

PERINATAL HEALTH PARTNERS

ANNUAL EVALUATION



JULY 1, 2015 – JUNE 30, 2016

Prepared by

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February 2017

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(July 1, 2015 – June 30, 2016)**



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TABLE OF CONTENTS

I.	Executive Summary	6
II.	Methods.....	8
III.	Programmatic Outcomes.....	9
	a. Demographic Profile of PHP Participants	9
	b. Referral and Assessment.....	11
	c. Prior Birth Outcomes	13
	d. Birth Outcomes for Period of Evaluation	14
	e. Referral Close	16
IV.	Process Evaluation of Providers, Patients, and Staff	17
	a. Provider Satisfaction.....	17
	b. Patient Satisfaction.....	18
	c. Staff Satisfaction.....	20
V.	Summary.....	23
VI.	Appendices.....	24

LIST OF TABLES

- Table 1: Distribution of PHP Enrollment by County
- Table 2: Distribution of PHP Enrollment by Age
- Table 3: Distribution of PHP Enrollment by Race
- Table 4: Distribution of PHP Enrollment by Marital Status
- Table 5: Distribution of PHP Enrollment by Education
- Table 6: Distribution of PHP Enrollment by Employment Status
- Table 7: Distribution of PHP Enrollment by Method of Payment
- Table 8: Distribution of Referring Diagnosis
- Table 9: Past Gynecologic History of Enrolled PHP Patients
- Table 10: Maternal History of Enrolled PHP Patients
- Table 11: Obstetric History Enrolled PHP Patients
- Table 12: Mean Birth Weight and Gestational Length of Previous Deliveries
- Table 13: Distribution of Previous Low Birth Weight Births
- Table 14: Distribution of Births by Weight and Gestation
- Table 15: Distribution of Low Birth Weight Births
- Table 16: Distribution of Gestational Age of Births
- Table 17: Distribution of Births by Gender
- Table 18: Distribution of Births by Race
- Table 19: Distribution of Several Birth Indicators
- Table 20: Distribution of Referral Close Reason
- Table 21: Descriptive Analysis of Provider Satisfaction with PHP Staff
- Table 22: Descriptive Analysis of Provider Satisfaction with PHP Program

Table 23: Descriptive Analysis of Provider Satisfaction with PHP Program

Table 24: Descriptive Analysis of Frequency of Interaction with PHP Program

Table 25: Descriptive Analysis of Demographic Traits of PHP Patients Completing Surveys

Table 26: Descriptive Analysis of Patient Satisfaction with PHP Staff Encounters

Table 27: Descriptive Analysis of Patient Satisfaction with PHP Program

Table 28: Descriptive Analysis of Patient Satisfaction with PHP Nurses

Table 29: Descriptive Analysis of Patient Satisfaction with PHP Care

Table 30: Descriptive Analysis of Patient Satisfaction with PHP Program Services

Table 31: Descriptive Analysis of Staff Description of Their Work with PHP Program Services

Table 32: Descriptive Analysis of Staff Satisfaction with PHP Job Elements

Table 33: Descriptive Analysis of Staff Satisfaction with PHP Supervisors and Managers

Executive Summary

Programmatic Outcomes

Demographic Profile

- ✦ A total of 175 women were served by the PHP program from July 1, 2015 to June 30, 2016.
- ✦ Most women served by the PHP program reside in either Coffee County (52.0%) or Jeff Davis County (12.6%).
- ✦ The mean age of all women served by the PHP program is 30.0 years. Approximately 31.8% of all PHP participants are between 20 and 29 years old.
- ✦ Approximately 52.6% of women served by the PHP program are white.
- ✦ A demographic profile of women served by the PHP indicates that 35.4% are black, 10.9% are Hispanic, and 1.1% classified themselves as other races.
- ✦ Approximately 50.3% of women are single.
- ✦ 23.6% of women have less than a 12th grade education. 42.0% of women have only a high school diploma.
- ✦ 58.0% of women are unemployed.
- ✦ 26.9% of women are Medicaid recipients.

Referral and Assessment

- ✦ The top five reasons for referral include preexisting medical conditions, diabetes, prior premature delivery, prior miscarriage, and prior preterm labor accounting for 80.0% of all diagnoses.
- ✦ Hypertension (20.0%) was the most prevalent condition based on maternal history of women.
- ✦ The average gestational age at referral was 7.5 weeks.

Prior Birth Outcomes

- ✦ Among women in the PHP program, a mean birth weight of 2829.3grams was recorded for previous pregnancies.
- ✦ The mean gestational length was 27.5weeks for previous pregnancies.
- ✦ 29.5% of previous births were low birth weight births.

Birth Outcomes for Period of Evaluation

- ✦ 105 live births occurred from July 1, 2015 – June 30, 2016.

