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Flint/Genesee County Friendly AccessSM Project A Report to the Community of Genesee County

2002 – 2007

Volume 1 of 2

**Volume 2 is available upon request and contains the Friendly AccessSM Project
Baseline Evaluation Reports. It can be obtained by contacting the Greater Flint
Health Coalition.**

**Friendly AccessSM is a service trademark of The Lawton & Rhea Chiles Center
for Healthy Mothers and Babies at the University of South Florida College of
Public Health.**



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May 15, 2007

RE: A Report to the Community of Genesee County

Greetings,

Beginning in 2002, the Greater Flint Health Coalition and a number of key community partners implemented the Friendly AccessSM program in Genesee County, seeking to change the culture of the maternal and child healthcare delivery systems in ways that increased consumer access, satisfaction, utilization, and outcomes. From inception through 2007, Genesee County's Friendly AccessSM program was one of four national demonstration sites as designated by the Lawton and Rhea Chiles Center for Healthy Mothers and Babies at the University of South Florida School of Public Health.

Within the Final Report of Friendly AccessSM that follows is a detailed history of program activities, evaluation studies, and outcomes that led to a positive change in the culture of care mothers and young children receive. Included in this Final Report is information on interventions that have developed as outgrowths of Friendly AccessSM, such as the African American Family Resource Information Center and Network (AFRICAN) and a Children's Oral Health initiative, both led by the Greater Flint Health Coalition.

Largely a community funded project, Genesee County partners felt Friendly AccessSM was the "right thing to do", exhibited by the insightful leadership and commitment from the following local organizations and financial contributors:

- Charles Stewart Mott Foundation
- Mott Children's Health Center
- Ruth Mott Foundation
- General Motors Corporation
- McLaren Regional Medical Center
- Genesys Health System
- Community Foundation of Greater Flint

In addition to these contributors, the Greater Flint Health Coalition would like to take this opportunity to thank all of the individuals who participated in Friendly AccessSM committee and task force efforts, with special recognition to Dr. Lawrence Reynolds, Vice President of Clinical Services, Mott Children's Health Center; Sue Marr, Administrator of Corporate Compliance and Quality Improvement, Mott Children's Health Center; and Lori Kunkel, Project Director, Greater Flint Health Coalition. Collectively, the commitment of these organizations and individuals to the vision of Friendly AccessSM has resulted in widespread benefit to Genesee County's mothers and children.

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

Sincerely,

Stephen Skorcz
President & CEO

**Flint Genesee County Friendly AccessSM Project
Summary Report to the Community
2002 – 2007
Volume 1 of 2**

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The following Friendly AccessSM Project Baseline Evaluation Reports can be found in Volume 2 of this report (available upon request by contacting the Greater Flint Health Coalition):

SECONDARY DATA REPORT NO. 1

Descriptive Analyses on Low-Income Mothers and Children in Genesee County
September, 2003

PRIMARY DATA REPORT #1

New Mothers' Perspectives on Maternal Health Care Access and Quality in Genesee
County, Michigan
April, 2004

PRIMARY DATA REPORT #2

New Mothers' Perspectives on Maternal Health Care Access and Quality in Genesee
County, Michigan: Comparing African American, European American and Other
Races
July 21, 2004

PRIMARY DATA REPORT #3

Parent and Caregiver Perspectives on Pediatric Health Care in Genesee County,
Michigan
October, 2004

PRIMARY DATA REPORT #4

Parent and Caregiver Perspectives on Pediatric Health Care in Genesee County,
Michigan: Comparing African American, European American and Other Races
September, 2005

PRIMARY DATA REPORT #5
Providers' Perspectives on Maternal and Child Health Care Access and Quality in
Genesee County, Michigan
March, 2006

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EXECUTIVE SUMMARY

INTRODUCTION

Genesee County Demographics

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

Flint, with 29% of the county's total population, is the urban and geographic center of the county. It is also the fourth largest city in the state. The City of Flint has a population of 124,943 with 53.3% of the population being African American and 41.4% being European American.

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

According to 2003 Census Estimates, 32% of children under 5 years of age live in households below the poverty line and the number may be as high as 42%. Genesee County's MIChild enrollment in 2005 was 1,740 children and in 2004, students with free/reduced lunch numbered 34,137 or 40.9% of all children ages 5-18 years (Michigan Primary Care Association). From 2000-2002, 8.5% of children under 18 years of age were uninsured (Michigan Department of Community Health).

Maternal and Child Health Characteristics

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

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

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

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

The Right Start for America's Newborns 2007 Report shows Medicaid paid for 42.8% of Genesee County births in 2004 compared to 34.3% in Michigan. The report documented for Genesee County in 2003: 46.2% of children (0-19 years of age) had a preventative dental visit, 30.1% of children on Medicaid (0-19 years of age) had a preventative dental visit, and 24% of children (1-2 years of age) were tested for lead poisoning. Also documented for Genesee County was the rate for children's hospitalizations (2001-2003) due to asthma; 28.9 children (1-14 years of age) per 1,000 children (1-14 years of age).

THE GREATER FLINT HEALTH COALITION

General Description

The Greater Flint Health Coalition (GFHC) is a non-profit 501(c)3 organization established in 1992 whose mission is to improve the health status of Genesee County (Michigan) residents and to improve the quality and cost effectiveness of the County's healthcare delivery system. The GFHC is both a community/institutional partnership and a multifaceted collaboration with a Board of Directors that broadly reflects the community and its leadership with representatives from government, hospitals, labor, business, insurers, physicians, the educational system, consumers, and faith-based organizations. Outlined below are some of the specific organizations represented on the GFHC Board:

- Hurley Medical Center—a publicly owned teaching hospital
- McLaren Regional Medical Center—a non-profit facility, named among the top 100 Hospitals in America

- Genesys Health System—a member of Ascension Health (the largest non-profit Catholic health system in the nation)
- Blue Cross Blue Shield of Michigan (BCBSM)—the State of Michigan’s largest healthcare insurer and the claims administrator for General Motors Corporation employees; BCBSM is a non-profit organization
- HealthPlus of Michigan (HP)—a not-for-profit federally-qualified health maintenance organization and mid-Michigan’s largest Health Maintenance Organization (HMO) with 178,000 members; HP is General Motor Corporation’s and Delphi Automotive System’s largest independent HMO
- Genesee County Medical Society
- Genesee County Osteopathic Association
- Genesee County Health Department
- General Motors Corporation
- United Auto Workers (UAW)
- American Federation of Labor-Congress of Industrial Organizations (AFL-CIO)
- University of Michigan-Flint
- Genesee County Intermediate School District
- City, State, and County Legislatures

Appendix A provides a full membership list of the Greater Flint Health Coalition.

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

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

Commitment to Anti-Racism Work

The GFHC has a long standing commitment to anti-racism efforts in our community as the multifaceted challenges of racial disparities and race relations have great impact on community wide health. The roots of this commitment are built and modeled upon the

racial justice work of the Charles Stewart Mott Foundation – including the Foundation's early support of the Community Coalition and the Undoing Racism Workshops.

In 1999, Dr. David Satcher, 16th Surgeon General of the United States, spoke at the GFHC's 3rd Annual Meeting on the topic of "Eliminating Racial and Ethnic Disparities in Health – Searching for a Cure". Following Dr. Satcher's visit, the GFHC adopted an overlay to its Business Plan including "racial disparities & anti-racism activities" as an overarching theme to all GFHC led activities.

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

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

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

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

THE NATIONAL FRIENDLY ACCESSSM PROGRAM

The Friendly AccessSM Program is about ensuring all children, especially those from low-income families, a healthy start in life. It recognizes the work to ensure children a healthy start begins prior to conception. Financial barriers to primary and preventative health care have been reduced for pregnant women and children because of expansions in Medicaid and Title XXI (State Child Health Insurance Program, locally

MiChild). However, cultural, organizational, and communication barriers persist that contribute to consumer dissatisfaction and poor utilization of healthcare resources. The mission of Friendly AccessSM is to change the culture of maternal and child health delivery systems in ways that improve consumer access, satisfaction, utilization, and outcomes.

Friendly AccessSM was designed to promote quality service delivery in participating communities based on the following values:

Availability – Services are available, easy to obtain, and conveniently located.

Caring – Consumers and providers are treated with dignity and respect. Service providers are sensitive to the consumer’s cultural background, personal beliefs, and attitudes.

Competency – Providers have appropriate technical skills and demonstrate an understanding of the importance of culture and social background in providing health care and achieving positive outcomes.

Efficiency – Services are provided with respect for the consumer’s time and the economical use of resources.

Support – Services meet the unique needs of consumers and are integrated across providers and disciplines to assure continuity of care.

Safety – Services are provided in safe, reassuring, and supportive environments.

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

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

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

FLINT/GENESEEE COUNTY FRIENDLY ACCESSSM PROJECT

Application Process

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

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

A Community Funded Project

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

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

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

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

Appendix B outlines complete funding for the Flint/Genesee County Friendly AccessSM Project.

