EVALUATION OF PRECONCEPTION SERVICES FINANCED BY STATE OF DELAWARE HEALTH AND SOCIAL SERVICES, DIVISION OF PUBLIC HEALTH

Final Report

BY

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I. Evaluation[1] Purpose

A. Background on Infant Mortality Problem in Delaware

Infant mortality, or infant death, is defined as the number of babies who die between birth and 12 months of life. It is usually reported as a rate—the number of infant deaths per 1000 live births—and is often used as an important indicator of the overall health of a given community or population. The U.S. infant mortality rate (IMR) has declined steadily during the last several decades—from 47.0 per 1000 live births in 1940 to 6.87 per 1000 live births in 2005—due primarily to improvements in prenatal care, as well as medical advances in the care of high-risk pregnancies and sick newborns (Kung, Hoyert, Xu & Murphy, 2008). Mirroring the trend of the country as a whole, Delaware's IMR decreased during most of this time, but started to increase in the mid-1990s and has continued to increase while the average rate for the rest of the U.S. continued to fall. The five year average IMR for Delaware (9.2 per 1000) for the period of 2001-2005 was significantly higher than the U.S. IMR (6.9 per 1000) in 2005 (DHSS, 2007). Notably, the average IMR for the U.S. increased in 2002 for the first time since 1958 (Kochanek & Smith, 2004), but subsequently decreased again in 2003 and since then has remained relatively stable (www.cdc.gov/nchs/hus.htm).

Disparities in infant mortality by race/ethnicity and socioeconomic status are large in the U.S. and are often viewed as an important indication of inequalities in a community or society. The ratio of Black to White[2] infant mortality rates in the U.S. in 2005 was 2.4 (Kung, Hoyert, XU & Murphy, 2008), while in Delaware, the ratio for the 5-year period of 2001-2005 was 2.5 (DHSS, 2007). Notably, the overall infant mortality rate, as well as the racial disparity in the IMR, varies by region in the state. The table below, highlighting these differences for the period of 2001-2005, is based upon data from the Delaware Department of Health and Social Services, Division of Public Health, Health Statistics Center (2007).

Table 1

Infant Mortality Rates by Race and Region				
Region	**Overall IMR**	**Black IMR**	**White IMR**	**Black-to-White Ratio**
State of DE	9.2	17.1	6.8	2.51
Wilmington	12.4	17.0	5.7	2.98
Remainder of New Castle County	8.7	16.6	7.2	2.31
Kent County	10.0	17.0	7.6	2.27
Sussex County	8.2	19.0	5.5	3.45

[1] The term "evaluation" and "audit" are used interchangeably in this report. The evaluation/audit is to look at the *process* of the preconception care program rather than *outcomes*.
[2] The terms "black" and "white" have been used instead of "African American" and "Caucasian" to be consistent with the original source of the data that is cited in the text.

As can be seen in Table 1, the black IMR is consistently more than two times higher than the white IMR. The disparity is even more noticeable in Sussex County, where the black IMR is more than three times higher than the white IMR. These IMR translate into approximately 90 infant deaths per year in Delaware, and most of these occur during the first month of life. According to the Delaware Health Statistics Center (2007), the leading causes of infant death in the period of 2001-2005 were disorders related to short gestation and fetal malnutrition, congenital anomalies, and newborn affected by maternal complications of pregnancy. These leading causes of infant death also varied to some degree by race and ethnicity.

B. Overview of Preconception Care

While prenatal care has been credited with much of the improvement in birth outcomes over the past several decades, it has been argued that the persistence of infant mortality in the U.S. may be related to the need to intervene *prior* to pregnancy to promote the optimal health of the mother and prevent adverse birth outcomes among infants (Atrash et al, 2006). This is largely due to the fact that infant mortality and other poor outcomes, such as pre-term birth and low birth weight babies, may be directly related to health conditions or risk factors for which prenatal care comes too late to have a positive impact. For instance, folic acid supplementation, which has been shown to significantly reduce the occurrence of neural tube defects in infants, must be initiated long before the first prenatal visit (typically at eight to ten weeks of gestation or later) in order to be effective. The fetus is susceptible to developing a number of problems during the first four to ten weeks after conception, before prenatal care is normally initiated and before many women even know that they are pregnant. Moreover, more than half of all pregnancies in the U.S. are unplanned, and unplanned pregnancies are associated with delays in accessing prenatal care (Nothnagle, Marchi, Egerter & Braveman, 2000). Combined, these factors indicate that significant numbers of women may be at risk for poor outcomes due to underlying health problems or behavioral risk factors present in the early, critical period of fetal development. Further, delays in accessing prenatal care implies that health problems or risk factors among women with unplanned pregnancies may persist undiagnosed and unaddressed throughout much of the pregnancy, posing an increased risk to the infant.

Therefore, given that the health of a woman is directly linked to the health of her baby and that prenatal care is often too late to address conditions that could potentially impact the healthy development of a fetus, preconception care has emerged as a critical area of women's health care over the past several years. Preconception care is broadly defined as the care of women of reproductive age before a first pregnancy or between pregnancies (also referred to as interconception care) that aims to identify and address health concerns that could pose a risk to mothers and babies. Simply stated, it aims to promote the

health of women before conception and thereby improve pregnancy-related outcomes. Preconception care generally involves a continuum of strategies, including screening and identification of risks, education and health promotion, and interventions to modify or manage risks. Importantly, preconception care is aimed at addressing a range of biomedical, behavioral and social risks to women's health and to the health of her future baby (Johnson et al., 2006).

Ideally, preconception care would be a fundamental part of primary care for all women of reproductive age. Some experts have even recommended that certain health risks be addressed during every encounter with the health care system, particularly because of the large numbers of unintended pregnancies. However, only about one-quarter of primary care physicians currently provide routine preconception care, most insurers do not pay for it, and the public is largely unaware of the benefits of preconception health and health care (DHHS, 2006). For this reason, and due to the lack of consensus on specific clinical guidelines related to preconception care, the Centers for Disease Control and Prevention (CDC) and a number of advocacy groups and experts convened in June 2005 to share expertise and develop recommendations to improve preconception health in the United States. In April 2006, the CDC published its recommendations which include the following key areas (Johnson et al., 2006):

- *Individual responsibility across the lifespan*: Each woman, man and couple should be encouraged to have a reproductive life plan.

- *Consumer Awareness*: Increase public awareness of the importance of preconception health behaviors and preconception care services by using information and tools appropriate across various ages; literacy, including health literacy; and cultural/linguistic contexts.

- *Preventive Visits*: As a part of primary care visits, provide risk assessment and educational and health promotion counseling to all women of childbearing age to reduce reproductive risks and improve pregnancy outcomes.

- *Interventions for Identified Risks*: Increase the proportion of women who receive interventions as follow-up to preconception risk screening, focusing on high priority interventions (i.e., those with evidence of effectiveness and greatest potential impact).

- *Interconception Care*: Use the interconception period to provide additional intensive interventions to women who have had a previous pregnancy that ended in an adverse outcome (i.e., infant death, fetal loss, birth defects, low birth weight, or preterm birth).

- *Prepregnancy Checkup*: Offer, as a component of maternity care, one pre-pregnancy visit for couples and individual women planning pregnancy.

- *Health Insurance Coverage for Women with Low Incomes*: Increase public and private health insurance coverage for women with low incomes to improve access to preventive women's health and preconception and interconception care.

- *Public Health Programs and Strategies*: Integrate components of preconception health into existing local public health and related programs, including emphasis on interconception interventions for women with previous adverse outcomes.

- *Research*: Increase the evidence base and promote the use of the evidence to improve preconception health.

- *Monitoring Improvements*: Maximize public health surveillance and related research mechanisms to monitor preconception health.

In addition, the CDC and its expert panel identified fourteen preconception interventions that show clear, evidence-based effectiveness in improving pregnancy outcomes, and are, therefore, recommended for inclusion in clinical practice guidelines. Table 2 below outlines the CDC's 14 recommended interventions for health conditions that are amenable to preconception care.

Table 2

Recommended Interventions for Preconception Care By The CDC Expert Panel	
Intervention	**Evidence-based Health Effect**
Folic acid supplementation	Reduces occurrence of neural tube defects by two thirds.
Rubella vaccination	Provides protection against congenital rubella syndrome.
Diabetes management	Substantially reduces the threefold increase in prevalence of birth defects among infants of diabetic women.
Hypothyroidism management	Adjusting Levothyroxine dosage early in pregnancy protects proper neurological development.
Hepatitis B vaccination for at-risk women of reproductive age	Prevents transmission of infection to infants in utero and eliminates the risks to the woman of hepatic failure, liver carcinoma, cirrhosis and death due to HBV infection.
HIV/AIDS screening and treatment	Allows for timely treatment and provides women (or couples) with additional information that can influence the timing of pregnancy and treatment.
STD screening and treatment	Reduces the risk of ectopic pregnancy, infertility, and chronic pelvic pain associated with Chlamydia trachomatis and Neisseria gonorrhea, and also reduces the possible risk to a fetus of fetal death or physical and developmental disabilities, including mental retardation and blindness.
Maternal PKU management	Prevents babies from being born with PKU-related mental retardation.
Oral anticoagulant use management	Switching women off teratogenic anticoagulants (i.e., Warfarin) before pregnancy avoids harmful exposure.
Antiepileptic drug (AED) use management	Changing to a less teratogenic treatment regimen reduces harmful exposure.
Accutane use management	Preventing pregnancy for women who use Accutane, or ceasing Accutane use before conception, eliminates harmful exposure.
Smoking cessation counseling	Completing smoking cessation before pregnancy can prevent smoking-pregnancy associated preterm birth, low birth weight and other adverse perinatal outcomes.
Eliminating alcohol use	Controlling alcohol binge drinking and/or frequent drinking before pregnancy prevents fetal alcohol syndrome and other alcohol-related birth defects.
Obesity control	Reaching a healthy weight before pregnancy reduces the risks of neural tube defects, preterm delivery, diabetes, cesarean section, and hypertensive and thromboembolic disease that are associated with obesity.

The CDC and its various partners have continued to meet and work on implementation of the recommendations outlined above, and many state level initiatives are under way aimed at improving preconception health and birth outcomes.

C. Overview of the State of Delaware's Preconception Care Program

Concerns about Delaware's IMR, and specifically about the state's poor ranking relative to the rest of the country (6th worst in 2002), prompted the appointment of the Infant Mortality Task Force by Governor Ruth Ann Minner in 2004. The Task Force subsequently produced a series of recommendations aimed at reducing infant mortality and the racial disparity in infant mortality rates within Delaware. Delaware's Preconception Care Program (http://www.dhss.delaware.gov/ dph/chca/impreconceptioncare.html) is one

of the programs developed by the State to implement the recommendations of the Infant Mortality Task Force. Importantly, many features of Delaware's program are consistent with the recommendations produced by the CDC, as well as the growing literature on preconception health and health care.

Delaware's Preconception Care Program targets women who:

- have previously had a poor birth outcome, such as preterm birth (<37 weeks gestation), low birth weight baby (<2500 grams), an infant death (mortality <12 months of age), or fetal death/stillbirth (weight at least 350 grams or if weight unknown, at least 20 weeks gestation at demise);
- live in certain zip codes noted as high-risk areas,
- are African American/Black women,
- are Medicaid eligible, medically underinsured, or uninsured,
- have chronic diseases including hypertension and diabetes, and/or
- have psychosocial risk factors such as substance abuse, domestic violence, high stress levels, and poor social support systems.

Priority services provided under the preconception program include:

- Access to preconception care for women which includes but is not limited to:
    - reproductive health services,
    - psycho-social needs,
    - nutrition counseling,
    - contraceptive education and counseling,
    - pregnancy diagnosis and counseling,
    - access to a broad range of contraceptive methods,
    - testing and treatment for Sexually Transmitted Diseases (STD) including Gonorrhea, Chlamydia, and Syphilis,
    - testing and treatment referral for Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome (HIV/AIDS),
    - Level 1 infertility counseling
    - Genetics information, education and referral
- Screening for alcohol, drug, and tobacco use and referral to smoking cessation and drug treatment programs
- Trained community support services personnel to provide street level outreach, reinforce patient education and assist patients with social service needs

- Social work services to address family psychosocial needs
- Nutrition services including basic nutrition counseling, breastfeeding promotion and support, folic acid education and specialized counseling for patients with chronic diseases or pregnancy induced complications which may result in poor birth outcomes
- Oral health education and referral

Health and social service providers within the state of Delaware are under contract with the State to provide preconception services described above and to help implement the recommendations of the Infant Mortality Task Force. More specifically, the program and its health care contractors are working to address the sixth recommendation of the Infant Mortality Task Force which focuses on providing preconception care for targeted groups of women of childbearing age residing in Delaware. After nine months of operation, two of these providers of preconception care services -- Planned Parenthood of Delaware (PPDE) and Healthy Beginnings (HB) of Christiana Care Health Services – have been evaluated for their efforts as stipulated by their state contracts.

D. Purpose of the Report

The remainder of this report describes an evaluation of the State of Delaware Preconception Care Program conducted by the Health Services Policy Research Group (HSPRG) of the University of Delaware. The evaluation findings are based on an audit of two contractors currently providing preconception services at multiple sites through funding from the state. The following section of this report details the scope of the evaluation as stipulated by the contract of the HSPRG with State of Delaware's Division of Public Health. All the dimensions of the valuations pertain to contract compliance, including the recommendations offered. The evaluation encompasses (a) assessment of the physical environment of service delivery through site visits; (b) audits of medical charts, and (c) consideration of other contract compliance issues. The third section provides the evaluation findings about site surveys of two contractors (five PPDE and two HB service sites), a medical chart review analysis, and additional contract compliance considerations. A fourth section offers summary recommendations. Finally, appendices and references are provided as appropriate and as noted in the text.

II. Evaluation Components and Methodology

HSPRG at the University of Delaware has conducted an evaluation of the State of Delaware Preconception Care Program which is part of the state's long-term initiative to reduce infant mortality. Preconception services funded through this program are undertaken with financing through state contracts that are intended to enhance the health care of targeted groups of high-risk women. The present evaluation is mandated by the State and its "joint funding partner," the federal CDC, and both contracted providers are required to participate by their State contracts. The primary objective of the evaluation is to assess service delivery dimensions of the preconception care program in order to identify issues regarding contract implementation, as well as opportunities to enhance subsequent years' funding requirements. More specifically, the three interrelated dimensions are assessed to determine the extent to which service delivery goals of the state's preconception care program have been met by the two providers.

With the focus on service delivery, the scope of evaluation is purposely limited to activities and results that prevail in the initial or early phase of the preconception care program. Figure 1 outlines the expected sequence of actions and impacts that would occur with the implementation of the preconception program. This depiction of the underlying causal connections of the various components of the program helps to provide a framework for the evaluation and for subsequent program planning and refinement. In this simple model, the State provides resources to community-based providers under the assumption that this will increase their capacities to provide preconception related services and activities (Figure 1, B) consistent with state requirements. Preconception services include (1) screening for specific health risks, (2) education and counseling, and/or (3) treatment or referral, and (4) follow-up as appropriate to address any of those risks that are identified. Case management is viewed as one strategy for ensuring this continuum of services for women thought to be at particularly high risk. These activities are the focus of the present evaluation. Through implementation of the preconception care program, these services are expected to generate outputs of increased positive health practices of targeted women and providers (Figure 1, C). Overtime the inputs, activities, and outputs are expected to produce beneficial impacts in the form of short-term, intermediate, and long-term pregnancy related outcomes (Figure 1, D, E).

Several caveats are in order. First, forces other than preconception care activities are likely to affect the outcomes—both positively and negatively. Second, the positive outcomes that preconception care activities are expected to induce will not occur in the short-time frame after service delivery. Beneficial outcomes, which reflect the central goals of the preconception care programs, are likely to be manifested several years after preconception care services are received. Put differently, recipients of preconception

care may delay pregnancy several years into the future. Further, based on the evidence regarding health behavior change, positive health behaviors promoted by the program may not manifest in such a way as to produce a measurable difference on health outcomes for many years. Given these points and the fact that Delaware' preconception care program is in its early stages of implementation (its first year), provider performance in service delivery is the subject of the present evaluation.

It is also important to note that the logic model is a snapshot of the program at the state level, and does not capture the unique approaches used by the various state contractors. The chart review together with the site audits and fiscal assessment indicates that PPDE and HB employ distinct models of service delivery, with the scope and intensity of services provided varying between the contractors. These differences in how preconception services are delivered largely reflect underlying differences in the organizational structures, mission and focus of the overall efforts of each provider. What distinguishes the two chosen providers here largely relates to issues of depth versus breath, with each of using different approaches to meet the objectives of the state preconception care program. That is to say, we observed two alternative, but effective, service delivery systems by the two providers.

More specifically, PPDE can be viewed more as an agent for dissemination and education with a "marketing" orientation that serves the information needs of their target population, broadly defined. Emphasis and priority is place on universal education for commonly identified needs (e.g. contraception). The preconception care program resources are used to expand their reach to additional high risk women with preventive information. Consistent with the national recommendations, their objective appears to be addressing the preconception-related information needs of anyone that walks through their doors. Given PPDE clients are mainly accessing PPDE for contraception and/or STI screening or treatment, PPDE may not be appropriately set up to address other primary care medical needs. Similarly, many PPDE clients may have an alternate health care provider elsewhere. This implies that while PPDE may screen large number of women, they must rely more heavily on outside referrals for treatment and follow-up for many preconception-related health concerns (e.g. vaccinations, diabetes management, etc.). In addition to broad-based education, counseling and referral, PPDE has hired a case manager and nutritionist to provide some additional services, including individualized wellness coaching and nutritional counseling, and to gain a better understanding of what their patients face and experience as barriers to health in their daily lives.

