QUALITATIVE DATA METHODS

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By the end of the training, participants should be able to use qualitative methods, as applicable, in their needs assessment process. At the conclusion of this course, the participant will be able to:

- Define and explain the use of qualitative methods
- Delineate the advantages and disadvantages of qualitative methods compared to quantitative methods
- Develop objectives and questions for use in questionnaire design
- Develop objectives and questions and facilitate a focus group

9:30 am   Coffee and Registration
10:00 am  Welcome and Introductions
          Jennifer Rienks, MS
10:15 am  Session 1. Overview of Qualitative Data Collection Methods
          Jennifer Rienks, MS
11:30 am  Session 2. Understanding Focus Groups
          Ginger Smyly, MPH
12:15 pm  Lunch
1:00 pm   Session 2. Understanding Focus Groups
          Ginger Smyly, MPH
3:00 pm   Wrap-Up and Conclusions
Session One. Overview of Qualitative Data Collection Methods

Jennifer Rienks, MS, PhD(c)

“Overview of Qualitative Data Collection Methods” 1
Overview of Qualitative Methods 17

Session Two. Understanding Focus Groups

Virginia Smyly, MPH

RAISE Community Discussions Background 27
Community Discussions Guide Protocol 28
Facilitator’s Discussion Guide 29
Summary of Participants Responses 40
Overview of Qualitative Data Collection Methods

Jennifer Rienks, MS, PhD(c)
Family Health Outcomes Project
Qualitative Data Methods
March 3, 2004

Session Objectives
By the end of this session participants will be able to:
- Identify and describe 4 techniques for collecting qualitative data
- Articulate advantages and disadvantages of each qualitative method
- Identify appropriate methods
- Discuss the differences between qualitative and quantitative methods To be able to identify appropriate methods

What are Qualitative Methods?
- Methods that collect information in narrative form
- Methods that provide detailed descriptive, in-depth information
- Methods that allow subjects to express thoughts, and describe actions and intentions “in their own words”
Contrasting Qualitative and Quantitative Data

- **Qualitative Data** – words
- **Quantitative Data** – numbers, rates, statistics
  - Primary - you collect it
  - Secondary – use an existing data source

Quantitative Data: Advantages

- Quantifies results
- Allows statistical comparisons and multivariate analyses
- Allows comparisons with other groups and over time using standard measures
- Conserves resources if secondary data source available

Quantitative Data: Disadvantages

- Requires expertise in data analysis
- Limited use in situations where numbers are small
- Collecting primary data is expensive and time-consuming
- Can overlook emerging issues
Quantitative Data: Disadvantages
- Presupposes you to know the significant factors
- Often lacks important variables such as geographic markers or detailed race or ethnicity categories
- May not be timely

Quantitative Data: Advantages
- Rich data with more details and contextual information
- Can provide new insights
- Can identify emerging issues
- Face-to-face contact allows opportunity to clarify questions
- Can be timely and current

Qualitative Data: Disadvantages
- Requires expertise in staff and can be time consuming
- Possible inconsistency due to flexibility
- Difficult to make comparisons
- Transcribing and reduction of data costly
- Individuals may alter responses because of group environment
Factors to Consider in Choosing the Type of Data You Need

? Is this a well described and quantifiable problem?

? Do I want to compare data with known standards or other population groups?

? Do I have enough cases to generate meaningful quantitative data?

Factors to Consider in Choosing the Type of Data You Need (cont)

? Do I have an evidence based hypothesis about the cause of a problem or am I searching for new insights?

? Do I want to elicit the unbiased perspective of the community?

? Are there adequate local resources for a particular method?

Choosing a Qualitative Method

- Determining the objectives for the study and identifying the type of information needed

- Identifying local expertise in both conducting the data collection and analyzing the data collected

- Identifying resources
Qualitative Methods Tools

- Open-ended Questionnaires
- Interviews
- Focus Groups
- Case Studies
- Observations

Questionnaires are …

series of written questions on a topic

2 Types of Questionnaires

- **Self-administered** - respondent complete themselves
- **Interviewer-administered** – interviewer asks questions and records the answers
2 Kinds of Questions

- **Open-Ended Questions**: asks a question but provides no answer
- **Closed-Ended Questions**: provides a list of possible answers

Questionnaires

For example, when studying reasons why women chose to breast feed:

- An open-ended qualitative question: “Why did you choose to breast feed your baby?”
- A closed ended quantitative question would be “Which of the following reasons best describes why you choose to breast feed your baby?”

Advantages

- Generally more economical than interviews since they may not require trained interviewers
- Self administered questionnaires can be anonymous, so they may be desirable for investigating sensitive attitudes or behavior
Tips for Writing Questions

- Make items clear so respondent knows exactly what is being asked
- Only one idea per question
- Use short items
- Avoid negative terms
- Avoid “biased” items and terms

Disadvantages

- Open-ended questions are more time-consuming to analyze than closed-ended questions
- Self-administered questionnaires require that subjects understand written language and can write a response
- Qualitative answers are more expensive to enter
- Analysis of qualitative questions can be very subjective

Interviews

- are completed by a trained interviewer who records responses from each subject
- are more personal than self-administered questionnaires
- allow for probing and follow-up questions
2 Main Types of Interviews

- **Structured Interviews**
  the emphasis is on obtaining answers to carefully worded questions

