratings by African American, European American and Other Races.

Pediatric Care Ratings	African American (n=257)	European American (n=96)	Other Races (n=17)	Test Statistic
Parents/caregivers' Rating of Pediatric Care				
Better Than Expected	36.8%	47.4%	47.1%	
About What Expected	60.1%	46.4%	47.1%	
Worse Than Expected	2.3%	5.2%	5.9%	X^2=7.15
Not Sure	0.8%	1.0%	0.0%	
Ave. Rating of Pediatric Care Provider (0-10 rating: 0=low, 10=high)	Mean=8.50 SD=1.62	Mean=8.55 SD=1.79	Mean=8.35 SD=1.77	X^2=.10
Ave. Rating of Pediatric Care (0-10 rating: 0=low, 10=high)	Mean=8.69 SD=1.51	Mean=8.79 SD=1.58	Mean=8.41 SD=1.58	X^2=.49
Would Recommend Their Provider to a Friend or Relative	92.6%	92.8%	82.4%	X^2=7.17
Would Recommend Their Provider to Someone Who Does Not Speak English Well	69.0%	78.4%	64.7%	X^2=.4.00
Could Change Providers if Desired	89.9%	89.6%	76.5%	X^2=5.61
Would Change Providers if Easy to Do	21.8%	23.7%	29.4%	X^2=2.07

Language and Interpreters

We asked if the pediatric provider spoke the same language as the parent/caregiver (Table 17). Few African American (6%) and European American (2%) parent/caregivers reported speaking a different language than the provider. A higher number of Other Races parent/caregivers (24%) reported speaking a different language. This difference was statistically significant. We asked follow-up questions to those who reported that they did not speak the same language as the pediatric provider. We note that because of the small

number of respondents (African American n=15, European American n=2, Other Races n=4) it is important to be cautious in reporting, interpreting and generalizing these results. One-half of African Americans (53%) and European Americans (50%) reported that they need did need an interpreter. Most respondents of Other Races (75%) who did not speak the same language as the provider reported that they always received the services of an interpreter when needed. Only 20% of African American respondents reported that they always received and interpreter when needed.

Table 17. Comparison of Percents of Parents/Guardians Reports Providers Who Speak a Different Language by African American, European American and Other Races.

Provider Language Variable	African American (n=257)	European American (n=96)	Other Races (n=17)	Test Statistic
Provider Speaks Different Language than the Parent/Caregiver	6.4%	2.1%	23.5%	X^2=11.72*
Follow-Up Questions: When an interpreter was needed, how often did you get one?	**(n=15)**	**(n=2)**	**(n=4)**	
Never	53.3%	50.0%	0.0%	X^2=7.17
Sometimes	0.0%	0.0%	0.0%	
Usually	6.7%	0.0%	0.0%	
Always	20.0%	0.0%	75.0%	
Don't need an Interpreter	20.0%	50.0%	25.0%	
Parent/Caregiver has difficulty speaking with or understanding provider because they speak different languages	**(n=14)**	**(n=2)**	**(n=4)**	
Never	21.4%	0.0%	75.0%	X^2=7.86
Sometimes	35.7%	0.0%	25.0%	
Usually	21.4%	50.0%	0.0%	
Always	21.4%	50.0%	0.0%	

We asked parents/caregivers how often they had difficulty speaking with or understanding the provider because they spoke different languages. We noted differences between the samples. Most respondent of Other Races (75%) who did not speak the same language as the provider reported that they never had a hard time communicating with the provider compared to 21% of African Americans and 0% of European Americans. In the African American (36%) and Other Races (25%) samples, more than one-quarter of parent/caregivers reported that they sometimes had a hard time speaking with the provider. European American respondents were more likely (100%) than European Americans (43%) or Other Races (0%) to report that they usually or always had a hard time speaking with the provider.

Race of Pediatric Care Provider

We asked the parents/caregivers to identify if the race or ethnic group of the provider was the same or different from their own. In Table 18, we note few differences. In the three samples, most parent/caregivers (African American 87%, European American 90%, Other Races 77%) reported that they were a different race than the provider. Another 12% of African Americans, nine percent of European Americans and 18% of respondents of Other Races reported that they were the same race as the provider. Few African Americans (6%) and European Americans (2%) respondents thought that the race or ethnic group of the provider made a difference in the care received. A higher number of Other Races (12%) reported they thought the race or ethnic group of the provider made a difference in the care received.

As a follow-up question, we asked the parents/caregivers who thought that race made a difference, what was different about the care that they received. We note that because of the small number of respondents, (African American n=12, European American n=2, Other Races n=2) it is important to be cautious in reporting, interpreting and generalizing these results. One-third of these parents/caregivers in the African American sample (33%) indicated that the quality of care was higher when there was racial concurrence between the patient and the provider, compared to 50% of the European American sample. One-half of European American respondents and one quarter of African Americans respondents reported communication and language concerns. We note that 17% of the African American respondents and 50% of Other Races respondents reported that a lack of racial concordance resulted in discourteous, offensive, or prejudicial behavior toward the parent/caregiver by provider. Other differences identified by the Parents/caregivers were: cultural differences (African Americans 8%), less time spent with patient (Other Races 50%), foreign doctors being more experienced than American doctors (African Americans 8%) and Asian doctors care more about Asian Babies (African Americans 8%).

Table 18. Comparison of Percents of Parent/Guardian Reports on Race of Pediatric Care Provider by African American, European American and Other Races.

Provider Race Questions	African American (n=257)	European American (n=96)	Other Races (n=17)	Test Statistic
Race or ethnic group of the provider				
Same as Parent/caregiver	11.6%	9.3%	17.6%	X^2=3.41
Different than Parent/ caregiver	86.8%	89.7%	76.5%	
Not sure/ Don't know	1.6%	1.0%	5.9%	
Race or Ethnic Group of the Provider Made a Difference in the Care Received	5.8%	2.1%	11.8%	X^2=5.54
Follow-Up Question: What was different about the care received?	**(n=12)**	**(n=2)**	**(n=2)**	
Higher Quality of Care When Race is the Same	33.3%	50.0%	0.0%	X^2=11.31
Communication/ Language Concerns	25.0%	50.0%	0.0%	
Discourteous/ Offensive/Prejudicial Behavior by Provider	16.7%	0.0%	50.0%	
Cultural Differences	8.3%	0.0%	0.0%	
Less Time Spent with Patient	0.0%	0.0%	50.0%	
Foreign Doctors More Experienced than American Doctors	8.3%	0.0%	0.0%	
Asian Doctors Care More About Asian Babies	8.3%	0.0%	0.0%	

Prescribed Medication

This section of the report notes the parent/caregiver's experiences with obtaining prescriptions for the child. We include the percentage of children who were given a prescription during the last twelve months and if they had any difficulties obtaining the medicine. We also note what type of troubles the parents/caregivers had getting the medication.

We noted differences in the samples when looking at if the provider had given their child a prescription for medicine in the last year (Table 19). More respondents of Other Races (94%) reported the provider gave them prescriptions than African American (62%) and European American (68%). This difference is statistically significant. Of those given a prescription, few reported having difficulties getting the prescription filled (African American 4%, European American 5%, Other Races 7%). We noted the type of troubles the parents/caregivers had getting the medication. The most common response was that Medicaid or insurance would not cover the medication filled (African American 63%, European American 50%, Other Races 0%). Another 25% of African American reported transportation issues.

Table 19. Comparison of Percents of Parent/Guardian Reports on Prescriptions Written for Child Provider by African American, European American and Other Races.

Prescription Questions	African American (n=257)	European American (n=96)	Other Races (n=17)	Test Statistic
Provider has Given Child a Prescription for Medicine in the Last Twelve Months	62.4%	67.7%	94.1%	X^2=7.24*
Caregiver Had Any Trouble Getting The Medicine	4.4%	4.8%	6.7%	X^2=6.47
Follow-Up Question:	**(n=8)**	**(n=2)**	**(n=1)**	
What Type of Trouble?				
Medicaid/Insurance Wouldn't Cover Medicine	62.5%	50.0%	0.0%	X^2=4.35
Transportation	25.0%	0.0%	0.0%	
Other	12.5%	50.0%	100.0%	

*p < .05

Emergency Room Visits

The interviewer asked the parent/caregiver about emergency room visits (Table 20). More than half the respondents (African American 52%, European American 54%, Other Races 63%) reported that the child has been to the emergency room during the last twelve months. Of the children who had been to the emergency room, the average number of visits was higher for African American (2.56) then European American (2.16) or Other Races (2.00). For those children who had at least one visit to the emergency room, more than one-half (African American 55%, European American 67%, Other Races 60%) reported that they went to the emergency room because they could not get in to see their provider when their child was sick. In a separate question we asked if the parent/caregiver had been to the emergency room "when you child was well and needed a check up"; a few children went to the emergency room (African American 6%, European American 2% Other Races 10%) for routine wellness care.

Table 20. Comparison of Percent and Means of Parent/Guardian Reports on Use of Emergency Room by African American, European American and Other Races.

Emergency Room Use Questions	African American (n=257)	European American (n=96)	Other Races (n=17)	Test Statistic
Child had Emergency Room Visits in Last Twelve Months	52.1%	53.6%	62.5%	X^2=.68
Follow-Up Questions:	**(n=126)**	**(n=45)**	**(n=10)**	
Average Number of Visits to the Emergency Room	Mean=2.56 SD=.2.42	Mean=2.16 SD=1.62	Mean=2.00 SD=1.70	F=.74
Went to the Emergency Room because Provider Could Not See the Sick Child	55.2%	66.7%	60.0%	X^2=1.80
Went to the Emergency Room for a Routine Wellness Visit because Provider Could Not See the Child	5.7%	2.3%	10.0%	X^2=1.32

Table 21. Comparison of Percents of Parent/Guardian Reports on Health Insurance and Health Care Payments by African American, European American and Other Races.

Insurance and Health Care Payment Variable	African American (n=257)	European American (n=96)	Other Races (n=17)	Test Statistic
During Last Twelve Months, Child's Health Care was Covered by ANY Health Insurance				
All Year	92.5%	94.7%	93.8%	X^2=4.58
Most Months	6.7%	3.2%	6.3%	
Only a Few Months or Weeks	0.8%	1.1%	0.0%	
None	0.0%	1.1%	0.0%	
Method of Payment for Child's Health Care				
Medicaid or Medical Assistance	94.6%	92.7%	94.1%	X^2=.43
Private Health Insurance	17.3%	23.4%	0.0%	X^2=6.14
Personal Income	8.0%	10.8%	5.9%	X^2=.82
MI-Child	4.7%	9.3%	11.8%	X^2=6.97
Had Trouble Paying for Child's Health Care During Last Twelve Months	3.5%	3.1%	5.9%	X^2=6.17

*p < .05

Medicaid and Health Insurance Coverage

Table 21 below lists the parents/caregivers' experience with insurance and with difficulties paying for pediatric care. Most of the parents/caregivers African American 95% European American 93%, Other Races 94%) reported that the child brought in for care had health insurance for all of the previous year. We asked the parents/caregivers if any of the child's health care was paid by any of a list of sources during the last twelve months. Almost all the children (African American 95%, European American 93%, Other Races 94%) reported coverage by Medicaid during the last twelve months. Some children (African American 17%, European American 23%) reported coverage by private health insurance. Eleven percent of the European American respondents had some of their health care paid by personal income compared to eight percent of African Americans

and six percent of Other Races. Fewer respondents reported being covered by MI-Child (Michigan's CHIP program) (African American 5%, European American 9%, Other Races 12%). We note that although few parent/caregivers (African American 4%, European American 3%, Other Races 6%) reported that they had trouble paying for child's health care during last twelve months, more parent/caregivers of Other Races had trouble paying for the child's health care. This difference is statistically significant.

Summary of Statistically Significant Results

This report presented data tables that compared the responses of lower income parent or caregivers from three different race groups in Genesee County. There were 115 comparisons, 16 (14%) revealed differences that were statistically significant, which means the differences were strong enough that we can conclude with 95% confidence that the differences were not due to chance alone. The statistically significant differences are summarized here.

Parent/Caregiver Demographics

Parent/Caregivers in the Other Races sample (35%) were more likely to report being Hispanic then African Americans (2%) or European Americans (0%).

We noted that the parents/caregivers in the Other Races samples lived with an average of between two and three adults (2.27 ave.) compared to African Americans (1.73 ave.) and European Americans (1.86 ave.) adults living in the household.

While most of the parents/ caregivers (African American 73%, European American 50%) reported that they had never been married, respondents in the Other Races sample (41%) were equally likely to be married as never married. We note other differences in marital status. More respondents in the Other Races sample (18%) reported being divorced, separated or widowed than European Americans (12%) or African Americans (7%).

A statistically significant higher percentage of European Americans (80%) than African Americans (60%) and respondents in the Other Races sample (53%) reported having family income from a job. Respondents in the Other Races sample (12%) were more likely to report having other types of household income (Child Care Provider, Foster Person Payments, Job Corps, Refugee Aid and Supplemental Children's Health) than African Americans and European Americans (1%).

We observed a statistically significant difference in the race of the respondent and the pediatric clinic sites they took the child in for care. Most of the respondents were African American at Hurley Children's Center (77%), Hamilton Community Health Network, Main Site (74%) and Hamilton Community Health Network, North Pointe Site (86%). The respondents were more likely to be European American at Genesys Family Practice Residency Center (West) (58%) and at McLaren Family Practice Residency Center (55%). At Genesys Family Health Center (East), the respondents were equally likely to be African American (50%) as European American (50%). Two clinics, Genesys Family Practice Residency Center (West) (21%) and McLaren Family Practice Residency Center (14%) had samples with higher numbers of respondents of Other Races. The other pediatric sites had less than five percent of respondents

of Other Races (Hamilton Community Health Network, Main Site (5%), Hurley Children's Center (3%), Hamilton Community Health Network, North Pointe Site (0%), Genesys Family Health Center (East) (0%).

Child's Current Health Status

There were no statistically significant race differences.

The Pediatric Care Experience

More African Americans (88%) reported taking the child to a public health clinic for pediatric care compared to 69% of European Americans and 65% of the Other Races sample. A higher number of respondents in the Other Races sample (29%) and European Americans (23%) reported that their pediatric care providers were located in a group office compared to 6% of African Americans.

Few African American (8%) and European American (7%) parents/caregivers indicated that the child had any physical, mental or behavioral problems that were likely to last for one year or longer. A higher number of parent/caregivers in the Other Races sample (29%) indicated that the child had any physical, mental or behavioral problems that were likely to last for one year or longer. We note a statistically significant difference in the children diagnosed with asthma that were currently receiving treatment, 91% of African Americans compared to 50% of European Americans were currently receiving treatment for asthma.

Making Pediatric Care Appointments

In the African American sample, 52% reported getting routine care as early as they wanted compared to 64% of European Americans and 77% of Other Races.

Receiving Help and Assistance from Pediatric Care Provider

We asked the parent/caregiver if their provider makes home visits, five percent of African Americans, one percent of European Americans and zero percent of Other Races indicated that the providers at their clinics offered home visits.

We asked the parent/caregivers if the provider conducted patient surveys to see if the services were meeting their needs. We note differences between the samples. Fewer patients of Other Races (29%) reported that the provider

conducted patient satisfaction surveys than the African American sample (55%) or the European American sample (45%).

Ratings of Pediatric Care Facilities and Office Staff

There were no statistically significant race differences.

Communications with Pediatric Care Provider

We note one question, if the provider understood what the parent/caregiver said or asked, has a statistically significant difference in average ratings. European Americans' average rating was 4.62. The ratings for African Americans (4.40) and Other Races (4.41) were lower.

Perceptions of Care Quality

There were no statistically significant race differences.

General Ratings of Pediatric Care

There were no statistically significant race differences.

Language and Interpreters

Almost all parent/caregivers in the three samples spoke the same language as the provider. Few African American (6%) and European American (2%) parent/caregivers reported speaking a different language than the provider. A higher number of Other Races parent/caregivers (24%) reported speaking a different language.

Race of Pediatric Care Provider

There were no statistically significant race differences.

Prescribed Medication

More respondents of Other Races (94%) reported the provider gave them prescriptions than African American (62%) and European American (68%).

Emergency Room Visits

There were no statistically significant race differences.

Medicaid and Health Insurance Coverage

There were no statistically significant race differences.

Methodological Notes and Cautions

The most important caution regarding this study is that we must recognize that the parents and caregivers who were interviewed were not a representative sample of parents and caregivers throughout Genesee County who bring a Medicaid-insured or self-paying child to a pediatric care visit. The participants in this study were recruited at six pediatric care clinics that are active participants in the Flint/Genesee County Friendly Access[SM] Project. The results of this study should not be generalized to all Medicaid or self-paying children in Genesee County.

A related methodological caution is that this study did not record the number of parents/caregivers who refused to participate after being approached by clinic staff. While we believe that this refusal rate was very low (from discussions with clinic staff), we are unsure of the specific rate.

