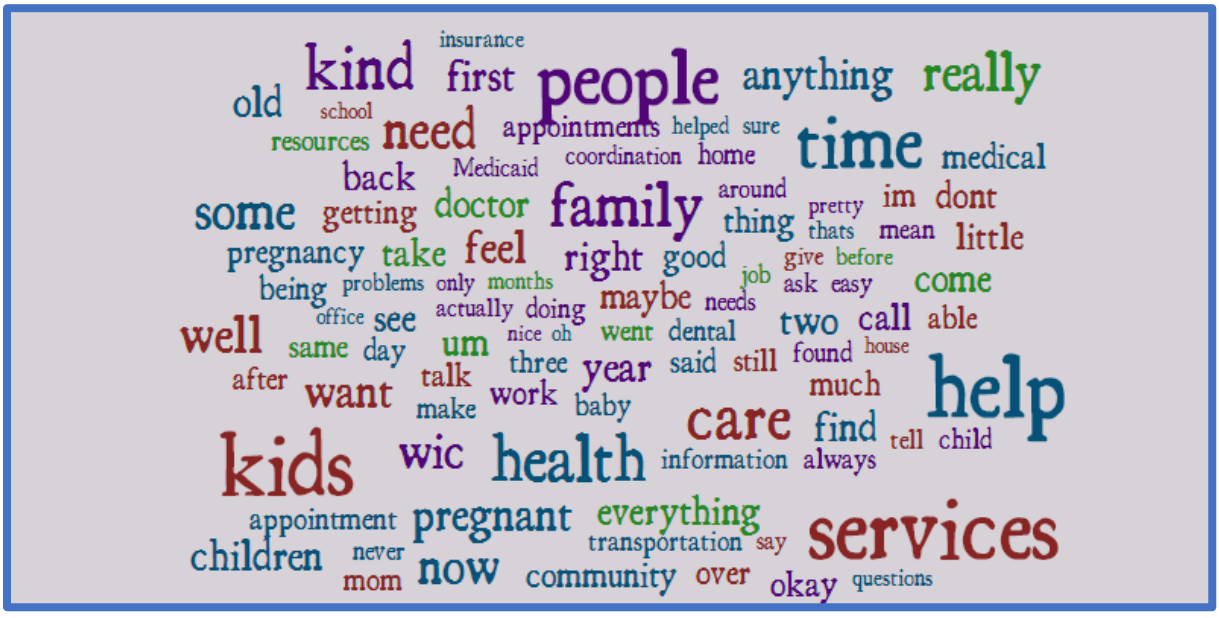
Iowa Department of Public Health

2016 Title V Needs Assessment Focus Group Report

Final Report



Executive Summary

This focus group project was completed as a way to systematically include clients' perspectives in the Title V Needs Assessment. The project resulted in valuable information about Iowa's Maternal and Child Health (MCH) activities at all levels of the MCH Pyramid, which will be used in prioritizing needs and determining state activities for the FFY2016 Title V Application.

The table on the following page details the frequency of the themes that came up during the discussions.

Results show that the gap-filling **direct care services** provided by MCH contracting agencies of the Iowa Department of Public Health (IDPH) are helpful to clients. The services help to improve **health literacy** among clients and assist them in navigating the health care system. In addition, the focus group results show that **transportation** services are essential for many MCH clients to access the health care system. However, clients did express some dissatisfaction with the transportation services.

The focus group results make it apparent that MCH clients are receiving **education** through support groups and classes, as well as through direct care interactions. However, not all focus group participants reported having access to these services. One area of prioritization may be to ensure that MCH clients in all parts of the state have access to support groups and classes.

Through the project, it was confirmed that MCH agencies are **collaborating** with other entities, such as WIC and family planning services. These collaborations should continue to be strengthened to ensure that MCH clients are able to access the full-range of services that they need in order to maintain and improve health.