- **In-depth Interviews**
  the interviewer does not follow a rigid form, but rather it is a dialogue between a skilled interviewer and the person being interviewed

Use In-Depth Interviews when:

- It is about a complex matter
- In need of detailed information
- It is a highly sensitive matter
- The respondents are busy or of “high status”

Advantages

- Rich data and more details
- New insights
- Face-to-face contact
- Opportunity to clarify questions and answers, probe, and ask follow-ups
Disadvantages

- Expensive and time consuming
- Possible inconsistency due to flexibility and multiple interviewers
- Difficulty in transcribing and reducing data
- Need qualified and well-trained interviewers

Case Study

An intensive study of a specific individual, group, event or context, drawing conclusions only about that participant, group, or event and only in that specific context

4 Types of Case Studies are:

- Illustrative Case Studies
- Exploratory (or pilot) Case Studies
- Cumulative Case Studies
- Critical Instance Case Studies / Sentinel Events
Use Case Studies when:

- a health event is rare
- want to better understand the circumstances surrounding a rare health event

Observations

Observations provide the evaluator with an opportunity to gather data while capturing a great variety of interactions

Advantages

- Direct information
- Helps one understand situation/context
- Exists in natural, unstructured and flexible setting
Disadvantages

- Expensive and time consuming
- May affect observed behavior
- Need well-qualified, highly trained observers

Use Observations when:

- You want to get clues from non-verbal communication and notable non-occurrences
- You want to get info on social networks
- The setting is within the environment that the project takes place

Focus Groups

A focus group is a small, facilitated, group discussion where about 5-12 people are brought together to explore attitudes about a particular topic of interest
Group Dynamics

Focus groups use the group dynamics to generate data and insights that would be unlikely to emerge without that group interaction.

Focus Groups Can be Used:
- As part of a needs assessment
- During a program
- At the end of a program
- Months after a program to gather perceptions on the outcome of that program

Use Focus Groups to:
- Identify and define the needs of a specific group
- Assist with interpretation of quantitative findings
- Obtain perceptions of project outcomes and impacts
- Identify what people know or don’t know
- Identify barriers people experience
- Identify problems in project implementation
and …

when interested in understanding some issue from the perspective of a specific population

or

when you have reason to believe that previous treatments of that issue have not sufficiently included that essential perspective

Important Design Tips

- Number of participants: 5 minimum to 12 maximum
- Have a guide for the Group Facilitator that includes ground rules, objectives and questions
- Assure confidentiality
- Make sure the participants are comfortable
- Remember two things: Flow + Focus

Focus Groups Logistics

- Minimum of 2 groups for each population segment
- A group guide should include less than 10 questions (Krueger, 1988)
Recruiting for a Focus Group

The participants selected for the focus group must be:

- representative of the intended audience
- representative of various subgroups of the intended audience

Also...

- Establish criteria for selecting participants ahead of time
- Select the participants in advance and remind them one or two days prior to focus group date

Remember that:
- it is best to over recruit by 20% (Morgan, 1988)

- Focus groups should be conducted by an experienced moderator/facilitator
- The focus group should take place in a comfortable setting and at a location that is easily accessible to your target audience
- A session should last between 1 and 2 1/2 hours
Beginning the Session

- A list of guidelines and ground rules must be the first thing before the focus group begins.
- “Break the Ice”

Recording Information

- Use a tape recorder and check prior to session to make sure it is working
- Let the participants know that you are tape recording and be sure they are comfortable
- Have a note taker
- Make field notes after session
- Be sure to have informed consent of the participants

Data Analysis

- Transcribe data
- Analyze content
- Look for trends and patterns that re-appear

“Content analysis begins with a comparison of the words used in the answers” Krueger, 1988
Advantages of Focus Groups

- In-depth insight into how the participants feel about a specific topic
- More cost effective than individual interviews
- Findings are presented in a narrative form with actual participant quotations
- Participants are free to volunteer information on points that are important to them

Disadvantages of Focus Groups

- Narrative form can make summary and interpretation time consuming and difficult
- Respondents may hesitate to express concerns in a group setting
- Interaction between participants and facilitator may bias opinions
- Small number of respondents and the lack of random selection limits the ability to generalize to a larger population

RELAX !!!
What are qualitative methods?

Methods that provide detailed and in-depth information. Qualitative data gives outside audiences an understanding of what a target population may think or feel about a specific issue or a specific project in their community.

For example it can be used to describe how your project functions in a community and how the members of that community view it.

A combination of qualitative and quantitative methods (numerical data; i.e. Numbers, ratios and percentages) is the best and most efficient approach to collecting in-depth and complete information. The two compliment each other and make up for what the other method is lacking.

Qualitative Method tools include:

- Observation
- Case Studies
- Questionnaires and Interviews
- Focus Groups

Observations

Observations provide the evaluator with an opportunity to gather data while capturing a great variety of interactions. Observational techniques are also a way to learn about things the participant or the evaluator are unaware of or unable to discuss in a focus group or interview.

Two kinds of observations are:

Participant Observation
- The researcher must be a participant in the culture or context being observed
- It may require months to years of intensive work

Direct Observation

- The direct observer needs to be as unobtrusive as possible so as to not bias the observation
- The researcher is watching (not taking part)
- Often technology is used such as one-way mirrors and videotape.
- It takes a shorter amount of time.

