

# MISSION CITY COMMUNITY NETWORK

## ***BLACK INFANT HEALTH PROGRAM***

### **CONSUMER PERCEPTIONS AND COMMUNITY NEEDS ASSESSMENT REPORT**

Prepared By

**Gary Bess Associates**

This report summarizes client-screening assessments completed by 180 consumers at point-of-entry (enrollment) into Mission City Community Network's *Black Infant Health (MCCN-BIH)* program, and a needs assessment survey totaling 102 respondents; 33 were African-American consumers currently utilizing *MCCN-BIH* services, and 69 were identified from within geographic "hot spots" in *MCCN-BIH's* San Fernando Valley service area. "Hot spots" are comprised of 12 zip codes within the service region that have the most births among African American women, low birth weight occurrences for African-American women, and proportionally higher infant death rates for all births.

#### **I. Client Screening Instrument**

##### *Consumers at Point-of-Entry*

The majority, more than 80 percent (83.7%) of consumers completing the screening instrument, were subsequently enrolled into the *MCCN-BIH Outreach/Tracking* program. Approximately one-third (32.6%) of consumers were enrolled into the *Social Support and Empowerment* component<sup>1</sup>.

##### *Finances and Living Arrangements*

Greater than 80 percent (83.9%) of consumers responded affirmatively to the question, "Do you ever worry about making ends meet?" And, approximately 56 percent (55.6%) of respondents indicated that they were *uncomfortable* with their current living arrangements.

##### *Prenatal Care Perceptions and Issues*

A high percentage of consumers (87.3%) reported they saw a doctor/nurse or visited a health clinic at some time during their pregnancy for prenatal care. Of this percentage, (87.3%) reporting at least receiving some prenatal care, the majority (88.6%) of consumers indicated that they felt they were treated with respect by the doctor, nurses, and/or other staff.

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<sup>1</sup> Consumers could be enrolled in up to two components, namely Prenatal Care Outreach, and/or Social Support and Empowerment components.

Slightly greater than one-third (34.7%) of the consumers reported they would, if given the opportunity, go to a different doctor/clinic for their prenatal care. Respondents that would prefer prenatal services with another doctor/clinic were queried as to the reasons why they would want to go to another doctor/clinic. They were asked to indicate if the *reason* was because of racism/discrimination and/or some other reason. Table 1 presents their responses as to the reasons why they would prefer to go to a different doctor/clinic.

Table 1: Reasons<sup>2</sup>

<b>“Why would you go to a different doctor/clinic?”</b>	<b>Percent</b>
Because of racism/discrimination	38.2
Because of another reason	67.5

Consumers were asked to assess how important it was for them to *keep* their prenatal health care appointments from the following choices:

- ❖ Very Important
- ❖ Important
- ❖ Not Important

The percentage by choices is presented in Table 2.

Table 2: Importance of Prenatal Care

<b>Importance</b>	<b>Percent</b>
Very Important	94.4
Important	5.1
Not Important	0.6

<sup>2</sup> Two (2) consumers chose both reasons.

Consumers were asked to respond to the hypothetical question, “*If you were to miss a prenatal healthcare appointment, what would probably be the reason?*” using the following choices:

- ❖ No money/no insurance
- ❖ Any other reason

The percentage of “yes” responses for both choices is reported on in Table 3.

Table 3: Missing Prenatal Appointments<sup>3</sup>

<b>Reason</b>	<b>Percent</b>
No money/no insurance	35.8
Any other reason	63.0

Relationships

Consumers were asked to indicate the number of people to whom they felt close. A mean<sup>4</sup> of 3.06 (SD<sup>5</sup>=1.37) persons for each consumer was obtained. It should be noted, however, that six consumers reported zero (0) persons in their lives to whom they felt close.

<sup>3</sup> Four (4) consumers chose both reasons.

<sup>4</sup> Mean scores are an arithmetic average of the sum of all participant scores divided by the number participants.

<sup>5</sup>SD = Standard deviation. SDs are used to account for the relative dispersion of scores from the mean. The lower the standard deviation, the closer individual scores are to the mean, and hence greater agreement among respondents.

Of the 551 total persons identified by consumers as someone to whom they felt close, greater than three-quarters (77.0%) of those identified were related to the consumers, i.e., mother, father, or other relatives, with 23.0 percent identified as being a non-relative. The percentage distribution of family members that consumers felt close to is presented in Figure 1.

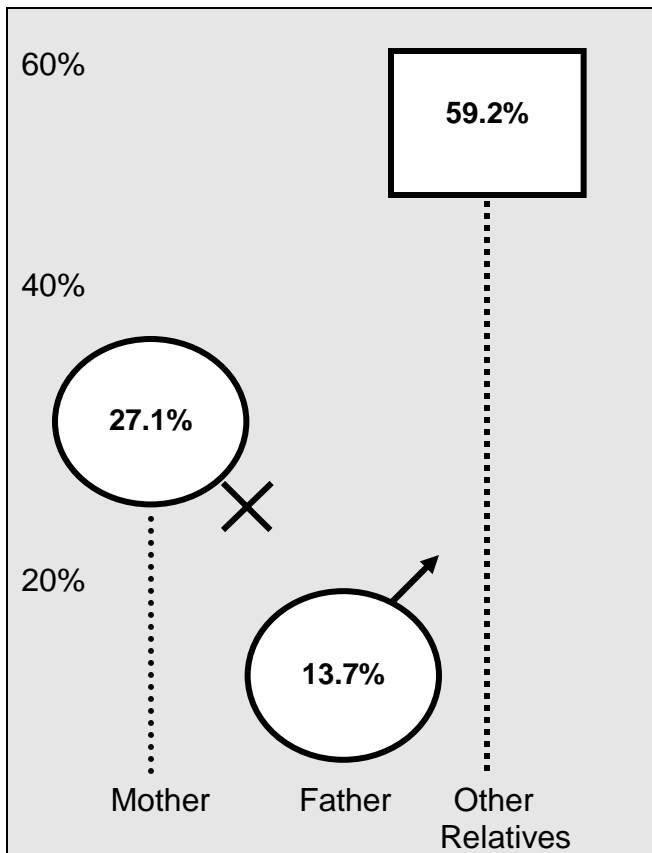


Figure 1: Family Members to Whom Consumers Felt Close

Incidents in Consumers' Lives

Consumers were asked to indicate if any of the incidents listed in the first column of Table 4 had happened to them anytime during the last 12 months. The percentage of "yes" responses is reported for each incident. Responses are presented in descending order of frequency.