Healthy Beginnings, as part of large medical system, is able to provide more intensive services on-site and is less dependent (for some things) on outside referrals. It also appears as if

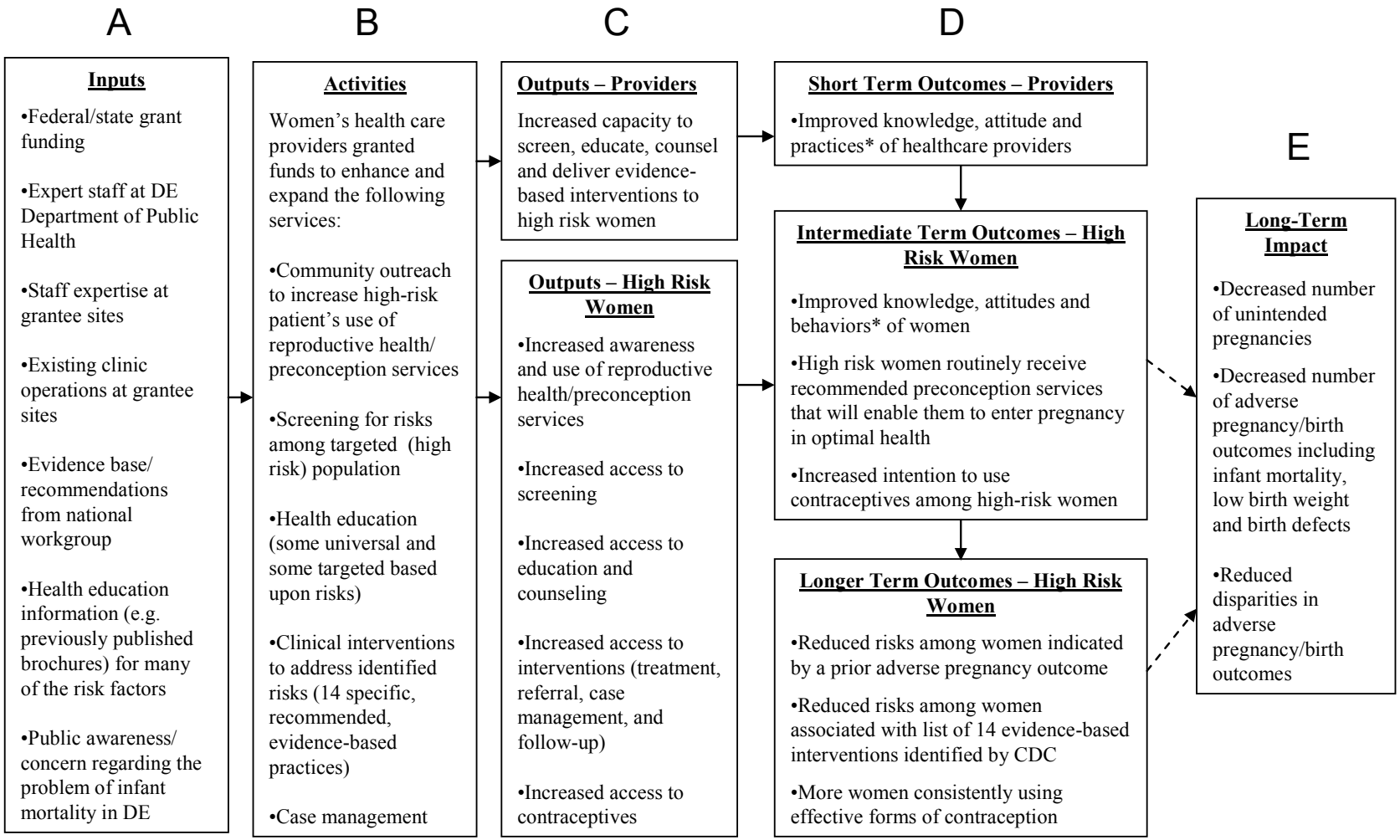
Christiana's focus is one of greater intensity of services for a more targeted population of high risk women. In this way, Healthy Beginnings provide more extensive care and case management, and may serve as more of a primary care medical home for its preconception clients. As a primary care provider, Healthy Beginnings is perhaps more capable of addressing a wider array of medical issues than PPDE. It is likely for this reason that they serve a smaller number of clients through their preconception care program. Although somewhat oversimplified, one might view PPDE's program as serving more patients with less intensity while HB provides more in-depth care to fewer patients. As noted in the summary findings, it is beyond the scope of this evaluation to assess the merits of each approach. Rather, both are viewed as addressing the objectives of the preconception care program, and differences are only highlighted here to provide some context for the data which follows.

The intent of the contract compliance evaluation activities is two-fold. First, the contract requirements for the Division of Public Health preconception care grant program were reviewed and contractor adherence to those requirements assessed. The appropriateness and validity of the contract requirements as they relate to the stated objectives of the project and a review of the current literature base regarding preconception care are examined.

The summary contract compliance assessment and recommendations (Section III) draws from each of the preceding evaluation components, as well as a review of the relevant literature and interviews with contractor representatives regarding the feasibility of compliance, barriers to compliance and/or any other compliance issues. (See Appendix E for a list of interview questions related to contract compliance). These findings include a summary of the relative consistency in service delivery and data collection and management between the two contractors and among the six contractor sites. Recommendations to improve contract conditions are offered, as appropriate, in order to improve the empirical linkage between contracted activities and desired objectives or anticipated outcomes.

Figure 1.

DE Department of Public Health Preconception Care Program Logic Model



** Changes in knowledge, attitudes and behaviors/practices could be broken down into 3 or more distinct categories and there are a number of theories regarding behavior change that may be relevant to this initiative. It may also be appropriate to include other outcomes related to behavior change in preconception health, such as increased self-efficacy regarding planning pregnancy and increased dialogue between women and their partners regarding pregnancy, but these are all considered within the broader outcome of knowledge, attitude and behavior change for the sake of keeping the model simple and useful. Evaluation questions could certainly probe further on this topic.*

A. Medical Chart Review

In rendering preconception care, each provider was to maintain medical charts for individual clients. The charts were to be recorded with data on clients' medical condition, services provided to clients, and a profile of clients medical and social risks. The purpose of the medical chart audits was to document the extent to which providers (a) directed their efforts with the targeted women of the preconception program, and (b) pursued the service priorities of the preconception program. An evaluation of medical charts from clients at each site was performed to assess implementation of the program and help assess contract compliance as described below. The following two sub-sections summarize the chart audit reviews for PPDE and Healthy Beginnings. Because the two providers have such distinct models of service provision, the two are presented separately without any comparison between the two providers. Further data for both providers is presented in Appendix F.

Planned Parenthood Chart Audits

1. Methodology:

A sample of medical charts was chosen for auditing. The sample was drawn from female clients who had first time (non-prenatal) visits between January 2007 and September 2007. A random sample of 315 women was chosen from the total population of 1,702, which resulted in a margin of error of 4.99%. HSPRG staff then visited each site and selected the individual clients' charts in order to extract the information listed in Appendix D. As shown on Table 3, the geographical distribution of the sample is very representative of the overall geographical distribution of PPDE clients at their five service sites.

Table 3

First Time Preconception Clients of PPDE				
Site	**Sample**		**Population**	
	#	**%**	**#**	**%**
Claymont	83	26%	452	27%
Dover	79	25%	391	23%
Newark	66	21%	377	22%
Rehoboth	41	13%	233	14%
Wilmington	46	15%	249	15%
Total	315	100%	1,702	100%

2. Forms:

During the study period, a number of different forms were being used simultaneously to collect medical and social risk information of clients. This approach made the chart audit somewhat complicated. In many instances, it meant that it was necessary to look in different administrative locations for information. In some cases information was missing, and in others it was duplicated. The quality of the data for the chart audit was, therefore, largely dependent on which forms were used in the charts that were pulled for analysis. This further implies that the extent to which screening, education and counseling, and treatment and referral occurred appeared to be largely dependent on which forms were used. However, during the evaluation period, PPDE has engaged in the process of streamlining and standardizing the various forms used to compile their medical charts.

The four different forms that were utilized are given in Table 4. The "yes" and "no" responses indicate respectively whether or not the information from such a form was placed in a clients medical chart.

Table 4

Types of PPDE Chart Forms		
PPDE's Initial Medical History Form		
Form in Chart?	**#**	**%**
No	27	9%
No, but some information available	39	12%
Yes	249	79%
Total	315	100%
PPDE's Physical Exam Form		
Form in Chart?	**#**	**%**
No	13	4%
No, but some information available	38	12%
Yes	262	83%
Total	313	100%
Missing: 3		
PPDE's HOPE Form (PSF)		
Form in Chart?	**#**	**%**
No	272	86%
Yes	43	14%
Total	315	100%
PPDE's Psychosocial Form (PSF)		
Form in Chart?	**#**	**%**
No	87	28%
Yes	228	72%
Total	315	100%

3. Targeted Areas/Groups

The contract with PPDE was to facilitate services to specific high risk areas and groups. As stated previously, certain Delaware zip code areas, African-American women, Medicaid insured or medically uninsured, have chronic diseases, had previously bad birth outcomes, or have psychosocial risks are groups that the Department of Public Health targeted to have increased services.

High Risk Zip Code Areas

- As indicated by the geographical residence of PPDE clients, PPDE allocated considerable service effort to women who lived in the targeted zip codes designated by the preconception care program.
- Table 5 shows that more than half (55.3%) of the audited charts were from clients living in targeted "high risk" zip code areas.
- However, as indicated below, this orientation obscures the fact that women in the non-targeted zip codes were also targets of the preconception care program.

Table 5

Geographic Residence of PPDE Clients		
Residence Location	**#**	**%**
Target Areas: Total	172	55.3%
Target Areas: ZIP Codes		
19701	7	2.3%
19702	19	6.1%
19703	16	5.1%
19711	20	6.4%
19713	12	3.9%
19720	14	4.5%
19801	10	3.2%
19802	10	3.2%
19805	13	4.2%
19808	7	2.3%
19901	16	5.1%
19904	21	6.8%
19956	1	0.3%
19966	6	1.9%
19973	0	0.0%
Non-Target Areas: Total	139	44.7%
Grand Total: Both Areas	311	100.0
Missing:4		

African American Women

- Table 6 shows that 32% of all clients were African-American women.
- The proportion of charts for African American women is higher at 43% within the targeted zip code areas than the proportion of African American women residing in non-target zip codes areas (19%).

Table 6

Race of PPDE Clients by Residence						
	Target Zip Codes		Non-Target Zip Codes		Total	
Race	#	%	#	%	#	%
Black	72	43%	26	19%	98	32%
White	84	50%	100	73%	184	60%
Other	13	8%	11	8%	24	8%
Total	169	100%	137	100%	306	100%
Missing = 9 *Chi-Square= 20.0224, Probability=.0001*						

Type of Insurance

- Tables 7 and 8 shows that services provided a large proportion of PPDE clients are consistent with the targeting of the preconception programs of providing services to medically underinsured or uninsured.
- 33% of the PPDE clients indicated that they had limited or no health insurance
- Moreover, there is no statistically significant difference between clients in targeted and non-target zip codes regarding the lack of insurance coverage.
- 31% of the clients residing in targeted zip code areas had limitations in health insurance coverage while 37% of the clients residing in non-target zip code areas also had no or limited health insurance.
- Table 8 indicates a (statistically significant) difference between clients residing in targeted zip codes and non-target zip codes regarding their type of health insurance.
- Within the target areas, clients have a greater reliance on Medicaid (32%) than clients residing in the non-target areas, of which 19% utilized Medicaid.
- However, clients of non-targeted residences manifested greater dependence on self payment for services (57 %) than the 44% of clients in targeted areas who used self payment.

Table 7

Insurance Status of PPDE Clients By Residence						
No or Limited Health Insurance	**Target Zip Codes**		**Non-Target Zip Codes**		**Total**	
	#	**%**	**#**	**%**	**#**	**%**
Insured	119	69%	88	63%	207	67%
No or Limited Health Insurance	53	31%	51	37%	104	33%
Total	172	100%	139	100%	311	100%
Missing=4 *Chi-Square:1.1928 prob=.2748*						

Table 8

Type of Insurance of PPDE Clients By Residence						
Insurance Type	**Target Zip Codes**		**Non-Target Zip Codes**		**Total**	
	#	**%**	**#**	**%**	**#**	**%**
Medicaid	47	32%	23	19%	70	26%
Medicare	2	1%	1	1%	3	1%
Private	34	23%	29	23%	63	23%
Self-pay	64	44%	71	57%	135	50%
Total	147	100%	124	100%	271	100%
Missing = 44 *Chi-Square (w/o Medicare) = 7.2311 prob=.0269*						

Chronic Disease

- Services directed at PPDE clients are consistent with the preconception care program target of providing services for women with chronic illness.
- 20% of all PPDE clients indicated that they had one of the following chronic diseases: asthma, hypertension, or diabetes.
- There is no (statistically significant) difference in the prevalence of chronic illness between clients in target areas (24% of clients) and non-target areas (16% of clients).
- The breakdown by specific chronic disease is as follows:

Asthma	16%
Diabetes	5%
Hypertension	4%

Table 9

Chronic Disease Profile of PPDE Clients By Residence						
	Target Zip Codes		Non-Target Zip Codes		Total	
Response	#	%	#	%	#	%
No	97	76%	94	84%	191	80%
Yes	31	24%	18	16%	49	20%
Total	128	100%	110	100%	240	100%
Missing=75 *Chi-Square: 2.4403, Prob=.1183*						

Pregnancies of Clients

- A large volume of services by PPDE is directed at interception care.
- As noted in Table 10, 55% of PPDE clients residing in target zip code areas had at least one pregnancy before receiving preconception care at PPDE.
- For women in the non-target zip code areas, prior pregnancies were fewer with 41% of the clients having had one or more pregnancies.
- A large proportion of all clients residing in target zip code areas, 18%, had four pregnancies prior to receiving preconception care at PPDE.

Table 10

Number of Pregnancies Among PPDE's Clients By Residence						
Number	Target Zip Codes		Non-Target Zip Codes		Total	
	#	%	#	%	#	%
0	59	45%	55	59%	114	51%
1	20	15%	16	17%	36	16%
2	19	15%	10	11%	29	13%
3	10	8%	7	7%	17	8%
4	23	18%	6	6%	29	13%
Total	131	100%	94	100%	225	100%
Missing = 90 *Chi-Square: 8.0049 Prob= 0.0914*						

- It is difficult to make firm determinations about conclusions about negative outcomes of prior pregnancies among PPDE clients.

- Table 11 indicates that many clients did not provide information regarding the positive or negative results of their pregnancies.
- However, for those that did report negative pregnancy outcomes, miscarriages were the predominant problem.

Table 11

Negative Birth Outcomes Among PPDE's Clients			
Outcome	**#**	**%**	**Missing**
Miscarriages	33	16%	110
Stillbirths	0	0%	116
Premature Deliveries	12	6%	97
Tubal Pregnancies	2	1%	96

Psychosocial Risk Factors

Table 12 shows some of the psychosocial risks factors checked by PPDE clients on their intake forms. PPDE screened their clients for the prevalence of smoking, substance (alcohol and drug) abuse, domestic abuse and depression. The screenings of these risks were stipulated as part of state recommended preconception care services so that clients manifesting these risks could be referred to providers for treatment. The variables presented are not inclusive of all the screened risks factors -- additional risks factors are given under "Service Delivery" in Table 13.

- There is no (statically significant) difference in the prevalence of all four risk factors between clients residing in target and non-target zip code areas.
- A sizeable portion of all clients, 28%, reported that they engaged in smoking tobacco.
- A small proportion of clients, 6%, indicated that they abused alcohol or drugs.
- Similarly, only a small proportion of clients, 3%, reported being subjected to domestic abuse.
- A very considerable proportion of all clients, 22% on average, suffer from depression.
- The responses on the psychological forms through which the risk factors are identified do not contain any assessment of the intensity of the risk behavior.

Table 12

PPDE Psychosocial Risk Factors						
Prevalence of Smoking Among PPDE's Clients						
	Target Zip Codes		**Non-Target Zip Codes**		**Total**	
Prevalence	**#**	**%**	**#**	**%**	**#**	**%**
No/Not checked*	120	70%	100	72%	220	71%
Yes	52	30%	39	28%	91	29%
Total	172	100%	139	100%	311	100%
Missing=4 *Chi-Square: .1757, Prob=.6751*						
Prevalence of Alcohol/Drug Abuse Among PPDE's Clients						
	Target Zip Codes		**Non-Target Zip Codes**		**Total**	
Prevalence	**#**	**%**	**#**	**%**	**#**	**%**
No/Not checked*	159	92%	132	95%	291	94%
Yes	13	8%	7	5%	20	6%
Total	172	100%	139		311	
Missing=4 *Chi-Square: .8127, Prob=.3673*						
Prevalence of Domestic Abuse Among PPDE's Clients						
	Target Zip Codes		**Non-Target Zip Codes**		**Total**	
Prevalence	**#**	**%**	**#**	**%**	**#**	**%**
No/Not checked*	166	97%	136	98%	302	97%
Yes	6	3%	3	2%	9	3%
Total	172	100%	139	100%	311	100%
Missing=4 *Chi-Square: .4840, Prob=.4866*						
Prevalence of Stress or Depression Among PPDE's Clients						
	Target Zip Codes		**Non-Target Zip Codes**		**Total**	
Prevalence	**#**	**%**	**#**	**%**	**#**	**%**
No/Not checked*	132	77%	111	80%	243	78%
Yes	40	33%	28	20%	68	22%
Total	172	100%	139	100%	311	100%
Missing=4 *Chi-Square: .4358, Prob=.5092* *Note – because of the different forms, the "no/not checked" is specified because the client was either asked "yes" or "no" to a condition or the client was asked to check if they had a condition*						

4. Service Delivery

- Table 13 presents a profile of medical conditions, medical risks, and psychosocial risks for which PPDE clients were screened.
- With the exception of BMI, the PPDE staff screened a high level of their clients for medical and psychosocial problems.
- For virtually all medical conditions, medical risks, and psychosocial risks, the screening level was 65% of all clients or higher.
- Although only3% of clients was screened for BMI, 73% of the clients were evaluated for their weight.

Table 13

PPDE Health Screening		
Medical Risk, Medical Condition or Psychosocial Risk	**#**	**%**
Alcohol/Drug Use	311	100%
Blood Pressure	276	88%
BMI	11	3%
Chronic Disease	240	77%
Contraception	279	90%
Dental	228	73%
Depression or Stress	228	73%
Epilepsy/Seizure Disorder	237	76%
Exercise	228	73%
Folic Acid	265	85%
Health Insurance - no or limited	228	73%
Height	217	69%
Hepatitis B	204	65%
Nutritional	284	91%
Pap or Breast Exam	228	73%
Pregnancy Planned	228	73%
Previous Birth Outcomes	215	69%
Previous Pregnancies	225	72%
Psychological check for acute distress	252	80%
Rubella	177	56%
Safety - Home	228	73%
Services for Basic Needs	228	73%
Sexually Abused	228	73%
Sexually Active	282	91%
STD Screen	311	100%
Thyroid Check	206	65%
Tobacco Use	311	100%
Transportation Needs	228	73%
Weight	226	73%

- Table 14 provides a perspective on the responsiveness of the PPDE to meeting clients' needs for services after they had been screened for various medical conditions, medical risks, and psychosocial risks.
- The column "Report" indicates whether the need for service was self reported by the client or was determine through medical examination.
- The "Need" column indicates the number and percentage of clients who reported or were determined to have a need for services due to a risk factor or medical condition.
    - The percentage of clients in need of service after being screened varies considerably by type of risk or condition.
- The "Need Met" column indicates the extent to which PPDE responded to the screened need for service.
    - The column of "Need Met %" indicates the percentage of clients who received a positive action by PPDE staff for their need for service.
    - In meeting clients' needs, the response by PPDE staff could have been by either giving literature about the service need, a referral of clients to a health care provider, providing a medical test, or providing contraceptives to clients.
    - For great number of service needs indicated by clients, very high levels of needs were met by PPDE staff actions.
- The "Exceeds Need" column indicates that services were also provided to clients that are not included in the "Need" column. This discrepancy could be due to clients not reporting a need on the PSF form.