Ex: Public health nurse on a home visit observes parent-child interaction.
Advantages and Disadvantages to Observations

**Advantages:**
- Provide direct information about behavior of individuals and groups
- Permit evaluator to enter into and understand situation/context
- Provide good opportunities for identifying unanticipated outcomes
- Exists in natural, unstructured and flexible setting

**Disadvantages:**
- Expensive and time consuming;
- May affect behavior of participants
- Need well-qualified, highly trained observers
- Selective perception of observer may distort data
- Investigator has little control over situation
- Behavior or set of behaviors observed may be atypical

**When to Use Observations:**
- When needing info on possible environmental factors (i.e. safety of a child)
- When the setting is within the environment that the project takes place
- When wanting to include native language or jargon
- When wanting to include clues from non-verbal communication and notable non-occurrences (i.e. observing that something is not happening that should be happening under other circumstances)
- When observing social networks

**Case Studies**

A case study (ethnography, field study, participant observation) is an intensive study of a specific individual or context, drawing conclusions only about that participant or group and only in that specific context.

A combination of methods can be used in a case study. Case studies are a preferred method when the researcher has little control over the events, and when there is a contemporary focus within a real life context.

**4 Types of Case Studies are:**

1. Illustrative Case Studies - descriptive studies
2. Exploratory (or pilot) Case Studies - condensed case studies performed before implementing a large scale investigation
3. Cumulative Case Studies – help to aggregate information from several sites collected at different times
4. Critical Instance Case Studies / Sentinel Events - useful for answering cause and
effect questions about rare occurrences of unexpected outcomes (ex: maternal mortality)

http://writing.colostate.edu/references/research/casestudy/com2b1.cfm

**When to Use Case Studies:**

- When a health event is rare
- When wanting to better understand the circumstances surrounding a rare health event

**Questionnaires**

A questionnaire is a series of written questions on a topic about which the respondent's opinions are sought (examples: mail survey, group administered questionnaires, household drop-off survey).

Questionnaires are often used in survey research and can be used to collect both quantitative data (data we typically represent in numbers and provides a measurement of something – i.e. 64% of new working mothers bottle feed exclusively), and qualitative data (i.e. a description of the reasons mothers listed for breast feeding).

**Two general types of Questionnaires:**

- self-administered - which respondents fill out themselves
- interviewer administered - in which the interviewer asks questions and records the answers

**Two kinds of questions on a questionnaire:**

- open-ended - An open-ended question asks a question but provides no answers to chose from, just a space for writing in an answer.

- closed ended – A close-ended question provides a list of possible answers to chose.

An example of an open-ended question would be “What do you like most about your health care provider?” Answers to open ended questions are usually in the forms of phrases, sentences or paragraphs and provide you with qualitative data.

**Analysis of qualitative data from questionnaires:**

It often involves reading the answers trying to identify common themes or developing ways to code your qualitative data to allow you to describe your findings.

**Open-ended questions are useful:**

- When you want information in the respondent’s own words
- Don’t know what all the possible answers to a question
- When you want to avoid suggesting answers.
Advantages and Disadvantages of Questionnaires

Advantages:
- Generally more economical than interviews
- Administration is quicker than an interview
- Questionnaires can be anonymous, so they may be desirable for investigating sensitive attitudes or behavior

Disadvantages:
Analysis of qualitative data from open-ended questions can be
- Time consuming
- Difficult
- Expensive
- Very subjective

When to use Questionnaires:
- When you want to gather information for people about the beliefs, attitudes, values and behaviors in a systematic way
- When you want to gather information directly from people in written form
- When you want to conduct interviews with people
- As a way to systematize and guide and observations

Interviews

Interviews are completed by the interviewer based on the feedback of the responder and they are more personal than self-administered questionnaires (examples: telephone interview, personal interviews, group interviews, key informant interviews)

Two main types of Interviews are used in evaluation research:

- **Structured Interviews** – the emphasis is in obtaining answers to carefully worded questions. The interviewers are trained to deviate only minimally from the structured questions to ensure uniformity of the interview administration.

- **In-depth Interviews** – the interviewer does not follow a rigid form. An In-depth interview is a dialogue between a skilled interviewer and the person being interviewed. In-depth interviews are characterized by open-ended questions and extensive probing. The interviewer follows an interview guide that includes a list of questions or issues to be explored which assists in pacing the interview and make it more systematic.

When to Use In-depth Interviews:
- When it is about a complex subject matter
When in need of detailed information
- When it’s a highly sensitive matter
- When the respondents are busy or of high-status
- Flexibility in administering interview to specific individuals (ie. physical disabilities)

**Advantages and Disadvantages to In-depth Interviews**

**Advantages:**
- Rich data and more details as well as in-depth exploration of a topic
- New insights
- Face-to-face contact with participant
- Interviewer has the opportunity to clarify questions and to follow-up question and probes, increasing the likelihood of useful responses

**Disadvantages:**
- Expensive and time-consuming
- Possible inconsistency due to flexibility
- The amount of information might create difficulty in transcribing and reducing data
- Need qualified and well-trained interviewers
- Interviewee may be biased by interviewer and distort information

**Helpful Tips for Interviewing**

- Select a setting that provides privacy for the participants and a location that is accessible, comfortable and quiet
- Make sure sitting arrangement encourages interaction
- Select a facility that is equipped for tape or video recording (unless you are bring your own equipment)
- Stop outside interruptions (i.e. phone calls or visitors)
- Make sure it is located in a non-threatening environment

**Focus Groups**

A focus group is a small, facilitated, group discussion where about 5-12 people are brought together to explore attitudes about a particular topic of interest.