Table 4: Incidents

Incident	Percent of Yes Responses
You moved	56.6
Your income decreased	54.9
You got into debt "over your head"	40.6
A close friend died	33.9
Someone very close to you had a bad problem with drinking or drugs	30.2
You were involved in a physical fight	12.4

Consumers were asked if they had experienced any of the physical and/or psychological symptoms listed in the first column of Table 5 at any time during the previous month prior to entry into the MCCN-BIH program. The percentage of "yes" responses is reported for each symptom.

Table 5: Physical and Psychological Symptoms

<b>“At anytime during the month prior to program entry did you...”</b>	<b>Percent of Yes Responses</b>
Feel bored?	56.9
Wake up fresh and rested?	49.7
Feel very lonely or isolated from other people?	34.7
Have trouble paying attention?	26.4
Feel so restless that you couldn’t sit long in a chair	25.6

Additionally, during the month prior to entry into the *MCCN-BIH* program, approximately one-third (32.6%) of consumers reported that they were criticized *a lot* by others.

Other Issues

- ❖ Approximately 10 percent (9.6%) of consumers indicated that they were currently involved and/or had been involved with gangs.
- ❖ The majority of consumers (88.1%) reported they did not drink liquor.
- ❖ Less than 20 percent (18.5%) of consumers indicated that they were in a *special* class or “special ed.”?
- ❖ Of the 147 consumers reporting to have had a previous birth, 74.1 percent indicated their baby was born *healthy*. This suggests that 25.9 percent believe that their child was born *unhealthy*.

Partners of the Consumers

The following section presents findings related to issues concerning the partners of consumers. It should be noted, however, that it is unclear whether the partner of the consumer (e.g., father, boyfriend, husband, same sex partner) was in a relationship with the consumer at the time the screening instrument was completed. Table 6 presents partner-related findings. The percentage of “yes” responses is reported for each issue.

Table 6: Partner-related Issues

<b>Issues</b>	<b>Percent of Yes Responses</b>
At anytime during the 12 months prior to enrollment were you physically hurt by your partner?	8.0
Do you feel that your partner will be there for you once the baby is born?	73.1
Does your partner provide you with financial support?	54.3
Can you depend on your partner for financial support?	50.9
Is your partner now or has ever been in jail?	41.0
Does your partner emotionally support this pregnancy?	68.0

### Associations Between Variables

This section of the report looks at associations between selected behavioral and attitudinal variables of either a positive or a negative nature. For example, it could be hypothesized that consumers reporting high levels of importance to the question -- "How important is it to keep your prenatal care appointments?" -- would also respond "yes" more often to the question -- "Did you see a doctor/nurse or go to a clinic during your pregnancy?" -- than those consumers ascribing lower-levels of importance to the first question.

Differences in associations that are statistically significant<sup>6</sup> ( $p < .05$ )<sup>7</sup> are noted; for example, there are statistically significant differences in rates of prenatal care received between consumers reporting that keeping prenatal appointments as *very important*, compared with those that indicated keeping appointments as *less than very important*.

Figure 2 and Figure 3 present selected associations between consumer attitudes and behaviors.

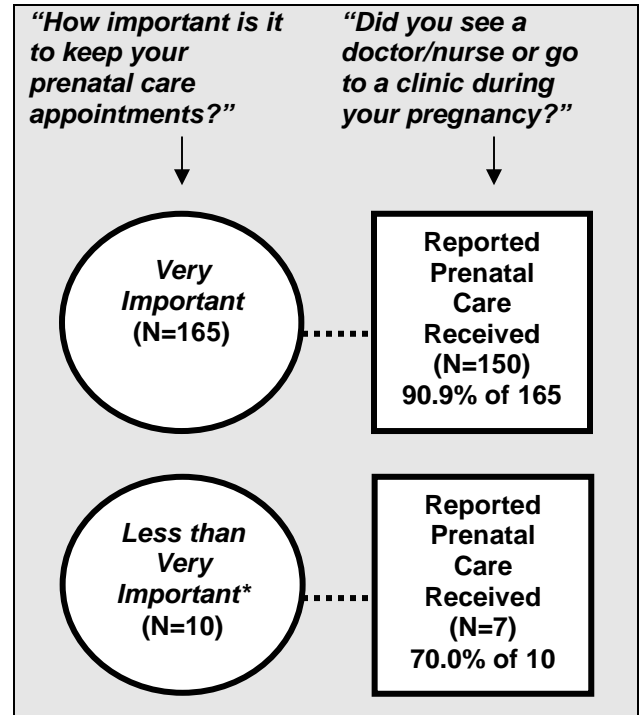


Figure 2: Importance of Keeping Appointments and Prenatal Care Received. ( $p < .05$ )

\*Includes choices "important" and "not important".

<sup>6</sup>A measure of the likelihood that an observed relationship between variables represents something that exists in the population rather than being due to a sampling error.

<sup>7</sup>A  $p$  value of *less than* .05 suggest that in at least 95 out of 100 cases, the observed relationship between the variables represents something that exists in the population rather than being due to a sampling error.

