CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

ADMINISTRATIVE EVALUATION OF
MATERNAL AND INFANT CARE PROJECT

A project submitted in partial satisfaction of the requirements for the degree of Master of Science in

Health Science

by

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONE  INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>I. General Overview</td>
<td>1</td>
</tr>
<tr>
<td>II. The Problem Investigated</td>
<td>2</td>
</tr>
<tr>
<td>III. Organization of the Paper</td>
<td>2</td>
</tr>
<tr>
<td>TWO  BACKGROUND INFORMATION</td>
<td>5</td>
</tr>
<tr>
<td>I. Survey of the Literature</td>
<td>5</td>
</tr>
<tr>
<td>A. Administrative Evaluation</td>
<td>6</td>
</tr>
<tr>
<td>B. Administrative Evaluation in Public Health Administration</td>
<td>10</td>
</tr>
<tr>
<td>C. Patient Evaluation Studies</td>
<td>12</td>
</tr>
<tr>
<td>1. Patient Evaluation Relating to Medical Care</td>
<td>12</td>
</tr>
<tr>
<td>2. Patient Satisfaction Relating to Compliance</td>
<td>19</td>
</tr>
<tr>
<td>3. Evaluation in Maternal and Infant Care Projects</td>
<td>21</td>
</tr>
<tr>
<td>II. Background of the Project</td>
<td>22</td>
</tr>
<tr>
<td>A. Maternal and Infant Care Project, East Los Angeles</td>
<td>22</td>
</tr>
<tr>
<td>1. History</td>
<td>22</td>
</tr>
<tr>
<td>2. Goals</td>
<td>23</td>
</tr>
<tr>
<td>3. Services</td>
<td>24</td>
</tr>
<tr>
<td>CHAPTER</td>
<td>Page</td>
</tr>
<tr>
<td>---------</td>
<td>------</td>
</tr>
<tr>
<td><strong>FOUR</strong></td>
<td>RESULTS OF THE QUESTIONNAIRE</td>
</tr>
<tr>
<td><strong>FIVE</strong></td>
<td>CONCLUSIONS, IMPLICATIONS FOR ADMINISTRATIVE DECISION-MAKING, RECOMMENDATIONS, AND SUMMARY</td>
</tr>
<tr>
<td>I. Conclusions</td>
<td>45</td>
</tr>
<tr>
<td>II. Implications for Administrative Decision-Making</td>
<td>46</td>
</tr>
<tr>
<td><strong>THREE</strong></td>
<td>METHODOLOGY</td>
</tr>
<tr>
<td>I. Purpose of the Project</td>
<td>29</td>
</tr>
<tr>
<td>II. Definitions of Significant Terms Used in the Project</td>
<td>29</td>
</tr>
<tr>
<td>III. Design of the Survey</td>
<td>31</td>
</tr>
<tr>
<td>A. Development of the Questionnaire</td>
<td>32</td>
</tr>
<tr>
<td>1. Testing for Suitable Content</td>
<td>33</td>
</tr>
<tr>
<td>2. Pre-Testing</td>
<td>33</td>
</tr>
<tr>
<td>B. Administration of the Questionnaire</td>
<td>33</td>
</tr>
<tr>
<td>IV. Collection and Analysis of the Data</td>
<td>35</td>
</tr>
<tr>
<td>V. Rationale of Questionnaire Construction</td>
<td>35</td>
</tr>
<tr>
<td><strong>B. Description of the Population Studied</strong></td>
<td>25</td>
</tr>
<tr>
<td><strong>C. Limitations and Constraints of the Project</strong></td>
<td>27</td>
</tr>
<tr>
<td>CHAPTER</td>
<td>Page</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>III. Recommendations</td>
<td>48</td>
</tr>
<tr>
<td>IV. Summary</td>
<td>49</td>
</tr>
<tr>
<td>SELECTED BIBLIOGRAPHY</td>
<td>52</td>
</tr>
<tr>
<td>APPENDICES</td>
<td>56</td>
</tr>
</tbody>
</table>
ABSTRACT

ADMINISTRATIVE EVALUATION OF
MATERNAL AND INFANT CARE PROJECT

by

Judy Robbins Rosen

Master of Science in Health Science

May, 1975

The purpose of this project was to utilize a patient satisfaction study to determine implications for administrative decision-making in the East Los Angeles Maternal and Infant Care Project. A review of the literature revealed that administrative evaluation is an important aspect of any health program. Studies showed that patients' opinions of health programs provide critical feedback as to how effective the services have been.

A survey was designed to determine the overall level of patient satisfaction among prenatal patients attending either Ferris Health Center or Maravilla Sub-Center in East Los Angeles. A questionnaire was developed in order to conduct the survey. The results
of the questionnaire showed that most of the patients were very satisfied with the services they received. Additionally, patients responded that the Maternal and Infant Care Project staff took an interest in them and that they felt that the services were confidential and of a high quality. One area of misunderstanding regarding clinic procedures was noted.

Based on the results of the survey, several implications for administrative decision-making were developed. It is important that administrative policies for the delivery of prenatal health care services include periodic patient and staff evaluation studies to determine the effectiveness of a particular activity or program. In addition, administrators can provide the necessary patient services through the utilization of group patient education.
CHAPTER ONE

INTRODUCTION

Chapter One is divided into three components; a general overview of the subject matter, discussion of the problem investigated, and a statement about the organization of the paper.

General Overview

Administrative evaluation is an important aspect of any public health program. This type of evaluation is closely tied to program planning and the daily operation of public health services in that it provides information to administrators regarding the effectiveness of their programs (Suchman, 1967). Determining the efficacy of a program through participant evaluation is one form of administrative evaluation. Participants (patients) are asked how they liked a particular program, whether they benefited from it and whether it was worthwhile (Weinerman, 1964). Studies have been conducted to determine the level of patient satisfaction in a particular program or among patients of a particular doctor (Klein, 1961), (Sussman, 1967), (Deisher, 1965),
(Koss, 1955), (Fisher, 1971), (Alpert, 1970), (Hulka, 1971). The results of evaluating health care delivery from the patient's viewpoint has provided feedback to providers as to the effectiveness of their efforts.

The Problem Investigated

This project utilized a patient satisfaction study in order to develop implications for administrative decision-making related to two East Los Angeles Maternal and Infant Care Project clinics (Ferris Health Center and Maravilla Sub-Center). Patient satisfaction is an important aspect of the total evaluation of any health program. There has been very little investigation in Maternal and Infant Care Projects regarding patient attitudes about services.

Organization of the Paper

This paper is divided into five chapters. The first chapter provides a general introduction into the subject matter of the project, as well as a discussion of the importance of the selected topic.

Chapter Two provides all of the background information relating to this project. The first part of the chapter (the survey of the literature) is divided into four main categories: administrative evaluation,
administrative evaluation in public health administration, patient evaluation studies, and evaluation in maternal and infant care projects. The second part of the chapter deals with the specifics relating to the Maternal and Infant Care Project in East Los Angeles. The background of the project is divided into two areas: the Maternal and Infant Care Project (including the history, goals and services) and the population studied. The last part of Chapter Two contains a discussion of the limitations and constraints of the project.

The third chapter is concerned with the methodology of the project. This chapter includes a statement about the purpose of the project, definitions of significant terms, and the design of the survey. The design of the survey encompasses the development of the questionnaire, administration of the questionnaire, collection and analysis of the data, and rationale of the questionnaire construction.

Chapter Four contains a discussion of the results of the questionnaire.