**When to use Focus Groups**

Focus groups are useful in answering the same type of questions as in-depth interviews, except in a social context. Specific applications of the focus group methods include:

- identifying and defining the needs of a specific group
- identifying problems in project implementation
- assisting with interpretation of quantitative findings
- obtaining perceptions of project outcomes and impacts
• generating new ideas
• when interested in understanding some issue from a perspective of a specific population or have reason to believe that previous treatments of that issue have not sufficiently included that essential perspective
• to inform survey instrument development
• formative research – needs assessment
• community participation and mobilization
• orienting oneself to a new field
• generating hypotheses based on key informants’ insights (observe process of idea formation)
• identifying what people know or don’t know
• identifying barriers people experience


Overview of Qualitative Methods and Analytic Techniques

Note: To see more on Focus Groups see separate document on Understanding Focus Groups.

Tips for Conducting a Focus Group

1. Discussion Group Logistics
   • Reminder calls to ensure participant show up
   • Arrive early and prepare the room
     a. Arrange chairs in a circle
     b. Put sheets of paper on wall for note taking or set up easel
     c. Prepare light refreshments
     d. Set up tape recording equipment and do a sound check
     e. Have name tags or paper tents for people to write their names on
   • Greet participants as they arrive and offer refreshments

2. The Role of the Moderator
   A facilitator of the discussion – not an active participant who shares opinions
   A good focus group moderator:
   • Will easily establish a good rapport with participants
   • Will respond positively to all comments with statements and body language that say “I think I understand what you are saying” not “Yes, that is exactly right”, or “No, I don’t agree
   • Will maintain a neutral role toward opinions shared about a particular issue – a good moderator will maintain an objective and accepting manner that encourages expression of different, even conflicting, opinions
   • Will not display any special knowledge
   • Will probe from reactions with sensitivity
   • Will talk easily and comfortably with others
   • Is pleasant and good-natured
• Is composed and self-assured without being arrogant or conceited
• Can think quickly on her feet and will be able to probe issues not addressed directly in the discussion guide
• Will get everyone in the group to participate in the discussion – will draw out and involve shy people and will not let the more talkative people dominate the group

3. Becoming a skilled moderator
   A. Learn and practice three ways to keep on topic
      • Set expectations before hand – “we have a lot to get through and I’m going to need to keep people on track. I may have to interrupt and refocus attention if we start getting too far off the topic.”
      • Reinforce early
      • Ask for their help
      • Suggested lines:
        1. “This is so interesting, but we need to get back on the topic”
        2. “We’re doing it again. We’re having this great discussion because we’re so interesting. But you know what I’m going to ask you to do.”
        3. “No, you can’t have one more minute. I’d like to ask for your help again in getting us back on track.”
      • What not to do
        1. Contradict yourself
        2. Do it yourself
        3. Defer to someone
   B. Learn and practice two ways each to deal with three kinds of problem participants
      1. Cross-talking
         a. Mock anger
         b. The power of setting rules beforehand. Vaccinate. “I know people will want to talk to each other and get off on different interesting topics.”
         c. Be diligent
         d. Ask directly for cooperation
      2. No input
         a. Ask directly. Ask a question they can answer
         b. Decide if you want to reference their silence. It’s not necessary.
         c. Nip it early. The note-takers can help the facilitator
         d. It’s okay for people to be silent. But keep asking
      3. Argumentative
         a. Don’t get into an argument with them. Don’t say “But why won’t you say what you think?”
         b. “This isn’t the place”
         c. “We’re here to discuss diabetes in the African American community and we need to get back to that. It is very precious to have this time together with you all to hear what you say.”
d. You may have to ask someone to leave

C. Creating a positive group atmosphere
1. Manage the group's expectations
2. Use informality
3. Use first names
4. Make it psychologically safe
5. Encourage divergent thought – “if you find yourself having a totally different perspective or idea than others in the group, I need to hear it, since other people not in the group probably share your perspective as well. I hope you’ll have the courage to speak up. If you don’t speak up, we might be missing out on important information that could help the community.” Reward the first divergent opinion with a statement like “I knew you couldn’t all be agreeing. Thanks for sharing that. Let’s hear more.”

D. Probing to get more information
Often you will need to probe participants to better understand what they have said and to get them to tell you more about a particular idea.

Possible probes you can use:
• Tell me about that…
• Tell me more about that…
• Somebody sum this all up…
• Give me an example…
• Explain to me…
• So, it sounds like you are saying…
• That’s helpful. Now let’s hear some different thoughts
• Say more.
• Keep talking.
• Don’t stop.
• Let’s turn this complaint into a problem… how can we solve it?

4. Transcribing the discussion
• Importance of accurate note taking – get down as many phrase and words that the participants use. Avoid rephrasing if possible because the meaning may be changed.
• Write neatly and post the notes so the participants can use them to help them in the discussion (will help avoid people saying the same thing again and again)
• Ask for the participants for help in making sure that things get written down correctly
• Audio-recording is useful for getting quotes but transcribing the entire audio-tape is very time consuming and expensive

Human Subjects Review

Title 45 Part 46 of the Code of Federal Regulations, Protection of Human Subjects (45 CFR 46) specifies that research involving the use of human subjects requires approval
from an Institutional Review Board. Research that is typically exempt from this requirement includes observations, record reviews and historical studies, and survey, questionnaires, and interviews. Research of this kind is NOT exempt from IRB if 1) subjects can be identified directly or through identifiers; and 2) disclosure of subjects’ responses could reasonably place the subject at risk of criminal or civil liability, or be damaging to the subjects’ financial standing, employability, or reputation.

