

Michigan P3 Policy Agenda-Setting

Executive Summary: Preventative Care Action Team Responses

Number of Conversations Held*	8
Number of Action Team participants*	113
Number of Survey Responses*	6

*as of 11/1/19

In Michigan, there are currently 167,000 infants and toddlers in families who live at or below 200% of the federal poverty level. Currently, 32.5% of live births are to women who received less than adequate prenatal care. (2019 Kids Count, MDHHS)

Overall themes:

- Parents report challenges finding providers and dentists who accept Medicaid and accept new patients.
- When asked about access to health care for pregnant women, the top barrier is transportation.
- Many parents discussed income eligibility levels, noting there is no support for parents that are over income (WIC offers breastfeeding support but not if you are over income for WIC)
- When asked about policy solutions that will help reduce barriers to preventative care, providers/administrators championed increasing the supply of affordable, quality child care, noting the interconnectedness between early care and learning and healthy growth and development.
- Providers mention that more parents are deviating from recommended immunization schedules, presenting new challenges to engaging families.
- Providers and administrators also discussed the impact of immigration fears and why many families are not seeking care in the current climate.

Recommended Policy Solutions:

1. Expand the number and geographic prevalence of physicians (medical providers) and dentists that accept Medicaid-eligible families.
2. Examine geographic and racial/ethnic disparities and cultural concerns that may deter or prevent families from accessing preventative care (consider requiring implicit bias and/or cultural competence trainings for all providers).
3. Reduce transportation barriers to increase families' utilization of preventative care.
4. Increase the supply of affordable, quality child care.
5. Support future efforts that emerge from the Title V and Maternal/Infant Health Inequity work that is currently underway.

Preventative Care Action Team Responses

Parent Responses

1. **Do your children have a pediatrician they see regularly? If yes, what has your experience been?**
 - Overbooking
 - Positive
 - Great until the doctor retired. Do not care for the new doctor that took over.
 - We are unhappy
 - I would tell you about my doctor but she is overbooked so I don't want to share
 - Drive out of county for doctor
 - My doctor is out of the country a lot, so I have to text her
 - Prefer the nurse practitioner to the doctor
 - Prefer nurse practitioner because the doctor diagnosis whatever is popular at the time instead of taking time to truly evaluate
 - Yes
 - Experience was really good when they were born and when they were at the hospital
 - Yes
 - Yes
 - Yes
 - Yes
 - Yes

Survey Rating (1-Very Disappointed – 100-Very Satisfied)

- 100
 - 100
 - 95
-
2. **Where did you learn about the health options that are available to you? If not, why not?**
 - Learned through friends
 - Word of mouth
 - Moved when pregnant and learned at the hospital
 - Family worked with doctor and we ended up with them
 - Referral
 - Facebook posts asking for suggestions and referrals
 - parents don't know how to find doctors and dentists
 - * many parents new to the area, didn't have family to ask or friends and didn't know where to look to find the right doctor and dentist
 - Families have close relationships with their pediatricians; families get good referrals to specialists in the Metro Detroit area; families have access to organized care managers
 - Families rely on pediatricians to get information about typical developmental milestones and general health information.

- Doctor's offices and families & friends
- online and valued co-worker with lots of knowledge
- Research, and word of mouth.
- Parent Coalition

3. If not, why?

- I take my kids, but I know people who don't because they are anti vaccine - they do not do well visits because they don't want to vaccinate
- Relative that doesn't take their kids to well visits because they do not think it is needed - they do not think of preventative care but instead take the child when an issue arises
- Friends that visit urgent care when needed instead of well visits at a primary care

4. Where do you take your children for well-child visits, immunizations and/or when they are

- Depends on the part of town where families live, depends on access and transportation to the health department, local community has several health clinics?

5. Do your children have a dentist they see regularly? If yes, what has your experience been?

- We love our dentist
- Dental visits are a lot different than when I went as a child - the kids like going to the dentist because they make it so fun for them
- Do not care for and have issues with certain hygienists at the office
- Positive experiences but drive a long way - out of county, out of town (Yale)
- The convenience - when office can schedule both kids at the same time and have space for the parent to be with them
- Yes
- Head Start, mobile dentist, maybe not regular is no insurance or transportation, can't afford, if child has special needs hard to find dentist who is specialized to do density with children who have cognitive and behavioral challenges.
- If families have a child with special needs, they might be fearful, children may not cooperative if not anesthetized.
- Yes
- No
- Yes
- Yes