Table 14

PPDE Services							
		Need		Need Met*		Exceeds Need	
Type	**Report**	**#**	**%**	**#**	**%**	**#**	**Yes**
Reproductive Health Services							
Planning pregnancy in 6 months	Self	11	3%	11	100%		
Sexually Active	Self	279	89%	253	91%	23	Yes
Contraception	Medical	279	100%	279	100%		
No folic acid	Self	168	53%	89	53%	12	Yes
Do not eat nutritiously	Self	53	17%	21	40%		
No PAP or breast exam	Self	94	30%	91	97%	14	Yes
No dentist visit in the last 2 years	Self	55	17%	53	96%		
Client practices unsafe sex	Self	164	52%	142	87%	121	Yes
Weight a problem	Self	25	8%	24	96%	46	Yes
Obesity defined by BMI**	Medical	47	15%	31	66%	33	Yes
STD Screening and Treatment							
STD screening and treatment/literature***	Medical	259	82%	218	84%	9	Yes
HIV Testing	Medical	7	2%	7	100%		
Psychosocial Issues							
Smoking	Self	92	29%	82	89%	5	Yes
Alcohol/Drug Abuse	Self	20	6%	10	50%		
Domestic Abuse	Self	9	3%	3	33%	5	Yes
Depressed or Stressed	Self	70	22%	67	96%		
Sexually abused or assaulted	Self	5	2%	4	80%		
No Access to Transportation	Self	24	8%	22	92%	2	Yes
Services for basic needs	Self	11	3%	11	100%		
No or limited health insurance	Self	106	34%	99	93%		

**Client may have received literature, referral, testing, or contraceptives*

***BMI was only in 11 charts. However, HSPRG calculated BMI based on weight and height in charts with the following calculation: (weight*703)/(height^2)*

****Of the 259 tested for STIs, 38 tests were positive. All of these clients received treatment for the STI.*

5. Service Referral

A sample of the organizations to which clients were referred, if warranted by their screening by PPDE, are listed on Table 15.

Table 15

PPDE Referrals		
Delaware Helpline	Medicaid Office	BC/BS of Delaware
PPDE Nutritionist	Delaware Smoking Quit line	PPDE Medical
Brandywine Counseling	Sojourner's Place	Christian Care Referral
CONTACT Delaware	SODAT	Kent/Sussex Hotline
NCC Domestic Violence Hotline	Rape Crisis CONTACT services	

Christiana Care Healthy Beginnings Chart Audits

1. **Methodology**

The data for Christiana Care's chart audit was provided to the contractor by Christiana Care. Christiana Care prepared a random sample of 58 charts of clients who comprised 10% of approximately 580 preconception care clients enrolled in Health Beginning (HB) clients. The 58 clients were seen at Christiana Care between March 2007 and December 2007. The margin of error for this sample is 12.22%.

- As Table 16 shows, during the study period, only 9% of the preconception care clients were new patients at the HB clinic

Table 16

Enrollment Status of Healthy Beginnings Clients		
Status	**#**	**%**
New to Clinic	5	8.6%
Existing Clients	53	91.4%
Total	58	100%

2. Targeted Areas/Groups

The contract with Christiana Care stipulated that HB program provide preconception services to women residing in specific high risk areas and women of high risk groups. As stated previously, these individuals (a) are identified with certain Delaware zip code areas, (b) are African-American women, (c) are Medicaid insured or medically uninsured, (d) who have chronic diseases, (e) who had prior negative pregnancy outcomes, or (f) who have psychosocial risks are groups that the Department of Public Health targeted to have increased services.

High Risk Zip Code Areas

- It is clear, as presented on Table 17, that HB preconception care clients are highly consistent with the target population of the state's preconception program.
- With the exception of one client, the HB clients reside in the target zip code areas designated by the state.
- As a consequence, irrespective of the other social and health characteristics of the female clients, the provision of preconception services are compatible with the target population and priority services of the state preconception care program.

Table 17

HB Clients High Risk Zip Code Areas		
Zip Code	**#**	**%**
19701	4	6.9%
19702	4	6.9%
19703	3	5.2%
19708 *(not in target)*	1	1.7%
19711	1	1.7%
19713	4	6.9%
19720	11	19.0%
19801	5	8.6%
19802	11	19.0%
19805	8	13.8%
19904	2	3.4%
not identified	4	6.9%
Total	58	100%

African American Women

- With virtually all clients from high risk areas, the predominant proportion of the women served is African America, accounting for 64% of all clients.

Table 18

Race of Healthy Beginnings Clients		
Response	**#**	**%**
White	17	29.3%
Black	37	63.8%
American Indian	1	1.7%
Other	3	5.2%
Total	58	100%

Type of Insurance

- For 81% of HB clients, Medicaid is the dominant source of health insurance coverage.
- Only 15% of all clients had private health insurance coverage.

Table 19

Type of Insurance of Healthy Beginnings Clients		
Response	**#**	**%**
Medicaid	47	81.0%
Private	9	15.5%
None-Medicaid Eligible	1	1.7%
None-Patient Pay	1	1.7%
Total	58	100%

Chronic Disease

- Very notably, only 8% of all HB clients were verified as having a chronic illness.

Table 20

History of Chronic Disease Among Healthy Beginnings Clients		
Disease	**#**	**%**
Hypertension	4	6.9%
Diabetes	1	1.7

Pregnancy of Clients

- A very large quantity of services by HB is directed at interception care.
- As noted in Table 21, 91% of HB clients had at least one pregnancy before receiving preconception care at HB.
- 48% of HB clients had two prior pregnancies.
- Approximately 43% of all HB clients experienced three or more pregnancies prior to receiving preconception care.

Table 21

Number of Pregnancies of Healthy Beginnings Clients		
Number	**#**	**%**
No pregnancies	5	8.6%
1 pregnancy	15	25.9%
2 pregnancies	13	22.4%
3 pregnancies	9	15.5%
4 pregnancies	5	8.6%
5 pregnancies	6	10.3%
6 pregnancies	0	0.0%
7 pregnancies	3	5.2%
8 pregnancies	0	0.0%
9 pregnancies	2	3.4%
Total	58	100%

- Consistent with the targeting of the state's preconception care program, HB provided services to women with prior poor birth outcome.
- At 26%, a large proportion of all HB clients experienced a negative outcome from their pregnancy.
- The HB data did not signify the types of negative pregnancy outcomes.

Table 22

Prior Negative Pregnancy Outcome By HB Clients		
Response	**#**	**%**
No	43	74.1%
Yes	15	25.9%
Total	58	100%

- 16% of HB clients were at risk for pregnancies associated with genetic abnormalities.

Table 23

HB Clients With Risk for Genetic Abnormalities		
Response	**#**	**%**
No	49	84.5%
Yes	9	15.5%
Total	58	100%

Psychosocial Risk Factors

- Of the 58 clients screened for tobacco usage, 21% of them were recommended for smoking cessation.
- A large proportion of the HB clients report that they do not drink.

Table 24

HB Needs Smoking Cessation Counseling		
Response	**Frequency**	**Percent**
No	46	79.3%
Yes	12	20.7%
Total	58	100%

Table 25

HB Clients Alcohol History		
Response	**#**	**%**
Occasional	14	24.1%
3 – 5 Drinks per week	2	3.4%
6+ Drinks per week	0	0.0%
None	38	65.6%
Missing	4	6.9%
Total	58	100%

- The screening of all the clients revealed that 28% of them reported high levels of stress.

Table 26

HB Clients Reporting High Stress		
	#	**%**
No	42	72.4%
Yes	16	27.6%
Total	58	100%

3. Service Delivery

- Table 27 presents a profile of medical conditions, medical risks, and psychosocial risks for which HB clients were screened.
- The HB staff screened a very high level of their clients for medical and psychosocial problems.
- For virtually all medical conditions, medical risks, and psychosocial risks, the screening level was 90% of all clients or higher.
- 100% of all clients were screened for most health indicators.

Table 27

Healthy Beginnings Health Screening		
Medical Risk, Medical Condition or Psychosocial Risk	**#**	**%**
Alcohol Use	58	100%
Blood Pressure	58	100%
BMI	57	98%
Cardiac Disease	58	100%
Chronic Disease	58	100%
Contraception	58	100%
Dental	58	100%
Depression	58	100%
Drug Use	58	100%
Exercise	56	97%
Folic Acid	58	100%
Gynecological Care, Previous	55	95%
Genetic Risk	58	100%
Hepatitis B	55	95%
Infertility	58	100%
Nutritional	58	100%
Pregnancy	58	100%
Primary Care Physician, Last Visit	52	90%
Psychosocial needs	58	100%
Rubella	55	95%
Sexually Active	58	100%
STD Screen	58	100%
Stress	58	100%
Thyroid	58	100%
Tobacco Use	58	100%
Weight	58	100%

- Table 28 provides a perspective on the responsiveness of the HB to meeting clients' needs for services after they had been screened for various medical conditions, medical risks, and psychosocial risks for which clients were screened.
- The "Need" column indicates the number and percentage of clients who reported or were determined to have a need for services due to a risk factor or medical condition.
    - The percentage of clients in need of service after being screened varies considerably by type of risk or condition.
- The "Need Met" indicates the extent to which HB responded to the screened need for service.
    - The column of "Need Met %" indicates the percentage of clients who received a positive action by HB staff for their need for service.

- In meeting clients' needs, the response by HB staff could have been by either giving literature about the service need, a referral of clients to a health care provider, providing a medical test, or providing contraceptives to clients.
- For virtually all service needs indicated by clients, very high levels of service needs were met by HB staff actions.

- The "Exceeds Need" column indicates that services were also provided to clients that are not included in the "Need" column. This discrepancy could be due to clients not reporting a need on the intake forms.

Table 28

HB Services						
	Need		Need Met*		Exceeds Need	
Type	**#**	**%**	**#**	**%**	**#**	**%**
Contraception needed	48	83%	48	100%		
No folic acid	22	38%	22	100%		
Do not eat nutritiously	1	2%	1	100%	27	Yes
Needs dental	21	36%	21	100%	37	Yes
Reported ineffective birth control	33	57%	33	100%	25	Yes
Weight **			28			
STD screening and treatment/literature	58	100%	58	100%		
HIV Testing	5	9%	5	100%		
Smoking	8	14%	8	100%		
Alcohol Abuse	1	2%	1	100%		
Drug Abuse	1	2%	1	100%		
Has Psycho-Social Needs	11	19%	6	55%		
Reports Depression	16	10%	6	38%		
Reports Stress	11	19%	5	45%		

**Client may have received literature, referral, testing, or contraceptives*
***Don't know criteria for referral to weight management program.*

4. Service Referral

The organizations or type of referrals to which clients were referred, if warranted by their screening by HB, are listed on Table 29.

Table 29

HB Referrals		
Women's Health Group	Medical Visit	HIV Care
Resource Mother	Dental Care	Psychiatric Care
Brandywine Counseling	Genetic Counseling	Weight Management Program
Drug Counseling	Alcohol Treatment	HB Education Program

B. SITE AUDITS

Site audits were undertaken to assess contractors' adherence to a range of criteria specified by the Division of Public Health and/or by the medical and health care literature regarding best practices or recommendations for preconception care of high-risk groups of women. The site audits involved one visit to each of the identified contractor sites of (a) Planned Parenthood of Delaware (three in New Castle County, one in Kent County, and one in Sussex County) and (b) Christiana Care Health Services (one in Wilmington, and one in Newark). Prior to the site visit, contractors completed a pre-site survey questionnaire intended to facilitate and supplement the direct observation performed during the site audits. See Appendix A for the completed site survey checklists conducted at each of the seven sites. See Appendix B for a consolidated version of the type and location of health education brochures and Appendix C for the pre-site survey questionnaires completed by representatives from both PPDE and CCHS.

For both preconception services providers, each site visit lasted approximately 2-3 hours, during which the HSRPG toured the facility, met briefly with staff, and observed clients in the waiting room. Information gained during the site visits was supplemented by questionnaires completed by program staff prior to the site visits.

PPDE Sites

The following discussion provides highlights from the site visits by specific PPDE location, as well as general themes and recommendations. A detailed checklist based upon the site visits for each location can be found in Appendix A. During the facility tour, PPDE staff guided the HSRPG team through all the clinics, including exam rooms, labs, restrooms and administrative offices, and all spaces were assessed for lighting, cleanliness, HVAC and patient privacy. All PPDE sites appeared clean, well-maintained,

inviting and staff appeared friendly and sensitive to patient confidentiality. Comments about specific sites follow.

Claymont –The Claymont site was relatively small, however, the layout and patient flow appeared optimal. As will be discussed in more detail below, the HSPRG team raised some concerns regarding the placement of brochures in the reception area (on a book shelf directly in front of the check-in window), making them difficult to see and access. Noteworthy, however, was the inclusion of information regarding the availability of a mobile van for breast health screening and other community-based services, such as New Castle County Head Start brochures in English as well as Spanish. Also noteworthy was the presence of two male patients during our visit which may indicate a sensitivity and/or positive reputation in the community for providing services to men.

Dover – Patient confidentiality appeared to be emphasized in Dover. The HSRPG team observed a staff person invite a client from the reception area back into the administrative offices to clarify an item related to their visit prior to being called back to see the provider. The health education materials appeared to be extensive and included the distribution of information in plastic bags for patients undergoing an exam. Particularly impressive, was the availability of a "Kent County Referral List" to which patients could help themselves in the exam rooms.

Newark – The HSPRG team visited Newark on a "walk-in" day, during which the clinic appeared particularly busy. Despite the number of patients in the clinic, the staff was very accommodating to our team. Moreover, patient confidentiality and privacy again appeared to be a high priority, with staff taking extra time and care to pull patients aside to address personal questions. The layout of the Newark clinic is particularly amenable to patient privacy at check-in, in that the reception area is separated from the waiting room by a door. The only concern noted during the walk-through of the Newark site, was that the patient restroom was "out of order," however, the HSPRG team did not inquire as to how long this has been the case, or if patients had access to other lavatory facilities.

Rehoboth – The reception area in Rehoboth is quite small, making it difficult to ensure complete privacy and confidentiality as clients are checking in, however, it appears PPDE staff is sensitive to patient privacy concerns and as accommodating as possible. One concern noted on the checklist was the presence of patient lab slips with names clearly visible on a counter in the clinic hallway, in view of other patients who may be walking by. It is recommended that these forms be moved to a location that ensures patient privacy. Although discussed in more detail below, the availability of brochures and health

education materials was extensive, including information pertaining to preconception health. This site also distributed small plastic bags with health information to all patients presenting for an exam, and these packages included information on PPDE's Wellness Coaching Program (the preconception case management service). During a brief interview with program staff, the HSRPG team also learned of the availability of bus vouchers to assist clients with transportation needs, however, it was reported that these vouchers were not used a great deal.

Wilmington – The Wilmington site was undergoing renovations during our visit, yet still appeared clean and inviting. Staff was particularly accommodating to our team, and appeared flexible and positive, despite the challenges of working around the renovations. Staff attention to privacy and confidentiality was impressive, with patients being called back to a private administrative area to address questions instead of simply speaking through the window. Also noteworthy, was that the Wilmington site was the only facility with a sign on the front door indicating instructions for after-hours emergencies.

General Themes and Recommendations: Staff at each of the PPDE sites was friendly and accommodating, and the HSPRG team was grateful for their assistance. The completion of the pre-site questionnaire also facilitated the site visits and was appreciated. It is important to note that each of the sites was visited only once, making it difficult to fully assess issues such as patient waiting times, staff sensitivity to privacy, etc. Except for Newark, all of the sites were assessed during times that were reserved primarily for patient appointments (no walk-ins), meaning that the clinics did not appear to be particularly busy. Wilmington was the only site that included information regarding after-hours emergencies on their external signage, and it is recommended that the other sites replicate Wilmington's approach in this regard. In most other areas, however, consistency among the sites, particularly in terms of check-in procedures, financial policies and procedures and record-keeping was apparent and viewed as a benefit. Moreover, staff at each of the sites appeared to understand and value the preconception care program.

A wide range of health education and health promotion materials were available among the sites. A list of all of the brochures found at each of the sites is included as Appendix B. The HSPRG tried to collect copies of all brochures at each site, including many that are generally distributed by providers as needed based on the patient PSF (psychosocial form) or interviews and these are indicated in Appendix B as well. Please note, that we recognize that we may have overlooked some brochures or missed many that not publicly displayed, so this list may not be comprehensive. Rather, the table in Appendix B is meant to provide a snapshot of the breadth of information and the distribution of brochures by site and indicates the

availability of brochures characterized as "self-service." This characterization is meant to highlight those brochures available either in the waiting/reception area, patient restrooms, or exam rooms. These brochures are contrasted with the list of brochures under the heading "provided as needed," which refer to information that patients are given in response to a particular need or concern raised by the PSF, patient interview or other screening technique.

The HSPRG team was particularly interested in the availability of self-service brochures, given the sensitivity of some of the information (for which some patients may not reveal a need to the provider) and/or the widespread applicability of the information (e.g. folic acid supplementation). Table 30 below provides a snapshot of the "self-service" availability of brochures at each site for the content areas particularly relevant to preconception health (the numbers indicate different types of brochures on the same general topic). Given the importance of this list of content areas for preconception health, we recommend that each of the sites provide information on each of these topics in a self-service location.

Table 30

Preconception Related Content Areas – Number of Different Brochures on Display (Self-service)					
Brochures	**Rehoboth**	**Dover**	**Newark**	**Claymont**	**Wilmington**
Family Planning/ Contraceptives	5	7	2	2	4
STDs	2	4	1	0	1
HIV/AIDS	1	1	0	0	0
Nutrition/Healthy Life Style	2	3	0	1	0
Folic Acid	1	1	0	0	0
Diabetes	0	2	0	0	0
Hypertension	0	1	0	0	0
Domestic Violence	2	2	1	3	2
Genetic Education	0	0	0	0	0
Infertility	0	0	0	0	0
Tobacco	1	1	0	0	0
Alcohol Abuse	1	0	1	0	0
Drug Abuse	1	0	0	0	0
Other Psychosocial Needs	2	1	0	0	0
Oral Health	0	1	0	0	0
Wellness Coaching	1	1	1	1	0

It was also apparent during the site visits, however, that the breadth of information and number of possible brochures for display could be overwhelming and perhaps intimidating for patients. For this reason, it is recommended that the display of information be strategically organized, perhaps by topic with signs indicating the general topic area (e.g. Contraceptive information in one place; Nutrition, Folic Acid and Healthy Lifestyles in another). Similarly, it is recommended that many of the sites consider purchasing wall-mounted display units or some other means for better displaying information, as many brochures were hidden, or inaccessible depending on your seat in the waiting room. The Rehoboth clinic offered a positive example of how brochures may be displayed in the restroom. Further, the team appreciated that all women were given a brochure on wellness coaching in the plastic bags at the Rehoboth clinic, and we recommend this be standard practice at other sites. The Wilmington site provided a nice example of how brochures could be displayed on the wall by topic area with attractive signs in the reception/waiting area. Given the breadth of information and numerous types of brochures, we further recommend reducing the number of specific pharmaceutical brochures and/or consider distributing them as needed in the exam rooms.

CCHS Healthy Beginnings Sites

The following discussion provides highlights from the site visits of the two *Healthy Beginnings* location, as well as general themes and recommendations. A detailed checklist based upon the site visits for each location can be found in Appendix A. During the facility tour, HB staff guided the HSRPG team through all the clinics, including exam rooms, labs, restrooms and administrative offices, and all spaces were assessed for lighting, cleanliness, HVAC and patient privacy. Both sites appeared clean, well-maintained, inviting and staff appeared friendly and sensitive to patient confidentiality. Comments about each of the two sites follow.