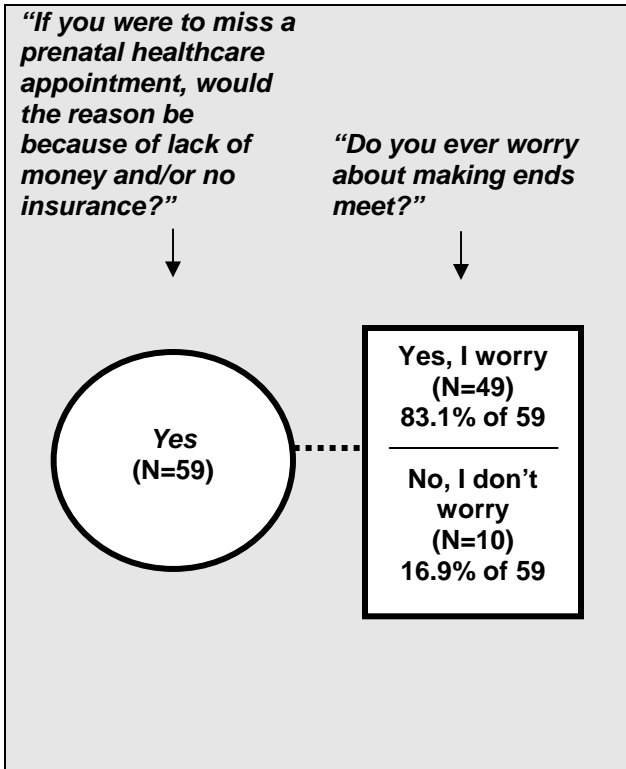


Figure 3: Missing Prenatal Care Due to Lack of Money and/or Insurance and Worrying About Making Ends Meet.

## II. Community Needs Assessment

The remainder of the report presents findings to a community needs assessments survey completed by 102 participants in designated “hot spots” within *MCCN-BIH’s* service region. Findings are presented in aggregate form, and differentiated between response of consumers currently utilizing services and those that were not. An assessment of similarities and differences between the two groupings based on statistical analysis was additionally prepared for the *Descriptive Portrayal of Participants* section of this report. On the whole, the two groups were found to be alike. A statistical test (chi-square for nominal data, and t-test for ordinal and interval/ratio data) was used to assess statistically significant differences

( $p < .05$ ) between the two groups, based on descriptive variables in common, e.g., age, marital status, education, or employment.

In only five variables (out of a total of 50 variables assessed), were the differences statistically significant between current consumers and community respondents. These variables are noted with an **asterisk (\*)** in bold. In the incidences where statistically significant differences were not found between variables, we may assume that there is homogeneity between them.

### Methodology for Determining Hot Spots

For selection of the 12 zip codes that make-up the designated hot spots for this report, 61 zip codes comprising *MCCN-BIH’s* service region were ranked-ordered according to the following indicators: (a) Most births to African-American women; (b) low birth weight occurrences among African-American women; and (c) overall infant death rates.

An analysis of the top 15 zip codes for each variable revealed that 12 of these zip codes were among the highest in each of these health variables. The 12 zip codes that make up the hot spots are presented below with each zip code’s corresponding low birth rates to African-American women and infant mortality rate of the general population.

Hot Spot Zip Codes	Low Birth Rates to African American Women	Infant Mortality Rate <sup>8</sup>
91304	3.2%	5.15
91306	6.5%	10.17
91331	8.8%	6.00
91335	16.1%	3.72
91342	11.7%	7.57
91343	13.9%	5.61
91351	19.0%	5.66
91401	10.0%	3.13
91402	9.3%	5.03
91405	2.3%	5.67
91406	17.0%	4.21
91605	9.1%	3.81

Descriptive Portrayal of Participants

The mean age of participants (N=102) completing the needs assessment survey was 27.43 (SD=8.58), with the youngest, 16 years old, and the oldest, 59 years old. For *MCCN-BIH* consumers (N=39) that completed the survey, the mean age was 25.15 (SD=7.18), and for community respondents, the mean age was 28.53 (SD=9.03).

Slightly less than two-thirds (65.3%) of participants reported their marital status as single. Table 7 presents marital status aggregated for all participants, current consumers and community respondents.

Table 7: Marital Status

Status	Aggregate Percent	Consumer Percent	Com. Resp. Percent
Single	65.3	66.7	64.7
Married	16.8	18.2	16.2
Widowed	2.0	0.0	2.9
Divorced	4.0	0.0	5.9
Living with Partner	11.9	15.2	10.3

Approximately 80 percent (79.8%) of all participants indicated they had at least one child living in their home. Slightly greater 90 percent (90.9%) of *MCCN-BIH* consumers reported at least one child at home, with approximately three-quarters (74.2%) of community respondents also reporting at least one child.

Of those respondents indicating at least one child living with them (N=81), the mean number of children in the home was 2.15 (SD=1.48), with the maximum number of reported children living in their home, 10. For *MCCN-BIH* consumers, the mean number of children in the home was 1.97 (SD=1.19), and for community respondents, 2.25 (SD=1.64) children were reported to be in the home.

Table 8 presents percentage of children by the age ranges of: zero (0) to two (2); three (3) to five (5); six (6) to 12; and 13 to 18 years of age.

<sup>8</sup> Infant death rate per 1,000 live births.

Table 8: Age of Children

Age Range	Aggregate Percent	Consumer Percent	Community Respondent Percent
0-2 years*	35.5	51.1	27.7
3-5 years	21.0	15.6	22.9
6-12 years	29.8	26.7	32.5
13-18 years	13.7	6.7	16.9

\*( $p < .05$ )

Ninety-four (94) of all respondents indicated that they had given birth to at least one child during their life, with the mean number of children, 1.48 (SD=1.40). The maximum number of children reported to have been birthed by a respondent was nine (9), indicated by one participant. The mean number of children of *MCCN-BIH* consumers reported to have given birth was 1.38 (SD=.98). For community respondents, the mean was slightly higher than for current consumers, 1.53 (SD=1.58).

The mean reported age of respondents at the time their first child was born was 20.56 (SD=3.96), with youngest reported age, 15, and the eldest, 33. For *MCCN-BIH* consumers, the mean age was 20.90 (SD=4.05), and for community respondents, 20.37 (SD=3.93).

With an obtained mean score of 2.43 (SD=1.28) to the question -- "How many adults are in your home, including yourself?" -- it appears respondents have more than one other adult living with them in their home. Furthermore, greater than one-half (54.0%) of respondents also indicated that they are the head of their household. Figure 4 presents mean scores and standard deviations of the number of adults, including respondents, living in their home, and the percentage of respondents reporting to be the head of household.