The final chapter presents the conclusions, implications for administrative decision-making,
recommendations and a summary.
CHAPTER TWO

BACKGROUND INFORMATION

Chapter Two contains three main subject areas; survey of the literature, background of the project, and limitations and constraints. The survey of the literature is divided into four primary headings; administrative evaluation, evaluation in public health administration, patient evaluation studies, and evaluation in Maternal and Infant Care Projects. The background of the project includes the history, goals and services of the East Los Angeles Maternal and Infant Care Project, as well as a description of the population served.

Survey of the Literature

The survey of the literature covers the areas of administrative evaluation and patient evaluation studies. Evaluation is discussed as it relates to administration and administrative research. The history of evaluation in public health administration is reviewed, as well as a method of evaluating a public health program. Additionally, evaluation in Maternal and Infant Care Projects throughout the United States is reviewed.
Administrative Evaluation

Suchman (1967:8-20) defines administrative evaluation as the application of empirical research methodology in evaluative studies in order to determine the worth of a program. Suchman states that administrative evaluation, as one aspect of program administration, is an essential part of the total administrative process related to program planning, development and operation. Additionally, Suchman points out that evaluation plays a central role in the growth of administrative science. The author states that evaluative hypotheses and evaluative studies have largely grown from administrative hypotheses dealing with and scrutinizing "the relationship between some pragmatic activity and the attainment of some desired action" (Suchman, 1967:20-21). According to Suchman (1967:91) evaluative research is primarily concerned with administrative decision-making rather than the acquisition of knowledge.

Suchman (1967:90-91) notes that evaluation is carried out as one part of the total operation of a program, while Lewis (1946:3) states that knowledge about, and action toward specific programs are closely related to evaluation. In the following statement
Lewis (1946:3) described this interrelationship:

Knowledge, action and evaluation are essentially connected. The primary and pervasive significance of knowledge lies in its guidance of action: Knowing for the sake of doing. And action obviously, is rooted in evaluation. For a being which did not assign comparative values, deliberate action would be pointless; and for one which did not know, it would be impossible.

Suchman (1967:31) draws a clear distinction between evaluation (the process of determining the worth of a program or service regardless of how it is done) and evaluative research (the specific method utilized in making the evaluation). He states that this separation permits the social science researcher to classify evaluation studies according to the study's purpose (objective), and the particular method employed in the research. Based on Suchman's thesis, evaluation may be defined as "the determination of the results attained by some activity designed to accomplish some valued goal or objective" (Suchman, 1967:31).

Suchman (1967:78-82) also states that evaluative research has no special methodology; it utilizes all of the techniques for collecting and analyzing data, as well as employing many types of research designs. According to the author, evaluative research may be carried out in the community (empirical) or in a laboratory environment.
Additionally, he states that evaluative research is largely limited to a certain time and place, and that researchers in this field often use the one-shot study as the format for an evaluation.

Klineberg (1955:346-352) defines evaluation as "a process which enables the administrator to describe the effects of his programme, and thereby to make progressive adjustments in order to reach his goals more effectively". Klineberg also suggests that there exists an intrinsic relationship between evaluation, program planning, and development, and that results derived from evaluative research provide the impetus for redesigning service programs so that they prove more effective.

Getting (1965) defines evaluation as determining the value or worth of a public health program. The purpose of evaluation, according to Getting, is to measure and separate the valuable from the valueless, and then compare the two elements. Getting goes on to say that evaluation measures the relative values of programs, sections of programs, services and activities.

Southard (1955:17-18) points out that an activity or program may be evaluated on the basis of one or more levels or types of measurement based on different value
systems. The first level, according to Southard, is that of the recipient group evaluating the program according to the participants' own personal objectives and value systems. Southard states that this evaluation is essentially the individual's or group's estimation of the relative success or failure of the program. Southard goes on to say that the second level is where a group of experts evaluate the program based on an examination of the services and a comparison with other similar services. The third level described by Southard is the scientific measurement of program effectiveness according to standardized procedures.

McDill (1969:43-44) reports that participants' opinions about a program are sometimes used as an "outcome" measure. McDill states that participants in programs are asked whether they liked the program, found it helpful for them, and if they would recommend it to other persons. This type of measure, according to McDill, is widely used when the specific goal or objective of a program is to encourage participants to have a positive attitude toward the program.
The American Public Health Association (Rosen, 1960: 225-226) defines evaluation in public health as:

The process of determining the value or amount of success in achieving a predetermined objective. It includes at least the following steps: Formulation of the objective, identification of the proper criteria to be used in measuring success, determination and explanation of the degree of success, recommendations for further program activity.

Evaluation in the literature of public health administration is not new. In the 1919 edition of Administrative Medicine, George Palmer (1919:923-936) describes the use of comparative ratings of public service and community agencies. He reports that the evaluation of each agency was based on an evaluation schedule, also known as an appraisal form. According to Palmer, the evaluation schedule had a method of rating the degree of achievement for each individual program. The ratings were based primarily on the actual services rendered, as well as funds and personnel.

According to Getting (1967:408-413) the use of the critical self-appraisal form became widespread after World War I. At that time, reports Getting, social
service agencies grew rapidly, which gave rise to concern over the lack of standardization of services. The self-appraisal evaluation technique was employed to increase the standardization among programs and offer some incentive for agencies to meet the established standards. Getting states that this particular type of evaluation served a very important role in building an awareness of the need for standards and for evaluative research.

Suchman (1967:20-23) notes that since World War II the field of evaluative research has grown and expanded. According to Suchman, evaluative or administrative research presently attempts to adhere closely to the canons of scientific procedure; however, the foremost concern of evaluative research is in determining the worthwhileness or value of a particular program or project. The author points out that an overwhelming concern to the public health researcher is the applicability of the evaluation study and its potential use by administrators of programs, especially in improving services. Suchman suggests that there are times when the rigors of scientific methodology have to be replaced with more practical methods of research which can be applied within the confines of an organization.
Krauss (1962:141-146) suggests a three-step approach in evaluating public health programs. The author suggests that first, a determination be made of the organizations' stated goals. Then, the researcher should examine the organizations' daily activities, defining specifically what is done each day and by whom. The next activity is a comparative analysis of steps one and two in order to determine if the organization is performing up to stated expectations.

**Patient Evaluation Studies**

The following is a review of the literature pertaining to patient evaluation studies. This section is divided into two parts; patient satisfaction relating to medical care, and patient satisfaction relating to compliance.

**Patient Evaluation Relating to Medical Care**

Klein (1961:138-144) suggests that professionals engaged in research and administration of health programs have been confronted with the issue of adequately measuring program effectiveness. In looking into the issue of evaluating outpatient care, Klein (1961:138-144) examined what professionals in public health believe to be key components of "good patient care". The author's
study comprised the opinion of twenty-four nursing supervisors, directors of social service and medical directors in six metropolitan hospitals. All of the participants were asked to examine the broad issue of patient care and more specifically the following sub-categories: 1) attitudes of personnel toward patients, doctors, etc.; 2) interrole interdepartmental coordination; 3) caseloads; 4) patient satisfaction and convenience; 5) medical skills and facilities; and 6) follow-up. The respondents were asked to pick out the best and worst clinics they had ever seen (in terms of quality of patient care), the best and worst clinics in their own hospitals, and the specific reasons for their ratings.

In this study by Klein, the rank order of the variables was determined. Patient satisfaction and convenience was mentioned by fifteen respondents at a frequency of twenty-seven times. Although this delimiter was not the most important, Klein notes that it was among the top four mentioned.

The results of Klein's study indicated that administrators of outpatient facilities believe that some social and psychological factors are better indicators of the quality of patient care than technical and
medical factors (Klein, 1961:138-144).