Focus group results also revealed difficulties among immigrants who are ineligible for Medicaid regarding their access to health care services. It is apparent that the practice of applying for **presumptive eligibility** at maternal health agencies eases this burden, at least for a woman's pregnancy. However, the lack of insurance among some immigrant groups, as well as other barriers that prevent them from accessing care, could lead to adverse health outcomes for their children who will have US citizenship. The long-term implications of this should be considered in the selection of Title V related activities.

Clients also revealed that there are many issues they face in their **communities** that may not fall within the traditional scope of MCH activities, but have a direct affect their health and that of others. In the future, MCH agencies and the IDPH may need to build relationships with additional entities in order to create communities with readily accessible, affordable healthy foods and family friendly activities.

Incorporating client perspectives on MCH activities and services will become an essential part of Title V Needs Assessment and Application processes in the **future**. The insights and views of clients will help the IDPH to improve client outcomes, reach more clients and increase the efficacy and effectiveness of MCH programs.

Table 1 Summary of key quotes and frequency of themes

Focus Group Discussion Theme	Sample of Key Quotes	Frequency Theme Discussed
Received Care Coordination	**Maternal Health:** "Uh they gave me a list [of dentists] and then they helped me decide which one would be better for me. They even helped me call around to see which one I could get the appointment with sooner which really helped." "They gave me the pros and cons for everything. They gave me all the information I needed. They helped me set up appointments, helped me get everything organized… All the information they gave me and all the education, with nutrition and everything, was amazing."	12 out of 12 focus groups
	Child Health: "Basically they help out with transportation and also if you need a list of providers in your area. Yeah I like that. They get in touch with us by phone or sometimes through the mail. And also through text messages. They call to remind you about your ride that's going to be coming. They call you a day before and also I think they call a week before." "With me and my particular case they did quite a bit, ya know, just making sure my kids got their health and wellness checks when they needed them and helping me learn all the different resources out there. I've been provided really good services"	
Community Problems	**Maternal Health:** "We need stuff that we can do as a family that's actually safe for families to do that doesn't cost too much. I know in [nearby city] you have stuff to do but it costs an arm and a leg to do it. Especially when you have three or four kids. It's like 20 bucks a kid or something. You can't afford to do that."	12 out of 12 focus groups
	Child Health: "When I try and get them to go outside it's hard because of the traffic all the time. Like, 'no you don't need to play on the computer, you don't need to play on your iPad or anything like that.' The pool, it's expensive so we can't afford that, 'Let's turn on the hose!' But that's too cold but it makes them happy. Usually they're inside or what not. The parks are too far away to walk."	
Transportation	**Maternal Health:** (Through an interpreter) They would also call and let her know, 'If you don't have transportation please let us know, and we can coordinate something for you.' And there were times she did use the van service or the transportation service. She does have a suggestion: she does recall when she was coming from [ESL] class that sometimes there wasn't enough room in the van so she would drive and sometimes it was kind of scary for her because it was snowing or there was snow on the ground.	9 out of 12 focus groups
	Child Health: "The company they have working for them now don't take you to get your prescriptions or anything like that if you need to get them. They take you to one place and if it's to get your prescription, that's where you're being dropped off at, so then you gotta find your own way back. They should provide that too, even if they have to drop us off to get the prescription, come back and get us later because there's other people they need to give a ride to. I still feel that they should get us too."	
Access to Services	**Maternal Health:** "For me it's difficult, because [my child]'s on Medicaid. So then I have to call Medicaid and I have to make a decision about what pediatrician I'm going switch to before I can call Medicaid to switch his pediatrician. But because [pediatrician's name] is his healthcare provider, like the one you need to have for reference, it's not like you can take him to other pediatricians and figure out who you like for free. It's kind of one of those things that goes around and around." "A lot of birthing classes cost hundreds of dollars; a hundred dollars, I think, is the cheapest. Maybe fifty dollars. But for most people who are either in WIC or participating in Medicaid or things like that… you need the help but you can't financially afford it. I don't know what would make anyone think you could afford 700 dollars for four weekend classes."	8 out of 12 focus groups
	Child Health: "I just really feel like we don't really know what services there are to be able to access them or not access them."	