If you are going to be doing research that requires approval from an Institutional Review Board, you can submit an application for approval to the State Board. Applications seeking approval must meet the ethical principles of conducting research with human subjects: respect for person (which involves informed consent), beneficence (the benefits outweigh the risks), and justice (selection of research subjects must be the result of fair selection. Applications typically require a description of the study aim, background and design, a written protocol of how the research will be conducted including subject selection, procedures, risks and benefits, and consent procedures, and copies of questionnaires, tests or other instruments being used to conduct the research (check with the State for specific application materials and procedures). It may take up to 3 months for an application to receive approval from the State, so take that into consideration when developing your project timeline.
References and Suggested Reading Materials


RAISE Community Discussions
Background

The goal of the CDC funded San Francisco RAISE program was to eliminate the disparity in infant mortality between African Americans and Whites and improve Black infant survival and the health of their families and communities. In San Francisco, the African American infant death rate is three times that of White babies. The program's target population was African Americans in four San Francisco neighborhoods. The objectives of the RAISE planning year were to 1) identify the causes and contributors to African American infant death and poor pregnancy and infant outcomes in San Francisco and 2) to develop an action plan to address them. Because the “proven” approaches to reducing infant death have been inadequate in eliminating disparities in San Francisco and in the Nation, new approaches based on community input were sought.

Facilitated community discussions were held to provide the program with information regarding

- Participants’ awareness of the higher rates at which Black babies died compared to White babies
- What the participants in the discussion groups thought were the causes of Black infant deaths and poor health
- What the participants thought were the problems facing the African American community in San Francisco
- The participants’ health care seeking behaviors and beliefs
- Participants’ feelings about pregnancy and individual, family and community responsibility toward a healthy pregnancy, healthy child and a healthy family
- Participants’ attitudes about and use of health care and family and social supports

Based on the findings of these discussions, a literature review of the causes and risks of black infant mortality (conducted by a RAISE working group), and analysis of relevant data, an action plan was developed. It included objectives, interventions and evaluation measures. The resulting program, now the SevenPrinciples Project was subsequently funded by CDC to implement the Action Plan.

Following are the tools developed and used by the RAISE Program to obtain qualitative information and insights from African-American community members:

- A Community Discussion Guide Protocol
- A Facilitator’s Discussion Guide
- A Summary of Participants Responses (Example)
RAISE Discussion Guide Protocol

- Two facilitators for each discussion
- Post-It notes to be taken
- Each interview is done exactly like all of the others consistency
- No put downs (you are not part of the conversation- you are asking they are telling)
- Incentives/Thank you gifts from Carolyn King
- Educational Materials/Brochures from: ?

Protocol – Opening

- Set up the room in a circle so all participants can discuss with each other
- Overview, expectations and ground rules – no wrong answers
- Ensure all participants sign-in.
- Ensure that all participants complete a participant information form (These will be kept separate from their discussion comments and the participant sign-in list.)
- Ensure that all participants complete a participant consent form (These will be kept separate from their discussion comments and the participant sign-in list.)
- Nametags – so you can address participants by their names
- Introductions all around
- Purpose of the discussion and what will become of their answers

Wrap-Up

- Any final comments?
- Thanks
- Continued participation: mailing list; Coalition; work groups; evaluation interview
- Give incentives

Considerations:

- Sensitivity to individuals’ comfort levels; Be aware that participants may be uncomfortable
- Create a casual dialogue
- Develop trust in you and in participants
- Participants may have a fear of the health care system; that’s okay
SECION ONE
Facilitator Notes: The purpose of this section is to set the tone of the community discussion and to find out if and how much, the community is aware of the infant death problem, and how it fits with other issues in the community. Questions will probe what the participants think are the causes and risks of infant death and poor health.

<table>
<thead>
<tr>
<th>Question 1:</th>
<th>Question 1:</th>
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<tbody>
<tr>
<td>This question is a YES/NO question. However, it should be quickly followed by Question 1a to begin discussion among the participants.</td>
<td>“Did you know that more Black babies die than White babies?”</td>
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<table>
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<tr>
<th>Question 1a:</th>
<th>Question 1a:</th>
</tr>
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</table>
| This question is to probe what the participants think are the causes of infant death and disparity between African Americans and all other groups, Whites in particular. | “Why do you think that is?”