Healthy Beginnings – Newark – The Newark site for Healthy Beginnings is on the campus of the Christiana Hospital. Eligible women are screened into the program by either a nurse at the primary care clinic or are enrolled in the program through a social worker that visits postpartum women in the hospital who were primarily CCHS prenatal patients prior to delivery. In this way, the majority of HB program participants in Newark are considered to be in the "interconception period." All participants receive a preconception packet of information (see Table31 below with contents) and are actively case managed depending on risks and identified needs. Included in the case management system is an incentive program for return visits. Referrals are generally made to CCHS providers as well as some community-based social services providers.

Table 31

Healthy Beginnings Preconception Welcome Folder	
Author	**Subject**
March of Dimes	New Born Care
March of Dimes	Folic Acid is Good for Me/Us
Delta Dental	Game Plan For Healthy Teeth
National Institute of Child Health and Human Development	Safe Sleep for your Baby
The Arc	You Can Hurt Your Unborn Baby (Fetal Alcohol Syndrome)
Christiana Care	Moving Women Forward Program Descriptions
Delaware Division of Public Health	Smoking and the Human Body
National Women's Health Information Center	When To Call the Baby's Doctor
Healthy Beginnings	Reward Point Scale Card and Information
U.S.Department of Health and Social Services, Office on Women's Health	A Lifetime of Good Health
Healthy Beginnings	Preconception Program Description
Merk & Co. Inc.	Gardasil Information (HPV)
Healthy Beginnings	Preconception Care Information sheet
Healthy Beginnings	Education Classes Information
Healthy Beginnings	Healthy Eating/ Healthy Lifestyles Classes

Healthy Beginnings – Wilmington – The HB Wilmington program is housed at Wilmington Hospital. Patients that enter into the program in Wilmington come through three clinics (primarily) in the Wilmington Hospital: Women's Health, Pediatrics, and Adult Health. If a patient becomes pregnant while in the Healthy Beginnings program, she and her baby are followed (case managed) for the following two years after the birth. The woman can remain in the program, but her baby is no longer followed after two years. This is only done for patients who receive their care from the Wilmington Hospital and if the baby is born in the hospital.

Each morning both clinics prints a list of patients that will be seen during that day. This list is given to the RN for the preconception program. The RN scans the list each morning and looks for patients that are eligible for the program. She then contacts the doctors of these patients (through their medical assistants) to set up a time to introduce the Healthy Beginnings program to the patients during their visit; then patients have the opportunity to join the program. The RN also receives patient referrals from word of mouth advertising from current participants in the program, and she receives patient referrals from doctors within the hospital.

After individuals are identified as potential patients for the program and their willingness to be in the program, risk screening occurs through an interview process in the exam room. Through the

screening process: patient needs and concerns are identified; appropriate education literature is provided. Through the direction of the physician, a series of treatments is scheduled or referrals are provided for the needed services. Similar to the Newark site, all program participants receive a preconception packet of relevant health education materials.

General Themes and Recommendations – Similar to PPDE, staff at both of the HB sites was friendly and accommodating, and the HSPRG team was grateful for their assistance. The completion of the pre-site questionnaire also facilitated the site visits and was appreciated. The HB sites were different from PPDE in that the HB clients were a targeted group within a larger clinic. In this way, it was not feasible to assess the clinic as if the full clientele was part of the preconception care program as with PPDE. For instance, the HSPRG team did not track the waiting room times as we were unable to discern preconception patients from other clinic patients. Similarly, the display of brochures and other health information for preconception care would not necessarily be appropriate for the other clinic patients at the Christiana and Wilmington Hospitals, so the HSPRG team did not assess health information displays in the same manner as was conducted at PPDE sites.

C. OTHER CONTRACT COMPLIANCE ISSUES

1. Review of Contractor Fiscal Activities

A very basic assessment of fiscal activities was conducted. This assessment should not be considered a thorough fiscal audit, as this type of analysis was not feasible under the current evaluation contract. Rather, this cursory analysis of fiscal activities is generally intended to describe how grant funds are currently being allocated and utilized by the contractors and identify any areas for further review.

The expenditure allocations of the two separate contractors are presented for the audit period of 3/01/2007 through 12/31/2007 covering ten months. This presentation delineates the objects of expenditure for the ten month period by the two contractors for their delivery of preconception services which are partially financed by the State of Delaware contract PSC076 (Implementation of Services to Reduce Infant Mortality in Delaware) through the Division of Public Health.

The objects of expenditure accounts are shown on Table 32 through 36 for both Christiana Care Health Services and Planned Parenthood of Delaware. Table 32 presents both the total amount of expenditures at

the end of the ten month period as well as the percentage of each expenditure object to the total amount of spending of the period. Tables 33 through 36 display respectively the expenditures made for the separate months by CCHS and PPDE. The following steps were taken to compile these figures.
First, a review of billing invoices of the two contractors was conducted. The invoices received by DPH from CCHS and PPDE were for each month of the ten month contract period.[3] The billing invoices contained the financial charges for preconception services provided by the contractors for Components A (preconception services) of PSC706 required under the DPH directed program for Infant Mortality reduction. The objective of the DPH contract financing is to permit the contractors to enhance preconception services for targeted low income and racial/ethnic groups as well as provide such services to additional clients from the targeted groups. The services specified for financing by PSC706 are "Family Planning, Health Screening, Outreach, Health Education, Service Referral, and Health Counseling". (See the above section I.C. for details of these services).

Second, the format of the expenditures in the tables had to be adapted from the PSC706 requirement that contractors submit "specific itemized back-up documentation to clearly identify what services are included for requested payment". The two contractors provided slightly different formats of objects of expenditure in their invoices. As shown on the tables, although there is overlap in some of the categories of the objects of expenditure, the CCHS provided aggregate categories, while PPDE utilized similar categories but also provided subcategories of line items. The common categories of objects of expenditure derived for both contractors are given in the tables and the footnotes describe the differences in the provided objects of expenditure. The appendix contains the amounts of the "original" monthly invoices of the CCHS and PPDE.

Table 32 shows the billed "service" spending by the objects of expenditure as well as the percentage allocation of the separate categories as proportion of the total spending for the entire ten month contract period. There is dissimilarity in spending by CCHS and PPDE except for personnel costs inclusive of salaries and benefits. Both contractors spent a high proportion of their contractual awards on personnel salaries and benefits, -- 64.2% by CCHS and 65.6% by PPDE. CCHS allocates more contract resources to program operations, overhead, and subcontracting than PPDE, but the latter spends more of contract resources on marketing. During the ten month period, CHHS provided services to 639 clients of the targeted population, while PPDE rendered service provision for 8,659 clients.

[3] In fact, CCHS provided a two month invoice for March and April 2007.

Table 32

Final Expenditures for March 1, 2007 through December 31, 2007				
Objects of Expenditure	**Christiana Care Health Services**		**Planned Parenthood of Delaware**	
	Actual	***Percentage***	***Actual***	***Percentage***
Salary	$183,834.00	51.8%	$208,459.72**	54.0%
Fringe Benefits	$44,081.00	12.4%	$44,613.07	11.6%
Travel	$813.00	0.2%	$5,482.52	1.4%
Education	$556.00	0.2%	$9,843.45	2.6%
Program Operations & Supplies*	$50,743.00	14.3%	$35,215.83	9.1%
Overhead	$44,218.00	12.5%	$37,729.98	9.8%
Marketing	$5,244.00	1.5%	$34,510.40	8.9%
Sub-Contracting	$25,587.00	7.2%	$10,000.00	2.6%
Total	$355,076.00	100.0%	$385,854.97	100.0%

** Program Operations & Supplies is an aggregated expenditure.*
-For Christiana Care, the figure includes expenditures for supplies, medicine, IRB/Administration, and pager.
-For Planned Parenthood, the figure includes expenditures for supplies, startup costs, training and conventions, meeting/group sessions, client incentives, transportation vouchers/assistance, printing, occupancy, insurance, and telephone.
***The salary for Planned Parenthood also includes the salary paid to the nutritionist that worked part-time.*

The monthly breakdown over the ten month period (see especially Tables 33 and 36) indicates that, for both providers, there has been considerable variation in the spending by the objects for expenditure categories. However, the available invoice formats submitted by the contractors does not allow determination of the bases for such variation, given the high level of aggregation of the objects of expenditure categories. That is, the objects of expenditure categories obscure detail description of the items, activities, and services that are provided under the categories. Moreover, the contractors' invoice documentation does not allow insight how the separate expenditures contribute the preconception service provision. It cannot be determined whether spending is (a) allocated to supplemental preconception services of targeted clients or (b) utilized to provide services to "additional" targeted clients. However, the DPH contracts do not explicitly prescribe the format of the data required for detail back-up documentation upon submission of invoices. There are several implications to changing invoice documentation: (a) data collection could impose an additional administrative burden on providers; (b) additional detail data collection could also be administratively burdensome to the DPH; and (c) any changes in the types of data to be submitted should serve important programmatic purposes, e.g., assessing the implementation and objectives of the infant mortality program.

Table 33

Expenditures for Christiana Care Health Services
for Mar. 1, 2007 through Dec. 31, 2007 (dollars)

Objects of Expenditure	Mar.-Apr.	May	June	Jul.-Aug.	Sept.
Salary	$30,156.00	$14,395.00	$60,339.00	$25,806.00	$8,311.00
Fringe Benefits	$6,046.00	$3,536.00	$15,085.00	$6,451.00	$2,078.00
Travel	$486.00	-	$267.00	$60.00	-
Education	$185.00	-	$371.00	-	-
Program Operations & Supplies*	$660.00	$4,201.00	$26,544.00	$138.00	$17,359.00
Overhead	$5,630.00	$4,480.00	$16,154.00	$4,885.00	$4,162.00
Marketing	-	$43.00	$5,086.00	$115.00	-
Sub-Contracting	-	$7,692.00	-	-	-
Total	$43,163.00	$34,347.00	$123,846.00	$37,455.00	$31,910.00

Objects of Expenditure	Oct.	Nov.	Dec.
Salary	$12,982.00	$8,996.00	$9,876.00
Fringe Benefits	$3,246.00	$2,249.00	$2,249.00
Travel	-	-	-
Education	-	-	-
Program Operations & Supplies*	$199.00	$347.00	$1,119.00
Overhead	$5,017.00	$1,739.00	$2,151.00
Marketing	-	-	-
Sub-Contracting	$17,019.00	-	$876.00
Total	$38,463.00	$13,331.00	$16,491.00

**Program Operations & Supplies includes expenditures for supplies, medicine, IRB/Administration, and pager.*

Table 34

Expenditures for Christiana Care Health Services
for Mar. 1, 2007 through Dec. 31, 2007 (percent)

Objects of Expenditure	Mar.-Apr.	May	June	Jul.-Aug.	Sept.	Oct.	Nov.	Dec.
Salary	69.9%	41.9%	48.7%	68.9%	26.0%	33.8%	67.5%	59.9%
Fringe Benefits	14.0%	10.3%	12.2%	17.2%	6.5%	8.4%	16.9%	15.0%
Travel	1.1%	-	0.2%	0.2%	-	-	-	-
Education	0.4%	-	0.3%	-	-	-	-	-
Program Operations & Supplies*	1.5%	12.2%	21.4%	0.4%	54.4%	0.5%	2.6%	6.8%
Overhead	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%
Marketing	-	0.1%	4.1%	0.3%	-	-	-	-
Sub-Contracting	-	22.4%	-	-	-	44.2%	-	5.3%
Total	100%	100%	100%	100%	100%	100%	100%	100%

**Program Operations & Supplies includes expenditures for supplies, medicine, IRB/Administration, and pager.*

Table 35

Expenditures for Planned Parenthood of Delaware for Mar. 1, 2007 through Dec. 31, 2007 (dollars)					
Objects of Expenditure	**Mar.**	**Apr.**	**May**	**June**	**July**
Salary*	$11,929.21	$13,013.21	$14,444.67	$21,996.48	$31,090.58
Fringe Benefits	$2,596.18	$2,596.18	$3,080.79	$4,624.24	$6,472.89
Travel	$274.35	$81.15	$286.85	$493.51	$442.61
Education	-	$151.36	-	$36.08	$440.28
Program Operations & Supplies**	$1,600.95	$1,305.74	$11,097.39	$4,128.41	$665.20
Overhead	$3,146.33	$3,146.33	$3,146.33	$3,146.35	$3,120.33
Marketing	-	-	$17,770.40	$14,240.00	-
Sub-Contracting	-	-	-	$5,000.00	-
Total	$19,547.02	$20,293.97	$49,826.43	$53,665.07	$42,231.89
Objects of Expenditure	**Aug.**	**Sept.**	**Oct.**	**Nov.**	**Dec.**
Salary*	$15,587.89	$17,779.41	$19,978.63	$22,792.31	$25,481.76
Fringe Benefits	$3,280.21	$3,747.35	$4,202.16	$4,740.62	$5,681.06
Travel	$1,154.41	$684.74	$774.46	$1,017.93	$86.61
Education	-	$38.08	$296.70	$670.50	$486.60
Program Operations & Supplies**	$3,893.58	$1,691.70	$855.59	$663.56	$292.94
Overhead	$3,146.33	$3,146.33	$3,146.33	$3,146.33	$3,146.33
Marketing	-	-	-	-	-
Sub-Contracting	$5,000.00	-	-	-	-
Total	$32,062.42	$27,087.61	$29,253.87	$33,031.25	$35,175.30

** The salary also includes the salary paid to the part-time nutritionist (originally listed as a benefit).*
*** Program Operations & Supplies includes expenditures for supplies, startup costs, training and conventions, meeting/group sessions, client incentives, transportation vouchers/assistance, printing, occupancy, insurance, and telephone.*

Table 36

Expenditures for Planned Parenthood of Delaware for Mar. 1, 2007 through Dec. 31, 2007 (percent)										
Objects of Expenditure	**Mar.**	**Apr.**	**May**	**June**	**July**	**Aug.**	**Sept.**	**Oct.**	**Nov.**	**Dec.**
Salary*	61.0%	64.1%	29.0%	41.0%	73.6%	48.6%	65.6%	68.3%	69.0%	72.4%
Fringe Benefits	13.3%	12.8%	6.2%	8.6%	15.3%	10.2%	13.8%	14.4%	14.4%	16.2%
Travel	1.4%	0.4%	0.6%	0.9%	1.0%	3.6%	2.5%	2.6%	3.1%	0.2%
Education	-	0.7%	-	0.1%	1.0%	-	0.1%	1.0%	2.0%	1.4%
Program Operations & Supplies**	8.2%	6.4%	22.3%	7.7%	1.6%	12.1%	6.2%	2.9%	2.0%	0.8%
Overhead	16.1%	15.5%	6.3%	5.9%	7.4%	9.8%	11.6%	10.8%	9.5%	8.9%
Marketing	-	-	35.7%	26.5%	-	-	-	-	-	-
Sub-Contracting	-	-	-	9.3%	-	15.6%	-	-	-	-
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

** The salary also includes the salary paid to the part-time nutritionist (originally listed as a benefit).*
*** Program Operations & Supplies includes expenditures for supplies, startup costs, training and conventions, meeting/group sessions, client incentives, transportation vouchers/assistance, printing, occupancy, insurance, and telephone.*

Tables 37, 38, and 39 provide a disaggregate view of the objects of expenditures.

Table 37

Breakdown of Expenditures for Christiana Care Health Services Mar. 1, 2007 – Dec. 31, 2007 (dollars)								
OBJECTS OF EXPENDITURE	**MAR.-APR.**	**MAY**	**JUNE**	**JULY-AUG.**	**SEPT.**	**OCT.**	**NOV.**	**DEC.**
Salary	$30,156.00	$14,395.00	$60,339.00	$25,806.00	$8,311.00	$12,982.00	$8,996.00	$9,876.00
Fringe Benefits	$6,046.00	$3,536.00	$15,085.00	$6,451.00	$2,078.00	$3,246.00	$2,249.00	$2,469.00
Travel	$486.00	-	$267.00	$60.00	-	-	-	-
Education	$185.00	-	$371.00	-	-	-	-	-
Supplies	$660.00	$4,201.00	$22,544.00	$18.00	$17,327.00	$174.00	$347.00	$1,119.00
Overhead	$5,630.00	$4,480.00	$16,154.00	$4,885.00	$4,162.00	$5,017.00	$1,739.00	$2,151.00
Marketing	-	$43.00	$5,086.00	$115.00	-	-	-	-
Medicine	-	-	$3,000.00	-	-	-	-	-
IRB/Admin	-	-	$1,000.00	-	-	-	-	-
Pager	-	-	-	$120.00	$32.00	$25.00	-	-
Sub-Contracting	-	$7,692.00	-	-	-	$17,019.00	-	$876.00
Total	$43,163.00	$34,347.00	$123,846.00	$37,455.00	$31,910.00	$38,463.00	$13,331.00	$16,491.00

Table 38

Breakdown of Expenditures for Christiana Care Health Services Mar. 1, 2007 – Dec. 31, 2007 (percent)								
OBJECTS OF EXPENDITURE	**MAR.-APR.**	**MAY**	**JUNE**	**JULY-AUG.**	**SEPT.**	**OCT.**	**NOV.**	**DEC.**
Salary	69.9%	41.9%	48.7%	68.9%	26.0%	33.8%	67.5%	59.9%
Fringe Benefits	14.0%	10.3%	12.2%	17.2%	6.5%	8.4%	16.9%	15.0%
Travel	1.1%	-	0.2%	0.2%	-	-	-	-
Education	0.4%	-	0.3%	-	-	-	-	-
Supplies	1.5%	12.2%	18.2%	0.0%	54.3%	0.5%	2.6%	6.8%
Overhead	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%
Marketing	-	0.1%	4.1%	0.3%	-	-	-	-
Medicine	-	-	2.4%	-	-	-	-	-
IRB/Admin	-	-	0.8%	-	-	-	-	-
Pager	-	-	-	0.3%	0.1%	0.1%	-	-
Sub-Contracting	-	22.4%	-	-	-	44.2%	-	5.3%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Table 39

Breakdown of Expenditures for Planned Parenthood of Delaware Mar. 1, 2007 – Dec. 31, 2007										
OBJECTS OF EXPENDITURE	**MAR.**	**APR.**	**MAY**	**JUNE**	**JULY**	**AUG.**	**SEPT.**	**OCT.**	**NOV.**	**DEC.**
Salary	$11,929.21	$13,013.21	$14,444.67	$21,996.48	$31,090.58	$15,587.89	$17,779.41	$19,978.63	$22,792.31	$25,481.76
Fringe Benefits	$2,596.18	$2,596.18	$3,080.79	$4,624.24	$6,472.89	$3,280.21	$3,747.35	$4,202.16	$4,740.62	$5,681.06
Travel	$274.35	$81.15	$286.85	$493.51	$442.61	$1,154.41	$684.74	$774.46	$1,017.93	$86.61
Education	-	$151.36	-	$36.08	$440.28	-	$38.08	$296.70	$670.50	$486.60
Supplies*	$929.44	$1,305.74	$220.45	$2,500.00	$124.68	$1,112.75	$243.16	$9.40	-	-
Overhead	$3,146.33	$3,146.33	$3,146.33	$3,146.35	$3,120.33	$3,146.33	$3,146.33	$3,146.33	$3,146.33	$3,146.33
Marketing	-	-	$17,770.40	$14,240.00	-	-	-	-	-	-
Training/ Convention	$22.99	-	-	$1,410.41	-	-	$72.73	-	-	$10.00
Meeting/ Group Session	$59.99	-	-	-	-	$559.59	-	$51.48	-	$184.97
Client Incentives	-	-	-	-	-	$68.14	$161.60	-	$135.85	-
Telephone	$144.05	-	$246.52	-	$75.23	$478.10	$113.94	$191.79	$124.43	$97.97
Transport**	-	-	$9,999.15	-	-	-	-	-	-	-
Insurance	$25.30	-	-	-	$39.92	$35.34	-	-	-	-
Occupancy	$419.18	-	$631.27	-	$170.37	$454.16	$240.77	$323.92	$210.78	-
Printing	-	-	-	$218.00	$255.00	$1,185.50	$859.50	$279.00	$192.50	-
Sub-Contracting	-	-	-	$5,000.00	-	$5,000.00	-	-	-	-
Total	$19,547.02	$20,293.97	$49,826.43	$53,665.07	$42,231.89	$32,062.42	$27,087.61	$29,253.87	$33,031.25	$35.175.30

2. Data Compliance

A second issue of contract compliance involves the access to data for conducting audits and program performance of contractors. The Division of Public Health (DPH) as an entity of the State Government of Delaware has a fiduciary responsibility to the citizens of Delaware to ensure that the funds under its control are spent most efficiently and effectively and in accordance with the objectives of its programs. With respect to the infant mortality program, for which PSC706 has been implemented, fiduciary responsibility has several implications.