Health Insurance	**Maternal Health:** "A lot of times, as adults, we don't go to the doctor very much and sometimes pregnancy is the time you learn things about your health and your body that you wouldn't have gone to the doctor otherwise to find out. Like not having insurance, it's a big deterrent to not go. I can't afford $150 just 'cause my throat hurts. I'll just drink some [over-the-counter cold medicine]." "After you have the baby, they take Medicaid away from you. Well they don't give you any information about other health insurance; you're just off and have to fend for yourself."	6 out of 12 focus groups
	Child Health: "Being able to get those medical [services] and to not have to worry about losing my insurance any time...it's nice to know that our healthcare is always taken care of so we're always healthy and getting check-ups."	
Food Security	**Maternal Health: "**It seems that even though I have food assistance and I have WIC, it just always seems like I need to go grocery shopping. The frozen processed foods that aren't good for you are the cheapest and what stays fresh the longest and the healthy foods, the produce and whatever, are expensive. The $10 WIC voucher is maybe a sack of potatoes and a bag of apples, that's it." "I have to figure out how to feed myself. I get WIC which helps out a lot but it's just not quite enough throughout the week. So that's where I'm more kind of struggling, trying to keep myself fed. Even if you get WIC and food stamps it's hard because you have to eat healthy, but a hamburger costs less than a salad."	4 out of 12 focus groups
Citizenship	**Maternal Health:** "They denied her insurance because she's non-citizen. She's bringing a citizen into this country; I think they should take care of her and her baby. I don't think it's very fair. They leave pregnant women kind of high and dry. That really upsets me." "You never know who to go to 'cause they pretend to be nice and then they go and snitch on you. I don't know what kind of obligation the social workers have [to not tell]. That would be nice, if they feel they have the confidence to go and talk to them without feeling like they're going to have to watch their backs."	2 out of 12 focus groups

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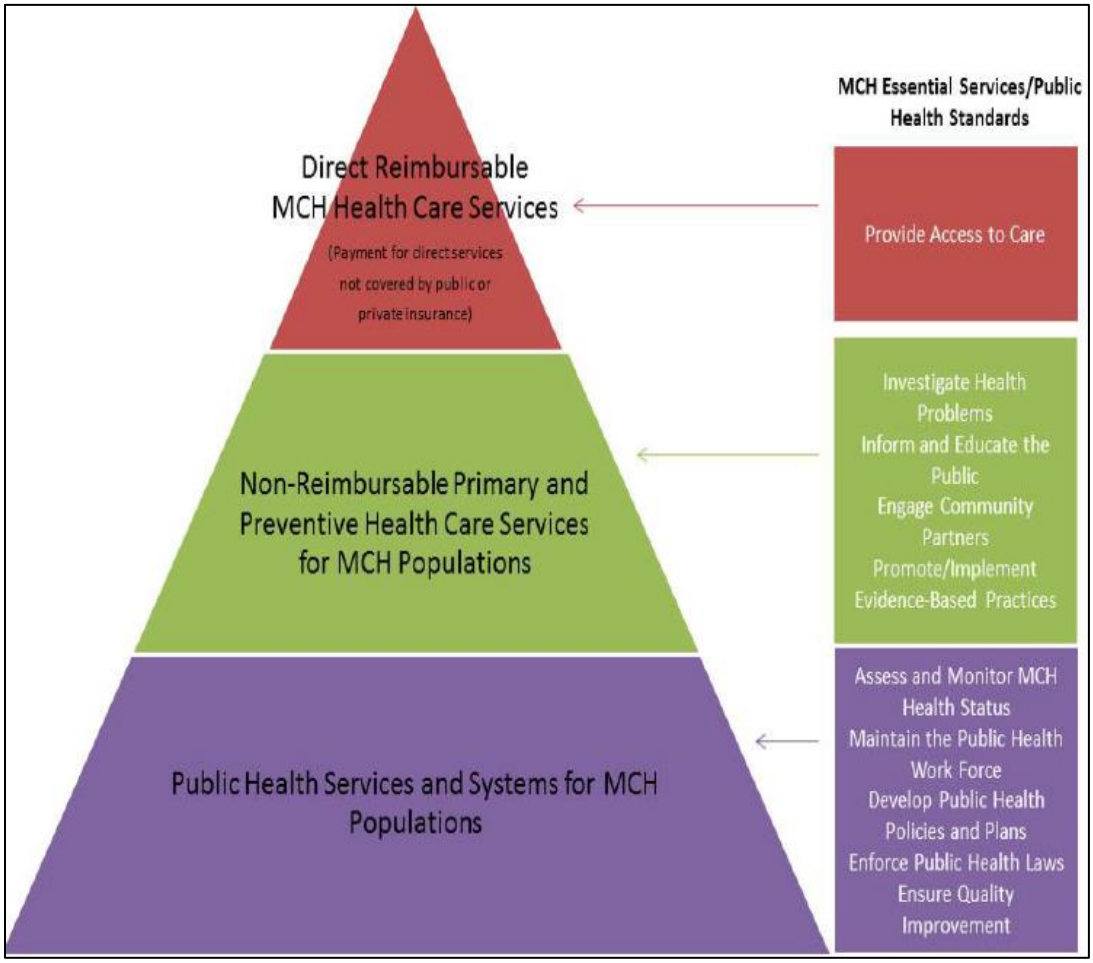
Introduction