Follow-up/probes:

<p>| “What causes babies to die or be born unhealthy?” |
| “Why do more Black babies die than White babies?” |
| “Why are more Black babies born unhealthy than White babies?” |</p>
<table>
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<tr>
<th>Question 2:</th>
<th>Question 2:</th>
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</thead>
<tbody>
<tr>
<td>The purpose of this question is to allow the participants to brainstorm major issues and problems facing the African American community in general. (It is okay if you feel more comfortable saying Black instead of African American.)</td>
<td>“What are the problems facing the African American community in San Francisco?”</td>
</tr>
<tr>
<td>Types of answers you may get:</td>
<td>Follow-up:</td>
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<tr>
<td>• AIDS/HIV</td>
<td>“Anything else?”</td>
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<tr>
<td>• No money</td>
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<td>• Poor nutrition</td>
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<td>• Crime</td>
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<td>• Toxics/Toxins</td>
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<tr>
<td>• Depression</td>
<td></td>
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<tr>
<td>• Poor schools</td>
<td></td>
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<tr>
<td>• Separation/Lack of community unity</td>
<td></td>
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<tr>
<td>• WIC has closed at Maxine Hall Health</td>
<td></td>
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<tr>
<td>• Soil is contaminated – no good</td>
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<tr>
<td>• Childcare not available</td>
<td></td>
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<tr>
<td>• No trust in the community</td>
<td></td>
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<tr>
<td>Question 2a:</td>
<td>Question 2a:</td>
</tr>
<tr>
<td>The purpose of the next two questions to for the participants to prioritize problems.</td>
<td>“From the list you made what are the top three problems?”</td>
</tr>
<tr>
<td>Types of answers you may get:</td>
<td></td>
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<tr>
<td>• Poor nutrition</td>
<td></td>
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<tr>
<td>• No money</td>
<td></td>
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<tr>
<td>• No job</td>
<td></td>
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<tr>
<td>• Housing – homeless</td>
<td></td>
</tr>
</tbody>
</table>
Question 2b:
Types of answers you may get:
- Poor nutrition
- No money
- No job
- Housing – homeless

Question 2b:
“From the list, name two other top problems”
Follow-up:
“Anything else?”

Question 3:
This question is to bring the discussion back to infant death and poor health – are these problems related in any way to why babies die or are born unhealthy?
Types of answers you may get:
- Mothers addicted – cause baby to be born with health problems
- Domestic violence – mother may be hit during pregnancy and cause baby to miscarry or be born unhealthy
- No enough money – not enough to eat – no money for health care
- Toxics in soil and air hurt the health of all

Question 3:
“Do any of these problems cause babies to die or be born unhealthy?”
Follow-up/Probes:
“How do these problems cause babies to die or be born unhealthy?”
“Can you think of anything else about these problems that hurt the health of babies or their mothers?”
**SECTION TWO**

Facilitator Note: This section relates to health care seeking behavior and beliefs.

<table>
<thead>
<tr>
<th>Question 4:</th>
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</thead>
<tbody>
<tr>
<td><strong>Types of answers you may get:</strong></td>
<td><strong>“Where do you and your family usually go for health care?”</strong></td>
</tr>
<tr>
<td>- Kaiser</td>
<td></td>
</tr>
<tr>
<td>- A private doctor – Dr. So and So</td>
<td>Follow-up/Probes:</td>
</tr>
<tr>
<td>- A nurse practitioner</td>
<td>- “Do you have a regular doctor or nurse that you go to?”</td>
</tr>
<tr>
<td>- No regular health care provider</td>
<td>- “Do you go to see the Doctor or nurse only when you are sick? Why?”</td>
</tr>
<tr>
<td>- Different doctors and/or clinics</td>
<td>- “When do you go to see your doctor or nurse when you are not sick?”</td>
</tr>
<tr>
<td>- I go once a year; I only go when I am sick, but my wife goes once a year</td>
<td>- “Do you go to any other types of health care providers for regular health care?”</td>
</tr>
<tr>
<td>- Podiatrist, Dentists, Chiropractor, Physical Therapist, Healer, etc.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Question 4a:</th>
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<tbody>
<tr>
<td><strong>Types of answers you may get:</strong></td>
<td><strong>“If someone in your family gets pregnant who does she go to for prenatal care?”</strong></td>
</tr>
<tr>
<td>- Kaiser</td>
<td>Follow-up/Probes:</td>
</tr>
<tr>
<td>- Drugstore for a pregnancy test</td>
<td></td>
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<tr>
<td>- A private doctor – Dr. So and So</td>
<td></td>
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<tr>
<td>- A nurse midwife</td>
<td></td>
</tr>
<tr>
<td>- No regular health care provider</td>
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<tr>
<td>- SFGH or a clinic</td>
<td></td>
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<tr>
<td>- Does not go to prenatal care, but delivers at SFGH or St. Luke’s</td>
<td></td>
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<tr>
<td>- Different doctors and/or clinics</td>
<td></td>
</tr>
<tr>
<td>- WIC</td>
<td></td>
</tr>
<tr>
<td>- Healer</td>
<td></td>
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</tbody>
</table>
**Question 4b:**

Types of answers you may get:
- Kaiser
- Drugstore for a pregnancy test
- A private doctor – Dr. So and So
- Pediatrician
- No regular health care provider
- SFGH or a clinic
- Goes only for colds, fever, or injuries
- Different doctors and/or clinics
- WIC
- Healer
- Immunizations
- Well baby check ups
- Dentist
- Healer

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**Question 4b:**

“If there is a new baby or a small child in your family, where do you go for her health care?”

Follow-up/Probes:

“Does your baby and or your children have a regular doctor, nurse or pediatrician that you take them to?”

“Do you take your baby and or children to see the doctor, nurse or pediatrician only when they are sick? Why?”

“Do you take your baby and or children to see their doctor, nurse or pediatrician when they are not sick?”