ACHIEVEMENTS AND LESSONS LEARNED

Coalition Building and Leadership Development

The National Friendly AccessSM Program outlined a governance structure for the implementation of program activities. It foresaw the formation of a maternal and child health coalition in each community with a Steering Committee to act as the organizing body, complete the strategic plan, and implement interventions through internal organizational teams. A leadership team would be created to complete the baseline evaluation, attend technical assistance seminars, and receive Disney Institute training to disseminate within the community.

The original three Friendly AccessSM demonstration sites discovered the tasks of coalition building and infrastructure development to be quite arduous. Initially, the Chiles Center had reservations about the broad-based constituency of the GFHC. The Chiles Center had envisioned, and the other three communities were crafting, primarily maternal and child health coalitions. However, the GFHC, its governance structure, and its processes were significant assets to the Flint/Genesee County Friendly AccessSM Project.

The reputation of the GFHC, highlighted by its accomplishments and relationships, assisted in the quest to secure funding for the project. While the search for initial project financing delayed the Flint/Genesee County Community's start of program activities by several months, the Flint/Genesee County Friendly AccessSM Project found itself further ahead of the other demonstration sites with an established coalition. The GFHC Board of Directors functioned as the founding partners for the Flint/Genesee County Friendly AccessSM Project. The Friendly AccessSM Steering Committee was created as a committee of the GFHC to focus on maternal and child health and to direct the Friendly AccessSM Project's activities. The Steering Committee included GFHC member organizations as well as other community organizations with a vested interest in maternal and child health. The Steering Committee eventually expanded to include community representatives who worked directly with the Project's at risk population. Appendix C highlights the depth of the Friendly AccessSM Steering Committee membership.

The Chiles Center turned to the GFHC as the experts in coalition building. The Flint/Genesee County Friendly AccessSM Project also became the Chiles Center's model for community project financing. Both topics were featured in the first Friendly AccessSM Community Conference, a two day event hosted by the Flint/Genesee County Friendly AccessSM Project on June 3 and 4, 2004. In addition to local interest, the Community Conference drew attendees from the Chiles Center, CDC, all four demonstration sites, and the four affiliated communities (Syracuse, New York; Chicago,

Illinois; Des Moines, Iowa; and Phoenix, Arizona) who were considering implementation of the program. With the focus being project sustainability, the Community Conference sessions highlighted:

- An overview of the National Friendly AccessSM Collaborative provided by the Director of the Lawton and Rhea Chiles Center
- Implementation lessons presented by the Project Director of each of the four demonstration projects
- The impact of Genesee County's three health system's corporate patient satisfaction programs on their maternal and child health services
- The Disney experience from a physician's perspective and Mott Children's Health Center's implementation of Disney Institute principles
- Strategies for engaging local funders presented by representatives from the Charles Stewart Mott Foundation, Ruth Mott Foundation, and Community Foundation of Greater Flint
- GFHC's blueprint for a successful coalition
- The Flint/Genesee County and Indianapolis Projects' evaluation processes and initial data analyses
- Perceptions of the evaluation from the Flint/Genesee County Friendly AccessSM community interviewers
- Friendly AccessSM community models and practices related to the engagement of community partners and consumers and provider customer service training

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

Service Excellence Training

The Flint/Genesee County Friendly AccessSM Leadership Team was composed of GFHC member organizations directly involved in the delivery of maternal and child health care, the project evaluator from the University of Michigan School of Public Health, and GFHC staff. Appendix D outlines Leadership Team membership.

The organizational skill of National Friendly AccessSM Office was demonstrated in the meetings held to provide technical assistance and training to community leadership. The Chiles Center hosted a Friendly AccessSM National Meeting to provide communities invited to submit an application to become a Friendly AccessSM demonstration site an overview of the National Friendly AccessSM Program and selection process. Early on in the project, the Leadership Team attended an orientation workshop and four Leadership Development Seminars hosted by the Chiles Center. Appendix L lists the seminars, location of each, and local attendees. The workshop and Leadership Development Seminars provided a wealth of technical assistance on a wide range of project related activities including:

- Community start-up – National Program staff and responsibilities, communication guidelines and protocols, project timeline, memorandum of understanding outlining the roles and responsibilities of all project partners, USF procedures, evaluation plan and data collection instruments, internal review board (IRB) procedures and USF approval, and resource documents
- Data utilization – strategic planning process, defining problems and population of concern, secondary data analysis, and primary data collection
- Local project development – status of four demonstration sites, identification of project successes and challenges, and explanation of lessons learned for future program expansion to other sites
- Local project status – implementation of customer service training, social marketing education, feedback from National Advisory Council

At its inception, the creators of Friendly AccessSM recognized the connection of patient satisfaction with utilization, compliance, and ultimately outcomes. Given the impact of customer service on satisfaction, a relationship evolved with the preeminent organization in customer service, the Disney Corporation. The Disney Institute modified its customer service training program to specifically apply to organizations within the healthcare sector. In collaboration with The Chiles Center, Disney offered Friendly AccessSM communities two and one half days of training at its facilities in Lake Buena Vista, Florida. In its first-year funding of the other three demonstration sites, the Chiles Center covered the expenses of twenty coalition members from each community to attend the Disney Institute.

The Flint/Genesee County Friendly AccessSM Project sent forty representatives from Genesee County including business and health service leaders, physician providers, and community members to the Disney Institute in May 2003 at a total cost of \$103,583 to the local project. Appendix E lists the representatives attending the Disney Institute training. The Flint/Genesee Project was unique in that it included consumers of maternal and child health services to directly describe their health needs and perceptions of the healthcare system. Participants agreed that the training was a positive and energizing team building experience. Highlights of the lessons taught at the Disney Institute included how to:

- Understand who customers/patients are in order to better service them
- Anticipate the needs, wants, stereotypes, and emotions of customers/patients, in order to exceed their expectations
- Improve the policies, tasks, and procedures within organizations to promote the delivery of quality services to customers/patients
- Motivate employees to actively deliver consistent quality service
- Prioritize service standards to promote the delivery of quality service
- Establish a more efficient process for delivering quality to customers/patients

The Disney Institute training did have some drawbacks. Other local health service providers already had customer service programs in place which they did not wish to alter. They also found it difficult to relate health care to the entertainment industry. The Disney training may have clouded the intent to drive system change through customer service improvements. The continued commitment of the National Program to Disney for local application remains questionable.

Disney Institute training did provide the Flint/Genesee County Friendly AccessSM Project a common language and reinforced patient-centered care. Mott Children's Health Center (MCHC) adopted and made an enormous commitment to Disney with successful results. MCHC became a National Program model for incorporating the Disney training throughout a healthcare organization.

The National Friendly AccessSM Office offered additional technical assistance through periodic conference calls scheduled later in the project. The conference calls led to open communication not only between the National Program Office and demonstration sites but among the demonstration sites themselves. This resource network continues to exist between Friendly AccessSM communities.

Service Delivery Internal Team Interventions

Each of the organizations comprising the Leadership Team that delivered maternal and child health care was required to establish an internal team to implement Friendly AccessSM interventions. The success of the internal teams varied widely from organization to organization.

Mott Children's Health Center (MCHC) was by far the most successful internal team. MCHC utilized its Senior Administrative Team which included the President, Clinical and Medical Directors, Chief Operating Officer, Department Heads, and leadership from Planning and Evaluation, Program Development, and Health Education as its Friendly AccessSM Internal Team. The MCHC internal team created and implemented an employee customer service training program. The program included two introductory "Lunch 'N' Learn" sessions, eight mandatory one and one half hour training courses, and a new associate orientation. The training closely followed the lessons learned at

the Disney Institute. It was reinforced by an internal newsletter "Just Like Magic" that informed and educated employees on various customer service topics.

The Friendly AccessSM intervention and its Disney lessons were incorporated directly into MCHC's strategic plan and organizational goals. MCHC conducted its own customer service evaluation with assistance from the Flint/Genesee County Friendly AccessSM evaluator. MCHC expanded Friendly AccessSM topics to include cultural competency and health literacy. MCHC presented Friendly AccessSM at the 2005 National Initiative for Children's Healthcare Quality annual conference. MCHC also identified critical children's healthcare access issues for the Flint/Genesee County Friendly AccessSM Steering Committee to address.