The Title V Maternal and Child Health (MCH) Services Block Grant provides critical support to ensure the health of mothers, infants, children, including children with special health care needs and their families. The Title V program provides safety-net, gap-filling services, as well as essential public health services, to the MCH population. These essential services include:

- assessing, monitoring, and investigating MCH problems;
- informing, educating, and mobilizing communities on MCH issues;
- linking women, children, and youth to community services;
- assuring the capacity and evaluating the effectiveness of the MCH workforce; and
- promoting legal requirements that protect the health and safety of MCH populations.

Title V strives to support and complement the expanded health insurance coverage of MCH populations being provided through the Patient Protection and Affordable Care Act (ACA). The figure below outlines the Title V activities and how they align with the 10 Essential Public Health Services.

Figure 1 Public Health Services for MCH Populations: The Title V MCH Services Block Grant



Client perspectives are essential to understanding the impact of Title V programs in Iowa. Title V in Iowa links women and children to necessary medical, dental, and community resources through care coordination, preventive services, health education, and infrastructure building activities. However, little data has been collected at the state level to understand the impact these activities are having on clients and Iowa's community at large. By better understanding the client perspectives on the services provided through Title V, IDPH can:

- improve client outcomes,
- reach more clients, and
- increase program efficiency and effectiveness.

Client perspectives have not been systematically included in Iowa's Title V Needs Assessment in the past. Results from the focus groups conducted in summer 2014 will provide perspective for the prioritization of needs and identification of activities for the FFY2016 Title V application, will be used to influence current work being done at the state and local levels through the Iowa Department of Public Health's (IDPH) programs, and will serve as a pilot for future use of qualitative methods to assess client perspectives.

Exploratory studies such as this are best assessed through qualitative data. Focus groups are effectively used in public health research to elicit points of view of clients and community members that differ from providers and policy makers. They provide an opportunity for discussion among participants to more fully develop ideas and debate issues[i]. Advantages of focus groups include that they can be both complementary and argumentative in nature and help to understand shared culture, as well as the **diversity** of views that exist[ii]. Additionally, they can illustrate social and cultural norms and social relationships among or within demographic groups[iii].

The focus groups conducted for the FFY2016 Title V Needs Assessment aim to identify client perspectives on Title V services, barriers to receiving medical and dental care, and larger community issues that impact health. These data will be used to influence activities that Iowa's Title V program conducts at each level of the MCH pyramid.