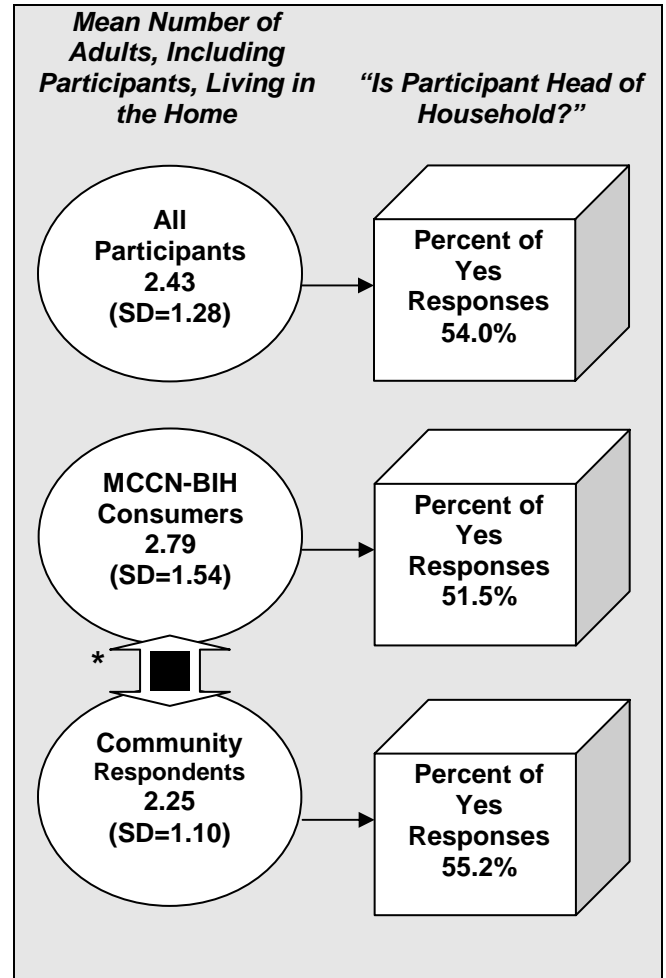


Figure 4: Mean Number of Adults in the Home and the Percentage of Participants Reporting to be Head of the Household.

\* Variances in mean scores between *MCCN-BIH* consumers and community respondents was statistically significant ( $p < .05$ ).

The highest level of schooling attained by the heads of households<sup>9</sup> as answered by all respondents, is reported in Table 9.

Table 9: Education Levels of Heads of Households

Level	Aggregate Percent	MCCN-BIH Percent	Community Respondent Percent
Grade School or Less	1.0	0.0	1.5
Some High School	16.7	23.3	13.6
High School Graduate or G.E.D.	26.0	33.3	22.7
Trade School or Some College	40.6	30.0	45.4
College Graduate	11.5	13.3	10.6
Post-Graduate Degree	4.2	0.0	6.1

Table 10 compares education levels of those participants that reported to be heads of household by three groupings – aggregate, *MCCN-BIH* consumers, and community respondents.

Table 10: Education Levels of Participants Reporting to be the Head of Household

Level	Aggregate Percent (N=51)	MCCN-BIH Percent (N=16)	Community Respondent Percent (N=35)
Grade School or Less	2.0	0.0	2.9
Some High School	11.8	12.5	11.4
High School Graduate or G.E.D.	25.5	31.3	22.9
Trade School or Some College	37.3	31.3	40.0
College Graduate	15.7	25.0	11.4
Post-Graduate Degree	7.8	0.0	11.4

Approximately 29.0% of respondents (a total of 28) indicated that they are currently attending school<sup>10</sup>, with more than one-half (54.2%) attending school on a full-time basis. Table 11 reports on the percentage of all respondents, *MCCN-BIH* consumers, and community respondents currently attending school, and whether they are attending on a full-time or part-time basis.

<sup>9</sup> Includes all heads of household, not just respondents that reported themselves to be the head of household.

<sup>10</sup> 13.7 percent of respondents (seven respondents) that indicated to be the head of household also reported to be currently in school. Two of these seven respondents in school reported their highest level of education as less than a high school graduate or G.E.D.

Table 11: Attending School

Status	Aggregate Percent	MCCN-BIH Percent	Community Respondent Percent
<b>Percent of YES Responses</b>			
Currently attending school	29.0	26.7	29.4
If yes, on a <b>full-time</b> basis	54.2	50.0	55.6
If yes, on a <b>part-time</b> basis	45.8	50.0	44.4

Less than one-half (47.3%)<sup>11</sup> of respondents (a total of 43) indicated that they were currently employed, with nearly 70 percent (69.8%) employed full-time. Table 12 reports on the percentage of all respondents, MCCN-BIH consumers, and community respondents currently employed, and whether they are employed full or part-time.

Table 12: Employment Rates

Status	Aggregate Percent	MCCN-BIH Consumer Percent	Community Respondent Percent
<b>Percent of YES Responses</b>			
Currently employed	43	9	34
If yes, on a <b>full-time</b> basis	69.8	55.6	73.5
If yes, on a <b>part-time</b> basis	30.2	44.4	26.5

Of the 44 respondents that indicated they were currently not employed, 77.3 percent reported they were *looking* for work. Seventeen (17) MCCN-BIH consumers reported to be unemployed, of which 70.6 percent indicated that they were looking for work. For community respondents, 81.5 percent that reported to be unemployed (N=27) are also looking for work.

Figure 5 presents a graphic representation of those respondents looking for work, and whether being bi-lingual in Spanish and English had been a requirement for employment. Also presented are those respondents that indicated they speak Spanish.

