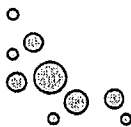


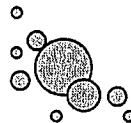
## Background



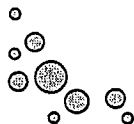
- May-June 2012
- 5 focus groups completed
  - 4 groups with community members
  - 1 group with providers
- Facilitated by Alice Walker and Prev & Comm Health staff



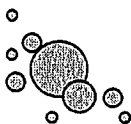
## Participant Profile



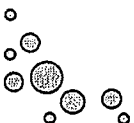
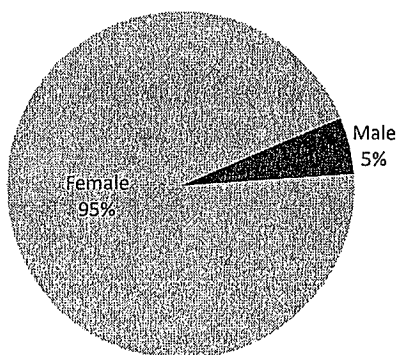
- Information collected from 31 community members
- Recruitment affiliations
  - House to House attendees/Partnership Park
  - WIC office
  - Early Headstart

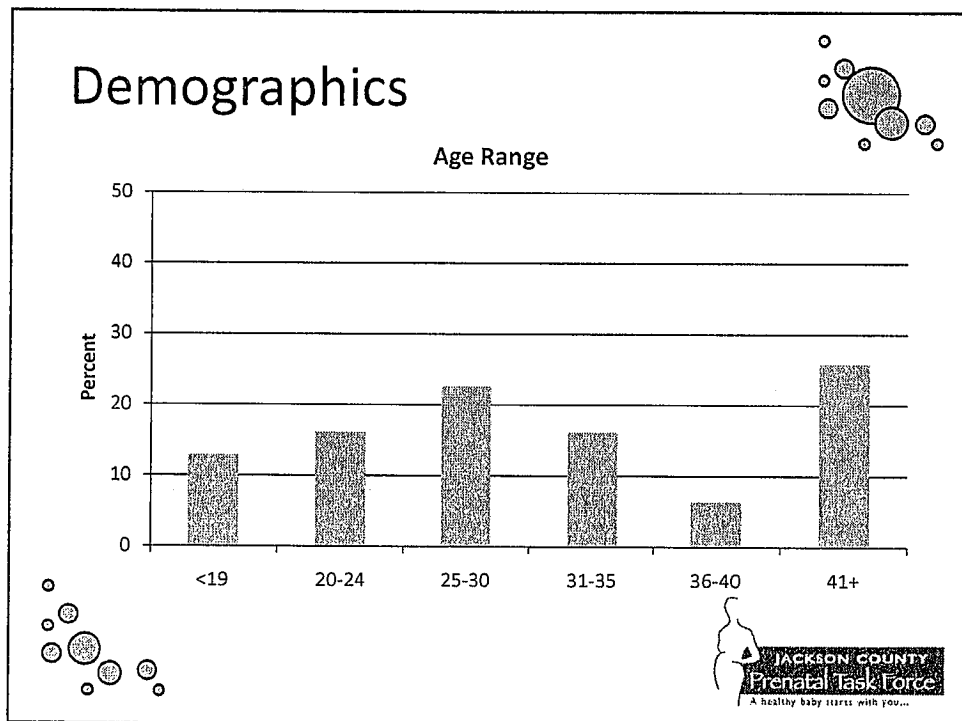
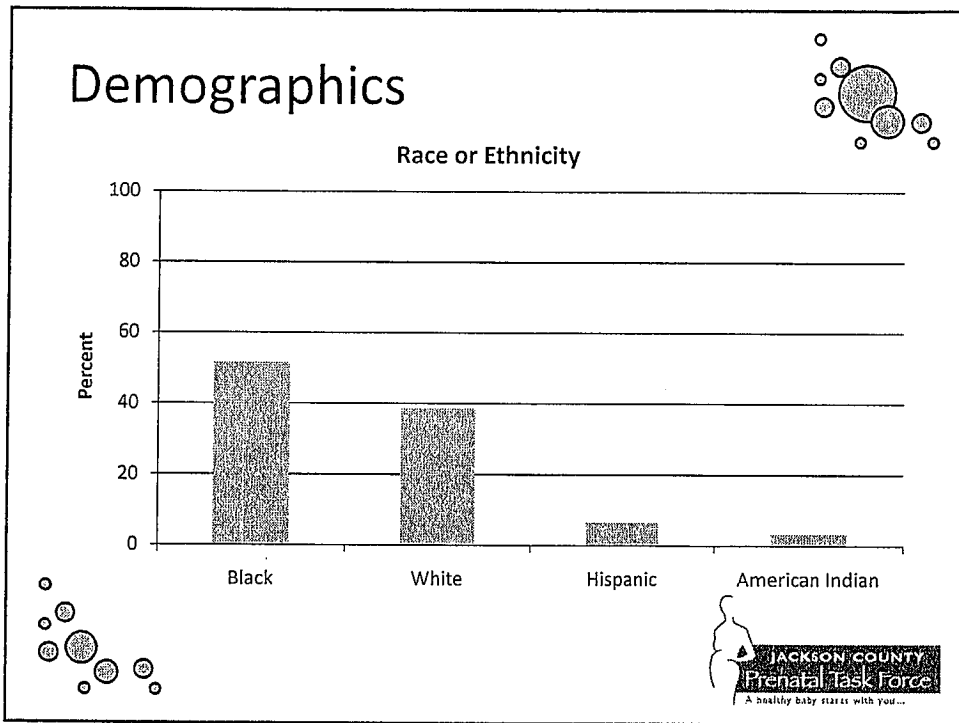