There was a relationship between the clinic attended and the race of the respondents. Differences in responses between the races could be attributable to the clinic site where the child received care, rather than the race of the respondent.

We did interviews at six pediatric clinics. All of the clinics were located either in or very close to the City of Flint. This sample is likely not representative of Genesee County.

Given that most of the parents/caregivers' ratings of health care were positive, it is important to speculate on possible reasons for these high ratings. One possibility is that pediatric care is generally thought to be highly accessible and satisfying to the parents/caregivers. Across a number of different satisfaction measures in the interviews, most parents/caregivers gave high satisfaction ratings. Another possible explanation for the high satisfaction ratings is that many parents/caregivers may be reluctant to make negative comments or provide negative ratings. The interviews took place in the pediatric setting during office visits. The office staff was involved in recruiting the parents/caregivers and in one clinic our interviewers wore clinic id badges. Even though we assured the parents/caregivers that the interviewers did not work for the provider's office, it is possible that some parents/caregivers would be reluctant to tell negative comments or provide negative ratings of health care services during the interviews. It is also possible that the high satisfaction ratings were due to modest patient expectations regarding the pediatric health care they received.

APPENDIX

1. **Recruitment Script**

2. **The Interview Protocol**

Friendly Access[SM] Interview Recruitment Script for Hamilton Community Health Network

TO BE READ TO THE ADULT (OR TEEN PARENT) WHO BROUGHT THE CHILD FOR HEALTH CARE:

Hamilton Community Health Network Clinic is working with a research team at the University of Michigan. We are trying to learn more about the quality of health care for children.

During today's visit, you might have the opportunity to speak with an interviewer from the University of Michigan research team. The interview would be about your views of your child's health care.

The interview takes about 45 minutes. If you participate in the confidential interview, you will receive a $15 gift certificate.

This interview is voluntary. You can decide to NOT participate and it will NOT affect your child's medical care.

Your doctor and nurses have been informed about the efforts to recruit their patients into this study. If you have the opportunity, would you like to speak to the interviewer and learn more about the study?

OTHER USEFUL INFORMATION:

- BY AGREEING TO SPEAK WITH THE INTERVIEWER, THE PATIENT IS NOT COMMITTING TO BE INTERVIEWED—ONLY TO HEAR MORE ABOUT THE STUDY.
- PARTICIPANTS WILL READ AND SIGN A FULL CONSENT FORM BEFORE BEING INTERVIEWED.
- THE INTERVIEWS ARE VOLUNTARY AND PARTICIPANTS MAY SKIP QUESTIONS OR STOP AT ANY TIME.
- THE PARTICIPANTS WILL RECEIVE THE GIFT CERTIFICATE IMMEDIATELY AFTER THE INTERVIEW.

Friendly Access[SM] Interview Recruitment Script for Hurley Children's Center

TO BE READ TO THE ADULT (OR TEEN PARENT) WHO BROUGHT THE CHILD FOR HEALTH CARE:

Hurley Children's Center is working with a research team at the University of Michigan. We are trying to learn more about the quality of health care for children.

During today's visit, you might have the opportunity to speak with an interviewer from the University of Michigan research team. The interview would be about your views of your child's health care.

The interview takes about 45 minutes. If you participate in the confidential interview, you will receive a $15 gift certificate.

This interview is voluntary. You can decide to NOT participate and it will NOT affect your child's medical care.

Your doctor and nurses have been informed about the efforts to recruit their patients into this study. If you have the opportunity, would you like to speak to the interviewer and learn more about the study?

OTHER USEFUL INFORMATION:

- BY AGREEING TO SPEAK WITH THE INTERVIEWER, THE PATIENT IS NOT COMMITTING TO BE INTERVIEWED—ONLY TO HEAR MORE ABOUT THE STUDY.
- PARTICIPANTS WILL READ AND SIGN A FULL CONSENT FORM BEFORE BEING INTERVIEWED.
- THE INTERVIEWS ARE VOLUNTARY AND PARTICIPANTS MAY SKIP QUESTIONS OR STOP AT ANY TIME.
- THE PARTICIPANTS WILL RECEIVE THE GIFT CERTIFICATE IMMEDIATELY AFTER THE INTERVIEW.

Friendly Access[SM] Interview Recruitment Script for Genesys Regional Medical Center- East and West Clinics

TO BE READ TO THE ADULT (OR TEEN PARENT) WHO BROUGHT THE CHILD FOR HEALTH CARE:

Genesys Regional Medical Center- East and West Clinics are working with a research team at the University of Michigan. We are trying to learn more about the quality of health care for children.

During today's visit, you might have the opportunity to speak with an interviewer from the University of Michigan research team. The interview would be about your views of your child's health care.

The interview takes about 45 minutes. If you participate in the confidential interview, you will receive a $15 gift certificate.

This interview is voluntary. You can decide to NOT participate and it will NOT affect your child's medical care.

Your doctor and nurses have been informed about the efforts to recruit their patients into this study. If you have the opportunity, would you like to speak to the interviewer and learn more about the study?

OTHER USEFUL INFORMATION:

- BY AGREEING TO SPEAK WITH THE INTERVIEWER, THE PATIENT IS NOT COMMITTING TO BE INTERVIEWED—ONLY TO HEAR MORE ABOUT THE STUDY.
- PARTICIPANTS WILL READ AND SIGN A FULL CONSENT FORM BEFORE BEING INTERVIEWED.
- THE INTERVIEWS ARE VOLUNTARY AND PARTICIPANTS MAY SKIP QUESTIONS OR STOP AT ANY TIME.
- THE PARTICIPANTS WILL RECEIVE THE GIFT CERTIFICATE IMMEDIATELY AFTER THE INTERVIEW.

Friendly Access[SM] Interview Recruitment Script for McLaren Regional Medical Center- Pediatric Clinics

TO BE READ TO THE ADULT (OR TEEN PARENT) WHO BROUGHT THE CHILD FOR HEALTH CARE:

McLaren Regional Medical Center- Pediatric Clinics are working with a research team at the University of Michigan. We are trying to learn more about the quality of health care for children.

During today's visit, you might have the opportunity to speak with an interviewer from the University of Michigan research team. The interview would be about your views of your child's health care.

The interview takes about 45 minutes. If you participate in the confidential interview, you will receive a $15 gift certificate.

This interview is voluntary. You can decide to NOT participate and it will NOT affect your child's medical care.

Your doctor and nurses have been informed about the efforts to recruit their patients into this study. If you have the opportunity, would you like to speak to the interviewer and learn more about the study?

OTHER USEFUL INFORMATION:

- BY AGREEING TO SPEAK WITH THE INTERVIEWER, THE PATIENT IS NOT COMMITTING TO BE INTERVIEWED—ONLY TO HEAR MORE ABOUT THE STUDY.
- PARTICIPANTS WILL READ AND SIGN A FULL CONSENT FORM BEFORE BEING INTERVIEWED.
- THE INTERVIEWS ARE VOLUNTARY AND PARTICIPANTS MAY SKIP QUESTIONS OR STOP AT ANY TIME.
- THE PARTICIPANTS WILL RECEIVE THE GIFT CERTIFICATE IMMEDIATELY AFTER THE INTERVIEW.

Friendly Access Baseline Assessment for People Bringing in Pediatric Clients [Final Version Update 6.25.03]

RECRUITMENT INTRODUCTION

INTERVIEWER: Hello, my name is_____, and I'm with the Friendly Access Coalition of [insert community name]. Friendly Access is a new program that's being tried out here in our community. We are trying to find ways to make getting health care for children a better experience. We want to talk with you to hear about your experience in getting health care for your children. With your help we can find ways to make getting health care better and more friendly. If it's okay with you, I'd like to tell you a little more about the study and go through the informed consent with you.

R1. Is the child you brought in for care today between the ages of 6 months and 5 years old?

[ ]No → **"I'm sorry, but we can only talk with people bringing in a child between those ages, so you are ineligible to take part in this study. Thank you for your time and interest."**
[ ]Yes → **{Administer informed consent}**

Thank you so much for agreeing to do this interview. Your opinions are very important to us, and I should only need 20-30 minutes of your time today.

[If respondent says s/he feels there isn't enough time to complete the interview, schedule a day and time for someone to call and do the survey over the phone. Otherwise, go to the script at the bottom of the page.]

[Schedule day and time] Day: _____ Time: _____

Phone number: _____

Respondent's Name:_____

If we can't reach you at that number is there another number we can call to ask someone where you are? Alternative number: _____

Before we start, let me tell you that taking part in this survey is your decision. You have the right to not answer questions or stop the interview at any time. Also remember that I want to hear all of your comments, both good and bad. This is the only we can be sure that changes are made. Whatever you decide, it will not change the health care you usually get or your employment.

[SKIP TO PAGE 4 TO BEGIN INTERVIEW]

Appendix 2

PHONE INTRODUCTION

INTERVIEWER: Hello, my name is _____ . I'm with the Friendly Access Coalition of [insert community name]. Can I speak to <insert name of respondent>. One of our staff members talked to you at <insert name of place> about the study we are doing. Just to remind you, we're doing a survey to find out what you think about the health care your children get.

P1. Is this a good time for you to talk with me?

[ ] Yes → **[Go to 'INTERVIEWER' script]**
[ ] No → Ask: When would be a good time for me to call back?

Record response _____ and say:
"Thank you for your time. I will call back at that time to speak to you."

INTERVIEWER: Let me remind you about the survey. The purpose of this survey is to talk directly with people about their experiences, good or bad, in getting health care for children. Talking to families like yours will help us know what services need to be improved.

We are asking people seeking health care for children who are between 6 months and 5 years of age to be interviewed. The interview will take about 20-30 minutes.

I know you may have been asked this question before, but I need to make sure of your answer.

P2. When someone scheduled this call, was the child you brought in for care between the ages of 6 months and 5 years old?

[ ]No → **"I'm sorry, but we can only talk with people bringing in a child between those ages, so you are ineligible to take part in this study. Thank you for your time and interest."**
[ ]Yes → **[Go to script below]**

Before we begin, let me remind you that taking part in this survey is your decision. You have the right to not answer questions or stop the interview at any time. Whatever you decide, it will not change the health care you usually get or your employment.

As I ask the questions during this survey, please think about the visit you and your child made to the doctor when you were asked you to take part in this survey.

[GO TO NEXT PAGE TO BEGIN INTERVIEW]

Appendix 2

Survey number: _____

Record time interview began: |_|_| : |_|_|

CHILD CHARACTERISTICS

Please tell me the FIRST NAME of the child you brought in for care.

First name _____

1. Is <insert first name>:

[ ]1 Male
[ ]2 Female

2. What is <first name>'s date of birth? Month _____ Day _____ Year _____ [ ] Don't know

If R doesn't know birth date ask: "What is <first name>'s age? _____

3. Do you consider <first name> to be Hispanic or Latino?

[ ]1 Yes
[ ]2 No

4. Do you consider <first name> mostly:

[ ]1 African-American
[ ]2 Caucasian
[ ]3 Native American/American Indian/Alaskan Native
[ ]4 Asian, Asian-American, or Pacific Islander
[ ]5 Something else (Specify):_____

5. What is <first name>'s zip code? _____

6. In what country was <first name> born? _____

7. How are you related to <first name>?

[ ]1 Mother
[ ]2 Father
[ ]3 Stepmother
[ ]4 Stepfather
[ ]5 Grandmother
[ ]6 Grandfather
[ ]7 Foster mother
[ ]8 Foster father
[ ]9 Sister
[ ]10 Brother
[ ]11 Other relative
[ ]12 Legal guardian
[ ]13 Friend
[ ]14 Other (Specify): _____

8. Who usually brings <first name> in for health care?

[ ]1 Mother
[ ]2 Father
[ ]3 Stepmother
[ ]4 Stepfather
[ ]5 Grandmother
[ ]6 Grandfather
[ ]7 Foster mother
[ ]8 Foster father
[ ]9 Sister
[ ]10 Brother
[ ]11 Other relative
[ ]12 Legal guardian
[ ]13 Friend
[ ]14 Other (Specify): _____

PROVIDER CHARACTERISTICS

9. Is there a person or place that you usually take <first name> if he/she is sick or you need advice about his/her health?

[ ]2 No → **[Go to Next Page, Question 11]**
[ ]1 Yes → **[Go to Question 10]**

10. What is the name of this person or place?

Name of person or place: _____

[After writing in name, Go to Question 12]

11. What is the name of the last person or place you took your child to for health care, before today's visit?

Name of person or place: _____

12. We will call this person (or place) your child's provider in all the rest of the questions. When you take your child in for care do you see:

[ ]1 A doctor
[ ]2 A nurse
[ ]3 Or something other than these (Specify): _____

13. Is your provider's office in:

[ ]1 A public health or neighborhood clinic
[ ]2 A clinic at a hospital
[ ]3 A provider's office within a hospital
[ ]4 A provider's office not in a hospital
[ ]5 A group office
[ ]6 An emergency room clinic
[ ]7 Another type of place (Specify): _____
[ ]8 **[DO NOT READ]** Not sure/Don't remember

14. How long has your child been going to this provider? **[DO NOT READ RESPONSES]**

[ ]1 Less than 6 months
[ ]2 Between 6 months and 1 year
[ ]3 1 - 2 years
[ ]4 3 - 4 years
[ ]5 5 or more years
[ ]8 Not sure/Don't remember

15. Did you choose this provider or were you assigned there? **[DO NOT READ RESPONSES]**

[ ]1 You or someone in your family chose
[ ]2 You were assigned
[ ]3 Referred by another doctor/provider
[ ]4 Other (Specify): _____
[ ]8 Not sure/Don't remember

ACCESS

These next two questions ask about the visit you are making today for your child to see the provider.

[For phone interviews: These next two questions ask about the visit your child made to the provider when you were asked to take part in this survey.]

16. Did you bring your child to the provider because s/he is sick?

[ ]1 Yes
[ ]2 No

17. Did you make an appointment for this visit?

[ ]1 Yes
[ ]2 No

Now I'd like to ask you some questions about making appointments. When you listen to each question, think about your experiences getting in to see the provider for health care for your child.

18. In general, do you have to wait a long time on the phone to make appointments for your child with the provider?

[ ]1 Yes
[ ]2 No
[ ]3 Usually schedule in person at provider office → **[SKIP TO QUESTION 21]**
[ ]4 Usually walk-in to see the provider → **[SKIP TO QUESTION 21]**
[ ]8 N/A—Haven't made any appointments over the phone → **[SKIP TO QUESTION 21]**

19. About how many minutes do you usually wait <u>on the phone</u> to make an appointment?

_____ [Record number of minutes]

20. When you call to make an appointment, is your call answered by a person or a recording?

[ ]1 Person
[ ]2 Recording
[ ]3 Both

21. If your child is sick, about how many days do you have to wait between making an appointment and actually being seen by the provider? **[DO NOT READ RESPONSES. CHECK ONE.]**

[ ]1 Same day
[ ]2 1 day
[ ]3 Less than a week
[ ]4 1-2 weeks
[ ]5 2-4 weeks
[ ]6 One month
[ ]7 A month or longer
[ ]8 Don't remember

22. If your child needs routine care like a check up, about how many days do you have to wait between making an appointment and actually being seen by the provider? **[DO NOT READ RESPONSES. CHECK ONE.]**

[ ]1 Same day
[ ]2 1 day
[ ]3 Less than a week
[ ]4 1-2 weeks
[ ]5 2-4 weeks
[ ]6 One month
[ ]7 A month or longer
[ ]8 Don't remember
[ ]10 Other (specify):_____

_____

23. How often does your provider remind you of your appointments? Would you say you are reminded for:

[ ]5 All appointments
[ ]4 Most appointments
[ ]3 Some appointments
[ ]2 A few appointments
[ ]1 Or none of your appointments → **[Go to Question 25]**
[ ]8 **[DO NOT READ]** Don't remember

24. Does your provider remind you about appointments by either calling or sending you something in the mail?

[ ]1 Phone call
[ ]2 Mailing
[ ]3 Both
[ ]4 Other (specify):_____
[ ]8 Don't know

25. When the provider's office is open, could you get advice over the phone if you needed it?

[ ]1 Yes
[ ]2 No
[ ]8 Don't know

26. When the provider's office is closed, is there a phone number you could call for help or advice?

[ ]1 Yes
[ ]2 No
[ ]8 Don't know

27. Can you see the provider as soon as you want for routine care like check ups for your child?

[ ]1 Yes
[ ]2 No

28. If your child is sick, can you see the provider within one day?

[ ]1 Yes
[ ]2 No
[ ]8 Don't know

29. How often do you have a hard time getting transportation to your child's provider's office? Would you say always, usually, sometimes, rarely or never?