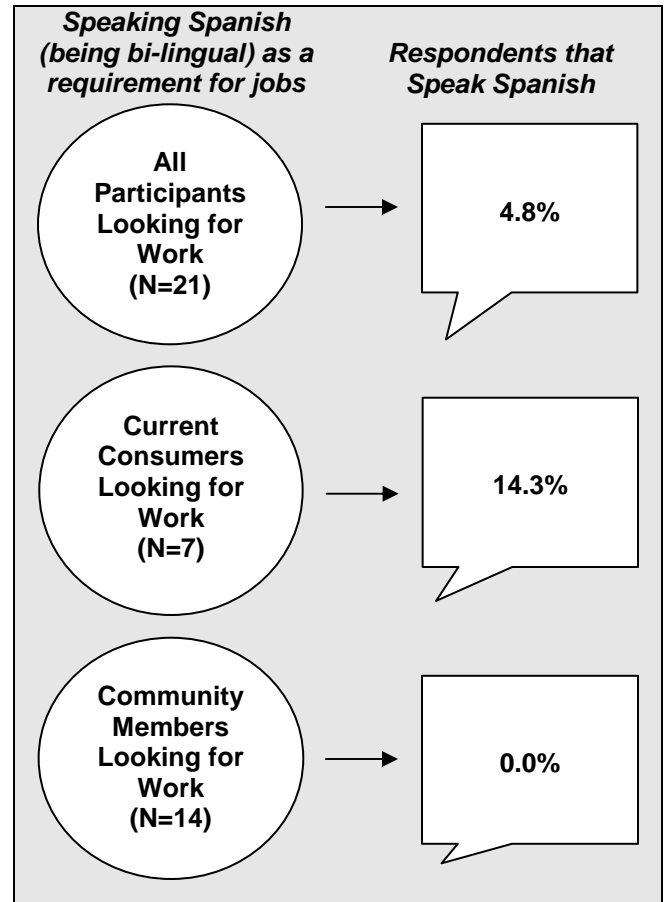


Figure 5: Number of Respondents that Reported Speaking Spanish was a Requirement for Employment, and the Percentage of Respondents Reporting to Speak Spanish.

<sup>11</sup> 31.3 percent of respondents that reported to be unemployed are currently attending school.

Table 13 presents the ranges of combined household incomes by the three groupings - aggregate, *MCCN-BIH* consumers, and community respondents.

Table 13: Range of Combined Incomes

Range	Aggregate Percent	MCCN-BIH Consumer Percent	Community Respondent Percent
\$5,000 or less	22.0	24.2	20.9
\$5,001 - \$10,000	16.0	18.2	14.9
\$10,001 - \$15,000	13.0	12.1	13.4
\$15,001 - \$20,000	9.0	15.2	6.0
\$20,001 - \$25,000	12.0	15.2	10.4
\$25,001 - \$30,000	6.0	3.0	7.5
\$30,001 - \$35,000	6.0	3.0	7.5
\$35,001 - \$40,000	7.0	6.1	7.5
\$40,001 - \$45,000	2.0	0.0	3.0
\$45,001 - \$50,000	4.0	0.0	6.0
More than \$50,000	3.0	3.0	3.0

Table 14 reports on the types of assistance received by respondents. The percentage of “yes” responses are presented for each type of assistance listed in the first column of the table. An asterisk indicates that there is a statistically significant difference between *BIH-MCCN* consumers and community respondents relative to the type of assistance that they receive.

Table 14: Types of Assistance

Type of Assistance	Aggregate Yes Percent	MCCN-BIH Consumer Yes Percent	Community Respondent Yes Percent
Unemployment	6.7	6.7	6.8
SSI-Disability	18.0	13.3	20.3
Social Security*	9.0	0.0	13.6
TANF	23.6	23.3	23.7
Food Stamps	48.3	50.0	47.5
WIC*	48.9	66.7	39.7
Medi-Cal*	48.9	66.7	39.7
Child Support	5.6	6.7	5.1
Healthy Families	10.2	13.3	8.6
Other Types of Assist. not Listed	16.9	20.0	15.3

\*(p<.05)

Table 15 presents the modes of transportation respondents typically use to get to *places*.

Table 15: Transportation to *Places*

Mode of Transport	Aggregate Percent	MCCN-BIH Consumer Percent	Community Respondent Percent
Public Trans. (e.g., bus)	46.1	45.5	46.4
Taxi	5.9	6.1	5.8
Car owned by you or your family	51.0	48.5	52.2
Car owned by a friend	14.7	15.2	14.5
Walking	9.8	15.2	7.2
Other type not listed	4.9	3.0	5.8

Table 16 presents the modes of transportation respondents usually use to get to *work* or *school*.

Table 16: Transportation to *Work* or *School*<sup>12</sup>

Mode of Transport	Aggregate Percent (N=62)	MCCN-BIH Consumer Percent (N=15)	Community Respondent Percent (N=47)
Public Trans. (e.g., bus)	32.3	6.7	40.4
Taxi	4.8	0.0	6.4
Car owned by you or your family	66.1	73.3	63.8

<sup>12</sup> The analysis includes participants that reported to be employed and/or in school.

Table 16 continued

Mode of Transport	Aggregate Percent	MCCN-BIH Consumer Percent	Community Respondent Percent
Car owned by a friend	9.7	20.0	6.4
Walking	6.5	6.7	6.4
Other type not listed	1.6	0.0	2.1

Table 17 reports on visits to the emergency room and to health-related agencies.

Table 17: Health-Related Visits

Visit	Aggregate Mean/SD (N=74)	MCCN-BIH Consumer Mean/SD (N=24)	Community Respondent Mean/SD (N=50)
During the last 12 months, how many times have participants use the emergency room?	1.20/ 2.24	1.58/ 3.28	1.02/ 1.52
Visit	Aggregate Percent (N=102)	MCCN-BIH Consumer Percent (N=33)	Community Respondent Percent (N=69)
County Health Clinic	27.6	34.4	24.2
Doctor or Dentist in the Community	36.7	46.9	31.8
Free or Community Clinic	29.6	28.1	30.3
No Visits	4.1	9.4	1.5

## Perceived Service Needs

Respondents were asked if they sometimes had need for the services listed in the first column of Table 18. The percentage of “yes” responses is presented for each type of service listed.