When a contractual agreement is made with a provider (a contractor), DPH must affirm that the moneys allocated (expenditures) for items, activities, and services included in the contract for service provision by the provider are in fact spent for the contractually specified items and activities. This financial (or fiscal) auditing requirement means that the contractor must provide documentation for its spending actions so that DPH can verify the contractors' resource allocations are consistent with the DPH contract stipulations. Such verification is implicit in the acceptance by the provider of the DPH contract, and it can only be realized by the requirement that the provider supply financial and related non-financial data consistent with contract stipulations. The verification can occur by the provider rendering the entire data set on the contractually-financed items and activities, or alternatively, render a random sample of the items, activities, and services that would be representative of the provider's (contractor') actions.

The fiduciary responsibility extends beyond the financial dimensions to program performance concerns. The DPH could exercise its authority to require contractors to provide requested data on the operations of programs and outcomes of programs that are funded by the Division. The DPH has a fiduciary responsibility to assess that the financial resources in the form of payments to contractors are not only spent on the items, activities, and services that are specified, required and allowable in a contract, but also whether such spending produces outcomes that are consistent with program objectives. To do so, the DPH can require data not only on financial activities and items undertaken for achieving program objectives but also data on the measurement of outcomes (which could be contractually specified) of the program objectives. Again a random sample may be adequate for fulfilling this action. These program evaluation efforts by DPH could be sanctioned in the contract that would allow, and even encourage, the participation of the contractors which would have experience and expertise in the service delivery and its impacts.

III. Summary Findings and Recommendations Regarding DPH Contracting

The specific findings and recommendations outlined below reflect the perspectives of the grantees/contractors (ascertained through interviews) as well as the views of the evaluation team. It should be noted that site specific recommendations regarding things like privacy and brochure distribution based upon the site visits were addressed earlier. Similarly, recommendations regarding financial documentation and data reporting were explicit in the previous section. The findings and recommendations outlined below are more global in nature based upon the full scope of the evaluation.

- The Delaware Preconception Care Grant Program was generally viewed positively by the evaluators at the HSPRG and the staff at Planned Parenthood of Delaware and Christiana Care's Healthy Beginnings Program.

- The grant program addresses an important unmet need for vulnerable women in Delaware. The funding priorities reflect, to a large extent, the urgency of the problem, the evidence base in the literature, and many elements of the national recommendations put forth by the Centers for Disease Control and Prevention to improve preconception health and health care. In this way, as one program representative commented, "the State is very forward looking by putting resources here and for recognizing the importance of this work."

- The broad view taken by the State in terms of the needs of the target population and the range of services that could be beneficial to the target group resulted in a grant program that was flexible enough to accommodate different service delivery models. This was particularly important given Delaware's small number of appropriate providers/grantees. Consideration of the different service delivery models characterized by Planned Parenthood of Delaware and CCHS Healthy Beginnings provides an interesting and important area of further inquiry. A comprehensive comparison of the two models was beyond the scope of the current evaluation, but is recommended as an area for further study to better understand how the State may be able to allocate resources efficiently and effectively to best serve the target population.

- Although appropriate and perhaps unavoidable in some respects, administrative and bureaucratic processes (at the State and contractor sites) created delays in implementation that may be reflected in both billing receipts and service delivery. Further, the original funding which was only guaranteed for one year, created challenges for grantees, including staffing issues, potential gaps in services and other planning and implementation obstacles. To ensure seamless implementation, continuity of care, and potentially a more efficient use of resources, it is recommended that the funding cycle continue to be at least a 3-year commitment and that the contracting and amendment processes be as streamlined where legally permissible.

- Stakeholder views regarding the feasibility of contract requirements related to data collection, reporting and billing were mixed. For instance, while timely billing was viewed as a challenge for a large health system such as CCHS, data collection and reporting was facilitated to some extent by the use of an electronic system. Although seemingly more efficient than a paper-based system, CCHS data collection for Healthy Beginnings was still distinct from its electronic medical record system. This was necessary in order to meet the state's reporting requirements in a timely fashion. Most contract requirements were perceived as appropriate and feasible by PPDE.

- Additional support (in the form of resources and/or technical assistance) for a streamlined and systematic data collection/surveillance system to monitor preconception health is recommended by the CDC and may be welcomed by grantees. As the State plans for future program implementation and evaluation of outcomes, it is recommended that they think strategically about data collection needs and work closely with contractors now to develop an agreed-upon set of clearly defined data elements for ongoing collection and reporting. Once established, support should be provided for standardized data collection and reporting, and requirements for accessing data (for evaluation purposes) should be explicit in the contracts.

- Contractors appreciated opportunities to share information with one another and to collaborate as appropriate. It may be useful to hold more regular contractor meetings during which the State could offer training and technical assistance and/or the contractors could share issues, concerns, strategies and promising approaches. Developing a

standardized data set and system for collection and reporting (as described above) would be an appropriate starting point for additional collaboration.

- Generally, there appeared to be some concern among the grantees that policy-makers have limited understanding of the complexities and challenges associated with serving high risk populations with this type of a clinical program. Needs are great, resources (of the providers as well as the target population) are extremely limited, and there are various issues related to trust and understanding among the target population. Further, ascertaining follow-up on recommendations or referrals made is particularly challenging given the resources, target population and program model. This concern (and the two issues that follow below) seemed to be related to the more general concern about evaluating long-term birth outcomes.

- While the program offers much needed resources to serve high-risk women, the total dollar amount is likely inadequate to address the needs of the entire high-risk population in the state. Further, better coordination of and support for a wide range of clinical and community-based services is needed to address the full range of preconception care related recommendations. For instance, mental health services are either lacking or inaccessible to many high risk women. While PPDE and Healthy Beginnings may refer patients for more intensive mental health care than can be provided by social workers on-site, they cannot guarantee the existence of or support for these services in the community. A more holistic approach to care coordination and community-based public health interventions requires the participation of other state agencies and community-based health and social service providers, in addition to more financial resources. Similarly, the use of population-based social marketing strategies for preconception health and/or specific risk factors may be worth pursuing.

- As with many health problems, the problem of infant mortality is the result of a complex web of "upstream" societal causes (e.g. poverty) and more proximal personal risk factors. Because of this, and due to the relatively small number of adverse outcomes in the population, it may be difficult to directly link the preconception care program with an improvement in birth outcomes in the short time frame of the program. This is not to say that the program is not effective or valuable; rather this concept is included here as a caution to future evaluations that aim to assess long-term birth outcomes. Further, policy-

makers must be well-educated regarding the nature of the social determinants of health, the limits of a medical focus, and the importance of using short and intermediate term measures of effectiveness and program value as they relate to the problem of infant mortality.

APPENDIX A –

Site Survey Checklists for Each of the Five PPDE Sites and two of the Healthy Beginnings Sites

PRECONCEPTION CARE SITE EVALUATION - DIRECT OBSERVATION				
PROVIDER/LOCATION: PPDE CLAYMONT				
REVIEWER (Print name and sign): *aggregate*				
DATE: 6/19/08				
	CHARACTERISTIC	**YES**	**NO**	**COMMENT**
A. OVERALL FACILITY CHARACTERISTICS				
1	**Lighting is adequate**			
	*Examining rooms	X		
	Waiting rooms	X		
2	**Clinic is clean**			
	*Examining rooms	X		
	Rest rooms	X		
	Waiting rooms	X		
	Other areas:			
3	**HVAC (temperature/ventilation) appears adequate**			
	*Examining rooms	X		
	Waiting rooms	X		
	Other Clinic Areas:			
4	**Waiting Room**			
	Adequate Space	X		
5	**Client privacy and confidentiality are maintained**			
	Reception Area	X		
	*Interviewing rooms	X		
	*Examining rooms	X		
	Secured records	X		
	Other:			
6	**Overall Physical Environment**			
	Adequate/appropriate, inviting, etc.	X		
7	**Signage**			
	External signs identifying and locating the clinics are prominently displayed	X		
	Directions for emergency care and/or after hours displayed/explained		X	
	Hours/locations/directions available on website	X		Locations, phone numbers, link to mapquest directions all available, however hours of operation not on website (only on front door).

**Based on visual observation when clients are absent.*

PRECONCEPTION CARE SITE EVALUATION - DIRECT OBSERVATION				
PROVIDER/LOCATION: PPDE CLAYMONT				
REVIEWER (Print name and sign): *aggregate*				
DATE: 6/19/08				
	CHARACTERISTIC	**YES**	**NO**	**COMMENT**
B. SERVICE CHARACTERISTICS				
1	**Hours of operations**			
	Evening and/or weekend hours are available	X		
	List hours of operation:			
2	**Reception/intake procedure**			
	Registration process is done with confidentiality*	X		
	Clients greeted pleasantly and courteously	X		
	Literature on clinic procedures available to new patients	X		Explained by phone when appointment made
	Literature on financial procedures available to new patients	X		
3	**Patient Flow**			
	Layout appears efficient	X		
	Scheduling/patient flow appears efficient	X		
4	**Other on-site services**			
	List any observable services/information (i.e. WIC, dental, etc.) available:			
	1. Mobile Van (for breast health)			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			

**Client confidentiality is defined as the interaction between client and receptionist. If this interaction can not be overheard in the reception area then it will be said to be confidential.*

PRECONCEPTION CARE SITE EVALUATION - DIRECT OBSERVATION										
PROVIDER/LOCATION: PPDE CLAYMONT										
REVIEWER (Print name and sign):										
DATE:										
B. SERVICE CHARACTERISTICS (continued)										
	SERVICE		**Format**		**Location**					
	Health education materials are displayed (Check all that apply.)	**Check if displayed**	**Brochure**	**Poster**	**Spanish format?**	**Reception area**	**Waiting Area**	**Exam Area**	**Rest-rooms**	**Comments**
5	Family Planning/Contraceptives									
	STDs									
	HIV/AIDS									
	Nutrition (general)									
	Nutrition (specific -chronic diseases, breastfeeding, etc.)									
	Folic Acid									
	Diabetes									
	Hypertension									
	Domestic Violence									
	Genetic education									
	Infertility									
	Tobacco									
	Alcohol Abuse									
	Drug Abuse									
	Other Psychosocial Needs (specify):									
	Oral Health									
	Other:									

***This page replaced by consolidated form (see Appendix B).**

PRECONCEPTION CARE SITE EVALUATION - DIRECT OBSERVATION								
PROVIDER/LOCATION: PPDE CLAYMONT								
REVIEWER (Print name and sign): *aggregate*								
DATE: 6/19/08								
WAITING TIME LOG – Observed time between client signing in and being called back to an exam room								
#	**Sign In Time**	**Called Back Time**	**#**	**Sign In Time**	**Called Back Time**	**#**	**Sign In Time**	**Called Back Time**
1	12:08	12:24	26			51		
2	12:26	12:30	27			52		
3	12:39	1:08	28			53		
4	1:07	1:27	29			54		
5	1:14	1:20	30			55		
6			31			56		
7			32			57		
8			33			58		
9			34			59		
10			35			60		
11			36			61		
12			37			62		
13			38			63		
14			39			64		
15			40			65		
16			41			66		
17			42			67		
18			43			68		
19			44			69		
20			45			70		
21			46			71		
22			47			72		
23			48			73		
24			49			74		
25			50			75		

PRECONCEPTION CARE SITE EVALUATION - DIRECT OBSERVATION				
PROVIDER/LOCATION: PPDE DOVER				
REVIEWER (Print name and sign): *aggregate*				
DATE: 5/28/08				
	CHARACTERISTIC	**YES**	**NO**	**COMMENT**
A. OVERALL FACILITY CHARACTERISTICS				
1	**Lighting is adequate**			
	*Examining rooms	X		
	Waiting rooms	X		
2	**Clinic is clean**			
	*Examining rooms	X		
	Rest rooms	X		
	Waiting rooms	X		
	Other areas:			
3	**HVAC (temperature/ventilation) appears adequate**			
	*Examining rooms	X		
	Waiting rooms	X		
	Other Clinic Areas:	X		
4	**Waiting Room**			
	Adequate Space	X		
5	**Client privacy and confidentiality are maintained**			
	Reception Area	X		Patient was pulled aside to quietly discuss confidential information (could not overhear)
	*Interviewing rooms	X		
	*Examining rooms	X		
	Secured records	X		
	Other:			
6	**Overall Physical Environment**			
	Adequate/appropriate, inviting, etc.	X		
7	**Signage**			
	External signs identifying and locating the clinics are prominently displayed	X		
	Directions for emergency care and/or after hours displayed/explained		X	
	Hours/locations/directions available on website	X		Locations, phone numbers, link to map quest directions all available, however hours of operation not on website (only on entrance door).

**Based on visual observation when clients are absent.*

PRECONCEPTION CARE SITE EVALUATION - DIRECT OBSERVATION				
PROVIDER/LOCATION: PPDE DOVER				
REVIEWER (Print name and sign): *aggregate*				
DATE: 5/28/08				
	CHARACTERISTIC	**YES**	**NO**	**COMMENT**
B. SERVICE CHARACTERISTICS				
1	**Hours of operations**			
	Evening and/or weekend hours are available	X		Limited evening hours available (see below)
	List hours of operation: M – 11:30am-7:00pm; T/W/F – 8:30am-4:30pm; Th – 3pm-4pm (Surgical day)			
2	**Reception/intake procedure**			
	Registration process is done with confidentiality*	X		
	Clients greeted pleasantly and courteously	X		
	Literature on clinic procedures available to new patients	X		Explained by phone when appointment made, pt rights listed on poster
	Literature on financial procedures available to new patients	X		
3	**Patient Flow**			
	Layout appears efficient	X		
	Scheduling/patient flow appears efficient	X		
4	**Other on-site services**			
	List any observable services/information (i.e. WIC, dental, etc.) available:			N/A
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			

**Client confidentiality is defined as the interaction between client and receptionist. If this interaction can not be overheard in the reception area then it will be said to be confidential.*

PRECONCEPTION CARE SITE EVALUATION - DIRECT OBSERVATION											
PROVIDER/LOCATION: PPDE DOVER											
REVIEWER (Print name and sign):											
DATE:											
B. SERVICE CHARACTERISTICS (continued)											
	SERVICE		**Format**		**Location**						
	Health education materials are displayed (Check all that apply.)	**Check if displayed**	**Brochure**	**Poster**	**Spanish format?**	**Reception area**	**Waiting Area**	**Exam Area**	**Rest-rooms**	**Comments**	
5	Family Planning/Contraceptives										
	STDs										
	HIV/AIDS										
	Nutrition (general)										
	Nutrition (specific -chronic diseases, breastfeeding, etc.)										
	Folic Acid										
	Diabetes										
	Hypertension										
	Domestic Violence										
	Genetic education										
	Infertility										
	Tobacco										
	Alcohol Abuse										
	Drug Abuse										
	Other Psychosocial Needs (specify):										
	Oral Health										
	Other:										

***This page replaced by consolidated form (see Appendix B).**

PRECONCEPTION CARE SITE EVALUATION - DIRECT OBSERVATION								
PROVIDER/LOCATION: PPDE DOVER								
REVIEWER (Print name and sign): *aggregate*								
DATE: 5/28/08								
WAITING TIME LOG – Observed time between client signing in and being called back to an exam room								
#	**Sign In Time**	**Called Back Time**	**#**	**Sign In Time**	**Called Back Time**	**#**	**Sign In Time**	**Called Back Time**
1	2:57	3:12	26			51		
2	3:19	3:22 (pick up only)	27			52		
3	3:37	3:43	28			53		
4			29			54		
5			30			55		
6			31			56		
7			32			57		
8			33			58		
9			34			59		
10			35			60		
11			36			61		
12			37			62		
13			38			63		
14			39			64		
15			40			65		
16			41			66		
17			42			67		
18			43			68		
19			44			69		
20			45			70		
21			46			71		
22			47			72		
23			48			73		
24			49			74		
25			50			75		

PRECONCEPTION CARE SITE EVALUATION - DIRECT OBSERVATION				
PROVIDER/LOCATION: PPDE NEWARK				
REVIEWER (Print name and sign): *aggregate*				
DATE: 5/30/08				
	CHARACTERISTIC	**YES**	**NO**	**COMMENT**
A. OVERALL FACILITY CHARACTERISTICS				
1	**Lighting is adequate**			
	*Examining rooms	X		
	Waiting rooms	X		
2	**Clinic is clean**			
	*Examining rooms	X		
	Rest rooms	X		Out of order
	Waiting rooms	X		
	Other areas:			
3	**HVAC (temperature/ventilation) appears adequate**			
	*Examining rooms	X		
	Waiting rooms	X		
	Other Clinic Areas:	X		
4	**Waiting Room**			
	Adequate Space	X		
5	**Client privacy and confidentiality are maintained**			
	Reception Area	X		
	*Interviewing rooms	X		
	*Examining rooms	X		
	Secured records	X		
	Other:			
6	**Overall Physical Environment**			
	Adequate/appropriate, inviting, etc.	X		
7	**Signage**			
	External signs identifying and locating the clinics are prominently displayed	X		
	Directions for emergency care and/or after hours displayed/explained		X	
	Hours/locations/directions available on website	X		Locations, phone numbers, link to mapquest directions all available, however hours of operation not on website (only on entrance door).