[ ]5 Always
[ ]4 Usually
[ ]3 Sometimes
[ ]2 Rarely
[ ]1 Never

30. Does your provider or someone in their office offer help in getting transportation to the office?

[ ]1 Yes
[ ]2 No
[ ]8 Don't know

31. Once you get to the office and check in, do you usually have to wait more than 30 minutes before seeing the provider?

[ ]1 Yes
[ ]2 No

32. Once you get to the office and check in, about how many minutes do you usually have to wait before seeing your child's provider?

_____ [Record number of minutes]

33. In the last 12 months, did you ever take your child to the emergency room?

[ ]1 Yes
[ ]2 No ([GO TO NEXT SECTION, QUESTION 37]

34. In the last 12 months, how many times did you take your child to the emergency room?

_____ [Record number of times]

We know that it's sometimes hard to get your child in to see his/her provider, and this means sometimes the only place you can get help is at the emergency room.

35. In the last 12 months, when your child was sick, how many times have you gone to the emergency room because you couldn't get in to see your child's provider?

_____ [Record number of times]

36. In the last 12 months, when your child was well and needed a check-up, how many times have you gone to the emergency room for because you couldn't get in to see your child's provider?

_____ [Record number of times]

FACILITY CHARACTERISTICS

37. We would like to know your opinion about the place you take your child to see his/her health care provider. Please tell me:

How satisfied are you with the…

		Satisfied	Somewhat Satisfied	Somewhat Unsatisfied	Unsatisfied	NA
a.	Location of your provider's office? Would you say you are satisfied, somewhat satisfied, somewhat unsatisfied, or unsatisfied?	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8
b.	Location of the provider's office to the bus stop?	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8
c.	How satisfied are you with the parking?	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8
d.	Hours the office is open?	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8
e.	Cleanliness of the office?	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8
f.	Comfort of the waiting room?	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8
g.	Things (books, toys, magazines) to keep your child busy while waiting?	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8
h.	Things to keep you busy while waiting?	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8
i.	Cleanliness of the restrooms?	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8

j. Diaper changing/breastfeeding area? [ ]4 [ ]3 [ ]2 [ ]1 [ ]8

k. Child care available for your other children? [ ]4 [ ]3 [ ]2 [ ]1 [ ]8

l. Cleanliness of the exam rooms? [ ]4 [ ]3 [ ]2 [ ]1 [ ]8

COMMUNICATIONS

The next questions are about being able to talk with your child's provider. Again, when you listen to each question, think about how often the experience I'm asking about happened to you. As I ask each question, please answer always, usually, sometimes, rarely, or never.

How often do you…

		Always	Usually	Sometimes	Rarely	Never	DK
38.	Think your child's provider understands what you say or ask?	[ ]5	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8
39.	Feel comfortable asking the provider questions?	[ ]5	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8
40.	Ask questions and the provider answers in ways that you understand?	[ ]5	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8
41.	How often does your provider give you enough time to talk about your worries or problems?	[ ]5	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8
42.	How often do you feel comfortable telling your child's provider about your worries or problems?	[ ]5	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8

43. About how many minutes does the provider usually spend with your child? _____ minutes

44. Was the race or ethnic group of your child's provider the same or different than yours?

[ ]1 Same
[ ]2 Different
[ ]8 Not sure/Don't remember

45. Do you think the race or ethnic group of your provider made a difference in the care your child received?

[ ]1 Yes
[ ]2 No → **[GO TO QUESTION 47]**
[ ]8 Not sure/Don't remember

46. What do you think was different about the care s/he received? _____

_____

_____

47. Does your child's provider speak the same language you do?

[ ]1 Yes → **[SKIP TO THE NEXT SECTION, QUESTION 50]**
[ ]2 No → **[CONTINUE ON WITH QUESTION 48]**

48. When you need an interpreter to help you speak with your child's provider, how often do you get one? Would you say always, usually, sometimes, or never?

[ ]4 Always
[ ]3 Usually
[ ]2 Sometimes
[ ]1 Never
[ ]7 Don't need an interpreter
[ ]8 Not sure/Don't remember

49. How often do you have a hard time speaking with or understanding your child's provider because you speak different languages? Would you say always, usually, sometimes, or never?

[ ]4 Always
[ ]3 Usually
[ ]2 Sometimes
[ ]1 Never
[ ]8 Not sure/Don't remember

COMPREHENSIVE CARE & COORDINATION

The next questions are about things the provider might do when caring for your child. As you listen to each question, think about how often the experience I'm asking about happened to you. As I read each question, please answer always, usually, sometimes, rarely, or never.

		Always	Usually	Sometimes	Rarely	Never	DK
50.	How often do you feel the provider knows your child's medical history?	[ ]5	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8
51.	How often would your provider or someone in the office know if you had trouble getting or paying for medicines your child needed?	[ ]5	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8
52.	How often does your provider ask about the medicines your child is taking?	[ ]5	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8
53.	How often does the provider talk about the results of any lab tests done on your child?	[ ]5	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8

54.	If you child requires other health care, how often does your provider arrange it for your child?	[ ]5	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8

[IF R ANSWERS NOT APPLICABLE, GO TO QUESTION 57]

55.	How often do you think the provider follows up on your child's visits to other health care providers?	[ ]5	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8
56.	How often do you think the provider communicates with other health providers about your child?	[ ]5	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8
57.	When necessary, how often does the provider and your child's daycare/preschool/school work together for your child's health?	[ ]5	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8

[IF R ANSWERS NOT APPLICABLE, GO TO QUESTION 58]

		Always	Usually	Sometimes	Rarely	Never	DK
58.	How often does your provider discuss your family's beliefs and religious practices about health care as part of your child's health care?	[ ]5	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8

QUALITY OF CARE

These next questions ask what you think about the kind of care your child gets from your provider. When you listen to each question, think about how often the experience I'm asking about happened to you. As I read each one, please answer always, usually, sometimes, rarely, or never.

		Always	Usually	Sometimes	Rarely	Never	DK
59.	When you take your child to the provider, how often is s/he taken care of by the same person?	[ ]5	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8
60.	How often does the provider explain things to your satisfaction?	[ ]5	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8
61.	How often does the provider spend enough time with you and your child?	[ ]5	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8
62.	How often does the provider listen to you?	[ ]5	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8
63.	How often does the provider talk with you about keeping your child healthy?	[ ]5	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8

64.	How often does the provider talk to you about safety (like car seats, seat belts, accidents)?	[ ]5	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8
65.	How often does the provider talk to you about your child's growth?	[ ]5	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8
66.	How often does the provider talk to you about your child's behavior in general (like when s/he should begin sitting up, walking, and talking)?	[ ]5	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8
67.	How often does your provider ask you about your ideas and opinions when planning treatment and care for your child?	[ ]5	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8

For these next two questions, please answer yes or no.

		Yes	No	DK
68.	Does anyone at your provider's office make home visits?	[ ]1	[ ]2	[ ]8
		Yes	No	DK
69.	Does your child's provider do patient surveys or questionnaires to see if the services are meeting your needs?	[ ]1	[ ]2	[ ]8

PATIENT SATISFACTION

The next questions ask about the office staff where you take your child for health care. As I read each one, again please answer always, usually, sometimes, rarely, or never.

		Always	Usually	Sometimes	Rarely	Never	DK
70.	How often does your provider's office staff treat you with courtesy and respect?	[ ]5	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8
71.	How often is your provider's office staff as helpful as you think they should be?	[ ]5	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8
72.	How often does the provider's office staff treat you in a friendly way?	[ ]5	[ ]4	[ ]3	[ ]2	[ ]1	[ ]8

For these next four questions, please answer yes or no.

		Yes	No	DK
73.	Would you tell a friend or relative who has a child to go to <u>your</u> child's provider?	[ ]1	[ ]2	[ ]8
74.	Would you tell someone who does not speak English well to go to <u>your</u> child's provider?	[ ]1	[ ]2	[ ]8
75.	Could you change to a different provider if you wanted to?	[ ]1	[ ]2	[ ]8
76.	Would you change your provider if it were easy to do?	[ ]1	[ ]2	[ ]8

77. Thinking about all the <u>care</u> your child has received from this provider, would you say the care was better than you expected, about what you expected, or worse than you expected?

[ ]3 Better than expected
[ ]2 About what expected
[ ]1 Worse than expected
[ ]8 Not sure

78. We want to know your overall rating of your child's <u>provider</u>. Use any number from 0 to 10 where 0 is the worst provider possible, and 10 is the best provider possible. How would you <u>rate your child's provider</u>? **[Circle the answer]**

0 1 2 3 4 5 6 7 8 9 10

79. We want to know your overall rating of your child's <u>health care</u>. Use any number from 0 to 10 where 0 is the worst care possible, and 10 is the best care possible. How would you <u>rate your child's health care</u>? **[Circle the answer]**

0 1 2 3 4 5 6 7 8 9 10

PATIENT HEALTH ASSESSMENT

Now I'd like to ask you some questions about your child's health.

80. Would you say your child's health is:

[ ]1 Excellent
[ ]2 Very good
[ ]3 Good
[ ]4 Fair
[ ]5 Poor

81. In the last 12 months, has your child's provider given you a prescription for medicine to treat your child?

[ ]1 Yes
[ ]2 No → **[GO TO QUESTION 84]**

82. Did you have any trouble getting this medicine?

[ ]1 Yes
[ ]2 No → **[GO TO QUESTION 84]**

83. What kind of trouble did you have?_____

_____

_____

[PROBE: DID ANYONE OFFER TO HELP YOU GET MEDICINES FOR YOUR CHILD?]

84. Does your child have any physical, mental, or behavioral problems that have lasted or are likely to last longer than one year?

[ ]2 No
[ ]8 Don't know/Not sure
[ ]1 Yes (What kind of problems? _____

_____

_____

85. Has your child ever been diagnosed with any of the following:

	Yes	No	NA	DK	
a. Speech impairment	[ ]1	[ ]2	[ ]7	[ ]8	
[IF YES] Is he/she currently getting treatment for it?		[ ]1	[ ]2	[ ]7	[ ]8
b. Developmental delay		[ ]1	[ ]2	[ ]7	[ ]8
[IF YES] Is he/she currently getting treatment for it?		[ ]1	[ ]2	[ ]7	[ ]8

	Yes	No	NA	DK	
c. Attention deficit hyperactivity disorder		[ ]1	[ ]2	[ ]7	[ ]8
[IF YES] Is he/she currently getting treatment for it?		[ ]1	[ ]2	[ ]7	[ ]8
d. Asthma		[ ]1	[ ]2	[ ]7	[ ]8
[IF YES] Is he/she currently getting treatment for it?		[ ]1	[ ]2	[ ]7	[ ]8

INSURANCE/HEALTH CARE FUNDING

Now I have a few questions about how you pay for health care for your child.

86. During the past 12 months, for how long was your child's health care covered by any type of health insurance, including Medicaid. Would you say:

[ ]4 All year
[ ]3 Most months
[ ]2 Only a few months or weeks
[ ]1 None
[ ]8 [DO NOT READ] Not sure/Don't remember

87. During the last 12 months, was any of your child's health care paid by:

		Yes	No	DK
a.	Medicaid or Medical Assistance	[ ]1	[ ]2	[ ]8
b.	Private health insurance or HMO (health maintenance organization)	[ ]1	[ ]2	[ ]8
c.	Your own personal income (cash, check, credit card)	[ ]1	[ ]2	[ ]8
d.	<Insert name of your State Children's Health Insurance Program (S-CHIP)>	[ ]1	[ ]2	[ ]8

e. Any other way (Specify): _____

88. In the last year, did you have trouble paying for your child's health care?

[ ]1 Yes
[ ]2 No ([Go to Question 90]
[ ]8 Don't know ([Go to Question 90]

89. What kind of trouble did you have? (Specify):_____

_____

_____

FAMILY DEMOGRAPHICS/SOCIOECONOMIC CHARACTERISTICS

Finally I'd like to ask a few more questions about you.

90. What is your age? _____

91. Do you consider yourself to be Hispanic or Latino?

[ ]1 Yes
[ ]2 No
[ ]9 Refused to answer

92. Do you consider yourself mostly:

[ ]1 African-American
[ ]2 Caucasian
[ ]3 Native American/American Indian/Alaskan Native
[ ]4 Asian, Asian-American, or Pacific Islander
[ ]5 Something else
(Specify):_____
[ ]9 Refused to answer

93. What is your zip code? _____

94. Are you:

[ ]1 Married
[ ]2 Divorced
[ ]3 Separated
[ ]4 Widowed
[ ]5 Never married
[ ]9 Refused to answer

95. Are you currently employed?

[ ]9 Refused to answer ([SKIP TO QUESTION 97]
[ ]2 No ([Continue with Question 96]
[ ]1 Yes (Are you employed full-time or part-time?
[ ]a Full-time (No matter what the answer
[ ]b Part-time
(ask: 'What is your job title?' _____
[SKIP TO QUESTION 97]

96. Are you: [Read each and check all that apply.]

[ ]1 Retired
[ ]2 A student
[ ]3 Staying home taking care of children
[ ]4 Temporarily not working
[ ]5 Not looking for work
[ ]6 Other (Specify): _____
[ ]9 Refused to answer

97. What is the highest grade or year in school that you completed?

[ ]1 Did not finish high school Include grade if given:_____
[ ]2 Got a high school diploma or GED
[ ]3 Had some college
[ ]4 College degree
[ ]5 Some graduate school
[ ]6 Graduate/Professional degree
[ ]7 Trade school
[ ] 9 Refused to answer

98. Do you live in the same household as <first name>?
[ ]1 Yes
[ ]2 No

INTERVIEWER CHECKPOINT

Review the answer to Question 98. Do you live in the same household as <first name>?
[ ]1 Yes → **[CONTINUE WITH QUESTION 99]**
[ ]2 No → **[SKIP TO NEXT PAGE, END OF INTERVIEW OPEN ENDED QUESTION]**

99. How many babies, children, or teens aged 17 years or younger live in your household?
[Interviewer: If respondent is 17 or younger, be sure to remind her to count herself.]

_____ Babies, children, or teens aged 17 years or younger

100. How many adults aged 18 years or older live in your household? Be sure to count yourself.

_____ Adults aged 18 years or older

101. What language is usually spoken in your home?_____

102. I'm now going to read a list of sources of household income. As I read each one, tell me if it was a source of income for <first name>'s household during the past 12 months? **[READ EACH ONE; CHECK ALL THAT APPLY]**

[ ]1 Money from a job or business
[ ]2 Aid such as TANF (formerly AFDC), public assistance, food stamps, or SSI
[ ]3 Unemployment benefits
[ ]4 Child support or alimony
[ ]5 Social security, worker's compensation, or veteran benefits
[ ]6 Something else I haven't mentioned (Specify): _____
[ ]8 Don't know **[DO NOT READ]**
[ ]9 Refused to answer **[DO NOT READ]**

CONTINUE WITH NEXT PAGE

This is the end of the interview, but before I go, is there anything else you would like to tell me about your experiences getting health care for <first name>?

_____

_____

_____

Thank you for taking the time to answer these questions. The answers will be very valuable in trying to improve health services in your community.

If you have any suggestions or questions about the study, feel free to contact _____ listed on the informed consent form. [Circle contact person's name]

She (or he) would be pleased to speak with you at any time. Also, if you like a copy of the study when it is finished, please tell me.

TELEPHONE INTERVIEWERS: REMEMBER TO GET AN ADDRESS TO SEND THE GIFT CARD

Name:_____

Street:_____ Apt. #:_____

City:_____ State:_____ ZIP Code:_____

Record time interview completed: |_|_|:|_|_|

ADMINISTRATIVE INFORMATION

FA Community (circle): E. Tennessee Flint Indianapolis Jacksonville

Survey administered: [ ]Clinic [ ]Phone [ ]Other (specify):_____

Interviewer's name/number: _____

Date survey conducted: |__|__| |__|__| |__|__|
M M D D Y Y

Survey number: _____

Date survey entered: __ - __ - __ Data entry staff ID: __ __

Date data verified: __ - __ - __ Staff ID __ __

Flint/Genesee County Friendly Access℠ Project

Primary Data Report # 5

Providers' Perspectives on Maternal and Child Health Care Access and Quality In Genesee County, Michigan

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March 2006

Providers' Perspectives on Maternal and Child Health Care Access and Quality in Genesee County, Michigan

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Providers' Perspectives on Maternal and Child Health Care Access and Quality In Genesee County, Michigan

Executive Summary

In this report, we provide a detailed analysis of how providers of medical care perceive the quality and access of medical care to low-income women and children in Genesee County, MI. We also examine job satisfaction rates within the different sub groups of health care providers.

Background and Methods

This study was an activity the Flint/Genesee County Friendly Access^{SM} Project, a project of the Greater Flint Health Coalition carried out by the evaluation research faculty and staff at the Prevention Research Center of Michigan at the University of Michigan School of Public Health. While the Friendly Access^{SM} Project is funded by a variety of funders in Genesee County, this study was directly funded by a grant from the Ruth Mott Foundation of Flint, MI to the Greater Flint Health Coalition and supported by the Lawton and Rhea Chiles Center for Healthy Mothers and Babies at the University of South Florida. Additional support for this study came from Faith Access to Community Economic Development (FACED) and from the health care providers at the three hospitals in Genesee County: Genesys Regional Medical Center, Hurley Medical Center and McLaren Regional Medical Center.