The results of Klein's study indicated that administrators of outpatient facilities believe that some social and psychological factors are better indicators of the quality of patient care than technical and medical factors (Klein, 1961:138-144).

Sussman (1967:10-11) reports a four-year study on outpatient services which examined both medical-technical and administrative interests as they relate to the overall appraisal of the quality of patient care and the adequacy of training and research facilities. The study examined patient and staff evaluation of the services and personnel at Cleveland University Hospital. Patient and staff satisfaction were the dependent variables while "all other factors in the clinic setting were examined for their effects on these outcomes" (Sussman, 1967:2). Satisfaction was defined by Sussman as a generalized attitude toward and a feeling about an organization or its employees resulting from specific aspects of the social and physical environment.

The results of Sussman's study indicate that two of the most important factors affecting patient satisfaction were the amount of time spent with the physician,
and the degree to which a patient was informed as to his condition and progress. According to Sussman (1967:13-14), the amount of time spent with the physician was interpreted as either the thoroughness of the physician's work or his interest in the patient. Sussman (1967:192-194) concluded that the outcome 'patient satisfaction' was dependent upon the patient's interpersonal experiences in the clinic.

Deisher (1965:82-90) conducted an opinion survey of mothers who take their children to pediatricians in the Seattle, Washington area. The study included 136 mothers: 80 were sampled in a pediatrician's office; 56 were contacted and responded through the mail. The results show that 98% of the mothers were highly satisfied with the medical care their children were receiving. According to Deisher, the various parameters relating to satisfaction mentioned by the mothers included: the high quality of the medical care, personal qualities of the doctor, the pediatrician's interest in the child, the amount of time spent examining the child, and the physician's willingness to receive phone calls.

Koss (1955:1551-1557) conducted a probability sample of 100 families in a large metropolitan area regarding
their attitudes toward health care delivery. According to Koss, three areas of dissatisfaction were cited: 1) inconveniences for the patient, such as: the lack of house calls, long waits in the doctor's office; 2) the high cost of hospitalization; and 3) many doctors' apparent lack of interest in the patient.

Weinerman (1964:887) states that it is important to ascertain patients' opinions of health care they receive since such opinions provide "indispensable feedback for those responsible for planning and program development". Weinerman suggests that patients' attitudes can positively or negatively affect the success or failure of a program. The author notes that patient dissatisfaction can often limit the degree to which medical advice and attention is sought, as well as limit patient compliance.

Fisher (1971:16) conducted a study on patients' evaluation of outpatient medical care in the Medicine Outpatient Clinics of the University of Oklahoma Hospital. The purpose of the project was to explore what factors affect patient satisfaction.

According to Fisher (1971:17-18) there seemed to be a close association between satisfaction and 1) doctor's interest in the patient; 2) explanation of patient's
condition; and 3) improvement in the ailment. The author states that dissatisfaction was associated with 1) patients not seeing the same doctor at each visit; 2) waiting time; 3) seating comfort; 4) length of stay; 5) parking; and 6) convenience of food facilities.

Alpert (1970:499-505) conducted a three-year study on patient satisfaction of low-income families in the Boston area. Three groups were followed: 1) those receiving an 'experimental pediatric care program' which offered comprehensive acute and preventive services for all children in the family, and 2) two other groups who received the standard pediatric care at Boston Children's Hospital Medical Center. According to the author, the study attempted to measure the patients' (the mothers of the pediatric patients) attitudes and satisfaction regarding: preventive health practices; general attitude toward physicians; and the relative importance of health.

Alpert (1970:499-505) states that the results show that there was no significant difference between the groups on general attitudes toward medical care. However, Alpert observed an increased satisfaction with care that was actually delivered to the patient and increased preference for a primary care physician among the experienced group.
Alpert suggests that more research should be undertaken to evaluate existing models of patient care.

Hulka, et al (1971:661-669), developed a scale to measure patient attitudes toward physicians and medical care. The scale was designed to separately measure patients' attitudes toward professional competence, personal qualities of the physician, and the cost/convenience of the medical care. In late 1969, Hulka utilized the scale to identify certain factors which may be associated with patient satisfaction with medical care.

The results, according to Hulka (1971:666-669), show that there is an inverse relationship between increasing family size (1 to 4+ members) and high scores on all factors (professional competence, personal qualities of the physician, cost/convenience) and to the total score. Additionally, increased levels of educational attainment (from seventh grade to high school) showed increased patient satisfaction.

Hulka also reports that persons of skilled occupations had higher levels of satisfaction than those of either semiskilled or unskilled occupations. The author notes that 77% of the study population had a regular source of medical care, whether private physician or
That portion of the population with a regular source of medical care generally expressed a higher level of patient satisfaction. In addition, those persons who stated that all or part of their medical bills were paid by their insurance had higher satisfaction scores than those without such coverage. A doctor visit within the previous four weeks was also positively associated with higher overall satisfaction.

According to Hulka (1971:668-669), no differences in satisfaction with medical care were found in relation to age, race, sex, census tract of residence, marital status, duration of residence in the community, and number of medical symptoms within the previous four weeks.

Patient Satisfaction Relating to Compliance

Francis, et al (1969:538-540), investigated the relationship between patient satisfaction and compliance with medical regime. Eight hundred outpatient visits at Children's Hospital of Los Angeles were studied with the purpose of evaluating the effect of the verbal interaction between doctor and patient (the mother of pediatric patient) on patient satisfaction and follow-through on medical advice.
According to Francis, the results show that 24% of the patients interviewed were grossly dissatisfied, 38% were "moderately compliant", while 11% were noncompliant. There seemed to be a close association between the fulfillment of patient expectation of medical care and patient satisfaction. According to the author, the patients were expecting a warm doctor-patient relationship, as well as an explanation of the diagnosis and cause of the child's illness. Francis states that increased complexity of prescribed medical regime interfered with patient compliance. Additionally, when the mothers perceived their child's illness as very serious there was more compliance with doctor's advice than if the disease seemed minor. In sum, it was noted by Francis (1969:538-540) that there is a "significant relationship" between patient satisfaction and compliance.

In 1973, Dr. R. Brian Haynes and Dr. David L. Sackett held a working symposium on the design, execution and evaluation of compliance research (Ball, 1974:268-282). The problem oriented format of the symposium included the summarization of existing literature and the discussion of innovative proposals for further research. Ball (1974:268-282) states that the review of the literature
presented at the symposium showed that there was greater compliance to medical regime with increased supervision and patient satisfaction. The author goes on to state that the greater the required behavioral change by the patient the poorer the compliance. Additionally, when patients received "continuity of care" there was better compliance (Ball, 1974:268-282).

Ball (1974:268-282) suggests that there are several changes that physicians can make in order to alleviate the problems mentioned at the symposium. The suggestions are: 1) decrease behavioral changes required; 2) reduce the complexity of medical regimes; 3) increase the convenience and efficiency of the clinic; 4) increase supervision; and 5) try harder to satisfy the patient.

Evaluation in Maternal and Infant Care Projects

Wholey (1970:451-471) reports that there is very little data available relating to the effectiveness of Maternal and Infant Care Projects across the nation. Due to the paucity of concrete data, the author states that most decisions on the expansion of maternal and child health programs rest solely on the "professional judgment" of the project administrators.
Background of the Project

The background section is divided into two main areas:

1) The Maternal and Infant Care Project, East Los Angeles; and

2) A description of the population studied.

The discussion of the Maternal and Infant Care Project includes information on the history, goals and services of the project. The limitations and constraints of this writer's project are discussed at the end of the chapter.