- ✦ These births had a mean weight of 2968.1 grams and a mean gestational age of 37.4weeks.
- ✦ When considering only singleton births, the mean birth weight was 2994.3grams and the mean gestational length was 37.5weeks.
- ✦ 21.0% of all births were low birth weight.
- ✦ When considering only singleton births, 19.2% of births were classified as low birth weight.
- ✦ 67.6% of all births had a gestational length between 37 and 39 weeks.
- ✦ Of the 105 births occurring throughout the year, 49.5% were males and 50.5% were females.
- ✦ 17 infants (16.2%) were transferred to the intensive care unit.
- ✦ 5.7% of births had jaundice, 3.8% had abnormal blood sugar, and 7.6% of births had reported assisted ventilation.
- ✦ No infant deaths were recorded.
- ✦ Service was completed on 47.4% of cases.
- ✦ 20.6% of referrals were lost to follow up and 0.6% of referrals refused service.

Program Satisfaction

- ✦ Patient satisfaction surveys indicate a very high level of satisfaction for all elements assessed.

From an evaluation standpoint, the health-related outcomes demonstrate effective programmatic functioning. The PHP program continues to reach and provide a valuable pre- and postnatal service to many high-risk women. Particularly commendable is the number of women served who are the most vulnerable in the community, including minorities and poorly educated populations. It is evident that the PHP has improved outcomes related to birth weight and gestational length based on prior obstetric history. Moreover, it is evident that PHP staff members are very effective managing these high-risk populations as indicated through satisfaction surveys. It is recommended that PHP staff attempt to follow-up with patients who refused service for the purpose of more accurately assessing women's hesitation in participating. The purpose of this follow-up would be to more accurately assess women's hesitation in participating, thereby possibly improving programmatic outcomes. In addition, the evaluator recommends additional data gathering among enrollees and a comparison group (non-enrollees) to more effectively assess differences in attitude and perception of prenatal care. In short, outcomes associated with the PHP program evaluation are excellent.

Methods

Programmatic Outcomes

Data for PHP patients are currently tracked and entered in a Microsoft Access database by program personnel. For the purposes of this evaluation, a password protected, electronic copy of this database was sent to the Jiann-Ping Hsu College of Public Health (JPHCOPH) at Georgia Southern University. All identifying information was removed from this database prior to sending to the JPHCOPH. Five data tables were extracted from this database and formed the basis of the evaluation. Specific variables provided to evaluators can be found in Appendix 1. Descriptive analysis of select variables is included in this report.

For the purposes of analysis and reporting, annual participation in the PHP program was defined as having some level of recorded activity from July 1, 2015 through June 30, 2016. Specific criteria for determining participation included the following:

- | |
|---|
| <ul style="list-style-type: none">✓ At least one recorded assessment during the assessment period; or✓ A recorded delivery date during the assessment period; or |
|---|

Satisfaction Surveys

Patient satisfaction is assessed using a survey developed by PHP program personnel. In addition, provider satisfaction and staff satisfaction surveys were administered. Completed surveys were forwarded to the JPHCOPH at Georgia Southern University where data were entered and descriptively analyzed using SPSS® for Windows.

Programmatic Outcomes

According to data provided by the PHP program, 175 women met the inclusion criteria from July 1, 2015 to June 30, 2016. Active participation in this program was defined as having recorded activity (assessment) or having given birth during the evaluation period.

Demographic Profile of PHP Participants

The following section highlights specific demographic information gleaned from this population of women. County of residence is illustrated in Table 1.

Table 1: Distribution of PHP Enrollment by County

COUNTY	FREQUENCY	PERCENT
Appling	11	6.3
Atkinson	7	4.0
Bacon	15	8.6
Charlton	2	1.1
Clinch	9	5.1
Coffee	91	52.0
Jeff Davis	22	12.6
Pierce	4	2.3
Ware	10	5.7
Wayne	4	2.3
Total	175	100

Most women served by the PHP program resided in either Coffee County (52.0%) or Jeff Davis County (12.6%)

The distribution of all PHP enrollees by age is illustrated in the table below in Table 2.

Table 2: Distribution of PHP Enrollment by Age

AGE CATEGORY	FREQUENCY	PERCENT
<20	2	1.2
20 – 24	33	19.1
25 – 29	55	31.8
30 – 34	45	26.0
35 – 39	25	14.5
>= 40	13	7.5
Total	173	100

*Note: Recorded age was missing for 2 participants

The mean age of all women served by the PHP program is 30.0 years. Approximately 50.9% of all PHP participants are either 20 – 24 years (19.1) or 25 – 29 years (31.8) old. Women less than 20 (1.2%), 30 – 34 (26.0%) or 35 – 39 (14.5%) comprise 41.7% of the population. Only 7.5% of women enrolled in the PHP program were 40 years old or older.

The distribution of participants by race/ethnicity is illustrated in Table 3.

Table 3: Distribution of PHP Enrollment by Race

RACE/ETHNICITY	FREQUENCY	PERCENT
Black	62	35.4
White	92	52.6
Hispanic	19	10.9
Other*	2	1.1
Total	175	100

*Denoted as multi-racial, American Indian-Alaskan Native, or Asian

The majority of women served by the PHP program are white (52.6%). However, 35.6% of women are black and 10.9% of subjects classify themselves as Hispanic. Approximately 1.1% of women report their race to be multi-racial, American Indian/Alaskan Native, or Asian.

The distribution of participants by marital status is illustrated in Table 4.