The report includes background information about the Friendly Access^{SM} Project in Genesee County and detailed information about the method used to conduct surveys with providers of health care to low income pregnant women and young children. We conducted four different surveys with samples of (A) pediatric care providers, (B) prenatal care providers, (C) practice office staff, and (D) office managers. The four surveys had some questions that were identical for all four samples. Each survey also had questions that were pertinent to only the sample completing the surveys. Health care providers and their staff members were selected for participation in this study based on two criteria: (A) they were identified as the health care provider by a new mother who participated in a Friendly Access^{SM} customer interview, or (B) they were one of six Friendly Access^{SM} partner pediatric clinics that participated in data collection for the Friendly Access^{SM} customer interviews with parents/caregivers of pediatric clients. The surveys were either mailed, hand delivered to sites, or administrated at on site staff meetings by University of Michigan personnel. As an incentive, all survey participants were entered into a $100.00 lottery. Five randomly selected respondents were awarded $100.

Data collection began in March 2005 and was completed in July 2005. The final sample included 111 completed surveys (69 from support staff, 7 from office managers, 14 from pediatric providers and 21 prenatal providers) from 13 different sites. We had surveys returned by 24% of the eligible individuals. The topics covered in the interview

ranged from measures of access and quality of care, the comprehensiveness, coordination and content of care to employee job satisfaction.

Representativeness of the Samples

Our sampling strategy was designed to survey the health care workers and support staff who provide health care to pregnant women and young children whose health care is paid for through Medicaid or through self-pay. The overall response rate for the survey was low in terms of identified clinics/offices participating (13 of 32) and in terms of identified health care providers and support workers (111 of 467). With the low response rate, the results may not be representative of all the health care providers and support staff identified through our procedures. The demographic characteristics of the respondents suggest a diverse group completed the surveys. While the support staff respondents were 93% female, 41% were African American and 51% were European American. The pediatricians were more likely to be male (57%), while the prenatal providers were more likely to be female. Both groups of providers were more likely to be European American (43%, 52%) or Asian (36%, 19%) than African American (14%, 19%). The education levels and job titles of the support staff sample was also diverse.

Scheduling and Wait Times

The office support staff and office managers also reported on scheduling appointments. A majority of the respondents reported that wait time for non-emergency appointments was "1 day or less" (25%) or "less than one week" (28%). However, 28% of respondents reported that getting an appointment took more than two weeks. The respondents' estimates of wait times for patients in the waiting room varied across the surveyed groups. The support staff's and office managers' average estimate of the patient wait times was 33 minutes. The pediatric providers' average estimate was 18 minutes and the prenatal providers' average estimate was 20 minutes.

Ratings of Staff and Facilities

Ratings of the clinic/office environment also varied across the surveyed groups. Support staff rated the friendliness of the practice higher than pediatric providers and prenatal providers. Support staff, however, rated the attractiveness and comfort of the office lower than pediatric and prenatal providers did. The pediatric providers rated the quality of service lower than prenatal providers and support staff. Support staff rated the courtesy of the staff higher than pediatric provider or prenatal providers.

Ratings of Content of Patient Care

Among the ratings by pediatric providers, the most frequently discussed topics included infant feeding, developmental levels, safety issues, child care/education, changes in growth/behavior. The least frequently discussed topics included impact of child's health on family functioning, community resources for children and families, working and parenting, daily routines, responding to behaviors, and sleep patterns.

Among the ratings by prenatal providers, the most frequently discussed topics included effects of drugs, alcohol use, smoking, HIV tests, breastfeeding, medicine safety and folic acid. The least frequently discussed topics included employment plans, HIV prevention, childcare plans, physical abuse, baby development, and sources of family support. The prenatal providers were also highly likely to report discussing patient preferences during labor and the amount of contact they prefer to have with their baby after the birth. Among the topics discussed by both groups of providers (prenatal, pediatric), the prenatal providers were more likely to discuss alcohol, tobacco, and drug use and other lifestyle and health risk factors. Both groups of providers (prenatal, pediatric) reported lower average frequency ratings for discussing patients' opinions or beliefs before planning treatments than many other discussion topics. Both groups of providers reported lower average ratings of the adequacy of time with each patient. The average time with patients reported by both groups of providers was 21 minutes.

Ratings of Provider Services

The support staff and office managers rated the frequency of services available to patients. The highest rated services were having advice available over the telephone and leaving messages for providers. The lowest frequency ratings were for home visits (which is almost never offered) and having patients talk directly over the phone to providers during business hours. Other high ratings suggest that patients can expect return calls from providers within 24 hours and that there will be someone who will explain test results. The support staff and office managers also indicated whether patients receive certain types of assistance with Medicaid applications. While only 25% of the respondents reported providing no assistance with Medicaid applications, most respondents indicated that specific types of assistance were not available. Just under half of the respondents (43%) reported they had someone available to help patients fill out the application.

The different surveyed groups reported agreement on the frequency of referral services provided to patients. On the 5-point scales, all three groups (support staff, prenatal providers and pediatric providers) reported average ratings over 4.0 for frequency of referring patients to other services. There were slightly lower frequency ratings reported for having someone at the practice who follows up on patient referrals. Roughly two-thirds of the pediatric providers reported offering consultation services during prenatal health care visits.

Ratings of Patients' Perceptions

All three surveyed groups indicated that they thought patients would give higher ratings to the concern shown by the clinical staff and lower ratings for the concern and helpfulness shown by the non-clinical staff. The support staff group's average ratings of how patients would judge the clinical and non-clinical staff were higher than the pediatric providers and the prenatal providers.

Ratings of Patients' Behaviors

The pediatric providers and the prenatal providers both gave low average ratings of their lower-income patients' health behaviors, level of compliance with treatment plans, and quality of parenting skills compared to other ratings they made. The prenatal providers rated the patients' appreciation of provider staff and patients' level of courtesy toward staff higher than the pediatric providers and the support staff respondents.

Ratings of Quality Improvement Practices

The support staff and office managers indicated, on average, that their practices "almost always" engaged in quality improvement practices including reviews of patient outcome information and employee satisfaction surveys to improve quality. Most reported collecting patient surveys (83%) and collecting feedback from practice staff (69%). Most respondents noted that their practice had the capacity to use results to improve the quality of services (81%). Fewer respondents reported collecting feedback from community organizations or advisory boards (33%) or from community health workers (31%). Still fewer reported using analyses of local data or vital statistics (28%), conducting systematic evaluation of programs and services (26%), conducting community surveys (18%), or having patients on the board of directors or advisory committees (14%).

Cultural Diversity and Community Outreach Practices

Nearly all support staff and office managers (91%) indicated that they use translators and interpreters in their practices. A majority (63%) reported they hired staff that reflected the cultural diversity of the population they serve. Fewer respondents reported their practice used culturally sensitive materials (42%), planned services that reflect cultural diversity (34%), or trained staff on cultural diversity using outside instructors (27%). Fewer than half the support staff and office managers reported engaging in community outreach activities such as networking with state and local agencies involved with culturally diverse groups (41%), using outreach workers (36%), involving neighborhood groups and community leaders (33%) or linking with religious organizations and services (25%).

Ratings of Job Satisfaction

All three surveyed groups (support staff, pediatric providers and prenatal providers) reported moderately high average levels of job satisfaction (between 7 and 8.3 on a 0-10 scale) with prenatal providers reporting the highest levels of satisfaction. The prenatal providers and the pediatric providers were more likely than the support staff to agree that their work is challenging and that their job schedule interferes with other life commitments. All three groups had lower levels of agreement that their workload was unmanageable. The support staff and office managers reported lower levels of agreement that they are paid fairly, that there are opportunities for career advancement, and that they have the authority to make necessary decisions. They also

were not likely to agree that job conflicts interfered with patient care or that they feel they have low job security.

Job Resources and Job Conditions (Open-Ended Responses)

In response to open-ended questions about work resources and conditions, the support staff reported what they felt they needed to ensure higher quality services. The content analyses of the responses revealed a range of responses. Some staff wanted larger or different workspace. Others suggested their practices offer other types of medical services or access to medical test or equipment or medications. Some suggested that staff should be happier or more competent. Others suggest the need to increase patient knowledge. Other resources suggested for more effective job performance included computers and office equipment, and access to insurance or charitable funding. All three surveyed groups (support staff, prenatal providers and pediatric providers) provided responses to the open-ended question, "If I could change one thing about my job, I would…." There was a range of responses, but the most prevalent responses included changing work hours, increasing the number of staff, increasing control and responsibility, and increasing pay.

Background

In June 2002, The Greater Flint Health Coalition (GFHC) decided to pursue the goal of becoming a "Friendly Access℠" community. The implications of this decision include a commitment to work with The Lawton and Rhea Chiles Center for Healthy Mothers and Babies (Chiles Center), whose staff is responsible for implementing the National Friendly Access℠ Program. Along with the GFHC, the Chiles Center is working with community coalitions in Indianapolis, IN, Jacksonville, FL and East Tennessee to develop, implement and evaluate Community Friendly Access℠ Projects.

The core mission of the National Friendly Access℠ Program is to decrease disparities in the health of mothers and infants by changing the culture of health care delivery systems in ways that increase consumer access, satisfaction, utilization and outcomes. The Friendly Access℠ Program addresses the needs of low-income pregnant women and their children for whom infant mortality rates are disproportionately higher than those for middle or higher income women and children. One important reason for this disparity is that a significant number of low-income women and children do not access early, adequate, or continuous care. While recognizing the financial barriers to health care access, the Friendly Access℠ Program asserts that the failure to assure adequate health care for low-income mothers and children is also because of cultural, organizational, and communication problems in the health care system that contribute to consumer dissatisfaction.

A key program strategy is to engage the local project communities in a process of changing the culture of health delivery systems by training health care system executives and other high-level employees in the principles of customer service developed by the Walt Disney World® Resort. In order to accomplish this goal, the GFHC convened a leadership team and a steering committee to mobilize engagement in the Friendly Access℠ Project and to provide leadership for the project. The leadership team consisted of representatives the three hospital systems in Genesee County: Genesys Regional Medical Center, Hurley Medical Center and McLaren Regional Medical Center, Mott Children's Health Center, Genesee County Health Department, Faith Access to Community Economic Development (FACED), Hamilton Community Health Network, the Prevention Research Center of Michigan (PRC), and the Greater Flint Health Coalition. The steering committee consisted of the leadership team members and representatives from a variety of health and human service organizations and agencies serving mothers and children in Flint and Genesee County. All three hospital systems, Mott Children's Health Center, the Health Department, FACED and Hamilton Community Health Network formed internal teams in order to implement the Friendly Access℠ principles and practices in their organizations.

To support the development of the leadership team, the steering committee and the internal teams, the Greater Flint Health Coalition and its partners sponsored the training. In May 2003, 40 health care and human service professionals from Genesee County attended the training at the Disney Institute in Orlando, FL. The three day training emphasized the principles of customer service developed and implemented at

Walt Disney World® Resort and how to apply these principles of customer service to health and human services for women and children.

The development of the strategic plan for the Flint/Genesee County Friendly Access℠ Project is ongoing and is being based, in part, on analyses of data conducted by the Prevention Research Center of Michigan (PRC/MI). The PRC/MI has conducted baseline data analyses of available data sets (secondary data) such as birth certificate records and new data sets (primary data) collected through interviews with perinatal patients (new mothers) and with adults who accompany young children (0-5) for pediatric health visits.

The Present Study

The present study includes the results of 111 surveys from 12 different worksites. We surveyed prenatal and pediatric providers and office staff in Genesee County who provide care for low income women and young children whose care is paid for by Medicaid or by self-pay. We used four distinct surveys that had some identical questions, but also had specific questions pertinent to the four different types of providers and staff members: prenatal providers, pediatric providers, office managers and direct patient support staff. There were three methods of distributing the surveys: administration by a Research Associate at clinic staff meetings, by mail, and by hand delivery to the worksite. The surveys cover a variety of topics about the providers' perspective of prenatal and pediatric care to low income women and children. In this report, we present the breakdown of survey responses and, where possible, compare the responses of three sub-samples. These results should provide a general overview of how providers of care perceive the maternal and child health care system for low-income mothers and caregivers in Genesee County, Michigan.

Methods

In order to study the impact of the Friendly Access℠ Project on provider perceptions of prenatal and pediatric health care services, we conducted surveys with employees of medical practices and clinics that provide prenatal and/or pediatric care to low income women in Genesee County Michigan. We distributed surveys to 22 health care providers who provided prenatal care to women who participated in an earlier interview study. We also distributed surveys to providers at six pediatric health care clinics that were partners in the Friendly Access℠ Project. We had responses from 13 worksites. There were four survey forms used in this study. Each form included some identical items and some items that were appropriate for specific types of employees at the worksites. There were specific survey forms for prenatal providers (e.g., doctors, midwives), pediatric providers (e.g., doctors, physician's assistants), office managers and support staff. This wave of data collection will be considered the baseline assessment. We plan to collect similar waves of interview data at future dates to track the changes in provider perceptions.

Sample Selection Procedures

Health care providers were selected for participation in this study based on two criteria: (A) they were identified by a new mother who completed a Friendly Access[SM] prenatal care interview as the site they attended for prenatal care, or (B) they were one of six Friendly Access[SM] partner pediatric clinics that participated in data collection for the Friendly Access Pediatric Caregiver Interviews; (Hurley Children's Clinic, McLaren Family Practice Residency Center, Hamilton Community Health Network- Main Site, Hamilton Community Health Network-North Pointe Site, Genesys Family Health Center (East), and Genesys Family Practice Residency Clinic (West)).

This study recruited a "convenience" rather than a representative sample of prenatal and pediatric providers in Genesee County because of the logistical difficulties of conducting surveys at a representative sampling of provider settings that served all prenatal and pediatric patients whose health care is paid for by Medicaid or by self-pay. We drew our convenience sample from 22 Prenatal Providers whose names were disclosed as the provider of care from new mothers who were participants in the Friendly Access Prenatal Interviews, and six clinics that had committed to participate in the Flint/Genesee County Friendly Access[SM] Project.

Recruitment Procedures

The surveys were conducted by the authors with support of the Prevention Research Center of Michigan. For the protection of human subjects, all survey protocols were reviewed and approved by the University of Michigan, Institutional Review Board. All study personnel had comprehensive training that included survey administration techniques, cultural competence, the rights of human subjects, and study specific protocol.

There were three methods of recruiting respondents: mail distribution and return, research staff distribution (personal drop-off) and mail return, and research staff distribution and collection at clinic sites (during staff meetings). For all three methods, as an incentive to completing and returning the survey, we offered five, one hundred dollars awards to be randomly selected from the survey respondents. The names of the winners were not released to protect confidentiality.

For the mail distribution of surveys, we generated a list of health care providers' names provided to us by new mothers who were interviewed as part of the survey of prenatal health care services. University of Michigan staff called each of the health care provider's offices and asked the office manager's name and the complete mailing address of each prenatal care provider, and how many of each type of staff (prenatal providers, support staff and office managers), worked in each office. We informed each prenatal health care office that we would be sending them a packet of surveys, and asked each office manager to distribute the surveys to each individual and mail the completed surveys to the University of Michigan research office.

The Greater Flint Health Coalition mailed packets of surveys with a cover letter from the Greater Flint Health Coalition to the office managers requesting their help in obtaining staff involvement, advising of the five, one hundred dollar lottery incentives, and clear instructions for distribution of the surveys. All individual surveys were labeled with the type of survey on the exterior of the envelope. Each packet contained one survey, two consent forms (one to be returned with the completed survey), and a cover letter from the Greater Flint Health Coalition. The cover letter advised the potential respondents of the five, one hundred dollar lottery incentives, thanked them for participation for the survey, and provided them with specific instructions on completing the consents and survey. A self-addressed stamped envelope was enclosed with each survey so they could be easily and confidentially returned.

We also asked the six pediatric health care clinics where we conducted interviews with parents and guardians about the care their children received to participate in the provider survey study. University of Michigan staff either distributed surveys at staff meetings or delivered the surveys to the office managers and provided detailed instructions for distributing the surveys. In addition to verbal instructions, all participants were provided a cover letter from the Greater Flint Health Coalition, advising them of the drawing for five, one hundred dollar lottery incentives, thanking them for participation for the survey, and providing them with specific instructions on completing the consents and survey. On two occasions, individuals (office managers) indicated that they had interest in completing the surveys, but did not have immediate knowledge of the requested information at the time the survey was conducted. These individuals were provided with a self-addressed stamped envelope to return their completed survey.