Maternal and Infant Care Project, East Los Angeles

The following is a discussion of the history of Maternal and Infant Care Projects, the goals of one particular project, and the services provided by the same project. Additionally, a description of the patient population studied follows, as well as a list of the major problems of the population.

History

The Maternal and Infant Care Project (MIC) of the Los Angeles County Department of Health Services is designated under Section 508, Title V of the Social...
Security Act (U.S. Department of HEW, 1973:29) authorizing grants for projects to:

help reduce the incidence of mental regardation and other handicapping conditions caused by complications associated with childbearing and to help reduce infant and maternal mortality by providing necessary health care to high-risk mothers and their infants.

The MIC Project grew out of a national need to provide health care for pregnant women and their babies in "health depressed" areas of the nation (Whooley, 1970:451-471). In the United States major efforts have been made to improve the quality of medical care among low income families and to devise new approaches to the many problems of providing care (U.S. Public Law, 1958). The Maternity and Infant Care Programs, and the 1965 amendments which provide for comprehensive child health projects, are among the major programs established to improve the health of low-income families. The amendments opened the way toward providing quality and quantity health care and insuring the acceptability and accessibility of the services (U.S. Public Law, 1958).

Goals

The East Los Angeles MIC Project (Project Report, 1972) has as its primary goal to promote optimal
childbearing and childrearing. In addition, the following are the project's stated goals:

1. To foster the most productive use of MIC services, as well as other health and social resources in the community.

2. To acquire additional programs and resources in order to meet the demonstrated needs of MIC patients.

3. To encourage MIC patients and their families to assume responsibility for themselves through informed participation in their care.

4. To help patients to safeguard their health and the health of their families.

5. To promote productive and satisfying interactions between the community, the patients and the MIC staff.

Services

Prenatal and some pediatric services are provided to women and infants residing within the boundaries of the East Los Angeles Health District. (See Appendix 1). The project provides nutrition, social work, nursing and prenatal care service. Each patient is interviewed at least once by each health professional and follow-up counseling is conducted, if necessary. All patients are assigned, by census tract, to a public health nurse who visits the patients at home prior to delivery and again after the infant is brought home from the hospital. If
a patient has any special problems she can relate directly to the public health nurse assigned to her or to any of the other staff members (Project Report, 1972).

Additionally, the East Los Angeles MIC Project provides educational classes in all aspects of pregnancy, delivery, and care of the newborn. Currently, patient education classes are being devised to meet the needs of those patients who require special attention for what is termed a "high risk pregnancy" (One with more than normal problems).

**Description of the Population Studied**

There are two Maternal and Infant Care (MIC) clinics in the East Los Angeles Health District. The health district is composed of unincorporated county territory which includes City Terrace, Belevedere, East Los Angeles, and the incorporated cities of Montebello and Commerce. Although the City of Commerce is primarily industrial, its few residential areas are predominantly Mexican-American. The City of Montebello is commonly referred to as a "bedroom community". The population in this health district exceeds 162,000 persons (Dear, 1967) (See Appendix 1).
The Los Angeles County Department of Health Services

Master Plan-Inventory of Health Problem Statements

Central Region (L.A. Co. Dept. of Health Services, 1973) lists the following as major problems for the East Los Angeles Health District:

1. High cost of medical care
2. Lack of adequate dental services
3. High population density
4. Lack of community based facilities for unwed mothers
5. Lack of sick baby clinics
6. Language barriers to health services
7. Lack of health services for illegal immigrants
8. Impersonal health care delivery
9. Lack of family and youth counseling services
10. Lack of prenatal care and education

The two MIC clinics offer services to any women residing within the health district boundaries. (See Appendix 1). The women attending the MIC prenatal program at the Maravilla sub-center primarily reside in the City Terrace Hill area. At the Ferris Street health center most of the patients are from the City of Commerce and from the geographically flatter areas of East Los Angeles.

The majority of the women at both clinics are between the ages of twenty and twenty-four years. The age range is between less than fifteen and thirty-five (16% at
Ferris and 1.3% at Maravilla) and over 35 (5.9% at Ferris and 4.1% at Maravilla) (Perley, 1975).

The socioeconomic status of the MIC patients is close to the federal standard of poverty (family of four with an annual income of less than $5000). Many of the patients qualify for a federally funded food supplement program, WIC (Women and Infant Care). This supplemental program provides food vouchers to be used by the patient to purchase foods essential for a healthy pregnancy and the maintenance of a nutritious diet for infants (Sarabia, 1975).

Additionally, the average grade level attained by the MIC patients is between the 5th and 6th grades. Most of the patients speak only Spanish, while a few are bilingual. Since the patients have very little schooling, most of them have not learned any particular skill which could provide them with gainful employment (Sarabia, 1975).

Limitations and Constraints of the Project

This project was limited to the women seeking prenatal care at either Ferris Health Center or Maravilla sub-center from February 13, 1975 to March 7, 1975. Although this was not a representative sample of all pregnant women in the East Los Angeles area, it does
represent those who chose to attend the county health clinic for prenatal care.

Time restraints imposed by organizational developments and agency administrative decisions resulted in a hurriedly prepared questionnaire and a restricted sample.

Additionally, language became a significant problem in the project. The vast majority of the women attending the MIC clinics speak only Spanish. This writer's working knowledge of Spanish is very limited; consequently, the staff was asked to act as interpreters for the writer on several occasions.
CHAPTER THREE

METHODOLOGY

The following chapter includes a statement of the purpose of the project, definitions of the significant terms used, the design of the survey and the justification of the questionnaire. The design of the survey is broken down into sub-areas; development of the questionnaire, administration of the questionnaire, and collection and analysis of the data.

Purpose of the Project

The purpose of this project was to utilize a patient satisfaction survey to develop implications for administrative decision-making relating to patient care in a MIC Project.

Definitions of Significant Terms Used in the Project

The following terms are defined to clarify the stated purpose of the project.

1) Project - A requirement toward the successful completion of a master's program at California State University, Northridge. The student is expected to prepare a paper in his or her academic field of endeavor.
2) Patient Satisfaction Survey - An examination of patients' attitudes and feelings about the health care they have received.

3) Implications - A list of suggestions developed by this writer for use by the administrative staff of the MIC Project.

4) Administrative Decision-Making - The decisions made by the administrative staff of the MIC Project relating to the overall functioning of the clinic. The total concept entails the process by which policies are formulated and set into action.

5) Patient Care - The delivery of medical care related to the patient's health problem provided at the MIC clinic. Such care includes social work, nutrition, nurse and physician consultation services.

6) MIC Project - Maternal and Infant Care Project - A federally funded project which provides prenatal health care services (some pediatric care) to women residing in certain areas of Los Angeles County. The Project is administered and operated by the Los Angeles County Department of Health Services.

7) Intake Session - The first clinic visit for every prenatal patient. Clinic services and procedures are
explained to the patients. Baseline data (both physiologic and social) is gathered by the staff at this session to aid in the further care and treatment of the patient. The Intake Session (MIC, 1972) is supposed to accomplish the following:

Intake is to provide an atmosphere of friendliness and personalized care giving. The patient is to learn, during the session, many things so that when she leaves she has a feeling of confidence in the quality of service she will receive. She will have become, on a one to one basis, acquainted with at least three persons who she will meet again at New Patient Clinic. She is to be informed of the reason for all the procedures she goes through at Intake. The program hopes to sell itself to the patient. The patient will be able to compare MIC prenatal services to other prenatal services in the community, hopefully, favorably. The patient should feel like returning to the next sessions and she should have a good idea of what her responsibilities will be in the program.