Survey Rating (1-Very Disappointed – 100-Very Satisfied

- 50
- 29

- 100
- 74

6. Where did you learn about the dental options that are available to you?

- WIC
- Head Start
- I liked my dentist, so when children were ready to see a dentist I moved my kids there
- Random - didn't know anyone and called around to find someone that accepted our insurance and was in our area, didn't want to drive
- Family
- Flip a coin
- Other parents
- schools
- pediatricians

7. If not, why not?

- Neighbor just took 7 year old for first time because they had an issue and found a random dentist. The family didn't think it was necessary to have regular visits
- Family doesn't think it is necessary
- Family took child to emergency room and ER told her to go to the dentist but refused. She was terrified of dentists and didn't want to take her kids

8. Where do you take your children when they have dental issues?

- Looking for a dentist now usually Heart of the city

9. What barriers, if any, make it difficult for you to take your children to regular well-child or annual dental check-ups?

- Having to pull them out of school
- Having multiple children
- Why can't we schedule hours after school/evening hours
- The west side of the state, where one family grew up, the dentist was located in the school
- Time
- All appointments come at the same time so it is a lot to take time off of work
- Husband schedule is a barrier - do not want to take both kids at the same time alone
- No special needs doctor or dentist - have to travel to a bigger city
- Would be helpful to schedule all appointments to coordinate so that parents can take one day off and have multiple appointments
- Weather
- Remembering the appointments
- Parents health - when back was bad I wasn't getting anyone anywhere unless it was an

emergency

- Rescheduling is inconvenient
- Wait time- my appointment is never on time, always wait longer
- Financial - insurance coverage, who accepts insurance, co-pays
- Number of children
- Transportation
- Insurance
- Transportation
- hours of operation
- cost, lack of insurance
- child's behavior
- Time
- Staff not calling back when leaving messages for an appointment
- Transportation assistance.
- No dental insurance. Don't qualify for assistance

Barrier Reduction Suggestions (Survey)

- More doctors and dentist who accept Medicaid families
- people professionalism

10. Thinking back on your interactions with pediatricians and dentists who you have seen with your children, do you feel they were knowledgeable and respectful of your family culture and values?

- Yes
- Depends, pediatrician insisted on flu shot when child had allergies. Allergist told her no flu shot but doctor would not listen to parent
- Doctor is very good and will look at both children even if only one child is being seen
- Nurse practitioner does a great job but doctor does not - baby had gut issues. Dr brushed off because the baby was gaining weight but in reality baby had dairy allergy
- Yes
- Not all of them
- Would like providers to be more intentional in listening to the needs of their patients.
- No
- Yes

11. From your perspective, what's working well related to medical support of pregnant women?

- MIHP was awesome
- If you have money and time to get to appointments, everything is great. If you struggle, it is not so great
- Knowledge - people do not know if they are eligible or how to get support

- There is no support for parents that are over income (WIC offers breastfeeding support but not if you are over income for WIC)
- Pre-natal care
- WIC and/or Focus Hope
- Resources from OBGYN
- WIC
- Awareness of services available
- When pregnant women reach out to access services, they are served quickly and with compassion
- When pregnant women reach out to access services, they are served quickly and with compassion
- Local prenatal providers have a positive reputation
- Referrals to high quality prenatal care options

12. What barriers prevented or made it difficult for you to access prenatal care services?

- Finding a doctor that takes your insurance
- Moved here and it was hard to find what doctors would take new patients
- Hard to find an OB doctor that will truly listen and not blow you off
- Found out when I was pregnant with #2 that they do not have to accept you - they didn't take mom as a patient because she was new and they didn't know her and it was too risky (Mom was 36 weeks when she moved here)
- 24 weeks pregnant when in car accident - did not make it to the appointment and doctor dropped her for missing appointment (was in Grand Rapids and other child was in ICU). She was not allowed to come back and had to switch OB's for the remainder of pregnancy
- Awareness
- Cost
- transportation
- hours of operation
- None

Barrier Reduction Suggestion (Survey)

- Better transportation services and flexibility with those services.
- Search for a good doctor can find one even if you have Medicaid

When you were pregnant, did you go to regular prenatal care visits? (Survey)

- Yes
- Yes
- Yes

If you used regular prenatal care, how satisfied were you with the interactions that you had with your health care provider? Survey Rating (1-Very Disappointed – 100-Very Satisfied)