Other organizational internal teams met with limited success. They were challenged by the lack of organizational leadership involvement, delay in the availability of evaluation data, and attempting to integrate Disney into preexisting corporate-wide service excellence programs. Examples of the internal team interventions implemented included:

- Presentations explaining the Disney message to staff and residents
- Incorporation of Disney components into existing training programs
- Schedule and staffing changes to accommodate patient visits
- Coordination of phone linkages between organizations
- Improvements in the referral process of pregnant women to pediatricians for their infants

The Flint/Genesee Friendly AccessSM Project acknowledges the great contribution of the Leadership Team representatives and internal teams from Genesys Health System, Hurly Medical Center, McLaren Regional Medical Center, and Hamilton Community Health Network in completing the Friendly AccessSM baseline evaluation. Individuals from these internal teams were essential in obtaining institutional review board (IRB) approval for the evaluation (as necessary), recruiting consumer survey participants, and accommodating survey interviewers. IRBs are charged with the protection of human subjects used in research and must comply with regulations specified by the Department of Health and Human Services as well as with other ethical and professional standards for use of human subjects in research. The Friendly AccessSM evaluation involved research on human subjects and was required to have IRB approval before implementation.

Data Driven Strategic Planning

The Chiles Center provided a well thought out and comprehensive evaluation plan. The evaluation plan left no stone unturned with its four components: review of secondary data such as birth records and census counts, prenatal consumer surveys, pediatric consumer surveys, and provider surveys. Many items within the surveys were borrowed with permission from instruments already tested and validated for the

measures. While the surveys were designed by the National Friendly AccessSM Program, they were reviewed, revised, and piloted by each Friendly AccessSM demonstration site including the Flint/Genesee County Friendly AccessSM Project. Data obtained by all study methods were then analyzed utilizing a variety of statistical tests of significance appropriate for quantitative analysis. Qualitative analysis methods were used to analyze responses to open-ended items on each of the study surveys.

The Flint/Genesee County Friendly AccessSM Project retained Thomas Reischl, Ph.D., a faculty member of the University of Michigan School of Public Health as its local evaluator. Dr. Reischl is also the Evaluation Director of the Prevention Research Center (PRC) of Michigan. Friendly AccessSM was made a core project of the PRC.

Research questions for the evaluation phase of the Friendly AccessSM Program were:

- What is the current status of consumer access and utilization of prenatal and pediatric care in the community?
- What barriers to access and appropriate utilization of prenatal and pediatric care do women and children in our community currently face in efforts to obtain health care?

The Friendly AccessSM evaluation focused on low income women and children (those on Medicaid or with no health insurance) who are at greater risk for health disparities because of their socio-economic status.

The following section provides a summary of findings from the four data sources: secondary data, prenatal consumer surveys, pediatric consumer surveys, and provider surveys. Each evaluation report is available for closer review in Volume 2 of the Flint/Genesee County Friendly AccessSM Project Report to the Community of Genesee County.

Findings from Secondary Data

In addition to the statistics provided regarding Genesee County demographics in this report's introduction, the secondary data highlighted the following information obtained from the Michigan Department of Human Services:

- 13,428 children under 5 years of age in Genesee County or 42.5% of all children under 5 years of age, are enrolled in the State of Michigan's Medicaid program
- While the numbers of Genesee County European American and African American children in the Medicaid program are nearly equal, a higher percentage of African American children in the county are enrolled in the Medicaid program (79.9%) compared to European American children (31.6%)
- 17,014 of women ages 15-34 years in Genesee County or 28.4% of women in this age group are enrolled in the Medicaid program (grouping of 15 -34 years used instead of child bearing ages of 15-44 years because of easy access to counts)
- While over half the women in Genesee County enrolled in this age group are European American, the percentage of African American women enrolled from this age group is more than 2.5 times that of European American women

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The secondary data analysis of county birth records provided a baseline look at the demographics of mothers and their receipt of prenatal care in the community. The following table, Table 2, offers a comparison of those factors between privately insured women and the Friendly AccessSM population of concern which is low income women and their children.

Table 2

Comparison of Birth Record Data by Insurance Type and Race for Medicaid Enrollees
Source: Friendly AccessSM Secondary Data Report #1 - September, 2003

	Privately Insured	Medicaid & Self Pay	Medicaid African Americans	Medicaid European Americans
Number of births	3716	2553	1093	1436
Percentage of county births	59%	41%	17%	23%
Average age of mother	27.9	23.8	23.7	23.9
Average years of mother's education	13.6	11.7	11.7	11.7
Average prior live births	1.0	1.3	1.59	1.14
Percent married	75.9%	22.7%	8.9%	32.7%
Average gestation in weeks	38.5	38.1	37.5	38.6
Average month of 1 st prenatal visit	2.0	2.7	3.0	2.5
Average number of prenatal visits	13.2	12.4	12.2	12.5
Percent of expected prenatal visits	122%	134%	151%	122%
Percent inadequate prenatal care (Kotelchuck Index)	.9%	3%	4.5%	2%
Average number pregnancy risks	.16	.13	0.093	.15
Average number labor & delivery complications	.15	.07	.022	.093
Average number newborn abnormalities	.02	.01	.02	.08
Average number newborn congenital anomalies	.01	.00	.00	.03
Premature Births (<37 weeks)	15.6%	22.0%	28.6%	17.0%
Low birth weight (<2500 grams)	8.2%	11.6%	16.3%	8.1%
Very low birth weight (<1500 grams)	1.8%	1.8%	2.7%	1.2%
Tobacco use	na	na	19.1%	36.2%
Alcohol use	na	na	.07%	.07%

Several issues of concern emerged from the secondary data including:

- Medicaid mothers and newborns were less likely to have diagnosed medical conditions with African American Medicaid insured mothers and newborns the least likely to have diagnosed medical conditions
- African American Medicaid insured mothers enter prenatal care later than their European American counterparts
- Medicaid mothers were more likely to use tobacco and alcohol during pregnancy with European American Medicaid insured mothers the most likely to use tobacco

- Medicaid mothers were more likely to have premature births and lower birth weight babies with African American Medicaid insured mothers at greatest risk

Flint/Genesee County Friendly AccessSM Project Report to the Community of Genesee County Volume 2, Tab A, "Secondary Data Report #1: Descriptive Analyses on Low Income Mothers and Children in Genesee County", offers a complete accounting of the findings from the secondary data.

Findings from Prenatal Primary Data

In order to have a more in-depth look at the factors leading to lower utilization of prenatal services and disparities in birth outcomes, prenatal care consumer surveys were administered to 358 women whose births were covered by Medicaid or self pay while they were still hospitalized after delivery of their infants. The surveys were conducted by interviewers recruited by Faith Access to Community Economic Development (F.A.C.E.D.) under the supervision and training of an evaluation team from the University of Michigan School of Public Health. Surveys were administered at each of Genesee County's three hospitals, Hurley Medical Center, Genesys Regional Medical Center, and McLaren Regional Hospital. The sub-sample size for each hospital was proportional to the percent of births paid by Medicaid at each hospital. Hospital staff identified and recruited eligible women who received a \$15 gift certificate for their participation. The surveys were one-on-one interviews consisting of 161 questions. The average time for an interview was 53 minutes. Data collection began in July 2003 and was completed in January 2004.

Table 3 on the following page provides a brief glimpse of the results of the primary prenatal survey data. Flint/Genesee County Friendly AccessSM Project Report to the Community of Genesee County Volume 2, Tab B provides the complete prenatal primary data report, "Primary Data Report #1: New Mothers' Perspectives on Maternal Health Care Access and Quality in Genesee County, Michigan", is attached to this report in Appendix B. Compared to the secondary data population, the sample of new mothers interviewed for the Friendly AccessSM prenatal consumer survey were slightly older, had one more child on average, were more likely to have education beyond high school, less likely to be African American, more likely to be married, and more likely to have had a Cesarean section.

One major area of concern identified by the prenatal primary data was the frequency of life stressors experienced during pregnancy. Table 4 on page 16 highlights life events reported by new mothers during their pregnancies.

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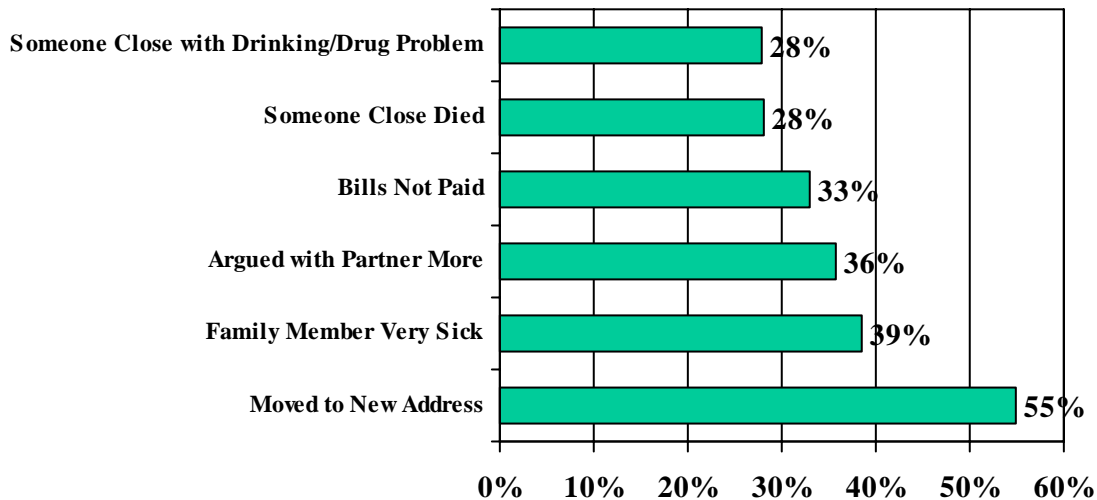
Table 3
Demographics, Prenatal Care, and Birth Data
Source: Friendly AccessSM Primary Data Report #1 - April, 2004