Design of the Survey

In order to conduct a patient satisfaction survey in the East Los Angeles MIC clinics the following tasks were undertaken:

1) Development of a patient satisfaction questionnaire;

2) Pretesting of the questionnaire;

3) Administration of the questionnaire; and

4) Collection and analysis of the data.
Development of the Questionnaire

The patient satisfaction survey instruments available in the literature deal almost exclusively with patients' reactions to physicians and the cost/convenience of medical care (Hulka, 1971), (Alpert, 1970), (Deisher, 1965), (Fisher, 1973). For the purposes of this project a survey instrument was developed relating specifically to the selected patient population and the MIC health care services. (See Appendix 2)

The questionnaire was developed to measure the overall level of patient satisfaction in two East Los Angeles MIC Clinics. This writer developed the questionnaire based on the survey instruments available in the literature. Additionally, the specific content of the MIC Intake session was taken into consideration.

The format of the questionnaire was patterned after a form developed by John E. Ware (Ware, 1970), School of Medicine, Southern Illinois University (the "A Priori Patient Satisfaction Scale (Form I). Ware's scale contains 80 statements, each structured as a complete sentence with a five-choice Likert-type response continuum. The scale items are worded so that one half reflect a favorable attitude toward medical care and the other half
reflect an unfavorable attitude

Testing for Suitable Content

The patient satisfaction questionnaire used in this project was tested for suitable content by the MIC Education Committee. A group of experts in the field of prenatal medical services was asked to review the questionnaire. The group was concerned with the appropriateness of the questionnaire as is related to the specific patient population and to the construct of patient satisfaction. After two sessions of review, the questionnaire was accepted as valid.

Pre-testing

One clinic session at the Maravilla sub-center (February 13, 1975) was used for the pre-testing of the questionnaire. Ten patients were asked to fill out the questionnaire. The results of the pre-testing showed that there were no problems in comprehension or wording of the questionnaire.

Administration of the Questionnaire

Every patient attending an MIC Intake in the East Los Angeles Health District from February 13, 1975 through March 7, 1975 was asked to fill out a questionnaire. The exact dates and sample size (in parenthesis)
of each clinic session are presented below:

Maravilla - February 13th (13), 20th (10), 27th (12), and March 6th (8);
Ferris - February 11th (10), 21st (9), 28th (11), and March 7th (10).

The Intake session is the patient's first contact with the MIC clinic and staff. Both Ferris and Maravilla health centers have intake sessions which accomplish the same goal: to introduce the clinic services to the patient and to gather pertinent data about patient which will be used in the ongoing care and treatment of the woman. The difference in the two health centers' intake sessions is that Maravilla has organized and implemented a group patient education class. The Ferris health center provides the same information to the patients, as does the Maravilla center; however, it is on a one-to-one basis.

The questionnaire, printed in English and Spanish, was given to the patients at the end of the Intake session. Each patient was asked to fill out the questionnaire before they left the clinic. All of the patients filled out the questionnaire and returned it to the writer before their departure.
If a patient did not understand the questionnaire, and they were Spanish speaking, they were assisted by one of the bi-lingual staff members. The staff was asked to explain the questionnaire as a tool to find out what the patients thought about the services they received. The English speaking patients having difficulty in filling out the questionnaire were assisted by the writer.

Collection and Analysis of the Data

All of the questionnaires administered at both of the East Los Angeles health centers were collected by the writer. The writer was present at all of the Intake sessions during which the questionnaire was administered.

The questionnaires were reviewed by the writer for their completeness. Each question was scored according to the number of answers in each column (i.e., strongly agree, agree, strongly disagree, disagree, and don't know). A total score for each possible response was tallied. The scores were converted into percentages so that a determination could be made as to how the patients felt about each question.

Rationale of Questionnaire Construction

The introductory paragraph of the questionnaire was
patterned after a study of satisfaction with medical care among low income patients reported by Hulka, et al, (1971). In this study the questionnaire contained instructions reading "we want to know what you think about doctors and the care you have received". The statement was intended to have the respondent express his or her feelings about doctors, based on personal experiences.

Question 1

There had been speculation about how patients feel when they arrive at the clinic for their first visit. The consensus among the Education Committee was that most patients were nervous which in some way was affecting their overall satisfaction with the clinic. This question was designed to ascertain if patients felt ill at ease or nervous when they first come to the clinic.

Question 2

The Intake session is supposed to leave the patient with a feeling of confidence in the quality of service she will receive. This question was aimed at determining if the patient felt that she would receive good quality care (Deisher, 1965) (MIC, 1972).
Question 3

The rationale for this question is that if a patient looks favorably upon the services she has received, she is more likely to recommend the clinic to her friends and family.

Question 4

The basic difference in the Intake session at Ferris Health Center and Maravilla sub-center is the manner in which the information of the clinic services and patient education is relayed to the patients. Question 4 was written differently for the Ferris Health Center and the Maravilla sub-center. The wording of the question for Ferris reflects patients' opinions as to whether group patient education would be helpful to them. The same question in the Maravilla questionnaire determined what patients think about the group patient education they have received.

Question 5

This question was included to determine a patient's feeling about the confidentiality of the services she receives. It is stressed many times during Intake that all of the information elicited from the patients is confidential and that no one outside the staff will be
allowed access to the data.

**Question 6**

This question asked the patients to evaluate their interactions with the staff. Patients who felt that the staff took an interest in them and that someone cared about them are more likely to be generally satisfied with the services (Deisher, 1965) (Korsch, 1969).

**Question 7**

Prior to the patient's coming to the clinic, a letter of explanation about the services and procedures was mailed to their home. This letter stated that on the first visit they will see a nurse, a social worker, and a nutritionist. It also said that the patient would see the doctor on their second visit. The staff felt that many of the patients became anxious at the thought of seeing the doctor on their first visit. This question determined the patient's belief as to whether or not she would see the doctor at the first clinic session. (Appen.3)

**Question 8**

The purpose of this question was to evaluate the patient's comprehension of the services rendered. An understanding of services to be received promoted an acceptance of the agency.
Question 9
This question was aimed at determining the patient's attitude about the clinic after contact with the nurse, social worker and nutritionist.

Question 10
This question was included with the intent of determining the differences in the level of patient satisfaction among the women who were prior MIC patients, i.e., those patients who had been cared for by MIC for a previous pregnancy, and all of the new patients. However, since this project is more of a "slice in time" analysis, the results of this question were not used.
CHAPTER FOUR

RESULTS OF THE QUESTIONNAIRE

In analyzing the responses to questions 1 and 9, there appeared to be a marked difference in how the patients felt at the onset of the clinic session as opposed to the end. Sixty-one percent of the patients felt that they were "nervous" or ill at ease when they first came to the Ferris health center, compared to twenty-nine percent not "nervous". After talking to the MIC staff ninety-three percent felt more at ease, while only seven percent were not. At the Maravilla sub-center the results did not indicate a marked difference in regard to initial nervousness (e.g., 54% nervous vs. 51% nervous). All patients agreed that they felt more at ease after talking to the nurse, social worker and nutritionist.

The patients' belief of receiving good clinical care was very high. Ninety-four percent of the patients at Ferris health center felt that they would receive the best possible maternal care at the MIC clinic. Only three percent disagreed, while three percent did not
know. At Maravilla all patients reported that they would receive the best possible maternal care.

The majority of respondents felt that they would tell their friends and/or family to come to the MIC clinic for maternal care. The analysis of the data showed that all patients at Ferris and ninety-eight percent at Maravilla had strong enough feelings which would motivate them to tell others to come to the clinic. A closer analysis of the data revealed that fifty-five percent of the women at Ferris felt that they "strongly agreed" with the statement, "I would tell my friends or family to come to this MIC clinic for maternity care.