Table 18: Respondents Need for Services

Services	Aggregate Yes Percent	MCCN-BIH Consumer Yes Percent	Community Respondent Yes Percent
General Medical	67.8	57.1	72.9
Pediatric services	47.6	50.0	46.4
Women’s health care (e.g., Pap smears, prenatal care)	68.5	67.9	68.9
Health services for an ongoing medical condition (e.g., diabetes, high blood pressure, weight management, AIDS services)	31.4	25.0	34.5
Counseling services (e.g., mental health, parenting education, family counseling and support services)	42.5	41.4	43.1
Help getting services (case management)	39.8	32.1	43.6
Family planning services	27.4	28.6	26.8
Help with addiction (e.g., quitting smoking, alcohol/drug abuse prevention and treatment)	14.3	7.1	17.9
Specialized health care (e.g., vision and dental)	39.5	25.0	46.6
Immigration and other legal services	7.3	3.7	9.1

The mean number of reported services identified by each respondent, as a service needed, was 3.25 (SD=2.93), with a range of zero (0) services to all 10. For *MCCN-BIH* consumers, the mean number of services identified was 2.88 (SD=2.92), and for community respondents, 3.43 (SD=2.94).

Respondents, regardless of their status of being a *MCCN-BIH* consumer or community respondent, were grouped into quartiles based on their age in order to assess variances in perceptions of service needs across the following age ranges: 16 to 21, 22 to 26, 27 to 31, and 32 and older. These findings are presented in Table 19.

Table 19: Participant Need for Services by Age Range

Services	Ages 16-21 Yes Percent (N=29)	Ages 22-26 Yes Percent (N=27)	Ages 27-31 Yes Percent (N=23)	Ages 32 and Over Yes Percent (N=23)
General Medical	64.0	62.5	80.0	66.7
Pediatric services	52.2	33.3	55.0	52.9
Women’s health care (e.g., Pap smears, prenatal care)	58.3	68.0	85.7	63.2
Health services for an ongoing medical condition (e.g., diabetes, high blood pressure, weight management, AIDS services)	21.7	36.0	35.0	33.3
Counseling services (e.g., mental health, parenting education, family counseling and support services)	34.8	45.8	55.0	35.0
Help getting services (case management)	37.5	33.3	60.0	26.7
Family planning services	27.3	25.0	40.0	16.7
Help with addiction (e.g., quitting smoking, alcohol/drug abuse prevention and treatment)	8.7	8.3	25.0	17.6
Specialized health care (e.g., vision and dental)	45.8	28.0	45.0	41.2
Immigration and other legal services	13.6	8.3	5.0	0.0

The mean number of services, out of the 10 services listed on the survey instrument, for each age range is as follows: ages 16 to 21, 2.97 (SD=3.31); ages 22 to 26, 3.15 (SD=2.71); ages 27 to 31, 4.26 (SD=3.00); age 32 and older, 2.74, (SD=2.51).

Respondents were grouped by marital status – *single, married/living with partner, and divorced/widowed* – to assess variances in service needs. These findings are presented in Table 20.

Table 20: Respondent Need for Services by Marital Status

Services	Single Yes Percent (N=66)	Married/Living with Partner Yes Percent (N=29)	Divorced/Widowed Yes Percent (N=6)
General Medical	69.6	73.1	25.0
Pediatric services	48.1	52.0	25.0
Women’s health care (e.g., Pap smears, prenatal care)	70.2	69.2	40.0
Health services for an ongoing medical condition (e.g., diabetes, high blood pressure, weight management, AIDS services)*	22.2	46.2	60.0
Counseling services (e.g., mental health, parenting education, family counseling and support services)	39.3	48.0	60.0
Help getting services (case management)	40.7	40.0	33.3
Family planning services	27.8	24.0	50.0
Help with addiction (e.g., quitting smoking, alcohol/drug abuse prevention and treatment)	12.7	20.0	0.0
Specialized health care (e.g., vision and dental)	37.5	42.3	66.7
Immigration and other legal services	7.4	8.3	0.0

\*Statistical significance ( $p<.05$ ) in the variance of *single* and *married/living with partner* participants identifying *health services* as a need.

For *single* respondents, the mean number of identified service needs was 3.15 (SD=2.78). *Married/living with partner* respondents identified a mean number of 3.72 (SD=3.28) service needs, and *divorced/widowed* respondents reported a mean of 2.50 (SD=3.08) service needs.

Respondents were additionally grouped into those that were *employed* and those that were *unemployed*. Those identified as employed were further split into those *employed full-time* and those *employed part-time*. An assessment of service needs by these groupings is presented in Table 21.

Table 21: Respondents Need for Services by Employment

Services	Employed Yes Percent (N=43)	Unemployed Yes Percent (N=48)	Employed Full-time Yes Percent (N=30)	Employed Part-time Yes Percent (N=13)
General Medical	82.9	63.4	75.0	100.0
Pediatric services	52.9	48.7	43.5	72.7
Women’s health care (e.g., Pap smears, prenatal care)	84.2	67.5	80.8	91.7
Health services for an ongoing medical condition (e.g., diabetes, high blood pressure, weight management, AIDS services)	34.3	32.5	40.0	20.0
Counseling services (e.g., mental health, parenting education, family counseling and support services)	45.7	51.2	41.7	54.5
Help getting services (case management)	52.9	39.5	47.8	63.6
Family planning services	22.9	38.5	20.8	27.3
Help with addiction (e.g., quitting smoking, alcohol/drug abuse prevention and treatment)	17.1	15.8	13.0	25.0
Specialized health care (e.g., vision and dental)	50.0	41.0	41.7	66.7
Immigration and other legal services	2.9	13.5	4.3	0.0

The mean number of services identified for each grouping is presented below:

Employed: 3.67 (SD=2.62)  
 Unemployed: 3.40 (SD=3.23)  
 Employed Full-time: 3.30 (SD=2.79)  
 Employed Part-time: 4.54 (SD=1.98)

Respondents were also asked if there was sometimes a need for the services listed *for their partners*. The percentage of “yes” responses is presented for each type of service listed.