DEMOGRAPHICS		PRENATAL CARE & BIRTH DATA	
Variable (n=358)	Frequency (%)	Variable (n=358)	Frequency (%)
Age		Trimester Prenatal Care Initiated	
15-17 years	2 (0.6)	1 st Trimester	134(37.0)
18-24 years	195 (55.1)	2 nd Trimester	44 (12.2)
25-34 years	137 (38.7)	3 rd trimester	11 (3.2)
35+ years	20 (5.7)	No Prenatal Care	5 (1.4)
Missing	4 (1.2)	Missing	79 (21.8)
Racial Identity		Type of Prenatal Care Provider	
African American	140 (38.7)	MD	250(69.1)
European American	194 (53.6)	Midwife	9 (2.5)
Native American, Asian	8 (2.2)	Nurse/Nurse Practitioner	1 (0.3)
Other	12 (3.3)	Group Practice	86 (23.8)
Missing	8 (2.2)	Other	7 (1.9)
Hispanic		Missing	9 (2.5)
Yes	27 (7.5)		
Marital Status		Frequency Provider Spent Enough Time With You	
Never Married	240 (66.3)	Always	259 (71.5)
Married	88 (24.3)	Usually	41 (11.3)
Divorced	27 (7.5)	Sometimes	35 (9.7)
Separated	4 (1.1)	Rarely or Never	18 (4.9)
Widowed	1 (0.3)	Missing	9 (2.5)
Level of Education		Thoroughness of Prenatal Check-ups	
1-11 years	83 (22.9)	Excellent	161 (44.5)
High School/GED/Trade School	137 (37.9)	Very Good	72 (19.9)
13+ years	140 (38.7)	Good	98 (27.1)
Missing	2 (0.6)	Fair	20 (5.5)
		Poor	3 (0.8)
		Missing	8 (2.2)
Number of Children		Baby's Gender	
1 (Para 0)	109 (30.1)	Female	167 (46.5)
2 (Para 1)	120 (33.1)	Male	192 (53.5)
3 (Para 2)	70 (19.3)		
4+ (para 3+)	61(17.0)		
Currently Employed		Type of Birth	
Yes	128 (35.4)	Vaginal	230 (63.5)
		Cesarean	129 (35.6)
Self-Reported Health Status		Regular Health Care Prior To This Pregnancy	
Excellent	79 (21.8)	Yes	219 (60.5)
Very Good	129 (35.6)		
Good	130 (35.9)		
Fair	19 (5.2)		
Poor	3 (0.8)		

Table 4

Most Frequent Life Events Reported by Mothers Insured by Medicaid

Source: Friendly AccessSM Primary Data Report #1 - April, 2004



While most of the new mothers reported high ratings of the prenatal and perinatal care they received, about 10% of the women across the rating questions asked were unhappy with their care. Other areas of concern identified included:

- High rate of unintended pregnancies**
 65% of the respondents did not intend to become pregnant. 33.5% wanted to become pregnant later and 31.5% didn't want to be pregnant then or at any time in the future. It is important to note that the Flint/Genesee County Friendly AccessSM Project recognizes that by no means does pregnancy intention correlate to the mother wanting or not wanting her child.
- Low utilization of birth control by those not intending to get pregnant**
 Only 25.5% of the total respondents reported using birth control at the time of conception.
- High number of mothers indicating they would not breast feed their babies**
 At the time of the hospital interview, almost half the new mothers (49.6%) indicated they had chosen to feed their baby only infant formula. An additional 23.8% stated that they would supplement breastfeeding with infant formula. Only one fourth of the mothers (25.5%) stated they planned to breastfeed exclusively.
- Significant number of mothers had not chosen a health care provider for their baby**
 Slightly more than one fourth of the mothers (25.9%) had not chosen a health care provider for their child
- A number of mothers indicated they did not get into prenatal care as early as wished**
 31% of the mothers said they initiated prenatal care later than they had wished.

Data from the prenatal consumer surveys was presented to the Genesee County provider community in a physician's forum held April 21, 2004. The forum, "Are We Doing Our Best: the Friendly AccessSM View", educated participants on the mission of Friendly AccessSM, shared the results of the project's baseline data gathering, and gained feedback from providers on their perspective of the maternal and child health system. Physician's were most concerned with the high risk demographics of the Friendly AccessSM mothers including the number of unintended pregnancies, single mothers, and lack of education. They recognized the need for the health system to increase linkages with human service organizations, for nurses to be recognized as the conduit to prenatal care, and for education of both providers and patients on the prevalent risk factors for poor pregnancy outcomes. Physician participants received one and one half continuing education credits for their attendance.

Findings from Pediatric Primary Data

Consumer surveys were also administered to parents and caregivers seeking pediatric care for their children. This study recruited a "convenience" sample rather than representative sample of parents/caregivers in Genesee County because of the logistical difficulties of conducting interviews at a representative sampling of provider settings that served all eligible pediatric patients. The surveys were administered at six clinic sites within Genesee County belonging to Hamilton Community Health Network, Hurley Medical Center, Genesys Health System, and McLaren Regional Medical Center from July 2003 through June 2004. A quota sampling strategy was employed to determine the sub-sample size for each clinic site to yield enough completed surveys for a 95% confidence interval.

Parents/caregivers whose children (age 6 months through five years) were covered by Medicaid insurance or were self pay were eligible for participation. Participants were recruited by clinic staff. The interviewers were the same community members used for the prenatal consumer surveys. Participants were given a \$15 gift certificate for completing the survey. The final sample included 377 parent/caregivers. The surveys were conducted as one-on-one interviews that lasted on average 43 minutes. A total of 105 questions were asked.

Flint/Genesee County Friendly AccessSM Project Report to the Community of Genesee County Volume 2, Tab C, "Primary Data Report #3: Parent and Caregiver Perspectives on Pediatric Health Care in Genesee County, Michigan" provides a full accounting of the findings from the pediatric primary data.

Table 5 on the following page provides child and respondent characteristics from the primary pediatric survey data. Compared to Genesee County Medicaid population data from the State of Michigan, the parents/caregivers interviewed for the Friendly AccessSM pediatric survey were one and one half times more likely to be African American. This was most likely attributed to the proximity of the clinic sites to the urban population of the City of Flint.

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Table 5
Child and Respondent Characteristics
Source: Friendly AccessSM Primary Data Report #3 - October, 2004

CHILD (n = 377)	Frequency (%)	ADULT RESPONDENT (n = 377)	Frequency (%)
Age <= 12 Months 13-24 Months 25-36 Months 37-48 Months > 48 Months Missing	62 (16.4) 94 (24.9) 65 (17.2) 61 (16.2) 93 (242.7) 2 (0.5)	Age <17 Years 18-24 Years 25-34 Years 35+ Years Missing	6 (1.6) 154 (40.8) 155 (41.1) 60 (15.9) 2 (0.5)
Racial Identity African American European American Native American, Asian, Other More than one race Missing Hispanic Yes	267 (70.8) 86 (22.8) 13 (3.4) 8 (2.1) 3 (0.8) 16 (4.2)	Racial Identity African American European American Native American, Asian, Other More than one race Missing Hispanic Yes	258 (68.4) 97 (25.7) 13 (3.4) 4 (1.1) 5 (1.4) 13(3.4)
Respondent's Rating of Child's Health Excellent Very Good Good Fair Poor Missing	156 (41.4) 125 (33.2) 72 (19.1) 21 (5.6) 2 (0.5) 1 (0.3)	Marital Status Never Married Married Divorced Separated Widowed Missing	245 (65.0) 94 (24.9) 22 (5.8) 9 (2.4) 3 (0.8) 4 (1.1)
Presence of physical, mental, or behavioral problems for longer than 1 year Yes	32 (8.5)	Currently Employed Yes Full-Time Part-Time Missing	157 (41.6) 108 (28.6) 35 (9.3) 14 (4.5)
Diagnoses Speech Impairment Developmental Delay ADHD Asthma	12 (3.2) 17 (4.5) 8 (2.1) 63 (16.7)	Education 1-11 Years High School or GED Some College Trade School College Degree or More Missing	93 (24.7) 160 (42.4) 92 (24.4) 6 (1.6) 22 (5.8) 4 (1.1)
Today's Visit Due to Illness Yes	135 (35.8)	Number of Children in Home 1 2 3 4 5+	110 (29.2) 110 (29.2) 67 (17.8) 45 (11.9) 11 (2.9)

Some notable results of the pediatric consumer surveys included:

- Most parents/caregivers interviewed (85%) were mothers seeking care for their children
- Nearly all (94%) parents/caregivers had a place where they usually took the child for health care
- Nearly all (93%) children had some kind of health insurance coverage in the past year. Only 4% of parents/caregivers reported having trouble paying for pediatric care
- Nearly one fourth (23%) typically waited two or more days to get an appointment for a sick child
- Three areas of service had lower than average ratings: discussions of safety precautions, developmental milestones, and parents' ideas for treatment plans
- 53% of parents reported taking their child to the Emergency Room in the past year. Of these parents, 59% said their child went to the Emergency Room because they were sick.
- Pediatric providers received high ratings on the effectiveness of communications with parents/caregivers, functions of their staffs and their offices

The Flint/Genesee County Friendly AccessSM Project use of community members as interviewers was one of its unique strengths. The interviewers conducting the consumer surveys raised a number of questions regarding the validity of the data which had not been considered by the National Office or other demonstration sites. They presented their perceptions to the Friendly AccessSM Steering Committee. The Friendly AccessSM Steering Committee agreed that those reviewing the data, especially as it related to the consumers' satisfaction with care, should be aware of biases that may or may not be present. The concerns of the Flint/Genesee County Friendly AccessSM interviewers included:

- For the prenatal survey participants, the joy of giving birth to a healthy baby may have negated any previous ill feelings concerning prenatal care. The evaluator termed this the "Halo Effect".
- The consumers were a captive audience still under the care of those they were ranking. Some may have feared their responses would get back to the staff caring for them.
- Mothers may have had low expectations to begin with. Interviewers felt that many of the mothers they surveyed had poor expectations for care so they were easily satisfied with what care they did receive.
- Due to the nature of recruitment only mother with a positive birth outcome were interviewed. Mothers whose babies died or were in the Neonatal Intensive Care Unit were not interviewed.
- Because the hospital nursing staff was doing the recruitment, there may have been an unintentional selection bias towards positive patients. If a patient perceived as being difficult presented, staff may have been intimidated or unwilling to try to recruit that individual for the study.

Racial Comparisons of Consumer Surveys

Given the GFHC’s commitment to anti-racism work, the Friendly AccessSM Steering Committee questioned if African Americans had different experiences or different perceptions of their experiences with the healthcare system than European Americans. The disparity in African American birth outcomes including infant mortality was already widely known in the community and the secondary data had indicated some differences in the diagnosing of medical conditions and entry into prenatal care as previously discussed in this report. The results of the Friendly AccessSM consumer surveys were analyzed to determine if any significant differences existed. Table 6 below and Table 7 on the following page highlight the significant differences found in the prenatal and pediatric consumer surveys. Fewer differences between African Americans and European Americans were noted in the pediatric consumer surveys. This is most likely attributable to the convenience sampling procedure used.

Flint/Genesee County Friendly AccessSM Project Report to the Community of Genesee County Volume 2, Tab D and Tab E contain the full reporting of the analyses investigating the primary consumer survey results broken down by race.

Table 6

Comparisons of African American and European American Perspectives of the Maternal Healthcare System in Genesee County Michigan

Source: Friendly AccessSM Primary Data Report #2 – July, 2004

Reported Variable	African American	European American
PRENATAL SURVEYS		
Care Experiences		
Received appointment reminders by telephone	31%	43%
Help available over the phone	87%	94%
Provider offered help with transportation	36%	24%
Ratings of Care (5 point scale)		
Comfort felt with provider	3.9	4.2
Respect shown by provider	4.0	4.3
Concern shown by provider	4.0	4.3
Thoroughness of prenatal check-ups	3.9	4.2
Helpfulness of advice	4.8	4.2
How comfortable nurses or receptionists made them feel	3.8	4.1
Respect shown by receptionists and office staff	3.9	4.2
Pregnancy Intentions		
Wanted to be pregnant at conception or sooner	28.7%	35.5%
Did not want to be pregnant at time of conception	29.4%	40.9%
Did not want to be pregnant at conception or in future	41.9%	23.7%

Table 7

Comparisons of African American and European American Perspectives of the Child
Healthcare System in Genesee County Michigan

Source: Friendly AccessSM Primary Data Report #4 – September, 2005

Reported Variable	African American	European American
PEDIATRIC SURVEYS		
Demographics		
Reported family income from employment	80%	60%
Care Experiences		
Took child to public health clinic	88%	69%
Providers located in a group office	6%	23%
Child diagnosed with asthma receiving treatment	91%	50%
Received routine care as early as wanted	52%	77%
Ratings of Care (5 point scale)		
Provider understood what parent/caregiver said or asked	4.40	4.62

Findings from Provider Data

The Friendly AccessSM Project also investigated providers’ perceptions of the prenatal and pediatric healthcare services they and their staffs provided consumers. The results were then compared to consumers’ perceptions of healthcare services.

Four versions of the provider surveys were administered on each for: prenatal providers, pediatric providers, office managers, and office support staff. While many of the questions were identical, each survey version had questions tailored to its provider group. A convenience sample of providers was recruited from those named by respondents to the consumer surveys and those practicing at Friendly AccessSM partner clinic sites (Hurley Medical Center, Genesys Health System, McLaren Regional Medical Center, and Hamilton Community Health Network). Three recruitment methods were utilized and five \$100 raffle prizes were offered as an incentive for completion of the provider survey. The response rate was 23.3% overall with responses rates for each provider group being: office managers 25%, support staff 26%, pediatric providers 12.2%, and prenatal providers 18.3%.

Because the provider survey was a convenience sample and the response rate was low, the results may not be representative of all prenatal and pediatric providers and their staffs. The resulting analysis of the provider surveys showed:

- Providers and their office staff did not appear to “overrate” their office facilities or their treatment toward patients as compared to consumer ratings
- Prenatal and pediatric providers may have some concerns about how their patients were treated by non-clinical staff

- Providers may have concerns about their patients' health behaviors and parenting skills
- Pediatric providers reported they were least likely to discuss a child's health impact on the family and community resources
- Prenatal providers reported they were least likely to discuss employment after birth, HIV prevention, child care after birth, and physical abuse by partners

Comparing provider perceptions to consumer perceptions yielded the following significant differences:

- Office staff estimated wait times longer than both providers and consumers
- Consumers estimated slightly less time with providers than the providers did
- Consumers had lower ratings than providers on how often they discussed religious beliefs as they relate to health care
- New mothers were less likely than their prenatal providers to agree that they discussed during their pregnancy, seat belt use, taking folic acid, physical abuse by partners, and birth control for after the baby was born
- New mothers were less likely than their prenatal providers to perceive they had some control during labor and delivery and they decided the amount of contact with their newborn.

Flint/Genesee County Friendly AccessSM Project Report to the Community of Genesee County Volume 2, Tab F, "Primary Data Report #5 Providers' Perspectives on Maternal and Child Health Care Access and Quality in Genesee Count, Michigan", provides the complete findings of the provider surveys and comparisons with the findings of the consumer surveys.

Observations of the Evaluation Process

Given the wealth of information offered by the Friendly AccessSM data, a number of difficulties presented by the evaluation can not be overlooked. The National Office placed too much emphasis on their evaluation needs as opposed to the needs of each individual demonstration site. Communities questioned the local value of the tools because they were brought into the evaluation process well after it was started. The massiveness of the data collection took a great deal of time, altering the program activity timeline and creating a loss of momentum for interventions. Inputting data into a web based system derailed early analysis. Once the data was analyzed, local participants were overwhelmed by the amount of information and unable to focus (including those in the Flint/Genesee County Friendly AccessSM Project). The National Office shared cross-site comparisons of data but local staff was hampered in sharing this information with their own community. Some of the demonstration sites were afraid of "looking bad" and did not readily give permission to disclose and discuss their data.

OUTCOMES

While the Friendly AccessSM Steering Committee presented many eager and committed participants, the majority were middle managers who did not have the power within their organizations to implement change, especially the cultural change the Friendly AccessSM Program was calling for. Many were grant funded participants who compete on one level for sustainability which hampers their ability on other levels to work together. Combined with the delay and enormous scale of the evaluation, the Friendly AccessSM Steering Committee was unable to formulate a comprehensive strategic plan. The Friendly AccessSM Steering Committee did, however, take advantage of maternal and child health opportunities which were presented and applied the lessons learned through Friendly AccessSM to make successful outcomes on Genesee County families.

Friendly AccessSM Infant Mortality Initiative and Its African American Family Resource Information Center and Network (AFRICAN) Intervention

In 2004, the Michigan Department of Community Health identified two counties within the State (Genesee and Oakland Counties) that met the criteria for the Department of Health & Human Services, Health Resources and Services Administration's Closing the Gap on Infant Mortality: African American-Focused Risk Reduction Grant. The three year (2004-2007) Closing the Gap Grant provided four states, Michigan, Mississippi, South Carolina, and Illinois, \$1.5 million each to focus on reducing the disparity in African American infant mortality by preventing the three leading causes of infant death: premature births, low birth weights, and sudden infant death syndrome (SIDS).