The major difference between the two East Los Angeles MIC clinics is the manner in which patient education is presented to the women. As previously mentioned, the Maravilla sub-center has a group intake session which is combined with group patient education. At Ferris health center all of the patient education is done individually, on a one-to-one basis. The results of question 4 showed that all patients who had group patient education viewed it favorably. Similarly, seventy-one percent of those patients who did not have group patient education felt that it would be valuable
to their understanding of the clinic and its services.

Confidentiality is an extremely important issue in the total concept of the MIC Project. It is essential to the smooth functioning of the program that the patients understand that they can trust the staff with confidential information with the assurance that no information will be allowed outside of the MIC Project. Eighty-nine percent of the women questioned at Ferris felt that there was confidentiality between the patient and the staff. Similarly, ninety-six percent of the Maravilla MIC patients felt the same way. A small percentage at each clinic answered negatively to the question on confidentiality (Eleven percent at Ferris and four percent at Maravilla).

The tally of question number six showed that ninety-two percent of the patients at Ferris Health Center felt that the people they saw at the clinic took an interest in them. Ninety percent of the Maravilla patients responded the same way. Eight percent of the patients at Ferris and seven and one-half percent at Maravilla disagreed with the issue of interest in the patient.

Question number seven was included in the questionnaire for the purpose of determining the patient's
understanding of the services offered at the first clinic session. Many of the MIC staff felt that patient dissatisfaction was directly related to a lack of patient understanding regarding procedures at the first clinic visit. The results of the survey show that there were many patients who thought that they would be seeing the doctor at the first clinical visit. An almost equal number of patients at both clinics strongly agreed with the issue (Ferris 20% and Maravilla 18%). The total for all patients who thought that they would see the doctor at the first visit was sixty-nine percent at Ferris and sixty percent at Maravilla.

Most patients felt that they understood what each person they saw at the clinic could do for them. Eighty-five percent of the patients at Ferris and ninety-three percent at Maravilla were confident in their understanding of what the staff was capable of doing for each patient. However, there was a rather large percentage (15%) of patients at Ferris who did not understand what each staff member could do for them.

In sum, the results of the survey show that the participants in the MIC patient satisfaction study were very pleased with the clinic and the services they
received. The patients indicated that they would be receiving very good quality prenatal care and that they would recommend that others who were pregnant go to MIC for care. There was a marked difference in the patients' evaluation of how they felt at the beginning of the session and at the end. All patients who received group patient education rated the service highly while others who did not have the group session thought that it would have been worthwhile to them. The patients felt that the services were confidential and that the staff took an interest in them. Most patients understood what the staff could do to help them, although quite a few women at Ferris Health Center were not clear on the issue.
CHAPTER FIVE

CONCLUSIONS, IMPLICATIONS FOR ADMINISTRATIVE DECISION-MAKING, RECOMMENDATIONS, AND SUMMARY

Conclusions

The following conclusions are based on the results of this project:

1) Patient evaluation studies provide important information to administrators relating to the effectiveness of prenatal health care programs.

2) Health care programs can be presented in such a manner that patients can be made to feel more at ease by means of patient education.

3) Group patient education seems to be an effective way to orient the patient to the clinic and the responsibilities of both the staff and patient.

4) Intake sessions which include group education appear to provide the patient with a better understanding of the clinic procedures than those sessions which only offer one-to-one counseling.

5) Prenatal patients satisfied with health care services received will encourage others to seek similar
prenatal care.

6) Feelings of confidentiality can be enhanced by the relationship of the staff with the patient and the administrative policies of the clinic regarding the issue.

7) Misunderstanding and undue apprehension about the prenatal services may be caused by inadequate explanation of clinic procedures prior to the patient's first visit.

8) One-to-one communication with staff members is an important element contributing to overall patient satisfaction.

Implications for Administrative Decision-Making

The following are implications for administrative decision-making based on the results of this project:

1) It is important that administrative policies for the delivery of prenatal health care include periodic patient and staff evaluation studies to determine the effectiveness of a particular activity or program. Programs may have adequate funding, personnel, space, etc., and still fail to meet the needs of the patients served due to services perceived as inappropriate.

2) Administrators could carefully review the demographic and socioeconomic characteristics of a
patient population before planning, developing, or implementing prenatal health care programs. Unique characteristics of a patient group may contribute to the success or failure of a specific program.

3) Patients can be an important source of information to the community regarding available prenatal services. Administrative policies directing staff members to encourage patient participation in the dissemination of information to the community can prove extremely important for the overall functioning of the program.

4) Group patient education is an efficient and effective mode of patient orientation to the clinic procedures and the health care delivery system. Administrators can provide the necessary patient services through the utilization of group patient education.

5) Orientation of patients as to clinic procedures and the delivery of health care can be accomplished in the most effective manner through group patient education.

6) Health care services designed to provide confidentiality between patient and staff can contribute to high levels of patient satisfaction.
7) Administrators must insure that patients receive adequate information regarding the clinic procedures prior to the first clinic visit. Policies developed relating to this issue will help to increase patient knowledge and satisfaction.

Recommendations

The following are recommendations for future research:

1) There is a need to study in greater detail the place of regular and periodic patient evaluations of clinic services in order to appropriately formulate administrative policies.

2) Future study should include the investigation of the specific characteristics of a patient population which lead to increased levels of patient satisfaction.

3) Administrative procedures should be studied which enlist community-wide support for prenatal health care services.

4) Group patient education should be examined in greater detail, under a controlled environment, to determine the effects upon patient knowledge, satisfaction and compliance.

5) The relationship between administrative policies
and confidentiality between patient and staff should be studied further.

Summary

The purpose of this project was to determine implications for administrative decision-making relating to patient care in the East Los Angeles Maternal and Infant Care Project. A patient satisfaction study was utilized to gather data regarding patients' opinions of the clinic and health care they received.

A review of the literature was presented on administrative and patient evaluation. Administrative evaluation was shown to be an important aspect of any health program. Several studies noted that recipients of health care can either positively or negatively affect the success or failure of a program. Patients' opinions about programs are often used to determine the effectiveness of a program.

The project was conducted at two East Los Angeles Maternal and Infant Care Clinics, Ferris Health Center and Maravilla Sub-Center. The patients questioned were female, of low socioeconomic and educational level, and predominantly Spanish-speaking. The results of the patient questionnaire show that, on the whole, patients
were satisfied with the services they received. Group patient education was shown to be an effective method of informing patients of clinic procedures and orientating patients to the specific health care delivery system. Additionally, it was noted that many patients were apprehensive regarding their first clinic visit because of their lack of information about the clinic. A majority of the patients felt that the services were confidential and that staff members took a personal interest in them.

Conclusions based on the results of this project show that patient evaluation studies provide important information to administrators relating to the effectiveness of prenatal health care programs. Additionally, group patient education seems to be an effective method of educating patients in this Maternal and Infant Care Project and may well prove effective for other types of health programs. One-to-one communication with patients, as well as staff interest in the patients, was shown to be an important factor in patient satisfaction.

Implications for administrative decision-making were derived from the results of this project. Periodic patient and staff evaluation studies provide important
information to administrators developing policies for a clinic. In addition, administrators must be aware that unique characteristics of a patient population may contribute to the success or failure of a specific program. Administrative policies regarding patient education and confidentiality, can prove extremely important for the overall functioning of the program.