**Based on visual observation when clients are absent.*

PRECONCEPTION CARE SITE EVALUATION - DIRECT OBSERVATION				
PROVIDER/LOCATION: PPDE NEWARK				
REVIEWER (Print name and sign): *aggregate*				
DATE: 5/30/08				
	CHARACTERISTIC	**YES**	**NO**	**COMMENT**
B. SERVICE CHARACTERISTICS				
1	**Hours of operations**			
	Evening and/or weekend hours are available	X		
	List hours of operation: M/T– 11:30am-7:30pm; W – 9:30am-4:00pm; TH/F – 8:30am-4:00pm			
2	**Reception/intake procedure**			
	Registration process is done with confidentiality*	X		
	Clients greeted pleasantly and courteously	X		
	Literature on clinic procedures available to new patients	X		
	Literature on financial procedures available to new patients	X		
3	**Patient Flow**			
	Layout appears efficient	X		
	Scheduling/patient flow appears efficient	X		All walk-in while we are on-site; long waiting times explained to patients upon sign-in
4	**Other on-site services**			
	List any observable services/information (i.e. WIC, dental, etc.) available:			N/A
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			

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PRECONCEPTION CARE SITE EVALUATION - DIRECT OBSERVATION										
PROVIDER/LOCATION: PPDE NEWARK										
REVIEWER (Print name and sign): *aggregate*										
DATE: 5/30/08										
B. SERVICE CHARACTERISTICS (continued)										
	SERVICE		**Format**		**Location**					
	Health education materials are displayed (Check all that apply.)	**Check if displayed**	**Brochure**	**Poster**	**Spanish format?**	**Reception area**	**Waiting Area**	**Exam Area**	**Rest-rooms**	**Comments**
5	Family Planning/Contraceptives									
	STDs									
	HIV/AIDS									
	Nutrition (general)									
	Nutrition (specific -chronic diseases, breastfeeding, etc.)									
	Folic Acid									
	Diabetes									
	Hypertension									
	Domestic Violence									
	Genetic education									
	Infertility									
	Tobacco									
	Alcohol Abuse									
	Drug Abuse									
	Other Psychosocial Needs (specify):									
	Oral Health									
	Other:									

***This page replaced by consolidated form (see Appendix B).**

PRECONCEPTION CARE SITE EVALUATION - DIRECT OBSERVATION								
PROVIDER/LOCATION: PPDE NEWARK								
REVIEWER (Print name and sign): *aggregate*								
DATE: 5/30/08								
WAITING TIME LOG – Observed time between client signing in and being called back to an exam room								
#	**Sign In Time**	**Called Back Time**	**#**	**Sign In Time**	**Called Back Time**	**#**	**Sign In Time**	**Called Back Time**
1	Before 9:30	9:37	26			51		
2	Before 9:30	9:53	27			52		
3	Before 9:30	10:10	28			53		
4	Before 9:30	10:35	29			54		
5	Before 9:30	10:59	30			55		
6	10:26	10:48	31			56		
7	10:28	11:15	32			57		
8	10:29	10:46	33			58		
9	10:29	11:11	34			59		
10	10:38		35			60		
11	10:40		36			61		
12	10:53		37			62		
13			38			63		
14			39			64		
15			40			65		
16			41			66		
17			42			67		
18			43			68		
19			44			69		
20			45			70		
21			46			71		
22			47			72		
23			48			73		
24			49			74		
25			50			75		

PRECONCEPTION CARE SITE EVALUATION - DIRECT OBSERVATION				
PROVIDER/LOCATION: PPDE REHOBOTH				
REVIEWER (Print name and sign): *aggregate*				
DATE: 5/28/08				
	CHARACTERISTIC	**YES**	**NO**	**COMMENT**
A. OVERALL FACILITY CHARACTERISTICS				
1	**Lighting is adequate**			
	*Examining rooms	X		
	Waiting rooms	X		
2	**Clinic is clean**			
	*Examining rooms	X		
	Rest rooms	X		
	Waiting rooms	X		
	Other areas:	X		
3	**HVAC (temperature/ventilation) appears adequate**			
	*Examining rooms	X		
	Waiting rooms	X		
	Other Clinic Areas:	X		
4	**Waiting Room**			
	Adequate Space	X		
5	**Client privacy and confidentiality are maintained**			
	Reception Area	?		The reception area is small and understandably difficult to ensure privacy by separating or isolating the check in area
	*Examining rooms	X		
	Secured records	X		
	Other:		?	Lab slips (with patient info) located on hallway counter were visible as patients walk by.
6	**Overall Physical Environment**			
	Adequate/appropriate, inviting, etc.	X		
7	**Signage**			
	External signs identifying and locating the clinics are prominently displayed	X		
	Directions for emergency care and/or after hours displayed/explained		X	
	Hours/locations/directions available on website	X		Locations, phone numbers, link to mapquest directions all available, however hours of operation not on website (only on entrance door).

**Based on visual observation when clients are absent.*

	PRECONCEPTION CARE SITE EVALUATION - DIRECT OBSERVATION			
PROVIDER/LOCATION: PPDE REHOBOTH				
REVIEWER (Print name and sign): *aggregate*				
DATE: 5/28/08				
	CHARACTERISTIC	**YES**	**NO**	**COMMENT**
B. SERVICE CHARACTERISTICS				
1	**Hours of operations**			
	Evening and/or weekend hours are available	X		Limited evening hours (see below)
	List hours of operation: M – closed; T/W – 8:30am-4:00pm; Th – 11:00am-6:30pm; F – 8:30am-4:00pm			
2	**Reception/intake procedure**			
	Registration process is done with confidentiality*		X	Clinic/reception space too small to ensure confidentiality (could overhear conversation)
	Clients greeted pleasantly and courteously	X		
	Literature on clinic procedures available to new patients	X		Explained when appointment is made, patient rights listed on wall poster
	Literature on financial procedures available to new patients	X		
3	**Patient Flow**			
	Layout appears efficient	X		
	Scheduling/patient flow appears efficient	X		
4	**Other on-site services**			
	List any observable services/information (i.e. WIC, dental, etc.) available:			N/A
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			

**Client confidentiality is defined as the interaction between client and receptionist. If this interaction can not be overheard in the reception area then it will be said to be confidential.*

PRECONCEPTION CARE SITE EVALUATION - DIRECT OBSERVATION										
PROVIDER/LOCATION: PPDE REHOBOTH										
REVIEWER (Print name and sign):										
DATE:										
B. SERVICE CHARACTERISTICS (continued)										
	SERVICE		**Format**		**Location**					
	Health education materials are displayed (Check all that apply.)	**Check if displayed**	**Brochure**	**Poster**	**Spanish format?**	**Reception area**	**Waiting Area**	**Exam Area**	**Rest-rooms**	**Comments**
5	Family Planning/Contraceptives									
	STDs									
	HIV/AIDS									
	Nutrition (general)									
	Nutrition (specific -chronic diseases, breastfeeding, etc.)									
	Folic Acid									
	Diabetes									
	Hypertension									
	Domestic Violence									
	Genetic education									
	Infertility									
	Tobacco									
	Alcohol Abuse									
	Drug Abuse									
	Other Psychosocial Needs (specify):									
	Oral Health									
	Other:									

***This page replaced by consolidated form (see Appendix B).**

PRECONCEPTION CARE SITE EVALUATION - DIRECT OBSERVATION								
PROVIDER/LOCATION: PPDE REHOBOTH								
REVIEWER (Print name and sign): *aggregate*								
DATE: 5/28/08								
WAITING TIME LOG – Observed time between client signing in and being called back to an exam room								
#	**Sign In Time**	**Called Back Time**	**#**	**Sign In Time**	**Called Back Time**	**#**	**Sign In Time**	**Called Back Time**
1	10:38	11:01	26			51		
2	11:47	11:50 (pick up only)	27			52		
3			28			53		
4			29			54		
5			30			55		
6			31			56		
7			32			57		
8			33			58		
9			34			59		
10			35			60		
11			36			61		
12			37			62		
13			38			63		
14			39			64		
15			40			65		
16			41			66		
17			42			67		
18			43			68		
19			44			69		
20			45			70		
21			46			71		
22			47			72		
23			48			73		
24			49			74		
25			50			75		

PRECONCEPTION CARE SITE EVALUATION - DIRECT OBSERVATION				
PROVIDER/LOCATION: PPDE WILMINGTON				
REVIEWER (Print name and sign): *aggregate*				
DATE: 6/19/08				
	CHARACTERISTIC	**YES**	**NO**	**COMMENT**
A. OVERALL FACILITY CHARACTERISTICS				
1	**Lighting is adequate**			
	*Examining rooms	X		
	Waiting rooms	X		
2	**Clinic is clean**			
	*Examining rooms	X		
	Rest rooms	X		
	Waiting rooms	X		
	Other areas:	X		
3	**HVAC (temperature/ventilation) appears adequate**			
	*Examining rooms			N/A – site and HVAC undergoing renovations
	Waiting rooms			
	Other Clinic Areas:			
4	**Waiting Room**			
	Adequate Space	X		
5	**Client privacy and confidentiality are maintained**			
	Reception Area	X		Noticed that they ask clients back into private area to talk confidentially
	*Interviewing rooms	X		
	*Examining rooms	X		
	Secured records	X		
	Other:			
6	**Overall Physical Environment**			
	Adequate/appropriate, inviting, etc.	X		Currently being renovated
7	**Signage**			
	External signs identifying and locating the clinics are prominently displayed	X		
	Directions for emergency care and/or after hours displayed/explained	X		
	Hours/locations/directions available on website	X		Locations, phone numbers, link to mapquest directions all available, however hours of operation not on website (only on door).

**Based on visual observation when clients are absent.*

PRECONCEPTION CARE SITE EVALUATION - DIRECT OBSERVATION				
PROVIDER/LOCATION: PPDE WILMINGTON				
REVIEWER (Print name and sign): *aggregate*				
DATE: 6/19/08				
	CHARACTERISTIC	**YES**	**NO**	**COMMENT**
B. SERVICE CHARACTERISTICS				
1	**Hours of operations**			
	Evening and/or weekend hours are available	X		
	List hours of operation: M/TH/F – 8:30am-4:30pm; T – 11:30am-7:30pm; W			
2	**Reception/intake procedure**			
	Registration process is done with confidentiality*	X		
	Clients greeted pleasantly and courteously	X		
	Literature on clinic procedures available to new patients	X		Explained by phone when appointment made, pt rights listed on poster
	Literature on financial procedures available to new patients	X		
3	**Patient Flow**			
	Layout appears efficient	X		
	Scheduling/patient flow appears efficient	X		
4	**Other on-site services**			
	List any observable services/information (i.e. WIC, dental, etc.) available:			N/A
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			

**Client confidentiality is defined as the interaction between client and receptionist. If this interaction can not be overheard in the reception area then it will be said to be confidential.*

PRECONCEPTION CARE SITE EVALUATION - DIRECT OBSERVATION										
PROVIDER/LOCATION: PPDE WILMINGTON										
REVIEWER (Print name and sign):										
DATE:										
B. SERVICE CHARACTERISTICS (continued)										
5	**SERVICE**		**Format**		**Location**					
	Health education materials are displayed (Check all that apply.)	**Check if displayed**	**Brochure**	**Poster**	**Spanish format?**	**Reception area**	**Waiting Area**	**Exam Area**	**Rest-rooms**	**Comments**
	Family Planning/Contraceptives									
	STDs									
	HIV/AIDS									
	Nutrition (general)									
	Nutrition (specific -chronic diseases, breastfeeding, etc.)									
	Folic Acid									
	Diabetes									
	Hypertension									
	Domestic Violence									
	Genetic education									
	Infertility									
	Tobacco									
	Alcohol Abuse									
	Drug Abuse									
	Other Psychosocial Needs (specify):									
	Oral Health									
	Other:									

***This page replaced by consolidated form (see Appendix B).**

PRECONCEPTION CARE SITE EVALUATION - DIRECT OBSERVATION								
PROVIDER/LOCATION: PPDE WILMINGTON								
REVIEWER (Print name and sign): *aggregate*								
DATE: 6/19/08								
WAITING TIME LOG – Observed time between client signing in and being called back to an exam room								
#	**Sign In Time**	**Called Back Time**	**#**	**Sign In Time**	**Called Back Time**	**#**	**Sign In Time**	**Called Back Time**
1	9:30	9:42	26			51		
2	9:30	9:37	27			52		
3	9:52	10:23	28			53		
4	9:56	10:26	29			54		
5	10:06	10:56	30			55		
6	10:30		31			56		
7			32			57		
8			33			58		
9			34			59		
10			35			60		
11			36			61		
12			37			62		
13			38			63		
14			39			64		
15			40			65		
16			41			66		
17			42			67		
18			43			68		
19			44			69		
20			45			70		
21			46			71		
22			47			72		
23			48			73		
24			49			74		
25			50			75		

PRECONCEPTION CARE SITE EVALUATION - DIRECT OBSERVATION				
PROVIDER/LOCATION: Healthy Beginnings – Newark				
REVIEWER (Print name and sign): *aggregate*				
DATE: 7/08				
	CHARACTERISTIC	**YES**	**NO**	**COMMENT**
A. OVERALL FACILITY CHARACTERISTICS				
1	**Lighting is adequate**			
	*Examining rooms	X		
	Waiting rooms	X		
2	**Clinic is clean**			
	*Examining rooms	X		
	Rest rooms	X		
	Waiting rooms	X		
	Other areas:	X		
3	**HVAC (temperature/ventilation) appears adequate**			
	*Examining rooms	X		
	Waiting rooms	X		
	Other Clinic Areas:	X		
4	**Waiting Room**			
	Adequate Space	X		
5	**Client privacy and confidentiality are maintained**			
	Reception Area	X		
	*Interviewing rooms	X		
	*Examining rooms	X		
	Secured records	X		
	Other:			
6	**Overall Physical Environment**			
	Adequate/appropriate, inviting, etc.	X		
7	**Signage**			
	External signs identifying and locating the clinics are prominently displayed		X	NA – part of Christiana Hospital
	Directions for emergency care and/or after hours displayed/explained		X	
	Hours/locations/directions available on website		X	

**Based on visual observation when clients are absent.*

PRECONCEPTION CARE SITE EVALUATION - DIRECT OBSERVATION				
PROVIDER/LOCATION: Healthy Beginnings – Newark				
REVIEWER (Print name and sign): *aggregate*				
DATE: 7/08				
	CHARACTERISTIC	**YES**	**NO**	**COMMENT**
B. SERVICE CHARACTERISTICS				
1	**Hours of operations**			
	Evening and/or weekend hours are available		X	
	List hours of operation: Closed at 4PM M-F			
2	**Reception/intake procedure**			
	Registration process is done with confidentiality*	X		
	Clients greeted pleasantly and courteously	X		
	Literature on clinic procedures available to new patients	X		
	Literature on financial procedures available to new patients	X		
3	**Patient Flow**			
	Layout appears efficient	X		
	Scheduling/patient flow appears efficient	X		
4	**Other on-site services**			
	List any observable services/information (i.e. WIC, dental, etc.) available:			N/A
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			

**Client confidentiality is defined as the interaction between client and receptionist. If this interaction can not be overheard in the reception area then it will be said to be confidential.*

PRECONCEPTION CARE SITE EVALUATION - DIRECT OBSERVATION				
PROVIDER/LOCATION: Healthy Beginnings Wilmington				
REVIEWER (Print name and sign): *aggregate*				
DATE: 7/08				
	CHARACTERISTIC	**YES**	**NO**	**COMMENT**
A. OVERALL FACILITY CHARACTERISTICS				
1	**Lighting is adequate**			
	*Examining rooms	X		
	Waiting rooms	X		
2	**Clinic is clean**			
	*Examining rooms	X		
	Rest rooms	X		
	Waiting rooms	X		
	Other areas:	X		
3	**HVAC (temperature/ventilation) appears adequate**			
	*Examining rooms	X		
	Waiting rooms	X		
	Other Clinic Areas:	X		
4	**Waiting Room**			
	Adequate Space	X		
5	**Client privacy and confidentiality are maintained**			
	Reception Area	X		
	*Interviewing rooms	X		
	*Examining rooms	X		
	Secured records	X		
	Other:			
6	**Overall Physical Environment**			
	Adequate/appropriate, inviting, etc.	X		
7	**Signage**			
	External signs identifying and locating the clinics are prominently displayed	X		
	Directions for emergency care and/or after hours displayed/explained	X		
	Hours/locations/directions available on website		X	

**Based on visual observation when clients are absent.*

PRECONCEPTION CARE SITE EVALUATION - DIRECT OBSERVATION				
PROVIDER/LOCATION: Healthy Beginnings – Wilmington				
REVIEWER (Print name and sign): *aggregate*				
DATE: 7/08				
	CHARACTERISTIC	**YES**	**NO**	**COMMENT**
B. SERVICE CHARACTERISTICS				
1	**Hours of operations**			
	Evening and/or weekend hours are available		X	
	List hours of operation:			
2	**Reception/intake procedure**			
	Registration process is done with confidentiality*	X		
	Clients greeted pleasantly and courteously	X		
	Literature on clinic procedures available to new patients	X		
	Literature on financial procedures available to new patients	X		
3	**Patient Flow**			
	Layout appears efficient	X		
	Scheduling/patient flow appears efficient	X		
4	**Other on-site services**			
	List any observable services/information (i.e. WIC, dental, etc.) available:			N/A
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			

**Client confidentiality is defined as the interaction between client and receptionist. If this interaction can not be overheard in the reception area then it will be said to be confidential.*

APPENDIX B –
Type and Location of Health Education Brochures

PPDE Brochures

Preconception Related Content Areas																				
	Rehoboth				Dover				Newark				Claymont				Wilmington			
Brochures	Self-Service			Provided As Needed*	Self-Service			Provided As Needed	Self-Service			Provided As Needed	Self-Service			Provided As Needed	Self-Service			Provided As Needed
	Waiting Room	Rest-room	Exam Room		Waiting Room	Rest-room	Exam Room		Waiting Room	Rest-room	Exam Room		Waiting Room	Rest-room	Exam Room		Waiting Room	Rest-room	Exam Room	
Family Planning/Contraceptives																				
Teensex? It's Okay to Say No Way!	■	■			■															
Emergency Contraception: Accidents Happen…	■				■								■							
Birth Control: Talking With Your Partner	■				■															
If You Are A Man…Birth Control	■				■		■													
Facts About Birth Control	■				■												■			
Birth Control Facts					■		■			■			■		■	■				
Abstinence Facts					■															
Planned Parenthood: Emergency Contraception							■													
101 Ways to a Healthy Pregnancy												■								
Having a Healthy Baby: Planning Your Pregnancy												■								
How Do You Know When You're Ready for Sex?									■											
How to Talk with Your Child about Sexuality																■				
All About Tubal Sterilization																			■	
Los metodos de control de la natalidad																			■	
Tus Alternativas Anticonceptivas																			■	■
EC: Emergency Contraception																			■	■
STDs																				
HPV and Cervical Cancer	■																■			
Sexually Transmitted Infections		■																		
HPV, Pap Tests, and Cervical Cancer					■															
Genital Warts: Questions & Answers					■											■				
Herpes: Questions & Answers					■											■				
STD Facts							■			■						■				■
Herpes																■				
Gonorrhea: STD																■				
Chlamydia: Questions and Answers																■				
HPV, Genital Warts, & Cervical Cancer: Questions and Answers																■				
Get the HPV Test																■				
Syphilis: STD																				■
ETS: Las Enfermedades transmitidas sexualmente																				■
Infecciones Por Transmision Sexual: Los Hechos																				■
HIV/AIDS																				
HIV Facts		■			■							■								
HIV, STDs and Oral Sex												■								
Nutrition/Healthy LifeStyle																				
Weight & Women: Losing the First 10 Pounds		■		■								■				■				
Is My Weight Healthy?				■								■								
101 Ways to Eat Smart				■			■					■				■				
Women: Protect Your Heart				■			■					■								■
What is Cholesterol?				■			■					■								■
Eating Well and Looking Good												■								
Exercise for Health and Fun												■								
Supplementing a Healthy Diet: Vitamins and Minerals													■							■
Facts for Life: Healthy Living	■																			