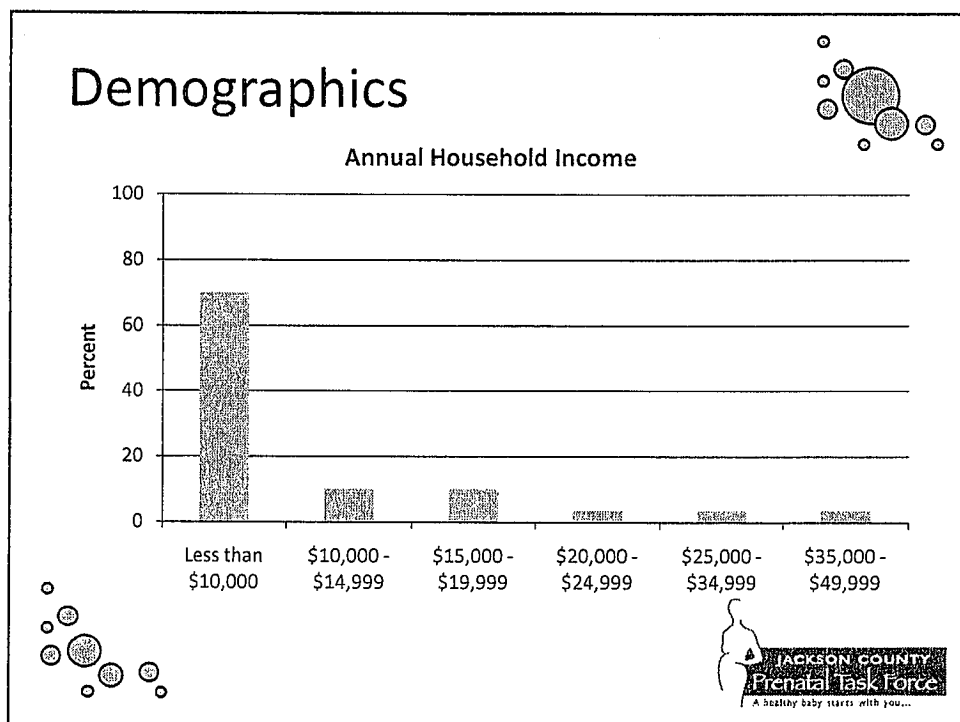
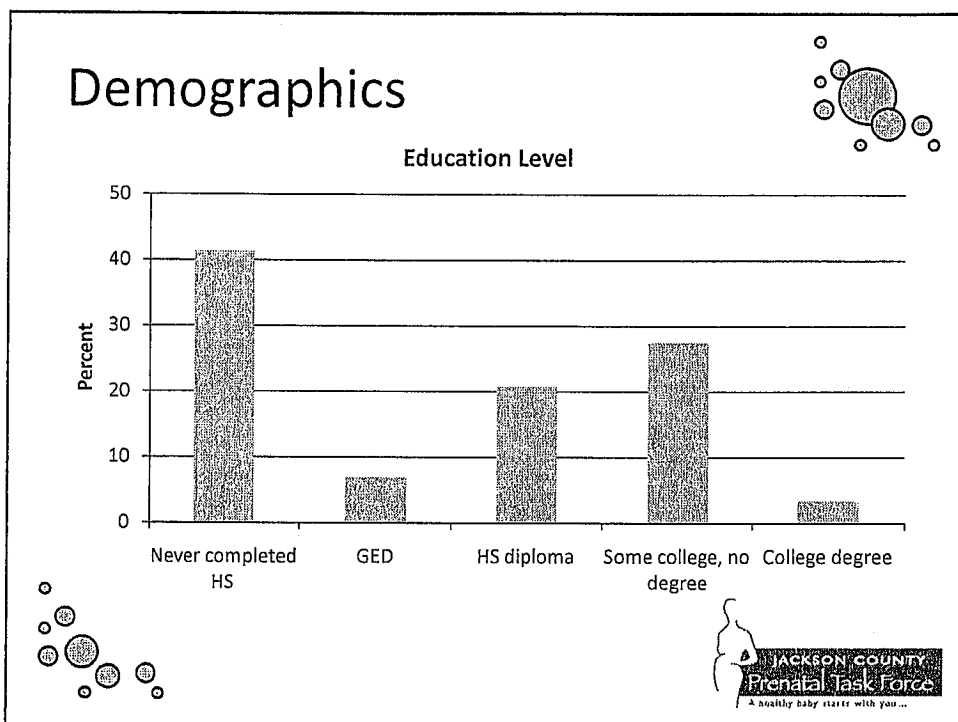
## Demographics