Table 22: Partner Need for Services<sup>13</sup>

Services	Aggregate Yes Percent (N=27)	MCCN-BIH Consumer Yes Percent (N=9)	Community Respondent Yes Percent (N=18)
General Medical	40.7	22.2	50.0
Pediatric services	4.5	0.0	7.1
Women’s health care (e.g., Pap smears, prenatal care)	4.5	0.0	7.1
Health services for an ongoing medical condition (e.g., diabetes, high blood pressure, weight management, AIDS services)	18.2	0.0	28.6
Counseling services (e.g., mental health, parenting education, family counseling and support services)	26.1	22.2	28.6
Help getting services (case management)	8.7	0.0	13.3
Family planning services	8.7	12.5	6.7
Help with addiction (e.g., quitting smoking, alcohol/drug abuse prevention and treatment)	16.0	20.0	13.3
Specialized health care (e.g., vision and dental)	29.2	25.0	31.3
Immigration and other legal services	0.0	0.0	0.0

The mean number of reported services identified as a need by each respondent for her partner was 1.37 (SD=1.67), with a range of zero (0) services to six (6). For partners of *MCCN-BIH* consumers, the mean number of services identified was 0.90 (SD=1.29), and for partners of community respondents, 1.65 (SD=1.84).

Respondents were also asked an open-ended question -- “*Are there other services that you would like to see offered?*” A content analysis of the written responses was conducted to assess services themes derived from these responses. These themes are presented in Figure 6.

<sup>13</sup> Acquiring partner information has proven historically difficult, even from clients where staff has close working relationships.

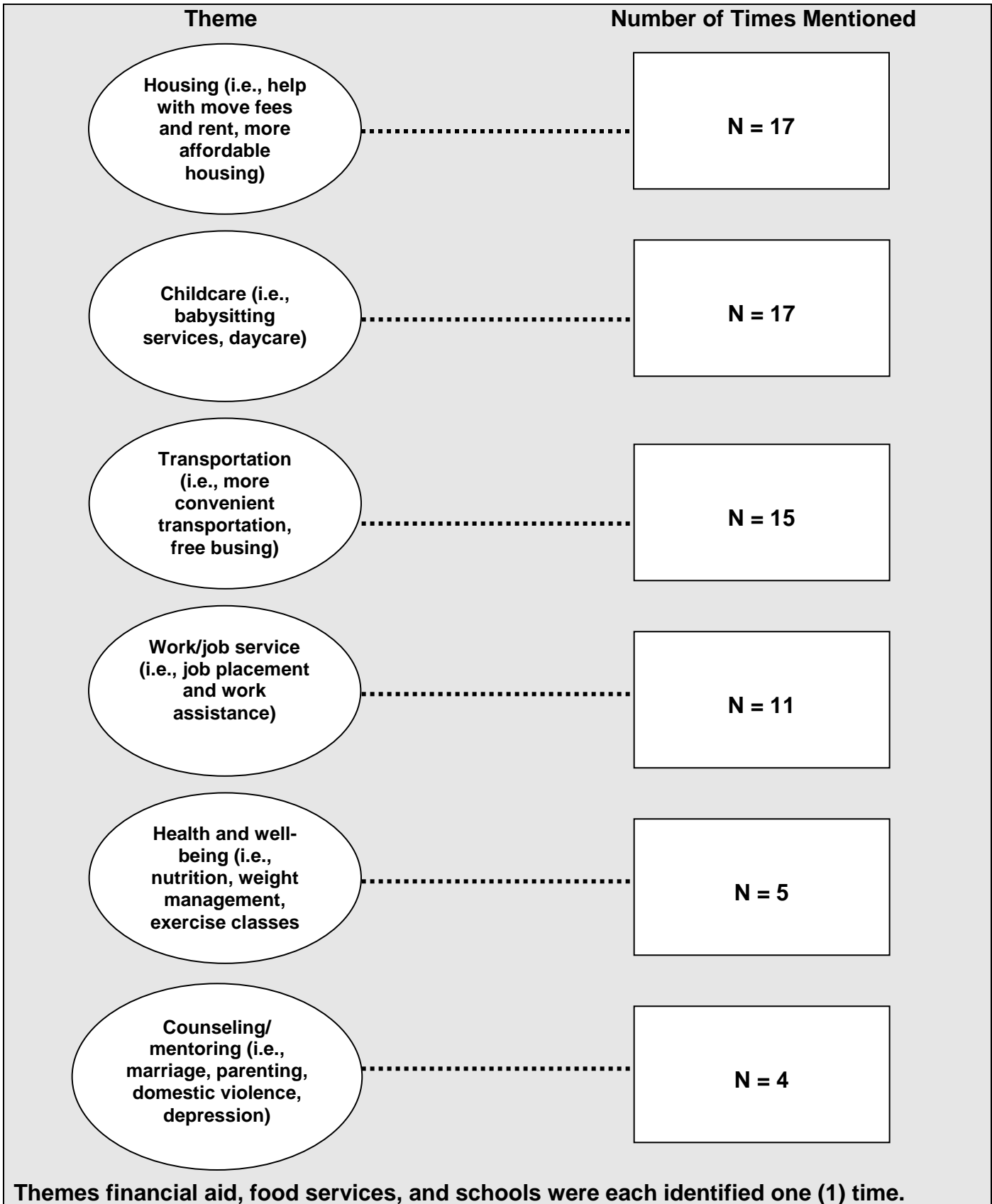


Figure 6: Other Services Respondents Would Like to Have Available to Them.

## Quality of Services and Service Access

Respondents were asked to respond to the statements in the first column of Table 23 using the following scale:

- 1 = Never
- 2 = Rarely
- 3 = Sometimes
- 4 = Usually
- 5 = Always

If respondents did not know how best to respond to the statement, they were asked to chose the “don’t know” response.