Methods

Focus groups and individual interviews were held in June and July of 2014 at eight local **MCH contract agencies** which receive Title V funding. Agencies volunteered to participate in this project and were allowed to choose if they would like to conduct a Maternal Health or Child Health focus group, or both. A random sample of clients was pulled from the corresponding client database. The sample consisted of clients who had received services from the agency in the past three months. The agency recruited 10 clients based on this list. All but one focus group were conducted in English. One focus group was conducted in Karin (spoken by Burmese refugees) because the agency sample included a large number of **Karin** speakers. Other clients who did not speak English were given the opportunity to participate in a translated individual interview. In addition, clients who were not able to attend scheduled focus groups were given the opportunity to participate in individual interviews.

Focus groups were facilitated by IDPH staff with no local agency staff present. Participants were informed that focus groups were voluntary and confidential, and no client names were attached to the

data. Focus groups were held in community space, and child care was provided. A small incentive was provided to all participants for their participation. Notes were taken, and two recordings were made at each focus group from which the dialogue was then transcribed. Data were coded using a consistent comparison method, and project team group consensus was used to determine analytical codes.

A total of 39 clients were included in the data collection. Three focus groups were conducted with clients of Child Health agencies. There were 15 participants, primarily **mothers**, although three **fathers** also attended. In addition, there was one individual phone interview with a mother who was unable to attend the focus group. Four focus groups were conducted with women who were either recent or current Maternal Health clients. Four individual interviews were also conducted for women who were unable to attend a focus group but wanted to participate or for those who required the presence of an interpreter. A total of 24 maternal health clients participated in the focus groups and interviews. Five maternal health clients required an interpreter in order to participate in the project.

Results

Focus groups were analyzed using the Revised MCH Pyramid of Health Services (Figure 1, page 1) as a conceptual framework. This revised model contains three levels, rather than the four levels in the previously adopted pyramid. The new three-level pyramid was released in July 2014 as part of the *Guidance and Forms for the Title V Application/Annual Report* (*DRAFT)* document. The 10 MCH Essential Services are aligned with the levels of the pyramid.

The top tier of the pyramid is *Direct Reimbursable MCH Care Services*. This tier includes the essential service of "providing access to care." Title V programs serve as a safety-net provider to vulnerable MCH populations, **filling gaps** in health care.

The middle tier of the pyramid is *Non-Reimbursable Primary and Preventive Health Care Services* for MCH Populations. Essential services that fall within this include:

- Investigate Health Problems,
- Inform and Educate the Public,
- Engage Community Partners, and
- Promote/Implement Evidence-Based Practices.

The base of the pyramid is *Public Health Services and Systems for MCH Populations.* Services include:

- Assess and Monitor MCH Health Status,
- Maintain the Public Health Work Force,
- Develop Public Health Policies and Plans,
- Enforce Public Health Laws, and
- Ensure Quality Improvement.

Services at higher levels of the pyramid are supported by activities and services below them.

Focus group data provided insight into Iowa's Title V activities at all levels of the Revised MCH Pyramid of Health Services.

Direct Reimbursable MCH Care Services

Many of the services provided by Iowa's Title V agencies fall under the umbrella of direct, reimbursable health care services, which help the MCH population access care. Some examples of these activities include providing **transportation** services, **interpretation** services, **preventive dental care**, and **prenatal care**. Focus group results confirmed that clients are receiving these services when needed and that they are largely satisfied. A few themes emerged regarding direct care services:

- Direct care services help improve health literacy,
- Title V agencies assist MCH populations in navigating the health care system, and
- Adequate transportation services are essential for many MCH clients.

Participants were generally very pleased with the direct care services they received through Title V agencies.

Clients reported that staff at the agencies were **easy to talk to** and communicated ideas clearly. Clients also consistently stated that staff members were easy to get in touch with and willing to answer questions. Some of the participants received home visits by nurses through their Title V agency. Clients recounted that these services helped educate them about their children's health as well as their own.