Table 4: Distribution of PHP Enrollment by Marital Status

MARITAL STATUS	FREQUENCY	PERCENT
Married	74	42.3
Divorced	9	5.1
Separated	3	1.7
Single	88	50.3
Widowed	1	0.6
Total	175	100

Most women (50.3%) served by the PHP program reported being single. Approximately, 49.7% of women report being married (42.3%), divorced (5.1%), separated (1.7%), or widowed (0.6%).

The distribution of educational level of PHP participants is illustrated in Table 5.

Table 5: Distribution of PHP Enrollment by Education

EDUCATIONAL LEVEL	FREQUENCY	PERCENT
< High School	41	23.6
High School	73	42.0
>= Junior College	38	21.8
Technical College	15	8.6
Educated Outside the US	7	4.0
Total	174	100

*Note: Recorded education was missing for 1 participant

According to the data provided, 23.6% of women reported having less than a high school education. In addition, only 42.0% of women reported having only a high school education. Of the remaining participants, 21.8% reported having experiences at the Junior College, College, or Post-Graduate level. Approximately 8.6% of enrolled women had some technical college training, and 4.0% of patients were educated outside the US.

The distribution of PHP enrollment by employment status is illustrated in Table 6.

Table 6: Distribution of PHP Enrollment by Employment Status

EMPLOYMENT STATUS	FREQUENCY	PERCENT
Full-Time	45	25.9
Part-Time	21	12.1
Seasonal	2	1.1
Student	5	2.9
Unemployed	101	58.0
Total	174	100

*Note: Recorded employment status was missing for 1 participant

According to the data, 58.0% of all PHP participants report being unemployed. However, 25.9% of women work full-time and 12.1% work part-time. Approximately 2.9% of PHP participants report being students.

The distribution of PHP enrollment by method of payment is illustrated in Table 7.

Table 7: Distribution of PHP Enrollment by Method of Payment

METHOD OF PAYMENT	FREQUENCY	PERCENT
AmeriGroup	18	10.3
Insurance	13	7.4
Medicaid	47	26.9
Wellcare	59	33.7
Peach State	28	16.0
Other/None	10	5.7
Total	175	100

Approximately 60.6% of PHP participants are recipients of either Medicaid (26.9%) or Wellcare (33.7%).

Referral and Assessment

The following section provides information with respect to why women were referred into the PHP program. Based on an analysis of data, the average gestational age at referral was 7.5 weeks at referral.

Patients may have been referred for multiple reasons, so the proportional distribution of referral reasons is only illustrated in Table 8.

Table 8: Distribution of Referring Diagnosis

REFERRING DIAGNOSIS	PERCENT
Pre-Existing Medical Conditions	30.6
Prior Preterm Labor	6.6
Prior Miscarriage (2 or More) SAB	10.0
PIH – Pre-eclampsia	4.8

Diabetes – Gestational, Type I, Type II	9.6
Preterm Labor	0.4
Prior Premature Delivery or PROM	23.2
Prior Fetal/Neonatal Death	4.8
Fetal Abnormality (Current Pregnancy)	0.4
Multiple Gestation with Complications	1.5
Prior 2 nd Trimester Pregnancy Loss	5.2
Incompetent Cervix	0.7
Miscarriage – 2 nd Trimester Pregnancy Loss	1.1

The top five reasons for referral include preexisting medical conditions, prior premature delivery, prior miscarriage, prior preterm labor, and diabetes 80.0% of all diagnoses.

Table 9: Past Gynecologic History of Enrolled PHP Patients

INDICATOR	MEAN
Age at First Menses	12.3
Age at First Sexual Encounter	16.4

The mean age of first menses among PHP enrollees was 12.3 years (Table 9). Moreover, the mean age at first sexual encounter was 16.4 years.

Maternal history of women enrolled in the PHP program is illustrated in Table 10.

Table 10: Maternal History of Enrolled PHP Patients

INDICATOR	FREQUENCY	PERCENT
Cardiac	7	4.0
Renal	2	1.1
Diabetes	14	8.0
Hypertension	35	20.0
Congenital Anomalies	5	2.9
Lupus	2	1.1
Thyroid Disease	12	6.9
Blood Clot Disorder	3	1.7

Table 10 indicates that hypertension (20.0%) was the most prevalent condition based on maternal history of women.

Table 11: Obstetric History Enrolled PHP Patients

INDICATOR	FREQUENCY	PERCENT
Placenta Previa	17	9.7
Pre-term with Live Pre-term Birth	61	34.9
Pre-term with Live Term Birth	17	9.7
Prior Fetal Death	15	8.6
> 2 Abortions	32	18.2
Incompetent Cervix	3	1.7

Cervical Anomaly	2	1.1
C-Section or VBACS	59	33.7
Eclampsia	39	22.3
IUGR	6	3.4
Infant > 9 Pounds	7	4.0
< 1 Year Since Last Birth	23	13.1
Infant Congenital Anomaly	13	7.4
Gestational Diabetes	16	9.1
Prior Low Birth Weight	44	25.1

According to the obstetric history of women served throughout the year, 34.9% were designated as “Pre-term with Live Pre-term Birth” (Table 11). The proportion of women having a C-section or vaginal birth after C-section (33.7%), Eclampsia (22.3%), pre-term with live term birth (9.7%), or greater than two abortions (18.2%) was significant among PHP clients.