“Do you take your baby or children to any other types of health care providers for regular health care?”
Question 5:
These questions relate to health care beliefs, attitudes and perceived treatment. Read the introduction then clearly read off the questions below which are YES/NO questions. These questions will generate feelings, past experiences and other information that the participants will want to share with you and with each other. As they begin to talk, one item shared may spark other items.

Question 5:
“I’m going to read a list of questions, just answer yes or no for now. Afterwards, if you have a specific comment to share please feel free to do so.”

“When you or someone close to you receives general health care, pregnancy health care or baby and child health care,

- Do you trust your doctor, nurse or other provider?
- Do you feel respected by your doctor, nurse or other health care staff?
- Do you receive the best health care services?
- Do you feel comfortable with your doctor, nurse or other health care staff?
- When something is wrong, does your doctor, nurse or other health care staff answer all of your questions?
- Do you have any fears about getting health care services?”
Question 5: These questions will generate feelings, past experiences and other information that the participants will want to share with you and with each other. As they begin to talk, one item shared may spark other items.

Ask the follow-up questions/probes if they are relevant!

Types of answers you may get:
- Have to wait too long
- Have different doctors each time
- Misdiagnosed
- Doctor did not believe what I told her
- Too much jargon – don’t understand
- Rushed with doctor
- I could be really sick, bad news
- Maybe I came in too late
- Afraid I will get poor treatment

You may also get answers about excellent treatment and good relations with the health care provider.

Question 5, continued:

Follow-up/Probes:

“Does anyone want to specifically talk about any of these statements and their answers?”

“Some of you said that you did not trust your doctor, nurse or other health care provider. Can anyone talk about why they feel this way?”

“Why do you feel respected? How do they treat you?”

“Why don’t you feel respected…? How have you been treated?”

“Why do you feel that you do not receive the best health care?”

“Why don’t you feel comfortable?”

“Why do you feel comfortable?”

“Why do you say that your answers are not answered? Why is that so?”

“If your answers are questioned, what makes it so?”

“What are some of you fears about health care?”
SECTION THREE
Facilitator Note: This section is meant to probe feelings about pregnancy and individual, family and community responsibility toward a healthy pregnancy, healthy child and a healthy family. It also gets at social support, health and other services, and other resources available to the community.

<table>
<thead>
<tr>
<th>Question 6:</th>
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</thead>
<tbody>
<tr>
<td>Tell participants they can answer as themselves as the person who got pregnant; or if a wife, sister, friend, etc., got pregnant. This question is looking for feelings about pregnancy.</td>
<td>“How did you feel when you, or someone close to you, got pregnant?”</td>
</tr>
</tbody>
</table>

Types of answers you may get:
- Excited; Happy; Proud
- Sad; Upset
- Frustrated; not ready
- Surprised; did not want children
- Confused; Worried
- Angry

<table>
<thead>
<tr>
<th>Question 6a:</th>
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</thead>
<tbody>
<tr>
<td>Tell participants they can answer as themselves as the person who got pregnant; or if a wife, sister, friend, etc., got pregnant. This question is to probe planning for a healthy outcome and what is the individual’s responsibility.</td>
<td>“After your initial feeling, what did you start doing for a healthy baby?”</td>
</tr>
</tbody>
</table>

Types of answers you may get:
- Went to hospital
- Planned how to eat better
- Went to my doctor
- Got a pregnancy test; Planned Parenthood
- Started saving money
- Went shopping for baby stuff
- Quit smoking
- Cut back drinking coffee and alcohol
- Looked for a job
- Tried to get childcare lined up
- Decided to terminate the pregnancy
- Got WIC
- Got Medi-Cal
- Got back with the father/mother of the baby

Follow-up/Probes:

“Why did you go to the hospital and when? – as soon as you found out about the pregnancy or sometime after?”

“Why cut back or quit smoking, using alcohol, drugs or caffeine?”
Question 6b:

Remind participants they can answer as themselves as the person who got pregnant; or if a wife, sister, friend, etc., got pregnant. This question is to identify support networks within the family or the community.

Types of answers you may get:
- Family members
- Doctor or nurse
- Grandmother
- Midwife
- Mother
- Brother
- Partner
- Social Worker
- Teacher
- Baby’s father (daddy)
- Internet
- Father
- Library
- Husband
- Wife
- Home Visitor
- Friends

Question 6b:

“When you or someone close to you is pregnant, who did you confide in, ask questions and get help from?”
Question 6c:

Remind participants they can answer as themselves as the person who got pregnant; or if a wife, sister, friend, etc., got pregnant. This question is to identify other needed resources and services beyond the family or the community.

Types of answers you may get:
- Clothes
- Crib
- Transportation
- Support services
- Money
- Breast pump
- Child care
- Job referrals
- Housing referrals
- Public Health Nurse; Home visitor
- Health care services
- Maternity leave
- Friends
- Family help
- Churches
- Parenting classes
- Jobs for baby’s father
- Support group for men

Question 6c:

“What other help, resources and/or services are needed for a healthy baby?”

Follow-up/probes:

You could give a few examples to get people started, if needed.
Question 7

The purpose of this question is for the participants to tie the whole discussion together and give their ideas of what could be changed in individuals, families and the community to make healthy babies.