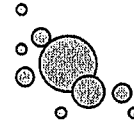
Sex of Participants





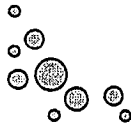


## Common Responses



Question 1: What made it hard to get healthcare during your or your partner's pregnancy?

- Transportation
- Medicaid application/approval time
- Insurance coverage issues – not all services covered, hard to navigate Medicaid plans
- Doctors won't see you without Medicaid card
- Appointment scheduling at Center for Family Health

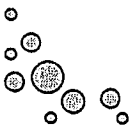


## Common Responses

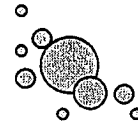


Question 2: What helped you get healthcare during your or your partner's pregnancy?

- Medicaid
- Health Department, WIC office
- ER cab vouchers to get home
- Center for Family Health

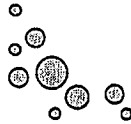


## Common Responses

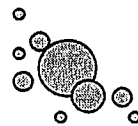


Question 3: What would you change about your or your partner's pregnancy?

- Age at time of pregnancy, wishing they had waited until after high school
- Disliked being sent home during labor
- Paperwork and complicated process at DHS



## Common Responses



Question 4: What would make healthcare for pregnant women perfect?

- Doctors listening to pregnant women and mothers, taking their concerns seriously
- Staff should be more polite toward patients
- Medicaid/low income patients being treated the same as anyone else



## Additional Responses



- Hard to get dental care if you're 21+, even if you are pregnant
- Teens expressed the reason they had sex was peer pressure from boyfriends
- Hard for women with high risk pregnancies to travel to Lansing/Ann Arbor, especially for an unplanned visit
- Problems getting food stamps when child support wasn't coming in

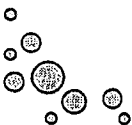


## OB/GYN Clinical Services Meeting

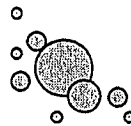


What prevents women from achieving optimal care before and during pregnancy?

- Reaching the teenagers, to discourage them from wanting to get pregnant
- Of those teens who do get pregnant, education on diet, education in general
- There's a transportation system to get the teens in, but it can take weeks. Have a better way to get them in for care



## OB/GYN Clinical Services Meeting



What prevents women from achieving optimal care before and during pregnancy?

- Get population to take more of an ownership of their own health care, can't be passive
- Teenagers bringing more definition to their life, filling a void that they are missing in their life
- Education needs to start in the pre-teen years



## OB/GYN Clinical Services Meeting



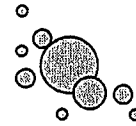
What are some structural barriers to care?

- Takes too long to get on Medicaid, even though we'll still see them, they won't call to make the appointment
- Belief in the community that you can't be seen until Medicaid kicks in
- Self esteem problems, seeing pregnancy as an occupation
- It's a rollover occupation, goes from generation to generation
- Passive lifestyle
- Many of our patients have multiple fathers involved



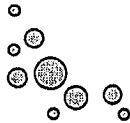


## OB/GYN Clinical Services Meeting



### What should we be doing?

- There has to be something that shifts the whole culture
- Stress early prenatal care – don't need the Medicaid card in hand
- They need to make the call, we accept Medicaid
- Bring the pediatricians into the conversation also, since the messages need to be getting to the preteens
- Should also talk about drug abuse and lack of social support when they go home



## Next Steps



## Implications for the PNTF Action Plan?