Prior Birth Outcomes

Previous birth outcomes as indicated by the participant pregnancy history are illustrated in Tables 12 and 13.

Table 12: Mean Birth Weight and Gestational Length of Previous Deliveries

INDICATOR	MEAN
Mean Birth Weight of Previous Deliveries	2829.3 grams
Mean Weeks Gestation of Previous Deliveries	27.5 weeks

Among women participating in the PHP program, a mean birth weight of 2829.3 grams was recorded for previous pregnancies. Moreover, mean gestational length for these women was 27.5 weeks.

Table 13: Distribution of Previous Low Birth Weight Births

WEIGHT CATEGORY	FREQUENCY	PERCENT
Previous Low Birth Weight Births	83	29.5
Previous Normal Birth Weight Births	198	70.5
Total	281	100

According to Table 13, 29.5% of previous births to women currently enrolled in the PHP program were low birth weight births.

Birth Outcomes for Period of Evaluation

The following section outlines a variety of birth indicators as observed at the end of the first year of program implementation. Among the 175 women participating in the PHP program, 105 live births occurred from July 1, 2015 through June 30, 2016.

Data indicate these births had a mean birth weight of 2968.1 grams and a mean gestational age of 37.4 weeks (Table 14). After controlling for multiple births, the recorded mean birth weight and gestational length of singleton births was 2994.3 grams and 37.5 weeks, respectively.

Table 14: Distribution of Births by Weight and Gestation

BIRTH INDICATOR	FREQUENCY	MEAN
Birth Weight of All Births	105	2968.1 grams
Gestational Length of All Births	105	37.4 weeks
Birth Weight After Removing Multiple Births	99	2994.3 grams
Gestational Length After Removing Multiple Births	99	37.5 weeks

Table 15 illustrates the proportion of low birth weight births. These data indicate that 21.0 of all recorded births were less than 2500 grams. However, the proportion of low birth weight births is even further reduced (19.2%) after controlling for the effects of multiple births.

Table 15: Distribution of Low Birth Weight Births

WEIGHT CATEGORY	FREQUENCY	PERCENT
Low Birth Weight of All Births	22	21.0
Normal Birth Weight of All Births	83	79.0
Total	105	100
Low Birth Weight After Removing Multiple Births	19	19.2
Normal Birth Weight After Removing All Births	80	80.8
Total	99	100

The distribution of all gestational length of all births occurring at year's end is presented in Table 16.

Table 16: Distribution of Gestational Age of Births

GESTATIONAL AGE (WEEKS)	FREQUENCY	PERCENT
<=33	8	7.6
34	5	4.8
35	5	4.8
36	7	6.7
37	17	16.2
38	18	17.1
39	36	34.3
40	8	7.6
41	1	1.0
Total	105	100

Approximately 67.6% of all births had a gestational length between 37 and 39 weeks.

The distribution of births by gender is presented in Table 17.

Table 17: Distribution of Births by Gender

GENDER	FREQUENCY	PERCENT
Female	53	50.5
Male	52	49.5
Total	105	100

Of the 105 births occurring during the year of program implementation, 49.5% were males and 50.5% were females.

The distribution of births by race is presented in Table 18.

Table 18: Distribution of Births by Race

GENDER	FREQUENCY	PERCENT
Black	36	34.3
White	54	51.4
Hispanic	13	12.4
Other*	2	2.0
Total	105	100

*Denoted as multi-racial, American Indian-Alaskan Native, or Asian

According to the data presented above, 34.3% of births occurring throughout the year were black and 51.4% were white. Approximately 12.4% of the remaining births were born to Hispanic mothers.

A variety of birth indicators including Neonatal Intensive Care Unit visits, Emergency Room visits, current immunizations, and fetal/infant mortality are presented in Table 19.

Table 19: Distribution of Several Birth Indicators

INDICATOR	FREQUENCY	PERCENT
Transferred to NICU	17	16.2
Infant ER Visits	1	1.0
Immunization/Check-Up Current	105	100
Assisted Ventilation	8	7.6
Congenital Anomalies	6	5.7
Infant Deaths	0	0.0
Anemia	1	1.0
Jaundice	6	5.7
Labor Trauma and Infection	0	0.0
Abnormal Blood Sugar	4	3.8
Injury	1	1.0
Other	14	13.3

For the year, 17 infants (16.2%) were transferred to the intensive care unit and 100% of infants had current immunizations. In addition, 5.7% of infants had jaundice, 3.8% had abnormal blood sugar, and 7.6% of births had reported assisted ventilation. No infant deaths were recorded during the evaluation period.

Referral Close

Table 20 illustrates the referral close reasons recorded from July 1, 2015 to June 30, 2016. Service was completed for 47.4% of participants active during the evaluation period. As indicated by the data, 20.6% of referrals were lost to follow up and 23.4% of all cases were not closed.