At the urging of former State Senator and current State Budget Director Bob Emerson (D), the Michigan Department of Community Health selected the GFHC to implement the Closing the Gap Grant in Genesee County. Senator Emerson, one of the founders of the GFHC and its first Board Chair, recognized the value of the GFHC's membership in addressing the issue of infant mortality. As noted earlier in this report, that membership includes executive leadership of the General Motors Corporation, Citizens Republic Bancorp, all three Genesee County hospitals, Genesee County's two major health insurance companies, educators, faith and labor organizations, and other community healthcare stakeholders.

The GFHC structured the Closing the Gap Grant within the Friendly AccessSM Project and referred to the effort as the Friendly AccessSM Infant Mortality Initiative (FAIMI). Friendly AccessSM member organizations, their Steering Committee representatives, and Friendly AccessSM interviewers comprised the majority of the FAIMI group's membership. This group developed the intervention's work plan within the Closing the Gap Grant's 90-day planning process. Through out the planning phase, FAIMI members drew upon the knowledge and values Friendly AccessSM provided them.

GFHC members recognized the wealth of community resources and programs in place on which to build upon. They identified programs specifically directed at reducing

infant mortality, yet observed a lack of coordination between these programs. They noted parents/caregivers had limited knowledge of how to navigate the maternal and child health system. They acknowledged gaps existed in the system that needed to be addressed. The African American Family Resource Information Center and Network (AFRICAN) was created as the intervention to address these concerns through a primary focus on community navigation and education.

The GFHC partnered with three community-based organizations to develop, implement, and govern AFRICAN: Faith Access to Community Economic Development (FACED), Flint Family Road, and Flint Odyssey House Health Awareness Center. AFRICAN's evaluation component is being performed by Dr. Thomas Reischl, evaluator for Friendly AccessSM. Like Friendly AccessSM, FAIMI (including its AFRICAN intervention) is also a core project of the PRC. Several components of the Friendly AccessSM evaluation tools have been incorporated into the AFRICAN evaluation.

Since its kick-off event on October 1, 2005, AFRICAN has assisted over 1,000 individuals or families with connecting to needed resources in the community. Through February, 2007, these clients have received from AFRICAN 1,467 referrals to over 120 community organizations. The following list briefly profiles AFRICAN clients and services:

- 34% Pregnant
- 30% Have children under two years of age
- 82% African American
- 64% Experience housing, utility, food, infant formula, and/or diaper needs
- 31% Referred to case management services such as Healthy Start, Head Start, Project SKIP (Successful Kids = Involved Parents), and Early On

AFRICAN staff has made 107 presentations providing education on preconception, perinatal, and interconception health to approximately 1,500 local providers and community members. Through its efforts assisting clients to reach needed services and educating community members on the issues surrounding infant mortality and consumer access, AFRICAN has identified a number of significant system gaps related to transportation, housing, financial support, substance use treatment, nutrition, and health education. AFRICAN is working with providers to not only plug the identified gaps but also to develop sustainable corrective action.

Early evaluation results of the intervention demonstrate high satisfaction ratings of the AFRICAN's clients, a testament to the quality and effectiveness the service has provided the community. The impact of AFRICAN's work was recently recognized when the GFHC was designated the *Outstanding Achievement in Advocacy Award* recipient by the Michigan Council for Maternal and Child Health on May 3, 2007.

Friendly AccessSM Children's Oral Health Initiative

MCHC identified a critical access issue related to children's oral health. MCHC determined that in 2002, 25,000 children in Genesee County did not visit a dentist in a twelve month period. To improve access to dental services, MCHC developed a strategy to provide additional education and screening through non-dental providers, to develop a dental health awareness campaign, and to increase the community's capacity to serve low income children.

MCHC approached the GFHC to partner in addressing the access issues related to children's oral health. In addition to engaging Genesee County dentists in a discussion of their willingness to accept and treat Medicaid insured children, the Friendly AccessSM Steering Committee was approached to lead a social marketing campaign focused on the prevention of tooth decay in young children ages 0 through 5 years.

A subgroup of the Friendly AccessSM Steering Committee has been meeting since December 2005 to implement a Children's Oral Health Education Campaign. The Friendly AccessSM Children's Oral Health Education Campaign Workgroup has completed the following goals and objectives:

- **Developed, administered, and analyzed a community baseline survey**
Workgroup members designed a survey to ascertain the oral health knowledge of the community. Partner organizations piloted the survey tool several times and community suggestions were incorporated into the instrument. Four organizational partners, MCHC, Genesee County Health Department, Genesee County Community Action Resource Department Head Start Program, and Hurley Medical Center administered the surveys in November and December, 2006. MCHC conducted an analysis on the 288 surveys which were completed. Findings showed the following practices of poor oral health habits:
 - 24% of parents/caregivers put their child down to sleep with a bottle
 - 62% give their child a sippy cup or bottle between meals with 73% putting juice in the bottle
 - 26% do not brush their child's teeth or clean their gums
 - 64% have not take their child to the dentist
 - Greater than 40% share eating utensils or bites of the same food with their children
- **Outlined and prioritized oral health educational messages**
Based upon their knowledge of oral health best practices and the results of the baseline evaluation, the workgroup selected three priority messages: discourage drinking of large amounts of juice by children, get parents to brush their children's teeth, and encourage age one dental visits.
- **Created and distributed the Children's Oral Health Developmental Wheel**
At the suggestion of one partner, the workgroup created a teaching instrument for parents and caregivers deemed the Children's Oral Health Developmental Wheel that outlines proper oral health habits for children starting at birth through age five years.

Almost 40,000 wheels have been distributed by partners and other local organizations in Genesee County. Hurley Medical has incorporated the wheels into its prenatal education for pregnant women. Ready, Set, Grow! Passport, serving over 6,000 clients, has begun including a wheel with its passport guide. The popularity of the wheel is evident in the number of inquiries from communities across Michigan and the United States.

- **Engaged dentists in providing one year old exams**

The Genesee County District Dental Society is represented on the Friendly AccessSM Children's Oral Health Education Workgroup. Its representative has brought the workgroup's activities to the attention of all Dental Society members through the organization's newsletter and meeting agendas. Currently, thirty-one dentists have responded to an inquiry of their willingness to provide exams to one year old children who lack adequate dental insurance.

- **Participated in Genesee County community health fairs**

The Friendly AccessSM Children's Oral Health Education Campaign Workgroup has participated in a number of health fairs throughout the community. In addition to the Children's Oral Health Developmental Wheels, partners have distributed toothbrushes and toothpaste and conducted free dental screenings for children and pregnant women.

- **Presented oral health best practices to Genesee County providers**

Through the Friendly AccessSM Children's Oral Health Education Campaign, partner organizations have been linked to MCHC to receive presentations to their staffs on oral health best practices for young children. In addition to raising the importance of oral health among providers, this activity ensures a common message is being sent to the community on good oral health habits.

Thank you for your interest in the Flint/Genesee County Friendly AccessSM Project. The GFHC would also like to thank and acknowledge its partnership organizations that have worked to make it a success. If you have questions about this report, please contact the GFHC at (810) 232-2228 or gfhc@flint.org.