Preconception Related Content Areas

Brochures	Rehoboth				Dover				Newark				Claymont				Wilmington			
	Self-Service			Provided As Needed	Self-Service			Provided As Needed	Self-Service			Provided As Needed	Self-Service			Provided As Needed	Self-Service			Provided As Needed
	Waiting Room	Rest-room	Exam Room		Waiting Room	Rest-room	Exam Room		Waiting Room	Rest-room	Exam Room		Waiting Room	Rest-room	Exam Room		Waiting Room	Rest-room	Exam Room	
Folic Acid																				
Women and Babies are So Special…(folic acid)	■			■																■
CDC: Folic Acid					■															
Who Needs Folic Acid?												■								
Folic Acid: You Don't Know What You're Missing!																				■
Diabetes																				
Living with Diabetes: Get the Facts				■								■								■
Diabetes: Should I Worry?							■					■								■
Hypertension																				
What is High Blood Pressure?				■			■					■				■				■
Domestic Violence																				
Are You Safe in Your Relationship?		■			■					■										
Domestic Violence: Getting Out		■		■								■	■			■				■
Servicios Para Victimas en Crisis por Violacion					■															
Contact Lifeline: Supportive Services for Survivors of Sexual Violence													■			■		■		■
Domestic Violence: You Are Not Alone													■				■			
When Someone You Know…Contact Delaware (Sexual Assault)																				■
Genetic Education																				
Infertility																				
Tobacco																				
Smoking and Women		■		■	■											■				
Smoking and the Human Body																				■
Quit Smoking Don't Stress																				■
Alcohol Abuse																				
Drinking: What's Normal What's Not	■			■					■			■								■
Drug Abuse																				
Drug Facts	■			■								■								■
Other Psychosocial Needs																				
Help on the Way: Depression		■		■								■				■				
Help on the Way: Anxiety		■		■								■				■				■
Steps to Feeling Better: When You Feel Lonely				■								■								
5 Smart Steps to Less Stress				■								■								
Incredible Stress Facts							■					■								
Oral Health																				
Mouth Owner's Manual							■					■								
Wellness Coaching																				
Planned Parenthood: Wellness Coaching					■								■							
Healthy Woman Program	■				■		■		■				■							

Other Content Areas

Brochures	Rehoboth				Dover				Newark				Claymont				Wilmington			
	Self-Service			Provided	Self-Service			Provided	Self-Service			Provided	Self-Service			Provided	Self-Service			Provided
	Waiting Room	Rest-room	Exam Room	As Needed	Waiting Room	Rest-room	Exam Room	As Needed	Waiting Room	Rest-room	Exam Room	As Needed	Waiting Room	Rest-room	Exam Room	As Needed	Waiting Room	Rest-room	Exam Room	As Needed
OB/GYN and General Women's Health																				
GYN Exams can Save Your Life!	■								■				■							
Breast Health Basics	■						■													
Facts for Life: Breast Cancer Risk Factors	■																			
We're Taking Care of Our Lives: (SGK Breast Cancer Foundation)		■					■		■				■							
Breast Health: Learn the Facts (SGK Breast Cancer Foundation)		■																		
The Gynecological Visit and Exam - What to Expect					■															
Facts for Life: Genetics & Breast Cancer							■													
Vaginitis: Commonly Asked Questions																■				
SGK: Steps to Breast Self-Examination							■			■										
SGK: Take Charge: Older Women and Breast Health							■		■											
Screening for Life	■				■				■											
Planned Parenthood: Fact Sheet - Vaginal Health							■													
Breast Health Basics: SGK							■		■											
Why You Need a Pap Test									■											
Christiana Care & Avon Breast Cancer Crusade: Mammogram									■											
Healthy Woman Newsletter									■											
Menopause - Another Change in Life													■							
Christiana Care Breast Center													■							
SGK: La Salud del Seno													■							
Breast Self-Exam															■					
The Gynecological Visit and Exam: Your Key to Good Health																■				
Los Examenes Gineclogicos: Le Pueden Salvar La Vida!																			■	
Men's Health																				
Vasectomy & The Myths: No-Scalpel Vasectomy	■												■							
Male Self-Exam		■					■			■						■				
Screening for Life: Colon Cancer					■															
Men & Prostate Health: Take Charge									■											
Male Facts																■				
El Examen Genital Masculino																				■
Community Programs and Services																				
Planned Parenthood Sexuality Education Training Institute	■																			
Sussex County Referral List				■																
Planned Parenthood of Delaware					■				■				■							
Community Healthcare Access Program					■															
One Million Strong: Planned Parenthood Action Fund					■															
SGK: Race for the Cure					■															
Kent County Referral List							■													

Other Content Areas

Brochures	Rehoboth				Dover				Newark				Claymont				Wilmington			
	Self-Service			Provided	Self-Service			Provided	Self-Service			Provided	Self-Service			Provided	Self-Service			Provided
	Room	room	Room	As	Room	room	Room	As	Room	room	Room	As	Room	room	Room	As	Room	room	Room	As
Delaware Financial Literacy Institute Money School																				
The Hear Me Project																				
Delaware Healthy Children Program																				
New Castle County Head Start, Inc. (and in Spanish)																				
Pharmaceuticals																				
Gardasil																				
NuvaRing																				
Replens																				
Plan B																				
Mirena																				
Abortion Services																				
Quiere la opcion del Aborto con Medicamento?																				
Medication Abortion: Questions & Answers																				
Choosing Abortion: Questions and Answers																				
Independent Adoption Center																				
Miscellaneous																				
What is Asthma?																				
Planned Parenthood Opinion Survey																				
DNA Paternity Testing																				
National Runaway Switchboard: Youth Guide																				
Rules & Consequences are Natural Parts of Growing Up: National																				
Newark Trolley																				
DART																				
Bancroft Parkway OpenMRI & Imaging Center																				
Powerful Pamphlets to Promote Health!																				
Lead																				
Supportive Services for Survivors of Sexual Assault																				

*Depending on the site, there may be more brochures/educational materials available for distribution by providers based upon identified needs.

Brochures/Information Available at Healthy Beginnings	
Name	**Content**
Childhood Nutrition	Nutrition
Healthy Beginnings: Healthy Eating/Healthy Lifestyles class	Nutrition
Weight Management	Nutrition
Birth Control Facts	OB/GYN and General Womens Health
Important Tests for a Woman's Good Health	OB/GYN and General Womens Health
MyPyramid: Steps to a Healthier You	OB/GYN and General Womens Health
Get Tested for Colon Cancer	OB/GYN and General Womens Health
A Promise from Delaware Physicians Care (partly in Spanish)	OB/GYN and General Womens Health
Patient's Rights and Responsibilities (also a Spanish brochure)	OB/GYN and General Womens Health
Christiana Care Focus on Excellence Award Nomination Form	OB/GYN and General Womens Health
Delaware Physicians Care: Mammograms	OB/GYN and General Womens Health
Christiana Care: Breast Health	OB/GYN and General Womens Health
Susan G. Komen: Navigator Pink Ribbon Breast Health Resources for Women	OB/GYN and General Womens Health
Susan G. Komen: Steps to Breast Self-Examination	OB/GYN and General Womens Health
Helen F. Graham Cancer Center: Mammograms	OB/GYN and General Womens Health
Susan G. Komen: Mammography	OB/GYN and General Womens Health
Christiana Care: Speak Up - Patient Safety Guide	OB/GYN and General Womens Health
Healthy Delawareans Today & Tomorrow: Healthcare Resource Guide	OB/GYN and General Womens Health
WHHC Women's Health Services	OB/GYN and General Womens Health
Community Healthcare Access Program	OB/GYN and General Womens Health
Depression During and After Pregnancy	Other Psychosocial
Sexual Assault	Other Psychosocial
Domestic Violence	Other Psychosocial
(Non-medical) Medical Transportation	Other Psychosocial
Mom's HEAL: Mom's Outreach for Moms through Helping, Empowering, Advocacy and Listening	Parenting
Parents Like Us program (this is a Spanish brochure)	Parenting
Healthy Beginnings and Child Inc.: Parenting class	Parenting
Healthy Beginnings	Preconception
B Your Best with Folic Acid	Preconception
Preventing Birth Defects: Folic Acid	Preconception
Pre-Pregnancy Planning	Preconception

Brochures/Information Available at Healthy Beginnings	
Name	**Content**
March of Dimes: Are you ready? Pregnancy & Newborn Health Education Center	Prenatal
March of Dimes: Are you ready for a Baby? Pregnancy & Newborn Health Education Center	Prenatal
March of Dimes: Stork's Nest	Prenatal
Delaware Physicians Care would like to make a "PACT" with our expectant Moms (also partly in Spanish)	Prenatal
March of Dimes: Learn the Signs of Preterm Labor	Prenatal
March of Dimes: 9 Questions to Help You Get Your 9 Months (comes in Spanish)	Prenatal
Smoking	Smoking
American Cancer Society: The Great American Smokeout	Smoking
HIV Facts	STDs

APPENDIX C –

Pre-Site Survey Staff Questionnaires (1 for PPDE and 1 for CCHS)

PRECONCEPTION CARE SITE EVALUATION - STAFF QUESTIONNAIRE

Note: The following questions are intended to supplement direct observation on-site. The questionnaire is being emailed to you in order that it can be returned prior to the site visit so that the visit will be less time consuming for you. If you already have previously written policies or procedures pertaining to the questions, please feel free to attach. We also request that someone be available during our site visit in case of a need for clarification or elaboration of the questionnaire answers. If you have any questions regarding the questionnaire, please call us. Thank you for your cooperation.

PROVIDER/LOCATION: PPDE Statewide

DATE: 5/15/2008

1. How far in advance are you currently scheduling appointments?

Planned Parenthood of Delaware has a policy of open access appointments in that clients can be scheduled and seen in the same day or walk in for services. For those clients that prefer appointments we book a week in advance. Clients for wellness coaching/case management may schedule up to 2 weeks in advance.

2. Please briefly describe your intake process (e.g. sign-in sheet, etc.)?

Clients are asked to sign in and provide their name, date of birth, if they have been to PPDE before and circle the type of service they require i.e. Initial, annual, birth control, EC, pregnancy test.

3. What is the average waiting time of clients in the waiting room?

It depends. On walk-in days, a client can wait as long as an hour because services are first comes first served. On scheduled days, a client can wait anywhere from 15 to 30 minutes to be taken back.

	Yes	No
4. Would additional extended hours (evenings/weekends) give increased access time for clients?	X	

5. How are your billing policies and procedures, including criteria used for sliding fee scale, communicated to new patients?

New clients, those that present for annual appointments, and those that report that they have had a financial change to include becoming insured or uninsured are asked to complete a financial information form. On the form, the client is sharing financial information to include income, other household income and insurance status. Services are based on a sliding fee scale based on household income. We ask clients to bring in two copies of their most recent pay stub, but it is not required to receive services. Based on the data on the form, the information is entered into the medical management systems and the client's fee level is determined. The fee level is based on the annual federal poverty levels. Clients are eligible for a discount up to 250% of the federal poverty level. Full pay clients are eligible for a prompt pay discount.

New clients are told if they call in that services are based on a sliding fee scale and are given a range for the services for they are interested. They are also asked to bring in pay stubs. Clients are told during the intake process that they are eligible for a discount and can be given a ball park as to what their visit will cost based on the services requested.

	Yes	No
6. Do you advise and/or assist clients in accessing public insurance (e.g. Medicaid)?	X	

	Yes	No
7. Are contraceptive samples available to the clients?	X	

	Yes	No
8. If yes, are they free of charge?	X	

9. If yes, in what way are they made available?

Three free condoms are always available at any Planned Parenthood in the state. Birth control pill samples are given to the client by the clinician based on the type of samples available and the type of pill prescribed.

10. Please describe your case management system.
Case management is offered through the Healthy Woman Program (Our Preconception Care program) utilizing a Wellness Coaching model. There are two ways a client can access case management/wellness coaching. The first is through filling out our psychosocial form (PSF) (Our infant-mortality risk-factor screening tool) and agreeing to a callback from our Community Services Director (CSD). The second way is by directly calling our Community Services Director (CSD) for Wellness Coaching services. Wellness coaching / case management focuses on the 18 infant-mortality-related risk factors. A client may be referred to the appropriate services or followed for 3 to 5 sessions, depending on the client's need.
11. Please attach any clinic protocols and/or standing orders specific to preconception care. Please indicate below if none.
All female clients between the ages of 12 and 60 that are accessing family planning or abortions services complete our psychosocial form (PSF) during intake and follow-up.

12. For the following list of health concerns, please check if clients are screened, which clients are screened, and by what methods.									
	Screened?		If screened, method of screening:				Group screened:		
Health Concern	Yes	No	Health questionnaire	Interview	Clinical diagnostics	Other:	All Clients	Target Group*	Other type of target:
Hypertension	X		X	X			X		
Diabetes		X							
Hyperthyroidism		X							
Hypothyroidism	X		X	X					
History of poor birth outcome(s) (e.g. low birth weight, fetal/infant death, premature, etc.)	X		X	X			X		
Domestic Violence	X		X	X			X		
Maternal PKU		X							
Depression	X		X	X			X		
High Stress Levels	X		X	X					
Low support systems	X		X	X					
Substance Abuse: Drugs	X		X	X			X		
Substance Abuse: Alcohol	X		X	X			X		
Tobacco Use	X		X	X			X		
Gonorrhea	X		X	X	X		X		
Chlamydia	X		X	X	X		X		
Syphilis	X		X	X			X		
HIV/AIDS	X		X	X	X		X		
Folic Acid Use	X		X	X					
Overweight/Obesity	X		X	X			X		
Medication use:									
isotretinoin (Acutaine)		X							
warfarin (Coumadin)		X							
Anti-epileptic drugs		X							
Rubella seronegativity		X							
Hepatitis B vaccination		X							
Possible toxic/teratogenic exposures		X							

**Target groups as per contract are:19720, 19805, 19701, 19702, 19703, 19711, 19713, 19801, 19802, 19808, 19901, 19904, 19956, 19966, 19973*

13. For the following list of services, please check services offered/provided on-site, type of service delivery, referrals, and primary referral site(s).									
	On Site?		Type of Delivery (check all that apply)				Referral?		
Service	Yes	No	Group Session	Client Visit	Case management	Other:	Yes	No	Primary referral site(s):
Oral health education		X			X		X		CSD, Delaware Helpline
Dental services		X			X		X		CSD, Delaware Helpline
Smoking cessation		X			X		X		CSD, Delaware Smoking Quit Line
Alcohol counseling/education		X			X		X		CSD, Brandywine Counseling, SODAT Delaware, Sojourner's Place
Alcohol treatment		X			X		X		CSD, Brandywine Counseling, SODAT Delaware, Sojourner's Place
Drug counseling/education		X			X		X		CSD, Brandywine Counseling, SODAT Delaware, Sojourner's Place
Drug treatment		X			X		X		CSD, Brandywine Counseling, SODAT Delaware, Sojourner's Place
Level 1 infertility counseling/services	X			X			X		Local hospitals
Genetics information/education		X							
Other psycho-social services	X				X		X		CSD, Delaware Helpline
Nutrition education									
General	X			X					
Specialized	X			X					
Folic Acid	X			X					
Psycho-social treatment* *We use a wellness coaching model to address these issues*									
Depression	X			X	X		X		CSD, Delaware Guidance, Children

									and Families First
High stress levels	X			X	X		X		CSD, Delaware Guidance, Children and Families First
Low support system	X			X	X		X		CSD, Delaware Guidance, Children and Families First
Other psycho-social services	X			X	X		X		CSD, Delaware Guidance, Children and Families First
Contraceptive education/counseling									
General	X			X					
Specific:	X			X					
Specific:									
STD counseling	X			X					
STD treatment	X			X					
HIV counseling	X			X					
HIV treatment		X					X		AIDS Delaware
Other supplemental services offered: _____									

14. Please provide a brief description of any outreach events/activities.
3 FTE Community Educator / Outreach workers offer regular Town Meeting workshops statewide in the 15 targeted zip codes in Infant-Mortality-related sexual & reproductive health care topics. The Community Educator / Outreach workers also do street-level outreach in regular door-to-door flyering of the statewide targeted zip codes.
15. If referrals are made, please briefly describe how follow-up(s) are conducted and verified.
Follow-up is done with the clients through the wellness coaching/case management sessions. When clients are given phone numbers during intake for risk factors checked there is no follow-up.
16. Is education/counseling document in the patient chart? Please briefly describe how.
Education and counseling is documented in the client record via check boxes or notes as appropriate.
17. Please indicate the number and type of medical practioners/providers on site and the race/ethnicity profile of the providers.

	Race			**Ethnicity**	
				Hispanic	
Medical support team:	**Caucasian**	**African American**	**Other**	**Yes**	**No**
Physicians	1				X
Nurse practitioners	3				X
Nurses			1	X	
Midwives					
Administrative workers*					
Other: Physicians' Assistant_____	1	1			X

Please return via email to Solano@udel.edu or send to:

Paul L. Solano, PhD
Director, Health Services Policy Research Group
Center for Community Research and Service
Graham Hall
University of Delaware
Newark, DE 19716

Please attach or include copies of all relevant policies and procedures, **as well as a copy or template of a blank medical record/chart.**

Thank you for your cooperation!

PRECONCEPTION CARE SITE EVALUATION - STAFF QUESTIONNAIRE		
Note: The following questions are intended to supplement direct observation on-site. The questionnaire is being emailed to you in order that it can be returned prior to the site visit so that the visit will be less time consuming for you. If you already have previously written policies or procedures pertaining to the questions, please feel free to attach. We also request that someone be available during our site visit in case of a need for clarification or elaboration of the questionnaire answers. If you have any questions regarding the questionnaire, please call us at 302-831-3788. Thank you for your cooperation.		
PROVIDER/LOCATION: Christiana Care Health Services		
DATE: 5/22/08		
1. How far in advance are you currently scheduling appointments?		
Clients are seen at their next appointment by a member of our team..		
2. Please briefly describe your intake process (e.g. sign-in sheet, etc.)?		
Our intake process involved connecting with a variety of members of our team. Patients for the Preconception program are generally seen for a routine OB/GYN appointment or for a medical visit. The research nurse from our team identifies the eligibility for these clients and offers our services to them. In addition clients are also identified on the Post partum hospital unit and enrolled into our program.		
3. What is the average waiting time of clients in the waiting room?		
Fifteen to thirty minutes on average.		
	Yes	**No**
4. Are additional extended hours (evenings/weekends) needed to give increased access time for clients?	**x**	
5. How are your billing policies and procedures, including criteria used for sliding fee scale, communicated to new patients?		
Patients may be referred to a financial specialist and also may receive coverage for annual preventative services through Screening for Life.		
	Yes	**No**
6. Do you advise and/or assist clients in accessing public insurance (e.g. Medicaid)?	**X**	
	Yes	**No**
7. Are contraceptive samples available to the clients?	**x**	
	Yes	**No**
8. If yes, are they free of charge?	**x**	

9. If yes, in what way are they made available?
They are made available by medical doctor's prescription and dispensing.
10. Please describe your case management system.
The preconception population is case managed by the program nurse. Clients once they are enrolled into the program are placed into a three tier case management program. The clients with the most needs are identified and seen most often by members of our team. As needs decrease so does the use of program resources. Currently we are following clients for two years.
11. Please attach any clinic protocols and/or standing orders specific to preconception care. Please indicate below if none.