Table 20: Distribution of Referral Close Reason

REFERRAL CLOSE REASON	FREQUENCY	PERCENT
Miscarriage	4	2.3
Out of Catchment Area	9	5.1
Refused Service	1	0.6
Service Complete	83	47.4
Lost to Follow-up	36	20.6
Transferred	1	0.6
Case Not Closed	41	23.4
Total	175	100

Process Evaluation of Satisfaction Surveys: Providers, Patients, and Staff

The purpose of this specific portion of the evaluation report is to provide feedback of provider, patient, and staff satisfaction so that the PHP can modify its policies, services, and strategies to maximize potential outcomes. Providers, patients, and staff members completed satisfaction surveys. The surveys were forwarded to evaluators for analysis. This report briefly summarizes these data. Detailed findings and results of the data are documented in the accompanying tables.

Provider Satisfaction

Providers were afforded the opportunity to give feedback in the areas of General Satisfaction and Frequency of Interaction with PHP staff. In addition, providers were asked to provide additional feedback about PHP staff and services in the form of open-ended questions. Data from these inquiries were aggregated, analyzed and summarized to report overall means. High satisfaction marks offered by the providers are an indication that the meeting of this goal has been achieved. Data from 9 providers completing surveys are described in detail below.

Table 21: Descriptive Analysis of Provider Satisfaction* with PHP Staff

SATISFACTION RATING	PROGRAM MEAN
Helpful	3.9
Friendly	4.0
Caring	4.0
Knowledgeable	4.0
Professional	4.0
Total	4.0

* Very Satisfied = 4; Somewhat Satisfied = 3; Somewhat Dissatisfied = 2; Very Dissatisfied = 1

Table 21 describes provider satisfaction with PHP staff traits. According to the 10 surveys analyzed, providers were satisfied with all PHP staff qualities. The mean values of all PHP traits were 4.0, thereby indicating the highest degree of satisfaction.

Table 22: Descriptive Analysis of Provider Satisfaction* with PHP Program

SATISFACTION RATING	PROGRAM MEAN
Quality of Care	4.0
Timeliness of Care	4.0
Respect to Patients	4.0
Patient Confidentiality	4.0
Follow-up Care	4.0
Provider Access	4.0
Total	4.0

* Very Satisfied = 4; Somewhat Satisfied = 3; Somewhat Dissatisfied = 2; Very Dissatisfied = 1

Table 22 illustrates the results of provider satisfaction with the PHP program. All components of this section received mean scores of 4.0. It is clear that providers have an extremely high level of satisfaction with programmatic functioning of the PHP.

Table 23: Descriptive Analysis of Provider Satisfaction* with PHP Program

SATISFACTION RATING	PROGRAM MEAN
Accessibility of PHP Staff	3.9
System of Feedback to PHP	3.8
PHP Patient Feedback	3.9
PHP Program as Asset	4.0
Total	3.9

* Strongly Agree = 4; Somewhat Agree = 3; Somewhat Disagree = 2; Strongly Disagree = 1

Table 23 is a continuation of provider satisfaction of the PHP program. The overall mean score for this section as indicated by 3.9 level of satisfaction.

Table 24: Descriptive Analysis of Frequency of Interaction with PHP Program

	MORE FREQUENT	NOT AS OFTEN	ADEQUATE	LESS OFTEN	TOTAL
PROGRAM RESULT	0 (0.0%)	0 (0.0%)	10 (100%)	0 (0%)	10 (100%)

According to Table 24, 100% of providers are satisfied with the frequency of interaction with PHP staff.

Patient Satisfaction

A total of 67 patient surveys were completed and analyzed to assess annual performance of the PHP program. The following tables and text illustrate the demographic and satisfaction trends gleaned from these surveys.

Table 25: Descriptive Analysis of Demographic Traits of PHP Patients Completing Surveys

CATEGORY	VARIABLE	NUMBER	PERCENT
Race/Ethnicity	White	35	52.2
	Black	20	29.9
	Hispanic	9	13.4
	Other	3	4.5
	Total	67	100
Number of Previous Pregnancies	0	7	10.7
	1	22	33.3
	2	5	7.6
	3	12	18.2
	4	6	9.1
	5+	14	21.2
	Total	66	100
Payor Source			

	Medicaid	52	80.0
	Uninsured	3	4.6
	Private Insurance	3	4.6
	Multiple Sources	7	10.8
	Total	65	100

The demographic characteristics of patients completing this survey to assess annual satisfaction are illustrated in Table 25. Most patients completing the satisfaction survey were white (52.2%). Approximately 30.0% (n = 20) clients were Black and 13.4% (n = 9) were Hispanic. Approximately 40.9% of clients reported having either 1 (33.3%) or 2 (7.6%) previous pregnancies prior to their current involvement with PHP. Most (80.0%) patients are classified as Medicaid recipients, while only 4.6% report having private insurance.

Table 26: Descriptive Analysis of Patient Satisfaction* with PHP Staff Encounters

SATISFACTION RATING	MID-PROGRAM RESULT
Helpful	4.0
Friendly	4.0
Caring	4.0
Knowledgeable	4.0
Professional	4.0
Total	4.0

* Very Satisfied = 4; Somewhat Satisfied = 3; Somewhat Dissatisfied = 2; Very Dissatisfied = 1

Table 26 illustrates the analysis of satisfaction related to client encounters with PHP staff. As indicated in the table, the overall satisfaction rating mean for the year result was 4.0.