If we could not attend staff meetings at the participating clinics, we followed a similar procedure to the mail survey. We contacted the office manager and established how many copies of each survey were required for each site. We hand delivered the appropriate quantity to the Office Manager at each site, and asked them to distribute them to the employees. All packets of surveys were sent with a cover letter from the Greater Flint Health Coalition to the office managers requesting their help in obtaining staff involvement, advising of the five, one hundred dollar incentives, and clear instructions for distribution of the individual survey packets. All individual survey packets were labeled with the type of survey on the exterior of the envelope. The packets contained one survey, two consent forms, and a cover letter from the Greater Flint Health Coalition advising them of the five one-hundred dollar incentives, thanking them for participation for the survey, and providing them with specific instructions on completing the consents and survey. We included postage pre-paid envelopes for return of the individual surveys. The respondents were instructed to mail their surveys directly. The office managers were not involved in collecting completed surveys

Data Collection and Response Rates

Data collection began in March 2005 and was completed in July 2005. During these recruitment periods, the Office Managers identified 467 individuals, from 32 clinic sites as eligible. Respondents completed surveys from 13 of the 32 clinic sites (41%).

As we had three different methods of data collection, we had very different response rates. Of the 245 mailed surveys, only eighteen were returned (7.35% response rate). The surveys that were hand delivered to our partner clinics had only slightly better results. Of 139 surveys delivered, 18 were returned (12.95% response rate). Administrating surveys at staff meetings proved the most successful method of data collection; we collected 75 completed surveys out of 83 eligible (90.36% response rate). Overall, the response rate was 23.77%.

We also examined the response rates of the different types of surveys. Table 1 displays the response rates for the different populations. Of the 28 office manager surveys, seven were returned (25% response rate). The response rate for the support staff surveys was about the same (26%) as the Office Managers with 69 of 266 eligible completing the survey. Fewer prenatal providers completed the survey (18% response rate). Pediatric providers had the lowest response rates (12%).

Table 2 displays the percentage and counts of the different survey types by clinic site. Nearly one-third of the support staff/office manager surveys were completed at Hurley Children's Clinic (32%), another third at Hamilton Community Health Network (16% Main, 16% North Pointe). Nearly all (79%) of the pediatric provider surveys were completed at McLaren Family Practice Residency Center. Forty percent of the prenatal provider surveys were completed at McLaren Family Practice Residency Center, 24% were completed at other OB clinic sites.

Table 1. Counts of Type of Survey by Eligible, Completed Surveys and Response Rate (n=467).

	Survey Variable		
Type of Survey	Eligible	Completed	Response Rate
Office Manager	28	7	25.0%
Office and Medical Staff	266	69	26.0%
Pediatric Providers	58	14	12.2%
Prenatal Providers	115	21	18.3%
Totals	467	111	23.8%

Table 2. Counts and Percents of Completed Surveys at Worksites by Type of Survey.

	Type of Survey			
Work Site Location	Office Manager and Support Staff (n=76)	Pediatric Providers (n=14)	Prenatal Providers (n=21)	Totals (n=111)
Hurley Children's Clinic	24 (31.6%)	1 (7.1%)	NA	25 (22.5%)
McLaren Family Practice Residency Center	6 (7.9%)	11 (78.6%)	8 (38.1%)	25 (22.5%)
Hamilton Community Health Network-Main Site	12 (15.8%)	0 (0.0%)	2 (9.5%)	14 (12.6%)
Hamilton Community Health Network-North Pointe Site	12 (15.8%)	0 (0.0%)	2 (9.5%)	14 (12.6%)
Genesys Family Health Center (East)	5 (6.6%)	2 (14.3%)	4 (19.0%)	11 (9.9%)
Genesys Family Practice Center (West)	4 (5.3%)	0 (0.0%)	0 (0.0%)	4 (3.6%)
OB Clinic Sites	13 (17.1%)	NA	5 (23.8%)	18 (16.2%)
Totals	76 (100%)	14 (100%)	21 (100%)	111 (100%)

The Survey Protocols

The survey protocol (see Appendix A-D) for the four surveys covered a wide range of subject areas. The topics covered in the interview ranged from measures of access and quality of care to the comprehensiveness, coordination and content of care.

The prenatal provider survey was intended for providers of prenatal care, including family practice, general internal medicine, advanced nurse practitioners, physician assistants, certified nurse midwives, obstetricians, gynecologists, residents and medical students. The prenatal provider survey included questions on:

- Demographic information
- Patient access and care

- Prenatal care content
- General ratings of the office
- Ratings on patient behavior
- Job satisfaction

The pediatric provider survey was designed to be distributed to prenatal care, including general pediatrics, family practice, general internal medicine, advanced nurse practitioners, physician assistants, neonatalogists, residents, and medical students. This survey included questions on:

- Demographic information
- Patient access and care
- Pediatric care content
- General ratings of the office
- Ratings on patient behavior
- Job satisfaction

The support staff survey was designed to be distributed to any one working at a practice or clinic that has direct patient contact, including but not limited to: nurses, medical assistants, medical billers, medical technicians, social workers, receptionists, operators, and customer service representatives. This survey included questions on:

- Demographic information
- Patient access and care
- Care coordination
- Quality of assessments
- Cultural diversity practices
- Community outreach
- General ratings of the office
- Job satisfaction

The office manager's survey was the longest and included **all of the questions in the support staff survey** plus an office manger's supplement. The supplement included questions on:

- Staff demographic information
- Geographical areas covered by the practice
- Count of pregnant women attending the clinic
- Count of pediatric patients attending the clinic
- Frequency of late arrivals to appointments
- Frequency of missed appointments

This report examines the distribution of responses of providers of prenatal and pediatric care who participated in the survey. This descriptive analysis includes both average ratings given by the sub-groups of providers and percentages of the number of individuals who responded the same way to our survey. The goal of this report is to

establish a baseline of the perceptions of the prenatal and pediatric providers of care to Medicaid insurance or uninsured women and children in Genesee County, Michigan.

Sample Characteristics

The first set of analyses from the interviews provides demographic and background information on the respondents in our study. We compare the response categories by the type of survey they completed. We report the respondents' gender, education, years in current position and in health care. For the support staff and office manager's survey, we also identify level of education and job description. We also provide the percents of type of practices, practice specialty, and method of earnings by pediatric and prenatal providers.

Table 3 provides demographic information on the respondents. We note similarities and differences between the support staff, pediatric providers, and prenatal providers. Nearly all of the respondents (93%) for the support staff survey were female most of the pediatric providers (57%) were male. Fewer prenatal providers (33%) were male. Support staff and prenatal providers' average ages were nearly the same (41 years for prenatal providers, 40 years for the support staff). The average age of pediatric providers was younger--35 years old. Most respondents in all three groups (support staff (53%), pediatric providers (41%), and prenatal providers (52%)) were European American.

We noted a difference in the number of years in current position. The average years in current for position for members of the support staff was nine years, compared to three years for pediatric providers and five years for prenatal providers. We asked the providers how long they had been in clinical practice. The average time was five years for pediatric providers and nine years for prenatal providers. The average length of time in the health care industry for support staff was nearly 14 years.

Table 3. Percents and Means of Providers' Demographic and Background by Support Staff, Pediatric and Prenatal Providers.

Demographic and Background Variables	Support Staff including Office Managers (n= 76)	Pediatric Providers (n=14)	Prenatal Providers (n=21)
Gender			
Male	2.6%	57.3%	33.3%
Female	93.4%	42.9%	66.7%
Age in Years (ave.)	40.14	35.14	40.68
Race/Ethnicity*			
Hispanic or Latino	1.3%	0.0%	0.0%
African American	40.8%	14.3%	19.0%
European American	51.3%	42.9%	52.4%
Asian, Asian Americans or Pacific Islander	0.0%	35.7%	19.0%
Native American, American Indian, Alaskan Native	3.9%	0.0%	0.0%
Other	1.3%	7.1%	9.5%
Ave. Years in Current Position	9.40	3.23	5.43
Ave. Years in Clinical Practice	NA	4.85	8.57
Ave. Years in Health Care Industry	13.58	NA	NA

* Respondents reported Hispanic/Latino origin separately
NA Respondents' Version of the survey did not include this question

Table 4 notes educational levels of the support staff. Most respondents had a college degree (36%) or had attended some college (36%). We note percents and names of job titles for the support staff. One-third (32%) of the respondents reported that they were medical assistants. Another 17% were registered nurses. Twelve percent reported administrative jobs. Nine percent were office managers, and eight percent reported being customer services representatives. Fewer reported being receptionists, technicians, and other positions.

We asked the providers about their practices, specialties, and method of earnings. The results are displayed in Table 5. Nearly one half (46%) of all pediatric providers reported they worked in a hospital clinic compared to 10% of prenatal providers. About one-third of both groups (38% pediatric providers, 33% prenatal providers) reported working in a single specialty group practice. Nineteen percent of

prenatal provider respondents reported working for a community health network compared to zero percent of pediatric providers. Most (79% pediatric providers , 57% prenatal providers) reported their specialty to be family practice. Fourteen percent of prenatal providers reported working at an obstetric/ gynecologic practice. Almost all of the providers surveyed (93% pediatric, 81% prenatal) classified their pay type as "salary only". Other prenatal providers reported salary and fee for service (5%), capitation and fee for service (5%), sharing of practice earnings or solo practice (5%) as their type of earnings. Seven percent of pediatric provider respondents were medical students and had no earnings.

Table 4. Percents of Office Manager and Support Staff's Educational Level and Job Title.

Professional Background Variable	Support Staff including Office Managers (n= 76)
Level of Education	
High School Diploma or GED	8.0%
Some College	36.0%
College Degree	36.0%
Some Graduate School	4.0%
Graduate School Degree	6.7%
Trade School	9.3%
Job Title	
Medical Assistant	31.6%
Registered Nurse	17.1%
Clerk/Typist/Secretary/Administrative Assistant	11.8%
Office Manager	9.2%
Customer Service Representative	7.9%
Receptionist	5.3%
Technicians	5.3%
Licensed Practical Nurse	2.6%
Operator	2.6%
Social Worker/Social Services	2.6%
Referral/Insurance Specialist	2.6%
Medical Biller/ Medical Records	2.6%

Table 5. Percents of Type of Practice, Practice Specialty and Method of Earnings by Pediatric and Prenatal Providers.

Professional Background Variable	Pediatric Providers (n=14)	Prenatal Providers (n=21)
Type of Practice		
Hospital Clinic	46.2%	9.5%
Single Specialty Group Practice	38.5%	33.3%
Community Health Clinic or Neighborhood Health Center	0.0%	19.0%
Residency Clinic	0.0%	14.3%
Solo Practice	0.0%	14.3%
Multi-Specialty Group Practice	0.0%	9.5%
Other	15.4%	0.0%
Practice Specialty		
Family Practice	78.6%	57.1%
Gynecology/Obstetrics	0.0%	14.3%
General Internal Medicine	0.0%	9.5%
Pediatrics	7.1%	0.0%
Medical Student	7.1%	0.0%
Advanced Register Nurse Practitioner (WHNP)	0.0%	4.8%
Internal Medicine and Pediatrics	0.0%	4.8%
Certified Nurse Midwife	0.0%	4.8%
Health Psychologist	0.0%	4.8%
Professional Earnings Mainly		
Salary Only	92.9%	81.0%
Medical Students no earnings	7.1%	0.0%
Capitation and Fee for Service	0.0%	4.8%
Salary and Fee for Service	0.0%	4.8%
Sharing of Practice Earnings	0.0%	4.8%
Solo Practice	0.0%	4.8%

Results

Clinic Demographics

We asked the office managers (n=7) to estimate the counts of patients seen each week and the approximate percentage of their patients' race and ethnicity. To help keep responses anonymous, Table 6 below lists the responses, with clinics identified with an alphabetical code. Clinic "C" and Clinic "E" reported the highest patient volumes. Clinic "C" reported seeing 40 pregnant women and 150 children each week. Clinic "E" reported treating 75 pregnant women and 100 children each week. A lesser number of patients were seen each week at Clinic "D" (15 pregnant women and 100 children). Two clinics saw fewer numbers of pediatric and prenatal patients. Clinic "B" reported seeing 8 pregnant women and 20 children each week and Clinic "F" reported seeing 25 pregnant women and 40 children each week. Two clinics saw only prenatal patients. Clinic "A" and Clinic "G" both reported seeing 30 pregnant women each week.

Table 6. Counts and Percents of Office Manager's Estimate of Number of Patients Seen By Clinics Each Week, Race of Patient and Race of Clinic Staff by Clinic Site (n=7).

	Work Site						
	Clinic A	**Clinic B**	**Clinic C**	**Clinic D**	**Clinic E**	**Clinic F**	**Clinic G**
Counts of Patients seen Weekly							
Pregnant Women	30	8	40	15	75	25	30
Children	0	20	150	100	100	40	0
Percents of Patient Race and Ethnicity							
African American	80.0%	10.0%	10.0%	40.0%	80.0%	70.0%	50.0%
European American	15.0%	80.0%	90.0%	40.0%	15.0%	20.0%	50.0%
Hispanic	5.0%	7.0%	0.0%	2.0%	5.0%	10.0%	0.0%
Other	0.0%	3.0%	0.0%	8.0%	0.0%	0.0%	0.0%
Percents of Staff Race and Ethnicity							
African American	100.0 %	0.0%	20.0%	2.0%	80.0%	97.0%	3.0%
European American	0.0%	100.0%	80.0%	98.0%	18.0%	3.0%	97.0%
Hispanic	0.0%	0.0%	4.0%	0.0%	1.0%	0.0%	0.0%
Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Three office managers reported that most of their patients were African American patient (80% Clinic "A", 80% Clinic "E", 70% Clinic "F"). Two clinics reported that most of their patients were European American (80% Clinic "B", 90% Clinic "C"). Two clinics, "E" and "G" reported seeing roughly equal numbers of African American and European American patients. Only one clinic reported serving a notable number of Hispanic patients (10% at Clinic "F").

In general, the racial composition of the clinic staff was reflective of their patients' race bases. The two clinics (clinic "E", clinic "G") that reported seeing equal proportions of African American and European American patients, however, had disproportionately higher proportions of European American staff.

Table 7 displays the office managers' report of the number of patients that arrive late or do not show for appointments. Most clinics report that 25% or less of their patients arrive late for appointments. Two clinics ("E" and "F") report that 40% of their patients arrive late for their appointments. Most clinics reported that more than 30% or more of their patients did not come to the clinic for their scheduled appointment. Three clinics reported that 10% or less of their patients did not show for appointments.

Table 7. Office Managers' report of percents of Patients that are Late for Appointment and Appointment "No-Shows" by Clinic Site (n=7).

	Work Site						
	Clinic A	**Clinic B**	**Clinic C**	**Clinic D**	**Clinic E**	**Clinic F**	**Clinic G**
Percents of Patients that:							
Arrive Late for Appointments	20.0%	5.0%	20.0%	25.0%	40.0%	40.0%	5.0%
Do Not Show for Appointments	10.0%	10.0%	30.0%	30.0%	30.0%	50.0%	5.0%

We asked the office managers and support staff if the clinics served a particular group of people (Table 8). About one-half (54%) of the respondents reported that they worked for a clinic that had a designated service population. In a follow-up question (n=39), we asked the respondents that reported that their practice served a particular group of people to identify the group that they served. Respondents were allowed to choose more than one category. About one-half of the respondents indicated that children were their area of focus. Another 32% reported that pregnant women were their focus population. Nearly one-third (32%) reported that Medicaid patients and 25% reported that individuals with no insurance were primarily served by the clinic.

Table 8. Percents of Clinics' Patient Focus Area and Patients' Length of Stay at Practice.

Clinic Variable		Support Staff including Office Managers (n= 76)
Practice Primarily Serves a Particular Group of People		54.2%
Follow-up Questions: How Do You Identify This Group of People? (Respondents were allowed to check all that apply)	**(n= 39)**	
Children	54.7%	
Pregnant Women	32.0%	
People with Medicaid Insurance	30.7%	
People with No Insurance	25.3%	
People Who Don't Have a Regular Doctor	14.7%	
Gynecology Patients	3.9%	
On Average About How Long Does a Patient Stay with This Practice?		
Six Months to One Year		1.6%
One to Two Years		4.9%
Three to Four Years		14.8%
Five or More Years		42.6%
Too variable to Specify		36.1%

We also asked the office managers and support staff how long patients tended to stay with the clinic. Most respondents (43%) indicated that patients stayed with their clinic for five or more years. A little more than one-third (37%) reported that it was too variable to specify how long patients stayed with the clinic.

Making Appointments

The analysis summarized in Table 9 (below) describes the office managers' and support staffs' estimation of the patients' or parents/caregivers' experiences making pediatric care appointments. We note that 25% reported that patients could see a provider within a day or less. Twenty-eight percent stated that patients could be seen for non-emergency appointments in less than one week. Most respondents (43%)

reported that it took patients more than one- week to get a non-emergency appointment to see a provider. We asked the office managers and support staff to use a five-point scale to (1= never, 5=always) to rate how often sick patients can usually or always come in to be seen by the provider the same day that they called. The average rating was between sometimes and usually (*M*=3.97).