Recommendations for future research include the study of regular and periodic patient evaluations of clinic services. Also, the effects of group education on patient satisfaction and the relationship between administrative policies and confidentiality should be examined in greater detail. Finally, the specific characteristics of a patient population which lead to increased levels of patient satisfaction should be carefully investigated.
SELECTED BIBLIOGRAPHY


Maternal and Infant Care Staff. "Intake Philosophy From the Viewpoint of the Program." 1974.


APPENDICES
Patient Questionnaire

We are always trying to make the NIC clinic better for you. You can help us today by giving your honest answers to the questions below. We want to know what you like and do not like about the services you received today.

All of the questionnaires are confidential. No one at the clinic will see any of the answers. All of the answers will be put together so that we can find out what all of the women think about the clinic.

Please draw a circle around the answer that is closest to what you think.

<table>
<thead>
<tr>
<th>1. I felt nervous when I first came to the clinic.</th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
<th>DON'T KNOW</th>
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</thead>
<tbody>
<tr>
<td>2. I am sure that I will receive the best possible antenatal care at this NIC clinic.</td>
<td>STRONGLY AGREE</td>
<td>AGREE</td>
<td>DISAGREE</td>
<td>STRONGLY DISAGREE</td>
<td>DON'T KNOW</td>
</tr>
<tr>
<td>3. I would tell my friends or family to come to this NIC clinic for antenatal care.</td>
<td>STRONGLY AGREE</td>
<td>AGREE</td>
<td>DISAGREE</td>
<td>STRONGLY DISAGREE</td>
<td>DON'T KNOW</td>
</tr>
<tr>
<td>4. It would have been helpful to see pictures explaining what would be happening at the clinic.</td>
<td>STRONGLY AGREE</td>
<td>AGREE</td>
<td>DISAGREE</td>
<td>STRONGLY DISAGREE</td>
<td>DON'T KNOW</td>
</tr>
<tr>
<td>5. Anything I said to the nurse, social worker, nutritionist I know would not be told to another patient, family, etc.</td>
<td>STRONGLY AGREE</td>
<td>AGREE</td>
<td>DISAGREE</td>
<td>STRONGLY DISAGREE</td>
<td>DON'T KNOW</td>
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<tr>
<td>6. I felt that all the people I saw today took an interest in me.</td>
<td>STRONGLY AGREE</td>
<td>AGREE</td>
<td>DISAGREE</td>
<td>STRONGLY DISAGREE</td>
<td>DON'T KNOW</td>
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<tr>
<td>7. I thought that I would see the doctor today.</td>
<td>STRONGLY AGREE</td>
<td>AGREE</td>
<td>DISAGREE</td>
<td>STRONGLY DISAGREE</td>
<td>DON'T KNOW</td>
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<tr>
<td>8. I understand what each person I saw today can do to help me.</td>
<td>STRONGLY AGREE</td>
<td>AGREE</td>
<td>DISAGREE</td>
<td>STRONGLY DISAGREE</td>
<td>DON'T KNOW</td>
</tr>
<tr>
<td>9. After talking to the nurse, social worker, nutritionist I felt relaxed.</td>
<td>STRONGLY AGREE</td>
<td>AGREE</td>
<td>DISAGREE</td>
<td>STRONGLY DISAGREE</td>
<td>DON'T KNOW</td>
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<tr>
<td>10. Have you been a NIC patient before today?</td>
<td>YES</td>
<td>NO</td>
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</table>

Any comments, suggestions you have about the clinic:

FERRIS HEALTH CENTER
APPENDIX 2 - Page 1
QUESTIONARIO DE PACIENTE

Es nuestro deseo siempre mejorar para Ud. el servicio de la Clínica Cuidado Materno-Infantil. Ud. nos puede ayudar en esto con contestar sinceramente las preguntas que siguen. Deseamos saber lo que le agrado o desagrado de los servicios que hoy recibió.

Estos questionarios son confidenciales y le aseguramos que ninguna de las trabajadoras de la clínica se enterarán de sus respuestas. Una vez terminados los questionarios, los juntaremos para hacer un análisis de sus respuestas y comentarios tocante a esta clínica.

Favor de poner en círculo la respuesta que más indica su opinión

1. No sentí nerviosa durante mi primera visita. Convengo Convengo No No Convengo No Convengo Fuertemente Fuertemente Se Se

2. No sentí seguro que recibiría el mejor posible cuidado materno en la Clínica de Cuidado Materno-Infantil. Convengo Convengo No No Convengo No Convengo Fuertemente Fuertemente Se Se

3. Yo recomendaría a mis amigos o familiares que vinieran a la Clínica de Cuidado Materno-Infantil. Convengo Convengo No No Convengo No Convengo Fuertemente Fuertemente Se Se

4. Hubiera sido de más ayuda haber visto las fotos que hoy exhibieron, antes de haber hablado con las trabajadoras. Convengo Convengo No No Convengo No Convengo Fuertemente Fuertemente Se Se

5. Sé que cualquier cosa que yo le haya dicho a la enfermera, nutricionista, o trabajadora social no pasará de ella a otras personas. Convengo Convengo No No Convengo No Convengo Fuertemente Fuertemente Se Se

6. Sentí que todas las personas que hoy me vieron, tomaron verdadero interés en mí. Convengo Convengo No No Convengo No Convengo Fuertemente Fuertemente Se Se

7. Creí que hoy vería al doctor. Convengo Convengo No No Convengo No Convengo Fuertemente Fuertemente Se Se

8. Comprendo bien que forma me ayudara cada una de las personas que hoy vi. Convengo Convengo No No Convengo No Convengo Fuertemente Fuertemente Se Se

9. Después de haber hablado con la enfermera, nutricionista y trabajadora social, me sentí tranquila. Convengo Convengo No No Convengo No Convengo Fuertemente Fuertemente Se Se

10. ¿Ha sido Ud. en otra ocasión paciente de la Clínica Cuidado Materno-Infantil? Sí No

11. ¿Tiene comentarios o sugerencias para esta clínica? Diganos

FERRIS HEALTH CENTER
APPENDIX 2 - Pág. 2
**Patient Questionnaire**

We are always trying to make the MIC clinic better for you. You can help us today by giving your honest answers to the questions below. We want to know what you like and do not like about the services you received today.

All of the questionnaires are confidential. No one at the clinic will see any of the answers. All of the answers will be put together so that we can find out what all of the women think about the clinic.

Please draw a circle around the answer that is closest to what you think.

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<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
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<tbody>
<tr>
<td>1. I felt nervous when I first came to the clinic.</td>
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<tr>
<td>2. I am sure that I will receive the best possible maternal care at this MIC clinic.</td>
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<tr>
<td>3. I would tell my friends or family to come to this MIC clinic for maternity care.</td>
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<tr>
<td>4. The pictures I saw helped me understand what would be happening at this clinic.</td>
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<tr>
<td>5. Anything I said to the nurse, social worker, nutritionist I know would not be told to another patient, family, etc.</td>
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<tr>
<td>9. After talking to the nurse, social worker, nutritionist I felt relaxed.</td>
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<tr>
<td>10. Have you been a MIC patient before today?</td>
<td>YES</td>
<td></td>
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</tbody>
</table>

Any comments, suggestions you have about the clinic:
**QUESTIONARIO DE PACIENTE**

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Favor de poner en círculo la respuesta que más indica su opinión.