Table 27: Descriptive Analysis of Patient Satisfaction* with PHP Program

SATISFACTION RATING	MID-PROGRAM RESULT
Quality of Care	4.0
Timeliness of Care	4.0
Respect to Patients	4.0
Patient Confidentiality	4.0
Follow-up Care	4.0
Provider Access	4.0
Total	4.0

* Very Satisfied = 4; Somewhat Satisfied = 3; Somewhat Dissatisfied = 2; Very Dissatisfied = 1

Similar to the previous table, patient satisfaction with the PHP program was extremely high (Table 27). The overall mean score for this section of the survey was 4.0 for the year.

Table 28: Descriptive Analysis of Patient Satisfaction* with PHP Nurses

SATISFACTION RATING	MID-PROGRAM RESULT
Understood What You Said	4.0
Adequate Time	4.0
Listened to Concerns	4.0

Answered Questions	4.0
Total	4.0

* Very Satisfied = 4; Somewhat Satisfied = 3; Somewhat Dissatisfied = 2; Very Dissatisfied = 1

Table 28 indicates a consistently high patient satisfaction with PHP nurses. Overall, the mean score of traits associated with nurses was 4.0.

Table 29: Descriptive Analysis of Patient Satisfaction* with PHP Care

SATISFACTION RATING	MID-PROGRAM RESULT
Nurses	4.0
Social Workers	3.9
Total	4.0

* Very Satisfied = 4; Somewhat Satisfied = 3; Somewhat Dissatisfied = 2; Very Dissatisfied = 1

According to Table 29, patients expressed a high degree of overall satisfaction with both nurses (mean = 4.0) and social workers (mean = 3.9).

Table 30: Descriptive Analysis of Patient Satisfaction* with PHP Program Services

SATISFACTION RATING	MID-PROGRAM RESULT
Clinics (HR)	4.0
Home Visits	4.0
Telemedicine	4.0
Phone Consultation	4.0
Level II Ultrasounds	4.0
Social Services	4.0
External Services	4.0
Transportation	4.0
Total	4.0

* Very Satisfied = 4; Somewhat Satisfied = 3; Somewhat Dissatisfied = 2; Very Dissatisfied = 1

Satisfaction with PHP program services is illustrated in Table 30. Overall, a total mean score of 4.0 was observed for the end-of-year analysis.

Staff Satisfaction

Staff members were afforded the opportunity to give feedback in the areas of a self-description of their work, as well as their perceived relationship with supervisors/managers. The tables below represent data collected on 4 staff members.

Table 31: Descriptive Analysis of Staff Description* of Their Work with PHP Program Services

DESCRIPTOR	FREQUENCY	PERCENT
Rewarding	1	25.0
Fulfilling	1	25.0
Challenging	4	100
Interesting	2	50.0
Meaningful	3	75.0
Demanding	1	25.0

Pleasant	0	0.0
Frustrating	0	0.0
Tedious	0	0.0
Complex	2	50.0
Overwhelming	0	0.0

Of the staff members completing surveys, 100.0% described their job as (Table 31).

Table 32: Descriptive Analysis of Staff Satisfaction* with PHP Job Elements

JOB ELEMENTS	FREQUENCY	MEAN
Salary	4	3.0
Orientation to job	4	3.8
Level of self-satisfaction	4	4.3
Working conditions	4	4.0
Management's response to programmatic needs	4	4.0
Consideration of my input and insight	4	4.0
Training/skill building opportunities	4	3.8
Evidence of teamwork	4	3.8
Recognition provided for achievements and accomplishments	4	3.5
On the job training	4	3.8
Rules and policies affecting my work	4	3.5

* Excellent = 5; Good = 4; Average = 3; Fair = 2; Poor = 1

Staff satisfaction with a variety of job elements is illustrated in Table 32. Salary (mean = 3.0) received the lowest mean value of all job elements. All other job elements had relatively high mean scores.

Table 33: Descriptive Analysis of Staff Satisfaction* with PHP Supervisors and Managers

ASSESSMENT OF TYPE OF SUPERVISION	FREQUENCY	MEAN
Workload too heavy	4	3.0
Workload too light	4	2.8
Understanding of supervisor expectations	4	4.3
Receive clear instructions from PHP management	4	4.0
Supervisor/Manager availability	4	4.3
Receive feedback regarding work performance	4	4.0
Evaluation of work performance is fair and helpful	4	4.0
Management keeps me informed of changes	4	3.8
I am asked for input into decisions affecting my work	4	4.3
Supervisors/management are willing to listen	4	4.0
Feel valued by co-workers	4	3.8
Feel valued by supervisors/managers	4	3.8
Feel that I am a member of a team	4	3.5
Supervisor handles problems in a satisfactory manner	4	3.8
Management handles problems in a satisfactory manner	4	3.5
Supervisor is fair and objective	4	3.8

Management is fair and objective	4	3.5
Feel safe on my job	4	4.0

* Excellent = 5; Good = 4; Average = 3; Fair = 2; Poor = 1

As indicated in Table 33, staff members have a high degree of satisfaction with PHP supervisors and managers.