Table 9. Percents and Means of Office Staffs' Reports on Patients' Experiences Making and Attending Appointments.

Appointment Variable	Support Staff including Office Managers (n= 76)
Wait Time for Non Emergency Appointments	
1 Day or Less	25.0%
Less than One Week	27.9%
One to Two Weeks	19.1%
Two to Four Weeks	19.1%
A Month or Longer	4.4%
Other	4.4%
Sick Patients Usually or Always Can Come In and Be Seen The Same Day (Ave. 5-point scale: 1= never, 5=always)	M=3.97 SD=.70
Reminder Method	
Phone Call to Remind Patients of Appointments (Ave. 5-point scale: 1= never, 5=always)	M=4.31 SD=1.01
Mail Appointment Reminders (Ave. 5-point scale: 1= never, 5=always)	M=2.37 SD=1.36

Offices often remind patients of appointments. We asked the office managers and support staff to rate how often their office used different methods to remind patients of appointments. When asked if the clinic made phone calls to remind patients of appointments, the average rating was between usually and always (*M*=4.31). We asked if the clinic mailed reminder cards to patients' homes. The average rating was between rarely and sometimes (*M*=2.37).

We asked all three groups how often patients waited more than 30 minutes to see the provider, and to estimate the length of the average wait time. We noted difference between the three groups. Table 10 compares the responses. Support staff (*M*=3.18) and pediatric providers (*M*=3.27) reported that patients sometimes to usually waited more than 30 minutes to see the provider. Prenatal providers (*M*=2.70) indicated that a patient rarely to sometimes waited more than 30 minutes to see the provider.

When asked to estimate the average number of minutes that a client waits to see the provider, support staff estimated longer wait times (32 minutes) than prenatal providers (20 minutes), and pediatric providers (18 minutes).

Table 10. Mean Values of Clinic Staffs' Ratings of Patients' Appointments Wait Time.

Appointment Variable	Support Staff including Office Managers (n= 76)	Pediatric Providers (n=14)	Prenatal Providers (n=21)
Appointment Wait Time			
Patient Usually or Always Waited More than 30 Minutes to See the Provider (Ave. 5-point scale: 1= never, 5=always)	3.18 SD=.79	3.27 SD=.47	2.70 SD= 1.03
Ave. Time Waiting Before Seeing Provider (In Minutes)	32.72 SD=21.20	18.00 SD=9.53	20.25 SD=14.96

Ratings of Staff, Facility and Content of Care

We asked the three groups of respondents questions about the clinic and facilities. Support staff and providers rated both highly. Table 11 displays the responses. Using a rating scale of zero to ten, where zero was not at all friendly and ten was very friendly. Support staff (*M* = 7.89) rated the friendliness of the practice higher than pediatric providers (*M* = 7.10) and prenatal providers (*M* = 7.57). Support staff rated the attractiveness of the office or clinic lower (*M* = 6.73) than pediatric (*M* = 7.28) and prenatal providers (*M* = 7.29). Support staff also rated the comfort of the waiting room (*M* = 6.81) lower than pediatric (*M*=6.92) and prenatal providers (*M* = 7.15). We asked each of the groups to rate the quality of service provided to the patients on a zero to ten scale. The pediatric providers (*M* = 7.13) rated the quality of service lower than prenatal providers (*M* = 8.38) and support staff (*M* = 8.52).

The three groups were asked to rate how courteous the staff is towards patients on a zero to ten scale. All three groups gave high ratings for courtesy of the staff. Support staff rated the courtesy of the staff higher (*M* = 8.44) than pediatric provider (*M* = 7.50) or prenatal providers (*M* = 7.19). We asked the support staff how likely they would be to take their own families to the clinic or practice for medical treatment. The support staff's average rating was 8.08 indicating they were likely to take their families to the clinics for medical care.

Table 11. Means of Provider's Ratings of the Office Facilities by Support Staff, Pediatric and Prenatal Providers.

Office Facility Variables	Support Staff including Office Managers (n= 76)	Pediatric Providers (n=14)	Prenatal Providers (n=21)
How Would you Rate the:*			
Friendliness of the Practice?	7.89 SD=1.93	7.10 SD=2.18	7.57 SD= 2.32
Attractiveness of the Office/Clinic?	6.73 SD=2.78	7.28 SD=2.13	7.29 SD=2.00
Comfort of Your Waiting Room?	6.81 SD=2.31	6.92 SD=2.40	7.15 SD=1.87
Quality of Service Provided to Patients?	8.52 SD=1.45	7.13 SD=1.64	8.38 SD=2.33
How Courteous is the Staff Towards Patients?*	8.44 SD=1.36	7.50 SD=2.15	7.19 SD=1.75
How Likely Would You Choose This Practice to Care for you and Your Family?*	8.08 SD=2.64	NA	NA

* Scale of 0 to 10, 0=not at all, 10= very

Provider Ratings of Content of Care

The next set of analyses examines the content of care in pediatric and prenatal visits. The survey asked the pediatric providers to rate the frequency of topics discussed with parents/caregivers during pediatric visits. We asked them to listen to the question, and to think about how often they discussed the subject with the patient during pediatric visits. We instructed them to answer always=5, usually=4, sometimes=3, rarely=2, or never=1. We note that because of the small number of respondents (n=14) it is important to be cautious in reporting, interpreting, and generalizing these results. The average ratings are listed in Table 12. We noted that half of the ratings fell between the "usually" and "always" values. Two ratings, how often the pediatric provider discussed community resources for children and families (*M*=3.50) and the impact of child's health on family functioning had lower ratings (*M*=3.38).

Table 12. Pediatric Providers' Mean Ratings of Frequency of Discussing Specific Topics during Pediatric Care Visits.

Topic Discussed During any Pediatric Care Visits*	Pediatric Providers (n=14)
Choice of Feeding Infant	4.71 SD=.47
The Child's Developmental Level	4.57 SD=.51.
Child Safety Issues at Each Age	4.50 SD=.65
Home Safety (I.e. Smoke Detectors and Storing Medicine)	4.21 SD=.70
Child Care and Education	4.21 SD=.70
Changes in Growth and Behavior that Parents Can Expect at Certain Ages	4.21 SD=.58
Components of a Healthy Diet	4.07 SD=.73
Reading	4.07 SD=.62
Parent/Child Relationship	4.00 SD=.39
Child's Temperament and Behavior	3.93 SD=.62
Parent's Emotional Health/Stress	3.86 SD=.66
Family Support	3.86 SD=.66
Sleep Patterns	3.79 SD=.70
Ways to Respond to a Child's Behavior	3.79 SD=.70
Predictable Daily Routines (e.g. Meal Times, Play, Naps)	3.79 SD=.80
Working and Parenting	3.71 SD=.73
Community Resources for Children and Families	3.50 SD=.52
The Impact of Child's Health on Family Functioning	3.38 SD=.65

*Ave. 5-point scale: 1= never, 5=always

The pediatric and prenatal providers reported how often items were included as a routine part of a health assessment. They used a five point rating (1=never, 2=rarely, 3=sometimes, 4=usually, 5=always) for their responses. Table 13 shows the average ratings. The average ratings for most of the questions were between the "sometimes" and "always" values. One notable exception was the use of a family assessment tool (e.g. Apgar). Pediatric providers' ratings fell between "rarely" and "sometimes" (*M*=2.91), and the prenatal providers' rating fell between "sometimes" and "usually" (*M*=3.18).

Table 13. Means of Pediatric and Prenatal Providers' Ratings of Content of Care.

How Often Are Each of the Following Included as a Routine Part of your Heath Assessment?*	Pediatric Providers (n=14)	Prenatal Providers (n=21)
Discussion of Alcohol, Tobacco and Drug Use	4.64 SD=.50	4.86 SD=.36
Discussion of Patient Lifestyle Issues (e.g. Exercise)	4.64 SD=.50	4.76 SD=.44
Discussion of Family Health Risk Factors (e.g. Genetics)	4.00 SD=.96	4.43 SD=.75
Assessment of Signs of Child/spousal Abuse	4.14 SD=.95	4.10 SD=1.00
Discussion of Social Risk Factors (e.g. Loss of Job)	3.93 SD=.62	4.33 SD=.86
Discussions of Parenting	3.92 SD=.64	3.80 SD=.95
Assessment of Indicators of Family in Crisis	3.86 SD=.95	3.86 SD=1.06
Discussion of Health Status of Other Family Members	3.64 SD=.63	3.81 SD=1.17
Discussion of Family Economic Resources	3.29 SD=.61	3.65 SD=1.09
Discussion of Living Conditions (e.g. Working Fridge, Heat)	3.43 SD=.76	3.30 SD=1.30
Use of Family Assessment (e.g. Family Apgar)	2.91 SD=1.04	3.18 SD=1.59

* Ave. 5-point scale: 1= never, 5=always

Table 14. Prenatal Providers' Average Ratings of Frequency of Discussing Specific Topics during Prenatal Care Visits.

Topic Discussed During any Prenatal Care Visit*	Prenatal Providers (n=21)
Effects of Using Illegal Drugs	4.86 SD=.36
Drinking Alcohol During Pregnancy	4.86 SD=.36
Smoking During Pregnancy Affecting The Baby	4.86 SD=.36
HIV Blood Tests	4.80 SD=.53.
Breast-Feeding	4.79 SD=.42
Medicines That are Safe to Take During Pregnancy	4.75 SD=.55
Taking Folic Acid to Prevent Birth Defects	4.70 SD=.47
Birth Control Methods After Delivery	4.60 SD=.60
What To Do if Labor Starts Early	4.50 SD=.76
Pregnancy Classes	4.45 SD=.76
Components of a Healthy Diet During Pregnancy	4.45 SD=.69
Using a Seat Belt during Pregnancy	4.35 SD=.75
Sources of Family Support After Delivering the Baby	4.25 SD=.72
How the Baby Grows and Develops	4.25 SD=.85
Physical Abuse to Women by Their Partners	4.14 SD=.91
Plans for Childcare After Delivering the Baby	4.10 SD=1.14
HIV Prevention	4.00 SD=1.10
Plans for Employment After Delivering the Baby	4.00 SD=1.03

* Ave. 5-point scale: 1= never, 5=always

The survey asked the prenatal provider to rate the frequency of topics discussed with expecting mothers during prenatal visits. We asked them to listen to the question, and to think about how often they discussed the subject with the patient during pediatric visits. We instructed them to answer always=5, usually=4, sometimes=3, rarely=2, or never=1. We note that because of the small number of respondents (n=21) it is important to be cautious in reporting, interpreting and generalizing these results. The average ratings are listed in Table 14. We noted that all of the ratings fell between the "usually" and "always" values.

We wanted to know prenatal provider's views on the amount of control afforded to an expectant mother during labor and delivery. Table 15 display the prenatal providers' average ratings of amount of patients' control during and after labor and delivery. They used a five point rating (1=never, 2=rarely, 3=sometimes, 4=usually, 5=always) for their responses. The average ratings for a woman deciding how much contact to have with her newborn, level of control over labor and delivery , deciding when and how to feed the newborn, decided who can attend the birth, and when drugs should be administered were high. The average ratings fell between "usually" and "always".

Table 15. Prenatal Providers' Average Ratings of Patients' Control During and After Labor and Delivery.

How Often Do You Think a Pregnant Woman Should be Able to:	Prenatal Providers (n=21)
Decide How Much Contact to Have With Her Newborn	4.55 SD=.61
Have Some Control Over What is Happening to Her During Labor In Collaboration With the Provider	4.50 SD=.76
Decide Which Family Members Can Attend the Birth	4.50 SD=.83
Decide When and How to Feed Her Newborn	4.45 SD=.69
Decide that Other Support People Can Attend the Birth	4.40 SD=.88
Decide When Drugs Should Be Administered	4.40 SD=.82

Ave. 5-point scale: 1= never, 5=always

We asked the pediatric and prenatal providers questions about their ideas, beliefs and practices when treating patients. Table 16 displays the responses. Using a 5-point scale (1= never, 5=always). We asked the provider show often they asked the

new mothers their ideas and opinions when planning treatment and care. Both groups indicated that they usually to always asked their patients' ideas and opinions when planning treatment (pediatric providers, *M* = 4.07, prenatal providers, *M* = 4.29). We asked if they inquired about the patients' beliefs and religious practices before planning treatment. The average ratings for both groups of providers (pediatric providers, *M* = 3.14, prenatal providers, *M* = 3.10) was sometimes they asked the patients about religious beliefs and practices.

Table 16. Means of Ratings of Ideas, Beliefs and Practices by Pediatric and Prenatal Providers.

Ideas, Beliefs and Practices Variable	Pediatric Providers (n=14)	Prenatal Providers (n=21)
Ask Patients Their Ideas and Opinions When Planning Treatment and Care *	4.07 SD=.62	4.29 SD=.72
Ask About Patients Beliefs and Religious Practices Before Planning Treatment*	3.14 SD=1.10	3.10 SD=1.22

* Ave. 5-point scale: 1= never, 5=always

Table 17 displays the providers' ratings of the time spent with patients. We asked the providers how often they gave patients enough time to talk with them. The pediatric providers' average rating was 3.93 (sometimes to usually). The prenatal providers' rating was 4.35 (usually to always). Both groups indicated that they spent about 21 minutes with their patients (pediatric providers, *M* = 20.93, prenatal providers, *M* = 21.15). We asked the providers to rate the adequacy of time with their patients using a zero to ten point scale (0= not at all adequate, 10= adequate). Both groups' average rating was less than adequate (pediatric providers, *M* = 7.64, prenatal providers, *M* = 6.95).

Table 17. Means of Ratings of Time Spent by Pediatric and Prenatal Providers.

Time Variable	Pediatric Providers (n=14)	Prenatal Providers (n=21)
Give Patients Enough Time To Talk With Provider (Average 5-point scale: 1= never, 5=always)	3.93 SD=.73	4.35 SD=.59
Average Minutes Spent With Patient on Typical Visit	20.93 SD=5.73	21.15 SD=9.46
Average Rating of the Adequacy of Time With Patient (Average 0 to 10 scale 0= not at all adequate- 10= adequate)	7.64 SD=2.06	6.95 SD=2.48

Provider and Clinic Services

In this section, we report availability, frequency, and types of services offered at the pediatric and prenatal providers' offices (Table 18). We asked the Support Staff to use a five point scale (1= never, 5=always) to rate the frequency of advice being available over the phone when the office was closed. The average rating was nearly "always" (*M* = 4.95). We wanted to know how often a patient could call and speak directly with a provider during office hours. Office managers' and support staff reported that patients could talk directly to the provider some of the time (*M*=3.14). When we asked if the respondents could leave a message for their provider, the average score was higher, nearly always (*M* = 4.84). The rating was slightly lower for if the provider would return the call within 24 hours (*M* = 4.25).

We asked if there was someone available in the providers' offices to explain test results. The support staff reported that someone was available almost all of the time (*M*= 4.42) to explain test results. We also asked if anyone in their clinic did home visits. The average rating was between never and rarely (*M*=1.40).

Table 18. Means of Availability of Advice and Contact with the Provider.

Availability of Help and Advice	Support Staff including Office Managers (n= 76)
Advice Available Over the Phone When Office Closed (Nights and Weekends)	4.95 SD=.23
Patient Call and Talk Directly with the Provider during Business Hours	3.14 SD=1.11
Patient Can Leave a Message for the Provider	4.84 SD=.43
Patient Can Expect a Response From Provider within 24 hours	4.25 SD=.74
Someone Available to Explain Test Results	4.42 SD=.75
Does Anyone in the Practice Make Home Visits?	1.40 SD= .98

Ave. 5-point scale: 1= never, 5=always

We asked the support staff and office managers about the ways that their clinics assisted patients with Medicaid applications. Table 19 displays the results. Less than half (43%) of the clinics had someone available to help the patients complete the

application. Fewer respondents (28%) indicated that patients could sign-up for Medicaid on site. One-quarter (25%) of the respondents indicated that their practices did not provide assistance with Medicaid applications. Nineteen percent of the clinics had clinic staff hand out Medicaid applications. Few practices (11%) had applications on display for patients to pick up.

Table 19. Percents of Medicaid Application Assistance.