- 50
- 100

- 100

Provider Responses

1. What are your challenges?

- More parents are deviating from the recommended immunization schedules
- Falling behind on # of visits
- With fears about immigration issues, parents do not want to draw attention to themselves
- Transportation issues make it difficult to go to doc/dentist if kid is perceived as healthy
- Confusing home care nurses visits with well-visits to the doctor (perceived duplication)
- Access to list of pediatricians available is cumbersome
- Acknowledgement that 'preventative care' starts before a woman is pregnant
- Awareness of expanded Medicaid eligibility
- Immigration status eligibility for healthcare
- Lack of resources to support navigation services
- Many dentists do not take children under age 3
- Lack awareness of Healthy Kids Dental
- Lack of availability/access/understanding of behavioral issues, including other mental health issues (postpartum depression, etc.) for both publicly and privately insured.
- ACE screening – we don't do it
- Assumptions around when 'preventative' starts – sex ed in high school!! Access to birth control, including to younger girls without parent consent; healthy relationships; healthy women's health
- Screening exhaustion – so many of them!
- Language barriers. Not enough interpreter resources for all activities.
- Finding time to get to appointments. I work 7-530 M-F. Family program
- access to services
- a universal service delivery?

What would remove challenges (Survey)

- Easier to find subs
- Trump's anti immigration policies need to go
- funding

2. Have you experienced a lot of workforce turnover?

- Yes - In early childhood education as a whole
- No

3. Are you experiencing any challenges related to the workforce? (Survey)

- paying adequate wages

4. What's working well?

- 4 year old pre-school

- Ensuring young children have Medicaid coverage
 - Medicaid using HSI funds for lead – being innovative
 - Michigan public radio – State of Opportunity. Journalism highlighting issues
 - Kent County Millage – also other counties/municipalities showing interest
 - Engaging business leaders at the state level in early childhood
 - Trying to engage insurance companies?
 - Bi-partisan support
 - Having a large foundation supporter (Kellogg)
 - Restructure of Great Start Collaborative over past couple years – less prescriptive, more focused on outcomes
 - Parent coalitions
 - Extension of dental benefits
 - Parent awareness of preventative care services available
 - Parents feel that regular health care visits are important
 - Members of the community feel that regular health care visits are important
 - public health rocks here
5. **Has your community developed solutions, such as doing things to work around the system to help families who need preventative care services? What are those?**
- No
 - universal program that has ebbed and flowed
6. **Do you feel that all families in your community that need preventative care for their babies, infants and toddlers are being adequately served? (Survey)**
- No - Lots of migrants working at the orchards
 - No
7. **Do you feel that all pregnant women in your community that need prenatal care are being adequately served? (Survey)**
- No
 - No

Reactions to Policy Solutions

Solution One: Fund statewide and county-specific Children’s Health Care Access Programs by exploring the option of creating Medicaid billable reimbursement for CHAP coordination.

- CHAP has been replicated in 6 communities and are active. Services to be reimbursable by Medicaid healthcare vs. ‘administration’. CHAP: navigating multiple services, transportation, problem-solving, longer term solutions, education about importance of preventative care. Need to start where we are, and CHAP does this. Basic needs are met in order to get access.

Solution Two: Support pediatric-trained provider workforce recruitment and retention efforts, especially in underserved and rural communities.

- Not sure how effective this would be due to mobility. Would need more information. Retention efforts have not shown to have sustainability thus far. Med school level training.

Solution Three: Increase capacity, training and compensation for trauma-informed and socio-emotional care providers.

- There just aren't enough of these; training and compensation is great, but capacity is the key issue right now.

Solution Four: Examine geographic and racial/ethnic disparities and cultural concerns that may deter or prevent families from accessing preventative care.

- This is just foundational, and must be done. Do trainings at the Med school level. Intentional strategies to diversify workforce

Solution Five: Tell us your ideas! What policy solutions would you suggest?

- Expand Reach Out And Reach, and include social/emotional, books, oral health, immunization education, etc.
- I would like to see more policies that focus on decreasing the cost of child care for families, increasing the number of quality child care facilities within in urban and rural areas, and policies that increase pay for professional in the child care arena.
- Increase ratio

Survey Responses to Policy Solutions

Survey Rating Scale (1-Disagree with this idea –50 Have some Questions - 100-Support this idea

Improve referrals and expand parent choices

- 100
- 100
- 100
- 100
- 76
- 99

Fund statewide and county-specific Children's Health Care Access Programs by exploring the option of creating Medicaid billable reimbursement for CHAP coordination.

- 50
- 48
- 100
- 6
- 60
- 99

Support pediatric-trained provider workforce recruitment and retention efforts, especially in underserved and rural communities.

- 100
- 100
- 100
- 100
- 53
- 99

Increase capacity, training and compensation for trauma-informed and socio-emotional care providers.

- 100
- 100
- 100
- 80
- 97
- 99

Examine geographic and racial/ethnic disparities and cultural concerns that may deter or prevent families from accessing preventative care.

- 98
- 100
- 82
- 92
- 99