<table>
<thead>
<tr>
<th>Pregunta</th>
<th>Convengo</th>
<th>Fuertemente Convengo</th>
<th>No Convengo</th>
<th>Fuertemente No</th>
<th>Sí</th>
</tr>
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<tbody>
<tr>
<td>1. No sentí nerviosa durante mi primera visita.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2. Me siento segura que recibí el mejor posible cuidado materno en la Clínica de Cuidado Materno-Infantil</td>
<td>Conven</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Yo recomendaría a mis amigos o familiares que vinieran a la Clínica de Cuidado Materno-Infantil.</td>
<td>Conven</td>
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</tr>
<tr>
<td>4. Las fotos que se exhibieron me ayudaron entender lo que pasa en esta clínica.</td>
<td>Conven</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Sí que cualquier cosa que yo le haya dicho a la enfermera, nutricionista, o trabajadora social no pasara de ella a otras personas.</td>
<td>Conven</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Sentí que todas las personas que hoy me vieron, tomaron verdadero interés en mí.</td>
<td>Conven</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Creí que hoy vería al doctor.</td>
<td>Conven</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Comprendo bien en que forma me ayudara cada una de las personas que hoy vi.</td>
<td>Conven</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Después de haber hablado con la enfermera, nutricionista y trabajadora social, me sentí tranquila.</td>
<td>Conven</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. ¿Ha sido Ud. en otra ocasión paciente de la Clínica Cuidado Materno-Infantil?</td>
<td>Sí</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. ¿Tiene comentarios o sugerencias para esta clínica? Díganos__________</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

MARAVILLA SUB-CENTER

APPENDIX 2 - Page 4
WELCOME to the MIC Project. MIC stands for Maternal and Infant Care.
We are looking forward to meeting you and having you participate in our program.

To help us give you and your baby the best care, it is very important that these two forms are filled out. All of the information is completely confidential. The forms will be seen only by persons working with you in the MIC Project. Please do the following:

1. Please fill out the two forms (questionnaire and food recall) before coming to clinic. Bring them with you to your first prenatal visit. You will save time during clinic if the forms are completed when you arrive.

2. Please bring a specimen of your morning urine in a small bottle. Get your urine right after you wake up on the day you will be coming to clinic; get your urine before you eat anything, even before drinking tea or coffee.

3. Please bring your Medi-Cal card or POS sticker, if you have them.

4. Please have something to eat before you come to clinic, as you will probably be here for 2 - 3 hours. If you cannot eat that early, feel free to bring food with you to clinic.

At your first visit you will meet nurses, social workers, and nutritionists. They will be able to help you with any problems you may have.

At your second visit you will be seeing a doctor.

Your husband, boy-friend, friend, or relative is welcome to come to clinic with you.

If for any reason you are unable to keep your appointment, or if you move, please call the health center and let us know.

Ferris Clinic 261-3191, extension 310
Maravilla Clinic 264-5100, extension 431

******Your appointment date is

APPENDIX 3
**RESULTS OF THE PATIENT SATISFACTION QUESTIONNAIRE - FERRIS HEALTH CENTER**

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>N</th>
<th>SA</th>
<th>A</th>
<th>D</th>
<th>SD</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I felt nervous when I first came to the clinic.</td>
<td>41</td>
<td>15%</td>
<td>46%</td>
<td>22%</td>
<td>7%</td>
<td>10%</td>
</tr>
<tr>
<td>2. I am sure that I will receive the best possible maternal care at this MIC clinic.</td>
<td>39</td>
<td>43%</td>
<td>51%</td>
<td>3%</td>
<td>0%</td>
<td>3%</td>
</tr>
<tr>
<td>3. I would tell my friends or family to come to this MIC clinic for maternity care.</td>
<td>40</td>
<td>55%</td>
<td>45%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>4. It would have been helpful to see pictures explaining what would be happening at the clinic.</td>
<td>38</td>
<td>24%</td>
<td>47%</td>
<td>13%</td>
<td>3%</td>
<td>13%</td>
</tr>
<tr>
<td>5. Anything I said to the nurse, social worker, nutritionist I know would not be told to another patient, family, etc.</td>
<td>39</td>
<td>33%</td>
<td>56%</td>
<td>11%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>6. I felt that all the people I saw today took an interest in me.</td>
<td>39</td>
<td>38%</td>
<td>54%</td>
<td>8%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>7. I thought that I would see the doctor today.</td>
<td>39</td>
<td>20%</td>
<td>49%</td>
<td>18%</td>
<td>5%</td>
<td>8%</td>
</tr>
</tbody>
</table>

N = Total responses  
SA = Strongly agree  
A = Agree  
D = Disagree  
SD = Strongly disagree  
DK = Don't know
### RESULTS OF THE PATIENT SATISFACTION QUESTIONNAIRE - FERRIS HEALTH CENTER

(Continued)

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>N</th>
<th>SA</th>
<th>A</th>
<th>D</th>
<th>SD</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. I understand what each person I saw today can do to help me.</td>
<td>40</td>
<td>22%</td>
<td>63%</td>
<td>5%</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>9. After talking to the nurse, social worker, nutritionist I felt relaxed.</td>
<td>40</td>
<td>28%</td>
<td>65%</td>
<td>5%</td>
<td>2%</td>
<td>0%</td>
</tr>
</tbody>
</table>

N = Total responses  
SA = Strongly agree  
A = Agree  
D = Disagree  
SD = Strongly disagree  
DK = Don't know
## RESULTS OF THE PATIENT SATISFACTION

### QUESTIONNAIRE - MARAVILLA SUB-CENTER

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>N</th>
<th>SA</th>
<th>A</th>
<th>D</th>
<th>SD</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I felt nervous when I first came to the clinic.</td>
<td>43</td>
<td>12%</td>
<td>42%</td>
<td>42%</td>
<td>9%</td>
<td>0%</td>
</tr>
<tr>
<td>2. I am sure that I will receive the best possible maternal care at this MIC clinic.</td>
<td>43</td>
<td>40%</td>
<td>60%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3. I would tell my friends or family to come to this MIC clinic for maternity care.</td>
<td>42</td>
<td>36%</td>
<td>62%</td>
<td>0%</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>4. The pictures I saw helped me understand what would be happening at this clinic.</td>
<td>43</td>
<td>40%</td>
<td>60%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>5. Anything I said to the nurse, social worker, nutritionist I know would not be told to another patient, family, etc.</td>
<td>43</td>
<td>42%</td>
<td>54%</td>
<td>2%</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>6. I felt that all the people I saw today took an interest in me.</td>
<td>40</td>
<td>40%</td>
<td>50%</td>
<td>5%</td>
<td>2.5%</td>
<td>2.5%</td>
</tr>
<tr>
<td>7. I thought that I would see the doctor today.</td>
<td>38</td>
<td>18%</td>
<td>42%</td>
<td>32%</td>
<td>3%</td>
<td>5%</td>
</tr>
</tbody>
</table>

N = Total responses  
SA = Strongly agree  
A = Agree  
D = Disagree  
SD = Strongly disagree  
DK = Don't know

APPENDIX 5
# RESULTS OF THE PATIENT SATISFACTION QUESTIONNAIRE - MARAVILLA SUB-CENTER

(Continued)

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>N</th>
<th>SA</th>
<th>A</th>
<th>D</th>
<th>SD</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. I understand what each person I saw today can do to help me.</td>
<td>42</td>
<td>0%</td>
<td>57%</td>
<td>7%</td>
<td>36%</td>
<td>0%</td>
</tr>
<tr>
<td>9. After talking to the nurse, social worker, nutritionist I felt relaxed.</td>
<td>43</td>
<td>0%</td>
<td>56%</td>
<td>0%</td>
<td>44%</td>
<td>0%</td>
</tr>
</tbody>
</table>

N = Total responses
SA = Strongly agree
A = Agree
D = Disagree
SD = Strongly disagree
DK = Don't know