"I like it because when [the visiting nurse] comes to see me. I always learn something new that I didn't really know before."

Clients of one maternal health agency reported that the staff members were willing to spend time educating, providing resources, and helping them learn strategies to advocate for themselves in visits with primary care providers.

"They gave me a list [of dentists] and then they helped me decide which one would be better for me. They even helped me call around to see which one I could get the appointment with sooner, which really helped."

Focus group participants regularly reported receiving assistance from the Title V agencies in navigating and gaining entry into the health care system. Care coordination services helped to connect clients to the health care services that they needed. Agency staff assisted clients in finding pediatricians, dentists, and primary care providers.

In addition, maternal health clients in three different focus groups reported receiving help in applying for **presumptive eligibility** for Medicaid coverage, allowing them to gain early entry into prenatal care.

Participants were asked directly about **transportation** services provided through Title V agencies. Thirteen participants at six focus groups reported utilizing these services. Eight other individuals stated that they had been asked if they had regular access to transportation and if they needed the services, but reported that they had their own means of transportation.

"The company they have working for them now won't take you to get your prescriptions or anything like that if you need to get them. They take you one plane and if its' to get your prescription, that's where you're being dropped off at. So then you gotta find your own way back."

Clients who accessed the transportation services confirmed that they would not have been able to access health care services without this aid. However, they still experienced **significant frustrations** with the system. At one focus group, mothers reported that they were receiving transportation services for their children's appointments and wished there was a similar service for their own appointments. Participants were also frustrated by some of the transportation services' "one-drop-off" policy.

Non-Reimbursable Primary and Preventive Health Care Services for MCH Populations

Focus group results also provided information on preventive health care services MCH populations. Two major themes were:

- Title V agencies provide **education** to MCH populations and
- Agencies **collaborate** with other agencies and partners in order to meet the needs of clients.

"I think [the agency] could provide a birthing class that would be almost close to free. A lot of birthing classes cost hundreds of dollars…But for most people who are either in WIC or participating in Medicaid it's 'cause you need the help. You can't financially afford it."

Clients reported that MCH agencies provided education through **support groups** and classes. Participants found that these groups were very helpful in connecting them with other parents who were navigating the same systems and could share experiences. While some agencies were clearly doing a great job providing classes and support groups or connecting clients with them in the community, some clients stated that they wanted more accessible classes.

"I'm so close to having a baby. I don't have much experience around babies, so I'd like some sort of baby care class. All the classes aren't until after I have my baby….I think it would be a little bit more helpful if I go before but I just can't find anything."

Focus group participants reported that maternal and child health services in Iowa are closely linked to other services that benefit the population including family planning, WIC, housing resources, and language classes. Women at one focus group reported that they were connected to **family planning** services after having their baby. A strong relationship with **WIC** was evident. Eight participants across four focus groups reported that they were referred to maternal and child health services by their WIC counselors or were encouraged to participate in WIC by the Title V agency staff. In some cases, WIC and Title V are located in the same agency, which often leaves clients confused about the distinction between the two. Two participants reported receiving help from agencies in finding **jobs** and **housing**, while two others said they were confident they would receive that help if they needed it or asked for it. It was

"I know my lease ended like a month before I had my first daughter, and so after scrambling trying to find a place to live, I still hadn't found anything yet. So [staff at the Title V agency] looked through places they knew and people they knew to help us find something."

"Well I [spent] some days in jail and my WIC and stuff got messed up. So when I called [the agency] when I got out of jail, they made an appointment the next day so my baby could get his WIC check."

unclear whether this was accomplished through partnerships with other agencies and organizations or through actions of the agency alone. One client reported being linked to English **language classes** through their Title V agency. Twelve participants acknowledged that they had not received help from their agency finding work, housing, or other assistance, but felt confident that if they brought it up to the staff at the agency, they would receive help.