Table 23: Encountering Problems When Seeking Services

Statements	Aggregate			MCCN-BIH Current Consumers			Community Respondent		
	M	SD	% of Don't Know	M	SD	% of Don't Know	M	SD	% of Don't Know
Waiting lists that take a long time before you see someone	3.58	.96	3.0	3.41	.98	3.0	3.67	.95	2.9
Lack of transportation to services (e.g., a car available, convenient bus lines, taxi vouchers)	3.10	1.37	3.0	2.94	1.50	3.0	3.18	1.31	2.9
Hours are inconvenient for services	3.00	1.13	3.0	2.84	1.22	3.0	3.08	1.09	2.9
Childcare is not available for parents receiving services	3.58	1.23	17.3	3.52	1.40	12.1	3.62	1.14	20.0
The people providing the services are not adequately skilled	3.16	1.16	6.9	2.97	1.28	6.1	3.25	1.09	7.4
Fees for services are too expensive	3.14	1.18	2.0	2.91	1.25	3.0	3.25	1.13	1.5

Table 23 continued

Statements	Aggregate			MCCN-BIH Consumers			Community Respondent		
	M	SD	% of Don't Know	M	SD	% of Don't Know	M	SD	% of Don't Know
Too many questions are asked in order to receive services	3.67	1.18	4.0	3.44	1.34	3.0	3.78	1.08	4.4
It is difficult to get information about what services are available	3.29	1.17	1.0	3.06	1.44	3.0	3.40	1.02	5.9
If you are perceived as a "difficult person," you may not receive services	3.23	1.32	6.9	2.94	1.46	6.1	3.38	1.24	7.4

For the statement, "fees for service are too expensive," respondents were grouped into four income brackets to assess variances in perceived impact of service fees across ranges of income. Mean scores of each income bracket are presented in Table 24.

- 1 = Never
- 2 = Rarely
- 3 = Sometimes
- 4 = Usually
- 5 = Always

Table 24: Income Brackets<sup>14</sup> and Fees for Service

Statements	\$5,000 to \$15,000 Mean (N=48)	\$15,001 to \$30,000 Mean (N=27)	\$30,001 to \$45,000 Mean (N=15)	Greater than \$45,000 Mean (N=7)
Fees for services are too expensive	3.04	3.19	3.27	3.43

<sup>14</sup> Combined income of all household members.

Respondents were asked to respond to the statements in the first column of Table 24 using the following Likert-type scale:

- 1 = Never
- 2 = Rarely
- 3 = Sometimes
- 4 = Usually
- 5 = Always

If respondents did not know how best to respond to the statement, they were asked to chose the “don’t know” response available to them. Table 24 presents means, standard deviations, and percentage of “don’t know” answers for each statement.

Table 24: Why Women Appear not to be Interested in Receiving Help

Statements	Aggregate			MCCN-BIH Consumers			Community Respondents		
	M	SD	% of Don't Know	M	SD	% of Don't Know	M	SD	% of Don't Know
Women feel hopeless about the future	2.97	1.25	5.9	2.85	1.28	3.0	3.03	1.25	7.4
Women do not trust professional health workers, as they are worried they will report them to authorities	3.01	1.37	7.9	2.97	1.38	6.1	3.03	1.38	8.8
Women’s substance abuse interferes with their ability to keep appointments	3.00	1.56	14.0	2.82	1.59	15.2	3.09	1.55	13.4
Women are in abusive relationships, which prevents them from keeping appointments	2.98	1.61	14.9	2.85	1.56	12.1	3.04	1.64	16.2
Women are often ill-informed about the importance of prenatal care and because of this, they do not keep appointments	3.01	1.31	5.9	3.00	1.35	6.1	3.01	1.30	5.9

Table 24 continued

Statements	Aggregate			MCCN-BIH Consumers			Community Respondents		
	M	SD	% of Don't Know	M	SD	% of Don't Know	M	SD	% of Don't Know
Women are just lazy and not motivated to help themselves or their babies	2.71	1.36	6.9	2.91	1.35	6.1	2.62	1.36	7.4
Women lack dreams for themselves or their babies	2.83	1.41	7.1	2.90	1.35	6.5	2.79	1.44	7.4
Women are depressed and sleep a lot instead of carrying for themselves or their babies	2.80	1.53	11.1	2.97	1.51	9.4	2.72	1.55	11.9
African-Americans have not forgotten about being slaves, which leads to distrust of professionals and clinics	2.72	1.50	11.9	2.73	1.55	12.1	2.72	1.49	11.8

Respondents were afforded an opportunity at the end of survey to provide additional comments. Their written comments are presented below.

- ❖ I am just trying to stay positive and motivated. I just want to get my vehicle back.
- ❖ We need more programs like this for our women improve their self-esteem.
- ❖ We need more programs for women to come together to set up goals and know that it is possible to have dreams that can happen not only for themselves, but also for their children.
- ❖ I think we need more housing for the homeless people and to get more charity for them.
- ❖ It's so hard. We need more help to get on our feet -- please.
- ❖ Thank you for trying to help.
- ❖ I hope this helps.
- ❖ I have lived in the valley for twenty years and there is a great demand for clean and safe housing in areas that aren't controlled by gangs. When it comes to jobs, there aren't any, and the Gain program doesn't help.
- ❖ I need affordable housing and day care and help with food
- ❖ We need more jobs, housing, and affordable childcare.
- ❖ I think it is good to have surveys like this for black people. It means that someone cares.
- ❖ There needs to be more information on weight management and the importance of eating healthy. Most doctors don't talk about the value of exercising.
- ❖ I wish they had these kinds of programs when I had my children to give them support and these programs need to be broadcast more like I see on some Hispanic stations and other foreign stations, flyers etc.
- ❖ We as black people need more programs like this one in our community to help our people get better futures. I will definitely let some other people know about your program.
- ❖ We need more programs like this here that can help us. We need a program for mothers with children older than two! And women under 18!
- ❖ Thank you for this program and how it will help our young women. Please include mentor moms who have been successful young moms and are now adults.

- ❖ I want to thank you for having such programs as you do. I haven't been involved with many programs like this, but I think you're very informative and helpful. The people you have working for you are very nice and concerned about my health and I thank you for that. Please keep up the good work and if I can be of any more help, don't hesitate to call.