In What Ways Does the Practice Assist Patients with Medicaid Applications? (check all that apply)	Support Staff including Office Managers (n= 76)
Someone Available to Help Patients Fill Out the Application	42.7%
Patients Can Sign-Up for Medicaid On Site	28.0%
Our Practice Does Not Provide Assistance with Medicaid Applications	25.0%
Staff Members Hand Out Applications	18.7%
Other	15.8%
Applications are Displayed for Patients to Pick Up	10.7%

All of the respondents (support staff, pediatric providers, and prenatal providers) were asked to rate the services provided by the clinics and practices. We asked the respondents to use a five point scale (1= never, 5=always) for the ratings. Table 20 displays the average ratings. We asked if the practice is welcoming to non-English speaking patients. The prenatal providers (*M*=4.30) and support staff average ratings were "almost always", while the pediatric providers rating was slightly lower (*M*=3.92). The three groups gave high average ratings to the practices and clinics referring patients to other services such as dentistry, counseling, or childbirth classes (support staff *M*=4.53, pediatric providers *M*=4.43, prenatal providers *M*=4.95). Pediatric providers (*M*=4.0) and prenatal providers (*M*=4.0) had higher average ratings than the support staff (*M*=3.66) when asked if someone at the practice follows-up to see if patients received referred services. We asked the pediatric providers if they received useful information from specialists about referred patients. The average rating was 3.69, between "sometimes" and "almost always".

Table 20. Means and Percents of Ratings of Services Available by Support Staff, Pediatric and Prenatal Providers.

Referral Services*	Support Staff including Office Managers (n= 76)	Pediatric Providers (n=14)	Prenatal Providers (n=21)
Practice is welcoming to Non-English Speakers	4.16 SD=.91	3.92 SD=.79	4.30 SD=.92
Practice Refers Patients to Other Services (Dental, Counseling, Childbirth Classes)	4.53 SD=.69	4.43 SD=.65	4.05 SD=.87
Someone at Practice follows-up to See if Patient Received Referred Services	3.66 SD=1.04	4.00 SD=.71	4.00 SD=.79
Receive Useful Information From Specialist About Referred Patients	NA	3.69 SD=.63	NA
Offers Prenatal Pediatric Visit	NA	64.3%	NA

Ave. 5-point scale: 1= never, 5=always

Some pediatric clinics and practices allow for expecting mothers to come and meet with the doctor before the birth of the baby. We asked the pediatric providers if their clinics offered prenatal pediatric visits. Nearly two-thirds (64%) of the pediatric providers reported that new mothers could meet with pediatricians before the birth of their babies.

Providers' Ratings of Patients' Perceptions and Behaviors

In this section, we report the three groups' perception of how patients would rate their clinics and practices and the providers' ratings of patients' behaviors (Table 21). The three groups used an eleven point scale (0= not at all, 10= very) to rate how they think the patients would rate the clinic and practice staff. All three groups indicated that they thought patients would give high ratings to the concern shown by the clinical staff (support staff *M*=8.25, pediatric providers *M*=8.09, prenatal providers *M*=7.48). All three groups reported lower ratings for the concern shown by the non-clinical staff (support staff *M*=7.66, pediatric providers *M*=6.27, prenatal providers *M*=6.52). We also asked the respondents how they thought their patients would rate the helpfulness of the non-clinical staff. The support staff's average rating of how patients would judge the helpfulness of non-clinical staff was 7.56 was higher than the pediatric providers' (*M*=6.18) and prenatal providers' (*M*=7.48) average rating.

Table 21. Means of Provider's Perceptions of Patients Ratings of the Provider's Staff by Support Staff, Pediatric and Prenatal Providers.

Provider's Perception of Patient Ratings*	Support Staff including Office Managers (n= 76)	Pediatric Providers (n=14)	Prenatal Providers (n=21)
How Do You Think Patients Would Rate the?			
Concern Shown by the Clinical Staff	8.25 SD=1.51	8.09 SD=1.70	7.48 SD=2.18
Concern Shown by Non-Clinical Staff	7.66 SD=1.79	6.27 SD=1.95	6.52 SD=2.89
Helpfulness of Non-clinical Staff	7.56 SD=2.04	6.18 SD=1.89	6.33 SD=3.23

* Scale of 0 to 10, 0=not at all, 10= very

The pediatric and prenatal providers were asked to rate their patients' behaviors on an eleven point scale (0 to 10, 0=not at all, 10= very). Prenatal providers (*M*=5.62) rated the average health behavior of their patients slightly higher than pediatric providers did (*M*=4.58). Both groups rated their low-income patients' levels of compliance with treatment plans a little higher (pediatric providers *M*=6.25, prenatal providers *M*=6.38). We asked the pediatric providers to rate the average quality of parenting skills of the low-income families in their practices. The average rating was 5.33.

Table 22. Means of Providers' Ratings of Patient Health Behaviors by Pediatric and Prenatal Providers.

Patient Behavior Ratings*	Pediatric Providers (n=14)	Prenatal Providers (n=21)
How Would You Rate Health Behavior Among Your Patients From Low Income Families?	4.58 SD=1.44	5.62 SD=2.58
How Would You Rate the Level of Compliance With Treatment Plans among your Patients From Low Income Families?	6.25 SD=2.55	6.38 SD=2.20
How Would You Rate Quality of Parenting Skills of the Low Income Families in Your Practice?	5.33 SD=1.12	NA

* Scale of 0 to 10, 0=not at all, 10= very

Table 23 displays the providers' mean ratings of patient behaviors towards the clinic and practice staff. The three groups were asked to rate their patients' behaviors on an eleven point scale (0 to 10, 0=not at all, 10= very). When asked about the level of appreciation they felt from their patients, prenatal providers (*M*=8.29) gave higher ratings than support staff (*M*=7.29) and pediatric providers did (*M*=6.25). For the question, how courteous to you think that the patients are towards you, support staff (*M*=6.70) had lower ratings then pediatric providers (*M*=7.40) and prenatal providers (*M*=7.67). We asked the respondents how courteous do you think that the patients are towards other staff. Support staff (*M*=6.19) and pediatric providers (*M*=6.18) had lower average ratings then prenatal providers (*M*=7.19).

Table 23. Means Ratings on Patient Behavior Towards Practice Staff by Support Staff, Pediatric and Prenatal Providers.

Patient Behavior Towards Staff*	Support Staff including Office Managers (n= 76)	Pediatric Providers (n=14)	Prenatal Providers (n=21)
How Appreciated Do You Feel By Patients?	7.29 SD=2.22	6.25 SD=2.55	8.29 SD=1.65
How Courteous Do You Think That the Patients are Towards You?	6.70 SD=2.17	7.40 SD=1.71	7.67 SD=1.71
How Courteous Do You Think That the Patients are Towards the Staff?	6.19 SD=1.91	6.18 SD=1.40	7.19 SD=1.75

* Scale of 0 to 10, 0=not at all, 10= very

Clinic Quality Improvement, Cultural Diversity and Community Outreach Practices

The next set of analyses reports the support staffs' average responses when asked about the frequency of clinic quality-improvement practices, cultural diversity practices and community outreach practices. The analysis summarized in Table 24 describes the support staffs' average ratings (5-point scale: 1= never, 5=always) of the frequency of quality improvement practices utilized at their worksites. We asked how often the practice uses any quality assessment or quality improvement process to improve and monitor clinic services. The support staff reported that they "almost always" (*M*=4.09) used quality improvement practices. There are different methods for improving quality. The support staff indicated that they "almost always" (*M*=3.97) received information on patient outcomes for quality improvement purposes. Employee satisfaction surveys are another way to improve the quality of services. The average rating for the frequency of employee satisfaction surveys was between "sometimes and almost always" (*M*=3.81). We asked how often the clinic sites used the results of the

employee satisfaction surveys for quality improvement processes. The average rating was 3.82.

Table 24. Percents and Means of Quality Improvements Practices.

Quality Improvement Variables	Support Staff including Office Managers (n= 76)
How Often Does the Practice:*	
Use Any Quality Assessment or Quality Improvement Processes to Improve and Monitor Services?	4.09 SD=.92
Receive Information on Patient Outcomes for Quality Improvement Purposes?	3.97 SD=.93
Administer Employee Satisfaction Surveys	3.81 SD=1.40
Use the Results of Employee Satisfaction Surveys for Quality Improvement Purposes?	3.82 SD=1.40
Does the Practice Monitor the Effectiveness of Services By:	
Surveys of Your Patients	82.7%
Feedback From the Practice Staff	69.3%
Feedback From Community Organizations or Advisory Boards	33.3%
Feedback From Community Health Workers	30.7%
Analysis of Local Data or Vital Statistics	28.0%
Systematic Evaluation of the Programs and Services Provided	25.7%
Community Surveys	18.3%
Having a Patient on the Board of Directors or Advisory Committee	13.9%
Does the Practice Have the Capacity to Use the Results of Quality Improvement Processes to Make Changes in the Delivery of Health Care Services?	80.6%

* Ave. 5-point scale: 1= never, 5=always

There are different ways to monitor the effectiveness of services rendered. Eight-seven percent of the support staff reported that their clinic or practices utilized surveys of patients, while 67% reported that their worksite had used feedback from the staff for quality improvements. One-third of the worksites utilized advice from community organizations and advisory boards (33.3%) and community health workers (31%). Fewer respondents reported that their worksite used feedback from analysis of local data or vital statistics (28%) or systematic evaluation of the programs and services

provided (26%). A small number of respondents reported that their worksite utilized community surveys (18%) or having a patient on the board of directors or on an advisory committee (14%). Most of the support staff (81%) indicated that their worksite had the capacity to use the results of quality improvement processes to make changes in the delivery of health care services.

Many worksites serve culturally diverse patients. Table 25 displays the percentages of different types of approaches to cultural diversity. Nearly all of the respondents (91%) indicated that their worksite provided translators or interpreters. Almost two-thirds (63%) of the support staff reported that their worksite hired staff that reflected the cultural diversity of the population served. More than half of the respondents (57%) reported that their worksites provided in-service programs presented by staff to improve cultural competence. Less than half of the support staff (42%) indicated that the worksites used culturally sensitive materials. About one-third (34%) indicated that their worksites planned services that reflect cultural diversity. About one-quarter reported training staff in cultural diversity using outside instructors.

Table 25. Percents of Cultural Diversity Practices.

Does the Practice address the Cultural Diversity in its Patient Population By:	Support Staff including Office Managers (n= 76)
Using Translators/interpreters	90.5%
Hiring Staff that reflect the Cultural Diversity of the Population Served	62.6%
Providing In-service Programs Presented by Staff	57.3%
Using Culturally Sensitive Materials (Language, Visual Images, Religious Customs)	41.9%
Planning Services that Reflect Cultural Diversity	33.8%
Training Staff Using Outside Instructors	27.0%

Table 26 displays the percentages of support staff that reported community outreach practices at their worksites. Less than one-half (41%) of the support staff reported that their worksite networked with State and local agencies involved with culturally diverse groups. About one-third (36%) reported using outreach workers or involving neighborhood groups and community leaders (33%) to foster community outreach. Only one-quarter (25%) of the support staff indicated that their worksite had linked with religious organizations or services as a means of community outreach.

Table 26. Percents of Community Outreach Practices.

Does the Practice address the Community Outreach Practices:	Support Staff including Office Managers (n= 76)
Networking with State and Local Agencies Involved With Culturally Diverse Groups	41.3%
Using Outreach Workers	36.0%
Involving Neighborhood Groups /Community Leaders	33.3%
Linking with Religious Organizations/Services	25.3%

Ratings of Job Satisfaction and Perceptions

The next section provides the respondents' job satisfaction ratings for the three groups and job perceptions of the support staff. We asked the respondents questions about their jobs. The analysis summarized in Table 27 describes the three groups' average ratings of job satisfaction variables. We made statements about their jobs, and asked them to answer on a five-point scale (1= strongly disagree, 2= agree, 3= neutral, 4= agree, 5=strongly agree). When asked if their work was challenging, pediatric (*M*=4.57) and prenatal providers (*M*=4.62) strongly agreed that their jobs were challenging, and support staff agreed that the work was challenging (*M*=3.97). All three groups agreed that most of the people in the practice do whatever it takes to do a good job for the patients (support staff *M*=3.82, pediatric providers *M*=3.93, prenatal providers *M*=4.24). Most respondents were neutral or disagreed with the statement; my job schedule interferes with my life outside of work (support staff *M*=1.95, pediatric providers *M*=2.86, prenatal providers *M*=3.33). Most respondents were neutral or disagreed with the statement, my workload in unmanageable (support staff *M*=2.63, pediatric providers *M*=2.50, prenatal providers *M*=2.33). We asked the three groups to rate their overall job satisfaction on an eleven point scale (0= not at all satisfied, 10= very satisfied). Prenatal providers (*M*=8.33) had higher average ratings of job satisfaction than support staff (*M*=7.67) or pediatric providers (*M*=7.99).

Table 27. Means of Provider's Ratings of Job Satisfaction by Support Staff, Pediatric and Prenatal Providers.

Satisfaction Variable	Support Staff including Office Managers (n= 76)	Pediatric Providers (n=14)	Prenatal Providers (n=21)
My Work is Challenging*	3.97 SD=.96	4.57 SD=.51	4.62 SD=.67
Most of the People in the Practice do "Whatever it Takes" to do a Good Job for Patients *	3.82 SD=.96	3.93 SD=.62	4.24 SD=.77
My Job Schedule Interferes with My Life Outside of Work *	1.95 SD=.92	2.86 SD=.95	3.33 SD= 1.11
My Workload is Unmanageable*	2.63 SD=1.12	2.50 SD=.76	2.33 SD=.80
Overall Job Satisfaction (0= Not at All Satisfied, 10= Very Satisfied)	7.67 SD=1.74	7.00 SD=1.68	8.33 SD=1.60

*1= Strongly Disagree, 5=Strongly Agree

The support staff was asked to use a five-point scale (1= Strongly Disagree, 5=Strongly Agree) to rate different aspects of their jobs. Table 28 displays the results. For all the questions, the support staff's average ratings were neutral. For the statement: "I think I am paid fairly compared to others who do similar work" the average rating was 3.04. Similarly, the statements: "there are opportunities for career advancement in this practice" (*M*=2.89), "I do not have the authority to make necessary decisions in my work" (*M*=2.84), "job related conflicts in this practice interfere with patient care" (2.65) and "I have a low level of job security" (*M*=2.55) had neutral ratings.

Table 28. Means of Office Support Staffs' Job Perceptions.

Job Perception Variable	Support Staff including Office Managers (n= 76)
I Think I am Paid Fairly Compared to Others Who Do Similar Work	3.04 SD=1.34
There are Opportunities for Career Advancement in this Practice	2.89 SD=1.12
I Do Not Have the Authority to Make Necessary Decisions in My Work	2.84 SD=1.13
Job Related Conflicts at This Practice Interfere with Patient Care	2.65 SD=1.10
I Feel a Low Level of Job Security	2.55 SD=1.03

1= Strongly Disagree, 5=Strongly Agree

Open-Ended Questions

We completed a content evaluation of open-ended questions in our survey. The support staff and office managers were asked four open-ended questions that related to: ensuring health care services to patients, resources needed to do their jobs more effectively, what they would change about their jobs, and anything else they would like to share about their jobs or the survey. We asked the pediatric and prenatal providers two open-ended questions: what they would change about their jobs, and anything else they would like to share about their jobs of the survey. Of the 111 participants, 85 respondents (76%) gave at least one answer. For this report, some of the themes have been condensed.

A list of themes was developed based on reoccurring patterns and topics within the surveys. As themes were identified, we established a codebook. We organized and analyzed the contents of the surveys by themes. Some respondents' gave multiple answers that were classified as different themes.

Table 29 provides a list of themes and the percentage of respondents that mentioned the theme generated from responses by support staff to the question: "other than money and staff, what resources does this practice need to ensure appropriate health care services?" Respondents differed in the themes of what resources they felt the practice needed to ensure appropriate health care services. The most common theme was the need for a larger work place, or a different workspace. Larger or different work sites were desired by 14% of respondents. Many respondents (n=6)

indicated that they needed a bigger work site: "larger facilities with more exam rooms" and "more space". One respondent reported wanting to "change my location from the front desk to an office on the side". Other respondents (11%) reported that they would like to see a greater access to medical service or increased staff within their offices. Most wanted more staff "we need an RN", "more medical assistants", "more physicians", a "MSW", while another respondent wanted "access to psychiatric care".

Table 29. Percents of Support Staffs' Resources Required Other than Staff or Money for Patient Care (n=44).

Other than Money and Staff, What Resources Does this Practice Need to Ensure Appropriate Health Care Services?	Percent
Larger Work Place or Different Work Space	13.6%
Access to Different Types of Medical Services/ Increased Staff	11.4%
Access to Medical Tests or Medical Equipment	11.4%
Happy and Competent Employees	9.1%
Transportation for Patients	9.1%
Increase Patient Knowledge/ Availability of Literature	9.1%
Increased Knowledge of Staff/Staff Training	9.1%
Translation Services /Foreign Language Literature	6.8%
Advertisement	6.8%
Access to Medications	6.8%
Secure Facility	4.5%
Longer Clinic Hours	2.3%

Another eleven percent of the respondents reported needing access to medical tests and equipment as being necessary to ensure health care services for patients. One respondent suggested, "Funding for medically necessitated equipment (e.g. EKG, PFT machine, Glucometers), another respondent requested for "more updated medical equipment". One respondent wrote that to ensure appropriate health care services for patients she needed "complete and total cooperation from insurance companies in regards to patients' health and routine screening". Other themes were happy and competent employees (9%), transportation for patients (9%), increased patient knowledge (9%), staff training (9%), translation services (7%), access to medications and clinic advertisement (7%).