Public Health Services and Systems for MCH Populations

Focus group participants shared about their experiences accessing the health care system in Iowa. Three themes emerged regarding the health system in Iowa:

- Insurance coverage continues to be a challenge for some individuals,
- Immigrants not eligible for Medicaid face many barriers to accessing health care in Iowa, and
- Some problems affecting the health of MCH populations that may fall outside the scope of Iowa's Title V program.

Insurance coverage was frequently discussed at most focus groups. Participants talked about lack of insurance coverage as a barrier to accessing health care services and how insurance coverage eased their healthcare related anxieties. Maternal health clients reported only going to the doctor when they were pregnant because this is a time when they are covered by Medicaid.

"A lot of times, as adults, we don't go to the doctor very much and sometimes pregnancy is the time you learn things about your health and your body that you wouldn't have gone to the doctor otherwise to find out. Like not having insurance, it's a big deterrent to not go. I can't afford $150 just 'cause my throat hurts. I'll just drink some [over-the-counter cold medicine]."

Participants at three focus groups felt very positively about having insurance coverage. They shared that it reduced **stress** surrounding their own health and the health of their children. Participants had varied sources of coverage: presumptive eligibility, Medicaid, private employer-sponsored insurance (either their own policy or their spouse's), and the Iowa Health and Wellness Plan.

"Being able to get those medical [services] and to not have to worry about losing my insurance any time...it's nice to know that our healthcare is always taken care of so we're always healthy and getting check-ups."

There were some **frustrations** with health insurance coverage in Iowa. Maternal health clients who did not have US citizenship reported that they were unable to get coverage and as a result had to pay for health care services out-of-pocket. However, Title V agencies did assist these women by signing them up for presumptive eligibility for Medicaid, facilitating early entry into prenatal care, and providing coverage for up to 60 days postpartum. Coverage gaps were also a frustration for maternal health clients, as Medicaid coverage for pregnant women ends 60 days postpartum. These women expressed that they were then left **without healthcare coverage** and in some cases had to find a new provider/medical home.

"After you have the baby, they take Medicaid away from you. Well they don't give you any information about other health insurance; you're just off and have to fend for yourself."

Participants in three focus groups also expressed frustrations with accessing certain providers under their insurance. A few families said they were unhappy with their pediatricians and wanted to switch, but it was **too difficult** under Medicaid.

"For me it's difficult, because [my child]'s on Medicaid. So then I have to call Medicaid and I have to make a decision about what pediatrician I'm going switch to before I can call Medicaid to switch his pediatrician. But because [pediatrician's name] is his healthcare provider, like the one you need to have for reference, it's not like you can take him to other pediatricians and figure out who you like for free. It's kind of one of those things that goes around and around."

Aside from insurance coverage, there are other barriers to accessing healthcare services among the non-eligible immigrant population in Iowa. Participants at one focus group shared that it is difficult to navigate the healthcare system in Iowa when there are **language barriers**, stating that there are not always enough interpreters. More startling is the clients' **fear** that accessing healthcare services will lead to their deportation.

"You never know who to go to 'cause they pretend to be nice and then they go and snitch on you. I don't know what kind of obligation the social workers have [to not tell]. That would be nice, if they feel they have the confidence to go and talk to them without feeling like they're going to have to watch their backs."

In addition to insurance coverage and issues affecting non-citizens, participants commented on issues within their communities that may be outside the scope of Title V activities, but which still have an impact on maternal and child health. One common concern was access to **affordable, healthy food**. Clients at three focus groups felt they did not have enough money for healthy foods. Women living in rural areas expressed that they may have to drive long distances (sometimes one hour, round trip) in order to go to a grocery store, a phenomenon which is becoming more common as rural towns continue to shrink in Iowa.

"Even though I have food assistance and I have WIC, it just always seems like I need to go grocery shopping. The frozen processed foods that aren't good for you are the cheapest and what stays fresh the longest, and the healthy food is the produce and is expensive. The $10 WIC voucher is maybe a sack of potatoes and a bag of apples, that's it."