Summary

The PHP program has developed a substantial and extensive network of community partners. This network consists of providers, facilities, and community advocates. From an evaluation standpoint, the health-related outcomes demonstrate effective programmatic functioning. The PHP program continues to reach and provide a valuable pre- and postnatal service to many high-risk women. Particularly commendable is the number of women served who are the most vulnerable in the community, including minorities and poorly educated populations. It is evident that the PHP program has improved outcomes related to birth weight and gestational length based on prior obstetric histories of patients. In fact, results are statistically significant based on prior maternal history and a matched comparison. Moreover, it is evident that PHP staff members are very effective managing these high-risk populations as indicated through satisfaction surveys. The only recommendation at this point is a more complete follow-up with patients who refused service. The purpose of this follow-up would be to more accurately assess women's hesitation in participating. In addition, the evaluator recommends additional data gathering among enrollees and a comparison group (non-enrollees) to more effectively assess differences in attitude and perception of prenatal care. In short, outcomes associated with the PHP program at this point of the evaluation are excellent.

Appendix 1

PHP Data Variables

PATIENT FILE	ASSESSMENT FILE
Patient Id	Patient Id
County	MHx-Cardiac
Name – Last	MHx-Renal
Name – First	MHx-Diabetes
Name – Middle	MHx-Hypertension
Birth Date	MHx-Congenital Anomalies
SSN	MHx-Lupus
Payment Source	MHx-Thyroid Dx
Insurance Info	MHx-Blood Clot Disorder
Medicaid Nbr	MHx-Other
Primary Language	OBHx-Placenta Previa
Race	OBHx-Preterm w/live Preterm Birth
Marital Status	OBHx-Preterm w/live Preterm Count
Phone – Home	OBHx-Preterm w/live Term Birth
Phone – Work	OBHx-Preterm w/live Term Count
Phone – Other	OBHx-Prior Fetal Death
Closest Relative	OBHx->2 Abortions
Address 1	OBHx-Incompetent Cervix
Address 2	OBHx-Cervical Anomaly
City	OBHx-C-Section or VBACS
State	OBHx-Eclampsia
Zip Code	OBHx-IUGR
Education	OBHx-Infant > 9 lbs
Employment Status	OBHx-<1 Yr Since Last Birth
Directions to Home	OBHx-Infant Congenital Anomaly
Referral Date	OBHx-Infant CA Specify
Referral Source	OBHx-Gestational Diabetes
Initial Contact Date	OBHx-Prior LBW
Gravida	OBHx-Other OB History
Para	CP-Age-T1
Live	CP-Age-T2
AB	CP-Age-T3
LMP	CP-MP-T1
EDC	CP-MP-T2
Prenatal Care Provider	CP-MP-T3
Care Coordinator	CP-GestDiab-T1
Gest Age – 1	CP-GestDiab-T2
Med Score 1	CP-GestDiab-T3
Psycho-Social Score 1	CP-PIH-T1
Assess Complete – 1	CP-PIH-T2

Gest Age – 2	CP-PIH-T3
Med Score 2	CP-ThreatPTL-T1
Psycho-Social Score 2	CP-ThreatPTL-T2
Assess Complete - 2	CP-ThreatPTL-T3
Assess Due - 2	CP-Nutr-T1
Gest Age – 3	CP-Nutr-T2
Med Score 3	CP-Nutr-T3
Psycho-Social Score 3	CP-Polyhydramnios-T1
Assess Complete - 3	CP-Polyhydramnios-T2
Assess Due - 3	CP-Polyhydramnios-T3
Delivery Date	CP-PP-T1
Infant Name	CP-PP-T2
Sex	CP-PP-T3
Gestational Age	CP-VagBleed-T1
Birthweight	CP-VagBleed-T2
Discharge Feeding	CP-VagBleed-T3
Primary Care Provider	CP-UTI-T1
Transferred to NICU	CP-UTI-T2
Infant ER Visits	CP-UTI-T3
Imm/Check-Up Current	CP-Anemia-T1
Referral Close Date	CP-Anemia-T2
Referral Close Reason	CP-Anemia-T3
Direct Contacts Home	CP-HIV-T1
Direct Contacts Office	CP-HIV-T2
Indirect Contacts	CP-HIV-T3
Phone Contacts	CP-HepBC-T1
Attempts to Contact	CP-HepBC-T2
Prev Terminations	CP-HepBC-T3
Prev Deliveries	CP-STC-T1
Prev Birthweights Average	CP-STC-T2
Prev High Risk Pregs	CP-STC-T3
Prev Delivery Complications	CP-TB-T1
Type of Last Delivery	CP-TB-T2
Non-Emergent Perinatal Visits	CP-TB-T3
Perinatal ER Visits	CP-RHSens-T1
Level II Ultrasounds	CP-RHSens-T2
Perinatologist Visits	CP-RHSens-T3
Length of Subsequent Preg Spacing	CP-SizeDate-T1
Birth Control Method	CP-SizeDate-T2
M&M Patient Nbr	CP-SizeDate-T3
Uterine Surgery	CP-StrepB-T1
Biopsies	CP-StrepB-T2
D&Cs	CP-StrepB-T3
Leep	CP-AbnGeneticTest-T1
Conization	CP-AbnGeneticTest-T2
Cryos	CP-AbnGeneticTest-T3