The second open-ended question that we asked the support staff was "what other resources do you need to do your job effectively?" We received responses from 34 support staff. Table 30 displays the percentages of the themes of responses. More than one-quarter (27%) of the respondents reported the need for more equipment (computers, medical equipment and office equipment). Two respondents reported the need for the internet that could be used for "updates on medical information" and "more computerized lab ordering and patient results". Others asked for updated equipment. Some requested computer desks and bigger workspaces.

Table 30. Percents of by Support Staffs' Resources Required To Do Job Effectively (n=34).

What Other Resources do you Need to do Your Job Effectively?	Percent
Computer, Medical or Office Equipment	26.5%
Access to Insurance or Charitable Funding	17.6%
Cooperation/Communication	14.7%
More Staff	8.8%
Patient Training/Materials	8.8%
Increased Knowledge of Staff/Staff Training	8.8%
Scheduling/Workload/Staff Competence	5.9%
Increased Self Competence	2.9%
Access to Other Medical Services	2.9%

Nearly one-fifth (18%) of respondents indicated that they needed access to insurance or resources to do their job more effectively. The respondents voiced concern for many aspects of insurance coverage including a desire to help the uninsured: "we need an easier way for pregnant women to receive Medicaid", information on "where we can send those with no insurances- area resources", "access to resources in regards to coverage, " and the need for "having a charity cash fund available". Other respondents wrote of the difficulty dealing with insurance and the frustration with lack of sufficient coverage. One respondent wrote of the need "to simplify needs for prior authorization of medications for patients who really need it." Another wrote that getting "updated insurance information" from patients and insurance companies was a problem.

Fifteen percent of the support staff indicated they to do their job more effectively they need better communication and cooperation among the staff. One respondent suggested the need for "100% cooperation for all administration and management

teams." Another suggested a "team effort- discipline when appropriate instead of looking around and putting more work on the better staff." Three respondents indicated the need for "communication and team work", communication between staff" and greater "communication skills". Finally, one support staff respondent would like management to "have an understanding of what I do- not just telling me if you don't know."

Another theme generate by the support staff was the need for increased staffing. Nearly one-tenth (9%) of the respondents indicated that more staff was required to do their jobs more effectively. Some indicated the need for general staff "hire more staff", and "hire secretarial help". Others requested clinical staff, "more medical assistants" and "clinical help".

The support staff also saw the need to increase patient (9%) and staff (9%) knowledge. One respondent indicated the need to have "more correct information given to the patients about our office". Others requested more information pamphlets on health care", and "patient education". Staff also indicated a desire for education. Suggestions were made for staff to learn about "area resources", "have proper training" and "in-services".

At the end of the survey, we asked all three groups of providers to finish the statement: "If I could change one thing about my job I would..." Table 31 displays the results. The two predominant themes were changing work hours (17%) and increasing the amount of staff at the clinic (17%). Generally, support staff suggested changing the hours of the workday: Some wanted to "work four ten hour days instead of five", and another "suggested adjusting the hours to 8:30 to 4:30". Providers asked for "less hours, less calls", to "decrease 24/7 on call" and to "change the work hours". One provider wrote of her desire "to reduce those responsibilities that spill routinely into weekends and evenings". Many of the support staff and providers suggested that they would have more staff if they could change one thing about their job. Some of the comments were: "get more help to service our patients better," and "increase physician number and nursing staff to meet the demands of the high volume of patients who are assigned to our practice". One respondent provided a specific list of desired staff: "hire the following for onsite services: nutritionist, psychiatrist, exercise trainer, podiatry, cooking classes and increase our behavioral staff."

Table 31. Percents of All Providers' Identified Things to Change about Their Job (n= 90).

If I Could Change One Thing About My Job I Would...	Percent
Changing/Adjusting Work Hours	16.7%
Increase Staffing	16.7%
Increasing Control/Responsibility/Advancement	11.1%
Increase Pay	11.1%
Patient Education/Behavior	5.6%
Site Management	5.6%
Insurance	4.4%
Increase My Skills	3.3%
Friendlier Staff	2.2%
Have More Time	2.2%
Patient Services	2.2%
Reduce Paperwork	2.2%
More Time	2.2%
Change Benefits	2.2%
The Office/Building	2.2%
Increase Availability of Drug Samples	2.2%
Expand Clinic Network	2.2%
Pay Greater Attention to HIPPA	2.2%
Other	5.5%

Another theme (11%) was the respondent's desire to increase control, responsibility and advancement within their jobs. Providers indicated the desire to have increased control over the job site: one provider wanted to "be able to control employment decisions. I would like to hire a physician to help with clinical work. I would like to have more time to spend for quality improvement projects", and another wrote that if he could change one thing about his job he would "have more control over staffing and billing issues." Support Staff responses included: "I would like to have more responsibility and learn more". "Limit the job duties that are put on me" and "make more decisions regarding my position."

Another 11% would change their rate of pay of they could change one thing about their jobs. Responses from support staff included: "change the amount we get paid" and "make more money". One provider indicated her desire to "increase income".

Patient education and behaviors were another area of concern for the respondents (6%). One provider wrote that she would "have informative, well illustrated brochures and patient handouts available for low income patients on: pregnancy, nutrition and healthy habits in pregnancy, breast feeding, etc." if she could change one thing about her job. Another wrote that she would like to "formulate ways to increase compliance". Two respondents from support staff requested "greater access to patient education".

Another six percent of respondents would change some element about site management if they could change one thing about their job, one support staff wrote, "better supervision/boss that supports employees, and employees need to be accountable for their behavior and mistakes". Another wrote that she would like to "change the advancement and fairness of work duties". One provider would like to "make things run smoother". Other themes discussed were insurance issues (4%), increasing skills (3%), friendlier staff (2%), more time in the day (2%), change benefits (2%), the facility (2%), increased availability of drug samples (2%), expanding the clinic network (2%) and paying greater attention to the HIPPA laws (2%).

The final open-ended question that we asked the providers was if they had anything else that they would like to share about their job or the survey. Table 32 displays the results. The most common response (24%) was that they were happy in their work. One wrote, "I enjoy my job. I feel blessed to be here." Another wrote, "I am very satisfied with my ability to care for my clients and satisfy their health needs."

Table 32. Percents of All Providers' Other Comments (n= 25).

Anything Else to Share about Jobs or the Survey?	Percent
Happy in My Work	24.0%
Comments about the Value of the Survey	20.0%
Concerns About Staffing	16.0%
Information about individual Practices	12.0%
Clinic Concerns	8.0%
Desire for Positive Feedback	8.0%
The Job is Challenging	8.0%
Increased Teamwork	4.0%

The second most popular theme (20%) was comments about the survey. Generally, the comments were positive: "some things about pediatric care were brought up that I don't usually do- helpful"," "please let me know the results of the surveys to change my practice in the future", it "will be interesting to see if there are disparities in patient/provider perspectives and "I think the survey is a good way to get an understanding of the overall function and comfort of hospital personnel." One respondent was less optimistic, "I think that this survey is nice, but nothing ever changes and I don't think it ever will. People are set in their ways."

Another popular theme was the need for increased staffing at the clinic sites (16%). One respondent wrote: our clinic is understaffed and the stress causes staff to be pressured and not perform to the level they would like." Another indicated a concern for staffing to cover vacation time, "replacement staff needs to be available when permanent staff members are away on vacation/leaves etc".

Other respondents (12%) wanted to share information about their specific worksite. "Or community health center has a multi disciplinary team to manage OB patients which includes all staff departments. We try to bridge the care from pre-pregnancy to post-pregnancy for the whole family and significant others in the moms' and babies' life." Another wrote of being "very aware of the multiple resources in this community and I share this with all of the patients I am in contact with." Other comments were concerns about the worksite (8%), desire for positive feedback (8%), the challenging nature of the job (8%) and need for greater teamwork (4%).

Summary of the Results

Our sampling strategy was designed to survey the health care workers and support staff who provide health care to pregnant women and young children whose health care is paid for through Medicaid or through self-pay. The overall response rate for the survey was low in terms of identified clinics/offices participating (13 of 32) and in terms of identified health care providers and support workers (111 of 467). It should also be noted that the response rates were much higher for those clinics that allowed our research staff to collect surveys at staff meetings (75 of 83 individuals) compared with surveys that were mailed with mail return (18 of 245 individuals) and with surveys that were hand-delivered, but with mail return (18 of 139 individuals). With the low response rate, the results may not be representative of all the health care providers and support staff identified through our procedures. Our analyses, for example, suggest that we were more likely to have residents complete the provider surveys than other health care providers were.

The demographic characteristics of the respondents suggest a diverse group completed the surveys. While the support staff respondents were 93% female, 41% were African American and 51% were European American. The pediatricians were more likely to be male (57%), while the prenatal providers were more likely to be female. Both groups of providers were more likely to be European American (43%, 52%) or Asian (36%, 19%) than African American (14%, 19%). The education levels and job titles of the support staff sample was also diverse.

Identifying Patients

The office support staff and office managers offered their perceptions about the services they provide. They reported that many patients (43%) have been receiving health care at their practice for five or more years. In response to an open-ended question, the support staff and office managers identified their patients as "children" (55%), "pregnant women" (32%), people with Medicaid insurance" (31%), or "people with no insurance" (25%).

Scheduling and Wait Times

The office support staff and office managers also reported on scheduling appointments. A majority of the respondents reported that wait time for non-emergency appointments was "1 day or less" (25%) or "less than one week" (28%). However, 28% of respondents reported that getting an appointment took more than two weeks.

The respondents' estimates of wait times for patients in the waiting room varied across the surveyed groups. The support staff's and office managers' average estimate of the patient wait times was 33 minutes. The pediatric providers' average estimate was 18 minutes and the prenatal providers' average estimate was 20 minutes.

Ratings of Staff and Facilities

Ratings of the clinic/office environment also varied across the surveyed groups. Support staff rated the friendliness of the practice higher than pediatric providers and prenatal providers. Support staff, however, rated the attractiveness and comfort of the office lower than pediatric and prenatal providers did. The pediatric providers rated the quality of service lower than prenatal providers and support staff. Support staff rated the courtesy of the staff higher than pediatric provider or prenatal providers.

Ratings of Content of Patient Care

The health care providers rated how frequently certain topics were addressed during health care visits with patients. Nearly all of the ratings indicated that the listed discussion topics were address most of the time (average ratings above 3 on a 1-5 scale). Among the ratings by pediatric providers, the most frequently discussed topics included infant feeding, developmental levels, safety issues, child care/education, and changes in growth/behavior. The least frequently discussed topics included impact of child's health on family functioning, community resources for children and families, working and parenting, daily routines, responding to behaviors, and sleep patterns.

Among the ratings by prenatal providers, the most frequently discussed topics included effects of drugs, alcohol use, smoking, HIV tests, breast-feeding, medicine safety and folic acid. The least frequently discussed topics included employment plans, HIV prevention, childcare plans, physical abuse, baby development, and sources of family support. The prenatal providers were also highly likely to report discussing patient preferences during labor and the amount of contact they prefer to have with their baby after the birth.

Among the topics discussed by both groups of providers (prenatal, pediatric), the prenatal providers were more likely to discuss alcohol, tobacco, and drug use and other lifestyle and health risk factors. Both groups of providers (prenatal, pediatric) reported lower average frequency ratings for discussing patients' opinions or beliefs before planning treatments than many other discussion topics. Both groups of providers reported lower average ratings of the adequacy of time with each patient. The average time with patients reported by both groups of providers was 21 minutes.

Ratings of Provider Services

The support staff and office managers rated the frequency of services available to patients. The highest rated services were having advice available over the telephone and leaving messages for providers. The lowest frequency ratings were for home visits (which is almost never offered) and having patients talk directly over the phone to providers during business hours. Other high ratings suggest that patients can expect return calls from providers within 24 hours and that there will be someone who will explain test results.

The support staff and office managers also indicated whether or not patients receive certain types of assistance with Medicaid applications. While only 25% of the respondents reported providing no assistance with Medicaid applications, most respondents indicated that specific types of assistance were not available. For instance, only 11% reported that applications are on display, 19% reported that staff members distribute Medicaid applications, and 28% reported that patients could sign-up for Medicaid on site. Just under half of the respondents (43%) reported they had someone available to help patients fill out the application.

The different surveyed groups reported agreement on the frequency of referral services provided to patients. On the 5-point scales, all three groups (support staff, prenatal providers, pediatric providers) reported average ratings over 4.0 for frequency of referring patients to other services. Only one survey group (pediatric providers) had a rating lower than 4.0 for welcoming non-English speakers. There were slightly lower frequency ratings reported for having someone at the practice who follows up on patient referrals. Roughly two-thirds of the pediatric providers reported offering consultation services during prenatal health care visits.

Ratings of Patients' Perceptions

All three surveyed groups indicated that they thought patients would give higher ratings to the concern shown by the clinical staff and lower ratings for the concern and helpfulness shown by the non-clinical staff. The support staff group's average ratings of how patients would judge the clinical and non-clinical staff were higher than the pediatric providers and the prenatal providers.

Ratings of Patients' Behaviors

The pediatric providers and the prenatal providers both gave low average ratings of their lower-income patients' health behaviors, level of compliance with treatment plans, and quality of parenting skills compared to other ratings they made. The prenatal providers rated the patients' appreciation of provider staff and patients' level of courtesy toward staff higher than the pediatric providers and the support staff respondents.

Ratings of Quality Improvement Practices

The support staff and office managers indicated, on average, that their practices "almost always" engaged in quality improvement practices including reviews of patient outcome information and employee satisfaction surveys to improve quality. Most reported collecting patient surveys (83%) and collecting feedback from practice staff (69%). Most respondents noted that their practice had the capacity to use results to improve the quality of services (81%). Fewer respondents reported collecting feedback from community organizations or advisory boards (33%) or from community health workers (31%). Still fewer reported using analyses of local data or vital statistics (28%), conducting systematic evaluation of programs and services (26%), conducting

community surveys (18%), or having patients on the board of directors or advisory committees (14%).

Cultural Diversity and Community Outreach Practices

Nearly all support staff and office managers (91%) indicated that they use translators and interpreters in their practices. A majority (63%) reported they hired staff that reflected the cultural diversity of the population they serve. Fewer respondents reported their practice used culturally sensitive materials (42%), planned services that reflect cultural diversity (34%), or trained staff on cultural diversity using outside instructors (27%). Fewer than half the support staff and office managers reported engaging in community outreach activities such as networking with state and local agencies involved with culturally diverse groups (41%), using outreach workers (36%), involving neighborhood groups and community leaders (33%) or linking with religious organizations and services (25%).

Ratings of Job Satisfaction

All three surveyed groups (support staff, pediatric providers and prenatal providers) reported moderately high average levels of job satisfaction (between 7 and 8.3 on a 0-10 scale) with prenatal providers reporting the highest levels of satisfaction. The prenatal providers and the pediatric providers were more likely than the support staff to agree that their work is challenging and that their job schedule interferes with other life commitments. All three groups had lower levels of agreement that their workload was unmanageable.

The support staff and office managers reported lower levels of agreement that they are paid fairly, that there are opportunities for career advancement, and that they have the authority to make necessary decisions. They also were not likely to agree that job conflicts interfered with patient care or that they feel they have low job security.

Job Resources and Job Conditions (Open-Ended Responses)

In response to open-ended questions about work resources and conditions, the support staff reported what they felt they needed to ensure higher quality services. The content analyses of the responses revealed a range of responses. Some staff wanted larger or different workspace. Others suggested their practices offer other types of medical services or access to medical test or equipment or medications. Some suggested that staff should be happier or more competent. Others suggest the need to increase patient knowledge. Other resources suggested for more effective job performance included computers and office equipment, and access to insurance or charitable funding.

All three surveyed groups (support staff, prenatal providers and pediatric providers) provided responses to the open-ended question, "If I could change one thing about my job, I would…." There was a range of responses, but the most prevalent

responses included changing work hours, increasing the number of staff, increasing control and responsibility, and increasing pay. At the end of the survey, the respondents were asked to share anything else they wanted to share about their job or the survey. Of the 25 who responded, some reported they were happy with their jobs and with the value of the survey. Others expressed concerns about staffing or other clinic concerns.

Methodological Notes and Cautions

The results of this study should be interpreted with appropriate caution because of the low response rate achieved in this survey of health care providers. In addition, there was a higher response rate at certain clinic work sites where the researchers were able to conduct the survey on-site at a staff meeting. With the low response rate, the results may not be representative of all the health care providers and support staff identified through our procedures.