Participants all across the state expressed a desire for more free or low-cost **family friendly activities** in their areas. Clients discussed swimming lessons, pool access, safer parks, organized sports, after-school programs, and summer programs, especially for older children and teens. Participants stated that they wanted to encourage their kids to be active and play, but encountered barriers such as traffic, unsafe neighborhoods and parks, and unattainable admission fees for pools. As a result of these barriers, they reported that their children were getting more than the recommended level of screen time.

Conclusions

The focus group project is the first attempt to systematically include clients' perspectives in the Title V Needs Assessment. The project resulted in valuable information about Iowa's Maternal and Child Health activities at all levels of the MCH Pyramid which will be used in **prioritizing needs** and activities for the FFY2016 Title V Application.

Results show that the gap-filling direct care services provided by contract agencies of the IDPH are helpful to clients. The services help to **improve health literacy** among clients and assist them in **navigating the health care system**. In addition, the focus group results show that **transportation services are essential** for many MCH clients to access the health care system. However, clients are not always satisfied with the transportation services. More information may be needed in order to determine the root causes and possible solutions to minimize frustrations with transportation services.

The focus group results make it apparent that MCH clients are **receiving education** through support groups and classes, as well as through direct care interactions. Clients who had access to these groups and classes reported that they were helpful resources for learning to navigate the health care system and in making connections with other clients. However, not all focus group participants reported having access to these services. One area of prioritization may be to ensure that MCH clients in all parts of the state have access to these types of groups and classes.

Through the focus group project, it was confirmed that MCH agencies are **collaborating** with other entities, such as WIC and family planning services. These collaborations should continue to be strengthened to ensure that MCH clients are able to access the full-range of services that they need in order to maintain and improve health.

Focus group results also revealed **difficulties** among non-citizens in accessing health care services. It is apparent that the practice of applying for presumptive eligibility at maternal health agencies eases this burden, at least during the woman's pregnancy. However, the lack of insurance among non-citizens, as well as other barriers that prevent them from accessing care, could lead to adverse health outcomes for their children who have US citizenship. The long-term implications of this should be considered in the selection of Title V related activities.

Clients also revealed that there are many issues they face in their **communities** that may not fall within the traditional scope of MCH activities that affect the health of their families and others. In the future, MCH agencies and the IDPH may need to forge relationships with other entities in order to create communities with readily accessible, affordable **healthy foods** and **family friendly activities** that will encourage healthy lifestyles among community members.

Lessons Learned

While the focus group project has produced results that will be helpful in informing the FFY2016 Title V Needs Assessment and Application, it has also set the stage for systematically incorporating client perspectives in future assessments and applications. This project served as a pilot in which many lessons were learned for future iterations.

In future projects, it is suggested that the incentive for participation given to clients be more than $10. This amount was not sufficient to ensure that clients would attend the groups. In fact, only 35-50% of those who committed to attending the focus groups actually participated. In future projects, twice the number of clients should be recruited for participation to ensure that each focus group has a sufficient number of participants. In addition, providing child care and transportation to the focus groups was essential to their success, and this practice should be utilized in future projects. Also important for the confidentiality of the participants was the exclusion of any agency employee from the attending the focus group itself.

In addition to focus groups, it is suggested that future projects incorporate key informant interviews with **agency staff** in order to add depth and context to focus group results. However, agency staff should not be present at the focus groups themselves, as this could result in biased answers from the clients who may fear the quality of the services they receive will be impacted.

Lastly, focus groups are a time consuming process which require staff to plan, carry out, and analyze results. It is suggested that any future focus group projects have at least three staff members or interns involved.

Closing Thought

Incorporating client perspectives on MCH activities and services will become an **essential** part of Title V Needs Assessment and Application processes in the future. The insights and views of clients will help the IDPH to improve client outcomes, reach more clients, and increase the efficacy and effectiveness of MCH programs.

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