Membership Board of Directors

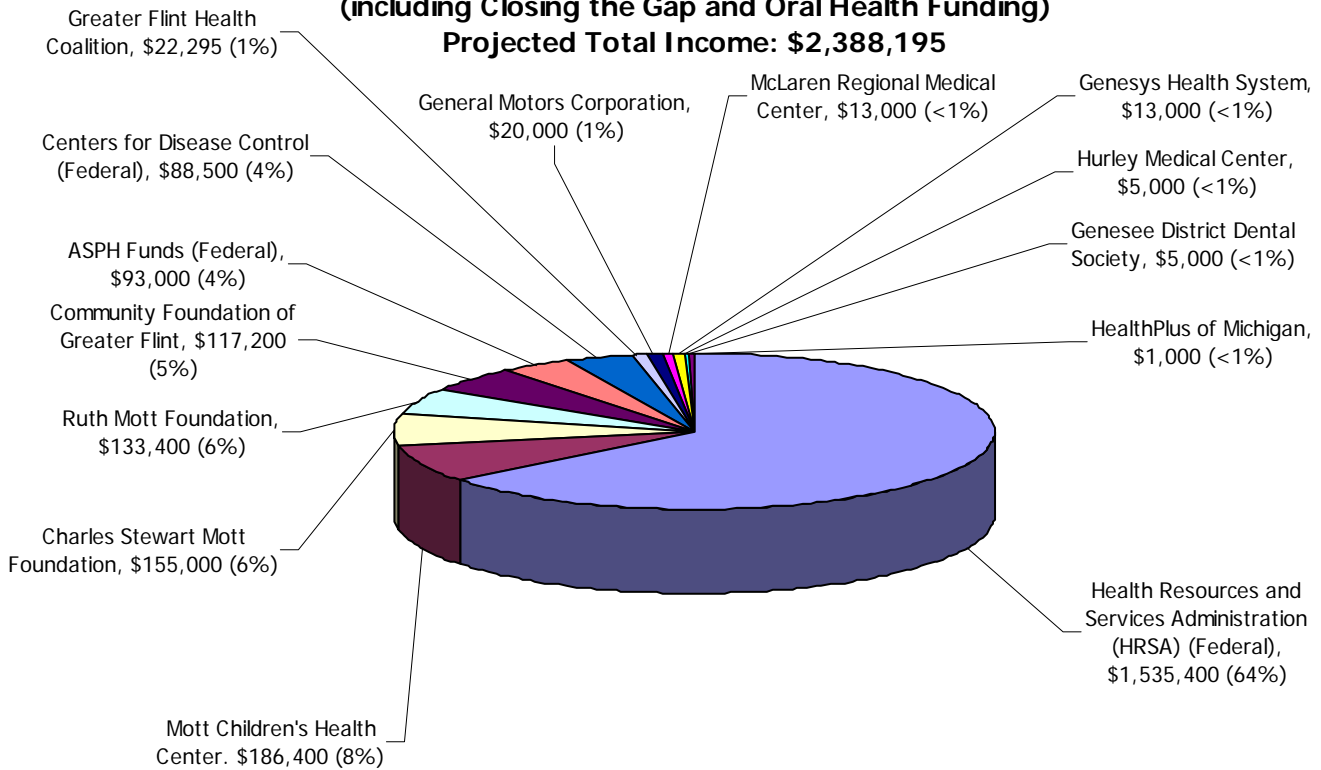
Deborah Cherry, Chair

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

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

**Friendly AccessSM Total Income by Source 2003 - 2007
(including Closing the Gap and Oral Health Funding)**

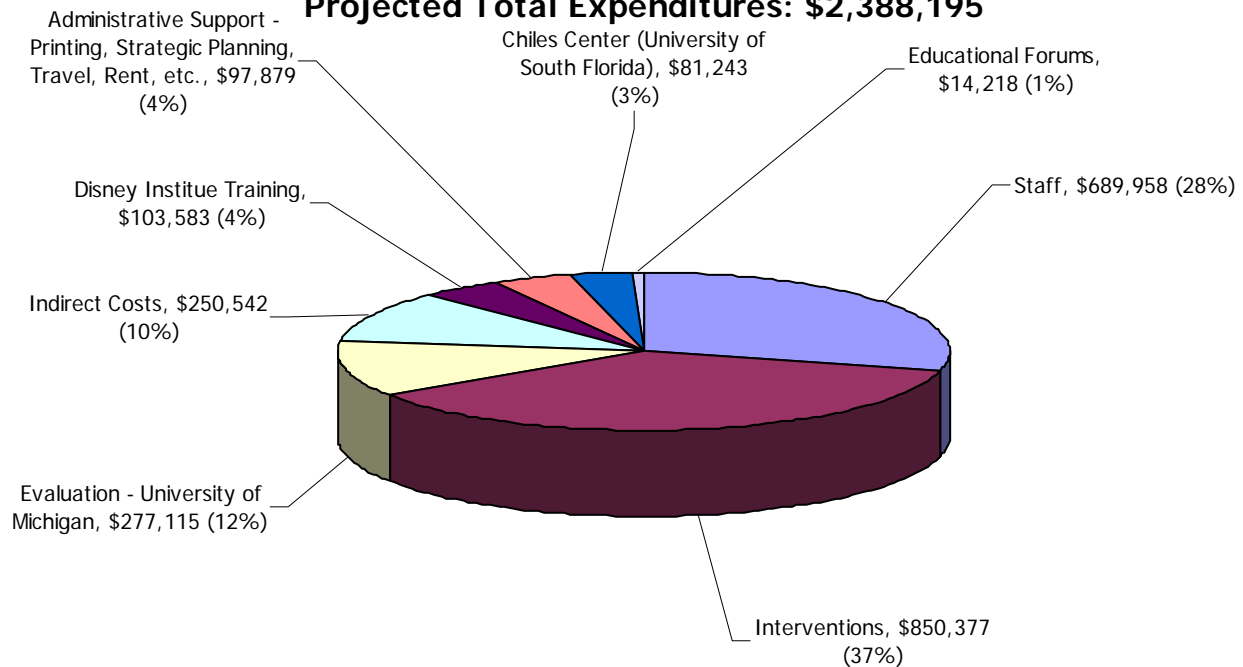
Projected Total Income: \$2,388,195



**Friendly AccessSM Total Expenditures by Category
2003 - 2007**

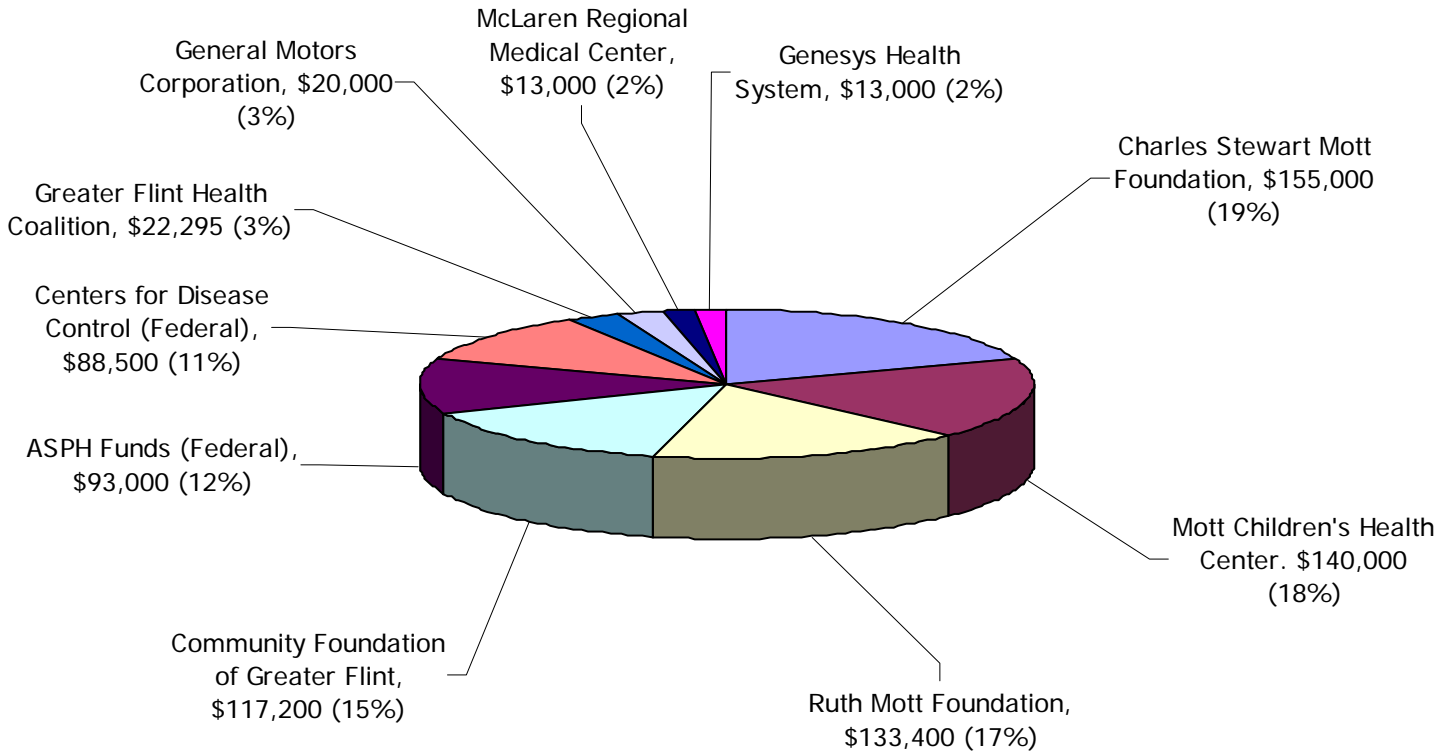
(including Closing the Gap and Oral Health Funding)