12. For the following list of health concerns, please check if clients are screened, which clients are screened, and by what methods.									
	Screened?		If screened, method of screening:				Group(s) screened:		
Health Concern	Yes	No	Health questionnaire	Interview	Clinical diagnostic	Other:	All Clients	Target Group*	Individuals based on specific screening criteria:
Hypertension	X			X				X	
Diabetes	X			X				X	
Hyperthyroidism	X			X				X	
Hypothyroidism	X			X				X	
History of poor birth outcome(s) (e.g. low birth weight, fetal/infant death, premature, etc.)	X			X				X	
Domestic Violence	x			X				X	
Maternal PKU	x			X				X	
Depression	x			X				X	
High Stress Levels	x			X				X	
Low support systems	x			X				X	
Substance Abuse: Drugs	x			X				X	
Substance Abuse: Alcohol	x			X				X	
Tobacco Use	x			X				X	
Gonorrhea	x			X				X	
Chlamydia	x			X	X			X	
Syphilis	x			X	x			X	
HIV/AIDS	x			X				X	
Folic Acid Use	x			X	x			X	
Overweight/Obesity	x			X				X	
Medication use:									
isotretinoin (Acutaine)	x			X				X	
warfarin (Coumadin)	x			X				X	
Anti-epileptic drugs	x			X				X	
Rubella seronegativity	x			X				X	
Hepatitis B vaccination	x			X	x			X	
Possible toxic/teratogenic exposures	x			x				x	

**Target groups as per contract are:19720, 19805, 19701, 19702, 19703, 19711, 19713, 19801, 19802, 19808, 19901, 19904, 19956, 19966, 19973 AND/OR African American*

13. For the following list of services, please check services provided on-site, type of service delivery, referrals, and primary referral site(s).									
	On Site?		Type of Delivery (check all that apply)				Referral?		
Service	Yes	No	Group Session	Individual Client Visit*	Case management	Other:	Yes	No	Primary referral site(s):
Oral health education	x								
Dental services	x								
Smoking cessation	x						X		
Alcohol counseling/education	x								
Alcohol treatment		X					X		
Drug counseling/education	x								
Drug treatment		x					x		
Level 1 infertility counseling/services	x								
Genetics information/education	x								
Other psycho-social services	x								
Nutrition education									
General	x		x	x			x		
Specialized	x		x	x			X		
Folic Acid	x		x	x			x		
Breastfeeding Promotion	x		x	x					
Psycho-social treatment									
Depression	x		x	x					
High stress levels	x			x					
Low support system	x			x					
Other psycho-social services	x			x					
Contraceptive education/counseling									
General	x			x					
Specific:	x			x					
Specific:	x			x					
STD counseling	x			x					
STD treatment	x			x					
HIV counseling	x			x					
HIV treatment	x			x					
Other supplemental services offered: _____	x			x					

**Please indicate if the service is part of the typical provider visit or occurs as part of a supplemental appointment.*

14. Please provide a brief description of any outreach events/activities.
Our program offers a variety of outreach programs including nurse education, nurse case mangement, parenting classes for post partum mothers, exercise and weight loss programs,
15. If referrals are made, please briefly describe how follow-up(s) are conducted and verified.
Referrals made in the program are generally completed either the same day or within a week's time. Referrals made longer than a week out are usually scheduled to coincide with a future appointment, for flexibility purposes for the patient.
16. Is education/counseling document in the patient chart? Please briefly describe how.
All services provided are documented in the enrollment template for Healthy Beginnings in the chart or noted in the free text field of the chart note.
17. Please indicate the number and type of medical practioners/providers on site and the race/ethnicity profile of the providers.

	Race			**Ethnicity**	
				Hispanic	
Medical support team:	**Caucasian**	**African American**	**Other**	**Yes**	**No**
Physicians	x	x	n/a		
Nurse practitioners	x	x	n/a		
Nurses	x	x	n/a		
Midwives	x		n/a		
Administrative workers*	x	x	n/a	x	
Other:_____					

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Thank you for your cooperation!

APPENDIX D –

Chart Review Elements

and form used to audit PPDE charts

Variables to be requested for Preconception Care evaluation

Location	Client Info/Education checklist on Physical Exam form for:
Zip code	Infertility (Education)
DOB	STI/HIV education/safer sex (Education)
Race	Stop smoking (Education)
Ethnicity	Weight control/diet/exercise (Education)
Insurance	Preconception/Folic Acid (Education)
Education	HIV (Client Info)
Marital status	Pregnancy Testing, Evaluation & Options Services (Client Info)
Employment	
Primary care visit date	
Gyn care visit date	
Folic acid	
Hx of infertility	
Planning pregnancy	
Gravidity (# times pregnant)	
Parity (had children)	
Height	
Weight	
High stress levels	
Hypertension	
Diabetes	
Thyroid disorder	
Seizure disorder	
BMI	
Physical activity "I exercise 3x/week for 30 minutes"	
What do you consider your healthy weight?	
# fruit/veg per day "I eat a well balanced diet"	
Poor social support	
Regular dental care	
Prev poor pg outcome (# miscarraiges,still births,abortions, etc)	
Genetic Risk aggregate	
Depression	
Current STD	
Cardiac Disease	
Illicit Drugs aggregate	
Asthma	
Alcohol	
Tobacco	
Current Contraceptive	
Sexual Activity	
Current Medications	
Demostic Violence	
Hep B	
Ruebella	

Planned Parenthood of Delaware
Preconception Care Chart Review Form

Patient Number: _____ Month/Year of birth: _____

Demographic Sheet

Zip Code: _____

Marital Status *(circle)*: Divorced Married Single/Never Married Separated Widowed

Weekly household income: _____ # adults: _____ # children: _____

Race *(circle)*: American Indian/Alaskan Asian Pacific Black White Other

Ethnicity *(circle)*: Hispanic Non-Hispanic

Employment Status *(circle)*: Full-time Part-time Unemployed None

Highest Grade completed: _____ Student now *(circle)*: Yes No

Age of first pregnancy: _____ Date of last pregnancy: _____

# of pregnancies: _____ # of miscarriages: _____ # of stillbirths: _____

# of abortions: _____ # of live births: _____ # of living children: _____

Insurance Coverage *(circle)*: Medicaid Medicare Private Self-pay Unknown

Initial Medical History

Date of first visit: _____

Medical Problems

Asthma *(circle)*: Yes No

Diabetes *(circle)*: Yes No

High blood pressure *(circle)*: Yes No

Epilepsy or Seizure Disorder *(circle):* Yes No

Other: _____

Medications *(circle)*: Isotretinoin/Acutaine Warfarin/Coumadin Antiepileptics

Gynecologic/Pregnancy History
Date of last PAP: _____

Have/had STI *(circle)*: Yes No

Have/had fertility problems (*circle*): Yes No

# of full-term pregnancies: ____ # of premature deliveries: ____ # of tubal pregnancies: _____

Sexual History
Sexually active with male partner/s *(circle)*: Yes No

Practice safe sex with sexual partners (*circle*): always sometimes never

Birth Control History
Type of birth control using: _____

Have had intercourse without birth control since last period (*circle*): Yes No

Prevention History
Eat a well-balanced diet *(circle)*: Yes No

Folic acid daily *(circle)*: Yes No

Exercise 3 times/weekly *(circle)*: Yes No

Drink alcohol *(circle)*: Yes No If yes, how many glasses per week: _____

Street drugs *(circle)*: Yes No

Smoker *(circle)*: Yes No

Hepatitis B vaccine *(circle)*: Yes No

Rubella vaccine or MMR *(circle)*: Yes No

Domestically abused *(circle)*: Yes No

Physical Exam

Education Received *(check those that apply)* "O" for verbal and "X" for written:

_____ Contraceptive options
_____ Infertility
_____ STI/HIV education/safer sex
_____ Weight control/diet/exercise
_____ Cholesterol Management
_____ Assessment/Plan discussed
_____ Stop smoking
_____ Preconception/Folic Acid

Vital Signs:

Blood pressure: _____ Weight: _____ Height: _____ BMI: _____

Exams:

PSYCH: _____ No acute distress _____ Alert & Oriented X3

Other: _____

THYROID: _____ Symmetrical, not enlarged, no nodules

Other: _____

Lab Tests Done (Sexually Transmitted Diseases)

GC/Gonorrhea ___ CT /Chlamydia___ RPR/Syphilis ___ HSV/Herpes____ HPV _____

Assessment:

STI Screen *(circle)*: Yes No

Infection noted *(circle)*: Yes No

If yes, what: _____

Plan/Referral (note all that apply):

Contraceptives: _____

Folic Acid/Nutrition: _____

STI treatment: _____

HIV test/treatment: _____

Tobacco cessation: _____

Alcohol/drug abuse: _____

Domestic violence: _____

Overweight/Obesity/Healthy Lifestyle: _____

OTHER: _____

_____

Referral provided *(circle)*: Yes No

If yes, why: _____

If yes, where: _____

Contraceptive prescription issued *(circle)*: Yes No

(do not include Plan B)

Psychosocial Form (PSF)

Basic Needs *(check those that apply)*:

____ No access to transportation.	____ Literature	Referral: _____
____ No/limited health insurance.	____ Literature	Referral: _____
____ Services for basic needs.	____ Literature	Referral: _____

General Health:

____ No regular health meals	____ Literature	Referral: _____
____ No dentist visit in 2 years	____ Literature	Referral: _____
____ Smoke cigarettes	____ Literature	Referral: _____
____ Problems from alcohol/drug use	____ Literature	Referral: _____
____ Weight a health concern	____ Literature	Referral: _____
____ Chronic illness:_____	____ Literature	Referral: _____

Sexual/Reproductive Health:

____ No PAP or breast exam	____ Literature	Referral: _____
____ Sexually active/no birth control	____ Literature	Referral: _____
____ No folic acid	____ Literature	Referral: _____
____ Planning pregnancy in 6 mos.	____ Literature	Referral: _____
____ Not safe in home/relationship	____ Literature	Referral: _____
____ Sexually abused/assaulted	____ Literature	Referral: _____

Quality of Life:

____ Depression or anxiety	____ Literature	Referral: _____
____ More sad or stressed	____ Literature	Referral: _____
____ No close friends or family	____ Literature	Referral: _____

Declined PSF *(circle)*: Yes No

Medical Visit Form - *purple*

Receiving medical care from another health provider? Yes No
Have you ever had a sexually transmitted infection? Yes No
Are you there for a STI treatment? Yes No
Are you there for a STI screening? Yes No
Safer sex and condom use reviewed? Yes No
HIV testing offered? Yes No
STI risk assessment done? Yes No
Lab test completed *(circle those completed)*:
Chlamydia GC/Gonorrhea Herpes HIV RPR/Syphilis

Hormonal Contraception Without Physical Exam Medical History Form

Are you breastfeeding now? Yes No
Do you use tobacco? Yes No If yes, how much? _____
Have you had the following:
Diabetes Yes No
Seizures Yes No
High blood pressure Yes No
High cholesterol Yes No
Which birth control have you used before? *(circle those that apply)*
Pills PatchRing DMPA Lunelle Norplant
When was your last Pap test? _____
Are you currently sexually active? Yes No
Do you use condoms? Always Sometimes Never
Would you like a screening for Chlamydia and Gonorrhea? Yes No
Education given *(circle for yes)*:
All methods brochure Smoking Pap STI/Condom Folic Acid
Referral given for further medical evaluation? Yes No
Prescription for birth control given? Yes No

APPENDIX E –

Draft Interview Questions Re: Contract Compliance

1. Do you distinguish between high-risk/targeted clients (supported by this grant) and other clients? If so, how?

2. Describe (or provide information) on your case management program/system? Who qualifies or is referred for case management? Describe your follow-up procedures or systems?

3. How has this program supported your work? What are the major benefits (and drawbacks) of this program?

4. Are the contract requirements appropriate? Feasible? Do you have recommendations for improvement?

5. Describe your data collection/management system for this program? Is it integrated or stand alone? How could it be improved?

6. Are there additional preconception services you believe are necessary/important but are unable to provide? What are your barriers to providing additional/different services? (Financial? Lack of clinical guidelines? Other?)

7. What would be helpful to you in meeting the needs of your preconception clients?

8. Is there anything else you would like to tell us about your clinic and/or the preconception program?

APPENDIX F –

Additional Data From Chart Audit

PLANNED PARENTHOOD OF DELAWARE

DEMOGRAPHICS

Planned Parenthood Zip Codes – Chart Audits		
Zip_Code	**Frequency**	**Percent**
Target Areas	172	55.3%
19701	7	2.3%
19702	19	6.1%
19703	16	5.1%
19711	20	6.4%
19713	12	3.9%
19720	14	4.5%
19801	10	3.2%
19802	10	3.2%
19805	13	4.2%
19808	7	2.3%
19901	16	5.1%
19904	21	6.8%
19956	1	0.3%
19966	6	1.9%
19973	0	0.0%

Zip_Code	Frequency	Percent
Non-Target	139	44.7%
Out of State	30	9.6%
19706	2	0.6%
19707	1	0.3%
19708	1	0.3%
19709	4	1.3%
19716	1	0.3%
19717	5	1.6%
19719	1	0.3%
19734	1	0.3%
19770	1	0.3%
19803	9	2.9%
19804	5	1.6%
19806	2	0.6%
19807	3	1.0%
19809	13	4.2%
19810	4	1.3%
19903	1	0.3%
19930	1	0.3%
19933	2	0.6%
19934	2	0.6%
19938	5	1.6%
19939	1	0.3%
19943	4	1.3%
19945	3	1.0%
19946	1	0.3%
19947	2	0.6%
19950	2	0.6%
19951	1	0.3%
19952	3	1.0%
19953	1	0.3%
19958	4	1.3%
19962	2	0.6%
19968	2	0.6%
19970	3	1.0%
19971	6	1.9%
19975	2	0.6%
19977	7	2.3%
19986	1	0.3%

Race								
Site	African American		White		Other		Total	
	#	%	#	%	#	%	#	%
Claymont	27	27.3%	48	25.9%	8	32.0%	83	26.9%
Dover	30	30.3%	36	19.5%	9	36.0%	75	24.3%
Newark	15	15.2%	42	22.7%	7	28.0%	64	20.7%
Rehoboth	3	3.0%	38	20.5%	0	0.0%	41	13.3%
Wilmington	24	24.2%	21	11.4%	1	4.0%	46	14.9%
Total	99	32.0%	185	59.9%	25	100.0%	8.1%	100.0%
Frequency Missing = 6 *No CHI square calculated due to cells less than 5.*								

Age Group				
Age Group	Target		Non-Target	
	#	%	#	%
Less than 18	32	19%	18	13%
18 - 21 years old	46	27%	51	37%
21 - 30 years old	60	35%	51	37%
31 - 40 years old	34	20%	19	14%
Greater than 40	172	100%	139	100%
Frequency Missing=4 *Chi-Square 5.7155, prob=.1263*				

Marital Status						
Marital Status	Target		Non-Target		Total	
	#	%	#	%	#	%
Single/Never Married	132	81%	107	81%	239	81%
Married	18	11%	11	8%	29	10%
Divorced/Seperated/Widowed	12	7%	14	11%	26	9%
Total	162	100%	132	100%	294	100%
Missing=21 *Chi-Square= 1.41 Prob = .4936*						

Weekly Household Income						
Weekly Household Income	**Target**		**Non-Target**		**Total**	
	#	**%**	**#**	**%**	**#**	**%**
None	25	28%	11	17%	36	23%
$75 - $300	25	28%	23	35%	48	31%
$301 - $500	21	23%	17	26%	38	24%
Greater than $500	19	21%	15	23%	34	22%
Total	90	100%	66	100%	156	100%
Mean = 363.5113924 *Missing=159* *Chi-Square=2.7932, prob=.4246*						

Adults and Children in Household				
Number in Household	**Adults**		**Children**	
	#	**%**	**#**	**%**
0	8	3%	111	46%
1	110	44%	46	19%
2	98	39%	42	18%
3	19	8%	28	12%
4	7	3%	11	5%
5	4	2%	1	less than 1%
6	2	1%	0	0%
Total	248	100%	239	100%
Missing=67 *Mean=1.71*			*Missing=76* *Mean=1.1*	

Ethnicity				
Ethnicity	**Target**		**Non-Target**	
	#	**%**	**#**	**%**
Hispanic	6	6%	5	4%
Non-Hispanic	96	94%	133	96%
	102	100%	138	100%
Missing=75				

Employment Status						
	Target		Non-Target		Total	
Status	#	%	#	%	#	%
Full-time	40	24%	42	31%	82	27%
Part-time	42	26%	41	30%	83	28%
None	29	18%	19	14%	48	16%
Unemployed	53	32%	33	24%	86	29%
Total	164	100%	135	100%	299	100%
Missing=16 *Chi-Square = 4.02, Prob=.2593*						

Education						
	Target		Non-Target		Total	
Education	#	%	#	%	#	%
Less than HS	43	28%	23	20%	66	25%
HS or GED	67	44%	58	51%	125	47%
Some College	30	19%	19	17%	49	18%
BA or above	14	9%	14	12%	28	10%
Total	154	100%	114	100%	268	100%
Missing=47 *Chi-Square=3.2809 prob=.3503*						

Students						
	Target		Non-Target		Total	
Students	#	%	#	%	#	%
Yes	77	48%	59	46%	136	47%
No	83	52%	70	54%	153	53%
Total	160	100%	129	100%	289	100%
Missing=26 *Chi-Square=.1636 prob=.6859*						

HEALTHY BEGINNINGS

Christiana Care Health Services Data Charts

58 Observations

Demographic Information

Age

	Frequency	Percent
12-20 years	13	22.4%
21-25 years	20	34.5%
26-30 years	18	31.0%
31-35 years	5	8.6%
36+ years	2	3.4%
Total	58	100%

Ethnicity

	Frequency	Percent
Hispanic/Latino	3	5.2%
Not Hispanic/Latino	55	94.8%
Total	58	100%

Highest Level of Education

	Frequency	Percent
8th Grade or less	1	1.7%
9th-12th grade, no diploma	21	36.2%
HS graduate or GED completed	15	25.9%
Some college credit, no degree	12	20.7%
Associates degree	3	5.2%
Bachelors degree	5	8.6%
Post Bachelors degree	1	1.7%
Total	58	100%

Employment Status

	Frequency	Percent
Employed full-time	11	19.0%
Employed part-time	14	24.1%
Student	9	15.5%
Unemployed	23	39.7%
Other	1	1.7%
Total	58	100%

Student Status

	Frequency	Percent
Did not report being a student	44	75.9%
Reported being a student	14	24.1%
Total	58	100%

Marital Status

	Frequency	Percent
Divorced	1	1.7%
Married	8	13.8%
Partner	1	1.7%
Separated	1	1.7%
Single	47	81.0%
Total	58	100%

Enrolled Post-Partum

-This refers to patients that had a screening into the Healthy Beginnings program immediately following a pregnancy.

	Frequency	Percent
Not Post-Partum	30	51.7%
Post-Partum	28	48.3%
Total	58	100%

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