Abn Pap Smear	CP-1stPrenatalVisit
STDs	CP-PROM-T1
BC Methods/Complications	CP-PROM-T2
First Menses	CP-PROM-T3
First Sexual Encounter	CP-Other-T1
Nbr of Sex Partners	CP-Other-T2
Nbr of New Partners	CP-Other-T3
BC Method at Discharge	ES-Ed-T1
MC-None	ES-Ed-T2
MC-Febrile	ES-Ed-T3
MC-Meconium	ES-WorkSchoolCond-T1
MC-PROM	ES-WorkSchoolCond-T2
MC-Abruption	ES-WorkSchoolCond-T3
MC-Previa	ES-LivingCond-T1
MC-Hemorrhage	ES-LivingCond-T2
MC-Seizures	ES-LivingCond-T3
MC-Precipitos	ES-Financial-T1
MC-Prolonged	ES-Financial-T2
MC-DysLabor	ES-Financial-T3
MC-Breech	ES-Food-T1
MC-CPD	ES-Food-T2
MC-CordProlapse	ES-Food-T3
MC-AnsComp	ES-Transportation-T1
MC-FetalDistress	ES-Transportation-T2
MC-Anemia	ES-Transportation-T3
MC-Infection	ES-ChildCare-T1
MC-LaborTrauma	ES-ChildCare-T2
MC-PPROM	ES-ChildCare-T3
MC-Other	SS-SocSupport-T1
Date Created	SS-SocSupport-T2
Date Updated	SS-SocSupport-T3
Date Reported	SS-Legal-T1
	SS-Legal-T2
BIRTH FILE	SS-Legal-T3
Patient Id	SS-CurrAbuse-T1
Seq	SS-CurrAbuse-T2
Delivery Date	SS-CurrAbuse-T3
Infant Name	SS-HxAbuse-T1
Sex	SS-HxAbuse-T2
Gestational Age	SS-HxAbuse-T3
BW Pounds	SS-FamSpecNeeds-T1
BW Oz	SS-FamSpecNeeds-T2
Birthweight	SS-FamSpecNeeds-T3
Delivery Type	PS-MH-T1
Discharge Feeding	PS-MH-T2
PHP Discharge Feeding	PS-MH-T3

Primary Care Provider	PS-Feelings-T1
Transferred to NICU	PS-Feelings-T2
Infant ER Visits	PS-Feelings-T3
Imm/Check-Up Current	PS-PregIntend
PHP Discharge Imm Current	KE-PhysioEmotChanges-T1
Date Deceased	KE-PhysioEmotChanges-T2
NC-None	KE-PhysioEmotChanges-T3
NC-Anemia	KE-Parenting-T1
NC-Injury	KE-Parenting-T2
NC-FAS	KE-Parenting-T3
NC-HASpir	KE-SeekingServ-T1
NC-MASpir	KE-SeekingServ-T2
NC-AsstVent	KE-SeekingServ-T3
NC-Seizures	KE-HealthMaint-T1
NC-CA	KE-HealthMaint-T2
NC-Jaundice	KE-HealthMaint-T3
NC-LTInfect	SU-OTC-Past
NC-W/D	SU-OTC-T1
NC-AbBloodSugar	SU-OTC-T2
NC-Death	SU-OTC-T3
NC-Other	SU-Caffeine-Past
	SU-Caffeine-T1
<u>REFERRING DIAGNOSIS FILE</u>	SU-Caffeine-T2
Referring Dx Id	SU-Caffeine-T3
Patient Id	SU-Tobacco-Past
Diagnosis	SU-Tobacco-T1
	SU-Tobacco-T2
<u>PREGNANCY HISTORY FILE</u>	SU-Tobacco-T3
Preg Hx Id	SU-SHS-Past
Patient Id	SU-SHS-T1
Date Pregnancy Ended	SU-SHS-T2
Delivery Type	SU-SHS-T3
Weeks Gestation	SU-Alcohol-Past
Weight	SU-Alcohol-T1
Outcome	SU-Alcohol-T2
	SU-Alcohol-T3
	SU-Marijuana-Past
	SU-Marijuana-T1
	SU-Marijuana-T2
	SU-Marijuana-T3
	SU-Meth-Past
	SU-Meth-T1
	SU-Meth-T2
	SU-Meth-T3
	SU-Cocaine-Past
	SU-Cocaine-T1

	SU-Cocaine-T2
	SU-Cocaine-T3
	SU-Heroin-Past
	SU-Heroin-T1
	SU-Heroin-T2
	SU-Heroin-T3
	SU-Other-Past
	SU-Other-T1
	SU-Other-T2
	SU-Other-T3
	SU-Sig-Past
	SU-Sig-T1
	SU-Sig-T2
	SU-Sig-T3