Projected Total Expenditures: \$2,388,195



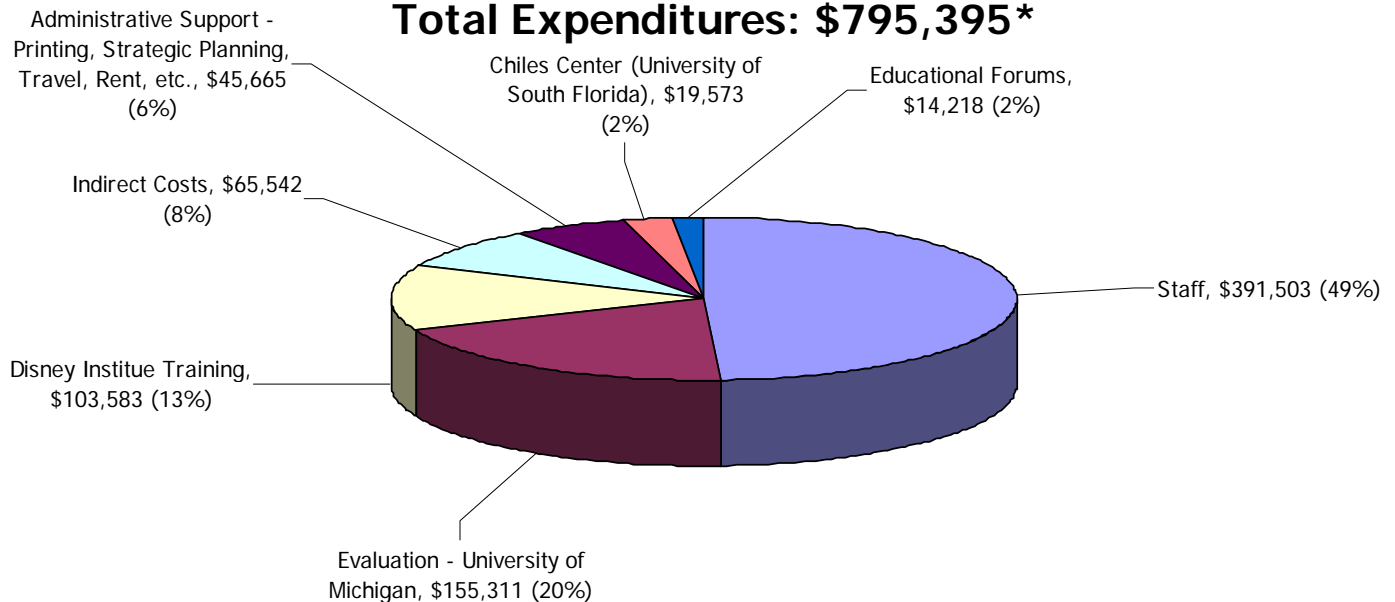
Friendly AccessSM Total Income by Source 2003 - 2007

Total Income: \$795,395*



Friendly AccessSM Total Expenditures by Category 2003 - 2007

Total Expenditures: \$795,395*



*Exclusive of Closing the Gap and Oral Health Funding

Friendly AccessSM Steering Committee Membership

Organizations

Department of Human Services*
Faith Access to Community Economic Development*
Flint Family Road
Genesee County Community Action Resource Department
Genesee County Health Department*
Genesee Intermediate School District*
General Motors / United Auto Workers Community Health Initiatives*
Genesys Health System*
HealthPlus of Michigan*
Hurley Medical Center*
McLaren Regional Medical Center*
Mott Children's Health Center*
Neighborhood Roundtable
Planned Parenthood of East Central Michigan, Inc.
Priority Children
Ready, Set, Grow! Passport
The Center for Civil Justice
University of Michigan
University of Michigan-Flint*

Community Participants

Birth Sisters
Community Consultants
Friendly AccessSM Interviewers
Maternal and Infant Health Advocates from Healthy Start and Racial and Ethnic
Approaches to Community Health (REACH) 2010

* = Designates Greater Flint Health Coalition Board Membership

Friendly AccessSM Leadership Team Membership

Organizations

Faith Access to Community Economic Development

Genesee County Health Department

Genesys Health System

Greater Flint Health Coalition

Hamilton Community Health Network

Hurley Medical Center

McLaren Regional Medical Center

Mott Children's Health Center

University of Michigan School of Public Health

Friendly Access Disney Institute Training Attendees

<i>Last Name</i>	<i>First Name</i>	<i>Title and Organization</i>
Allen	Velma	President and CEO Mott Children's Health Center
Brown	Ronald	Executive Director Odyssey House
Burdick	Karen	Manager, Organizational Development Genesys Health System
Chambers	Denise	Director Genesee County Family Independence Agency
Cummings	Debbie	Director of Patient & Community Relations McLaren Regional Medical Center
Demirci, M.D.	Cem	Medical Director, Hurley Children's Clinic Hurley Medical Center
Ellery	Jane	Graduate Assistant University of South Florida
Franks	Marcia	Public Health Supervisor Genesee County Health Department
Gaines	Henry	Regional Coordinator Community Health Care Initiatives UAW/GM
Gorski, M.D., M.P.A.	Peter	Executive Associate Director and Acting Director Lawton and Rhea Chiles Center
Green-Moton	Ella	Assistant Director Flint Odyssey House Incorporated, Health Awareness Center
Greer	Maureen	Project Officer USF National Friendly Access Program
Gullekson, M.D.	Ed	Chief Medical Officer McLaren Regional Medical Center
Hamacher	Helen	Operations Manager Hamilton Community Health Network
Hebert, M.D.	John	Chairman, Department of OB/GYN, Director OB/GYN Residency Pro Hurley Medical Center

<i>Last Name</i>	<i>First Name</i>	<i>Title and Organization</i>
Horwath	Katherine	Director Women & Children's Ambulatory Clinics Hurley Medical Center
Isichei	Father Patrick	Community Consultant
Kruse	Andy	Director Community Relations Genesys Health System
Kunkel	Lori	Friendly Access Project Director Greater Flint Health Coalition
Kwasneski	Christopher	President, AFSCME Local 496 Accountant, Genesee County Health Department
Lewis	Yvonne	Executive Director F.A.C.E.D.
Marr	Sue	Adm., Corp. Compliance and Quality Improvement Mott Children's Health Center
McKinney	Vicki	Administrator, Women/Children's Health Services Hurley Medical Center
Mose	Sandi	Department Analyst Central Administration Genesee County Family Independence Agency
Pestronk	Robert	Health Officer Genesee County Health Department
Pettiford	Reuben	Chief Executive Officer Hamilton Community Health Network
Redwine, D.D.S.	Erin	Pediatric Dentist Mott Children's Health Center
Reischl, Ph.D.	Tom	Evaluation Director, Prevention Resource Center University of Michigan, School of Public Health
Reynolds, M.D.	Lawrence	Medical Director Mott Children's Health Center
Saleh, M.D.	Aziz	Director Maternal and Fetal Medicine Hurley Medical Center
Selig, Ph.D.	Suzanne	Director, Dept. of Health Sciences and Adm. University of Michigan - Flint

<i>Last Name</i>	<i>First Name</i>	<i>Title and Organization</i>
Sibley	Sheila	Maternal Health Advocate F.A.C.E.D.
Skorcz	Stephen	President and CEO Greater Flint Health Coalition
Smith, Jr.	Thomas	Regional Manager UAW GM Community Health Initiatives
Srock	Tim	Chief Human Resource Officer McLaren Regional Medical Center
Thompson	Robyn	Training and Organizational Development Manager Genesee County
Torrigo	Pat	Chief Patient Care Officer McLaren Regional Medical Center
Townsen	Jonnie Faye	Birth Sister Flint Odyssey House
White	Nikki	Community Representative
Withers	Rose	Peer Helper Healthy Start Flint Family Road
Wyatt	Lillian	Director of Personal Health Genesee County Health Department

Friendly AccessSM Conference Attendees

January 10-11, 2002

Friendly AccessSM National Meeting
Tampa, Florida

Attendees: Marcia Franks
Joanne Herman
E. Yvonne Lewis
Stephen Skorcz

September 19-20, 2002

Friendly AccessSM Orientation Workshop
Tampa, Florida

Attendees: Kimberley Faulconer
Vicki McKinney
Stephen Skorcz

October 21-23, 2002

Friendly AccessSM Leadership
Development Seminar I
Tampa, Florida

Attendees: Cheryl Ellegood
Kimberley Faulconer
Marcia Franks
Andy Kruse
E. Yvonne Lewis
Vicki McKinney
Thomas Reischl, Ph.D.
Lawrence Reynolds, M.D.
Stephen Skorcz

December 10, 2002

Friendly AccessSM Leadership
Development Seminar II
Clearwater, Florida

Attendees: Kimberley Faulconer
Andy Kruse
Lori Kunkel
E. Yvonne Lewis
Vicki McKinney
Thomas Reischl, Ph.D.
Lawrence Reynolds, M.D.

February 19-21, 2003

Friendly AccessSM Leadership
Development Seminar III
Atlanta, Georgia

Attendees: Debbie Cummings
Henry Gaines
Marcia Franks
Andy Kruse
Lori Kunkel
Vicki McKinney
Thomas Resichl, Ph.D.
Lawrence Reynolds, M.D.
Stephen Skorcz

September 17-18, 2003

Friendly AccessSM Leadership
Development Seminar IV
Atlanta, Georgia

Attendees: Debbie Cummings
Andy Kruse
Lori Kunkel
E. Yvonne Lewis
Sue Mar
Thomas Reischl, Ph.D.
Lawrence Reynolds, M.D.