Types of answers you may get:
- No more children
- Less smoking around children
- More education
- More patience with babies and children
- Better relationships
- Family counseling
- Church and prayer
- Mother and father to be healthier for next child/pregnancy
- Eating better
- Music
- Increase in income
- Improved environment
- Exercise
- More room in homes
- Family car
- Help to keep my husband out of jail
- Family time
- Drug free home
- Weapon free home
- Unity in the community
- Economic growth in community – more jobs – more businesses
- Sharing wealth among the community
- Counseling for depression

Question 7

“In order to have healthy babies and families what would you change in

- Yourself?
- Your family?
- The African American community?”
“Did you know that more Black babies die than White babies?”

Y=66   N=46

An overwhelming number of discussion groups members did not know this information. Many were taken back by this information and became visibly uncomfortable with the disproportionate number of death in the Black community.

Comments:

- **Self Esteem** (Lack of knowledge of who we are)
- **Stress** (Rate of death and overall economic status of blacks)
- **Anger** (May cut off blood/nutrition flow to baby-carries toxic to baby)
- **Emotional/Mental Disorders** (Don’t know how to take care of self & Baby)

**Note:** During the group process, some facilitator wrote down the numbers of participants responding to question one. The numbers listed reflect the number of participants who responses were written down. The numbers do not reflect the total amount of discussion group participants during this process.
“Why do you think that is?”

- Environmental Toxins
- Stressed out mothers
- Economic
- Lack of Nutrition
- Assuming that their baby would be healthy
- Genetics
- Lack of Money
- Poverty
- SIDS
- Abandonment
- Suppression
- Drugs
- Crime
- Self-Esteem
- Anger
- Emotional/ Disorders
- Racism
- Lack of Prenatal Care
- Spiritual Aspect/ Black folks not wanting our babies
- Lack of Knowledge
- Low Birth Weight
- Sickle cell
- Lack of nurturing
- Not Informed
- Lack of support of family
- Fear of losing child to CPS/ Welfare
- Violence In the Community
- Respiratory Disease
- Overall Neglect/Abuse in Gen.
- Ignorance
- Financial Aid
- Teen Pregnancy
- Domestic Violence

Comments:

- The lack of nurturing their infant in utero due to lack of spirituality
- Institutional racisms-stigmatization of black women-wait until last minute for prenatal care
- Lack of male participation and support
- What was mind set of women at conception, (Domestic Violence)
- Environmental Impact to Genetics in Women
- Blacks aren’t exposed to health benefits, as opposed to whites
- Lack of a two parent household/single parent stress
- The lack of male participation in the home
- No social support (from anyone)
- Fear of loosing child to CPS due to chemical dependency
- Lack of encouragement leads to inability to transmit to fetus.
- Irresponsible baby sitters/irresponsible parents
- Her life is important the babies life is important
SUMMARY OF PARTICIPANTS’ RESPONSES

DRAFT Discussion Group Data printed03/02/04

Question 2:

“What are the problems facing the African American community in San Francisco?”

- Unemployment
- Drop Out Rate
- Peer Pressure
- Single Parent Homes
- Juvenile Delinquency
- Lack of affordable housing
- Lack of self-esteem
- Incarceration
- Need for more Black Leadership
- Prejudice judicial system
- Support for Black Businesses
- Unfair funding to other nationalities
- Negative media
- Children having children
- Lack of family values
- Lack of sex education
- Access to health care
- Increase of HIV diagnosis
- Increase in violence
- Lack of child care
- Lack of City Support
- Affordable health care
- Recreation missing
- Digital Divide
- Community Neglect/Empowerment
- Lack of Respect
- More Spirituality/Church
- Prop 21
- Lack of Teen Support

Comments:

- During a time when emphasis is on multi-cultural stuff- we are not in the equation due to low numbers
- We do not have a collective thought for survival
- Waiting for the white man to...
- Being harassed by police and youth cases being tried as adults
- Not having a voice in the media
- They must have respect for others as well as themselves
- High rate of health problems (HIV & Cancer)
- We don’t have a strong economic base (as before)
- Police violence (driving while black)
- Lack of low income child care
- You don’t know your neighborhood. No incentive for people living in public housing to keep it up.
- Proper political empowerment,” not at back door,” respect unity
- Dysfunctional Single Parent Homes, Kids reach out for gang structure for what they do not have in the family.
- Affordable housing (when you get a job the rent goes up)
- Leadership gap- organizes and bring people out of recreation creating leaders Decreasing in number/ rate of African-American’s in the city (economics- we are not a critical mass)
- African-Americans not looked upon or treated equally by other races
- Lack of cooperation / trust among African-Americans/ unity
- Lack sense of urgency to solve our own problems
- Fathers are incarcerated
- Not knowing who is raising our kids, State, or Law enforcement.
SUMMARY OF PARTICIPANTS’ RESPONSES

Continuation of Question 2

- Lack of knowledge of God, self from poor education if present, then structure/discipline family will follow.
- Need moral support
- Leaders are afraid to do too much, they are afraid of losing what they have so they don’t help as much
- Classism within black community, to afraid to bring other up or want to hold you down
- Less Guns on our streets
- Tearing Down Schools-Building Prisons
- No knowledge of were the Guns and Drugs are coming from

Question 2a

“From the list you made what are the top three problems?”
This is a combined list of all discussion groups. Some groups identified the same concerns.

- Economic
- Education
- Drug/Alcohol
- Environmental Toxins
- More Spirituality/Churches
- Mosque
- Lack of Fathers Influence
- Fathers are Incarcerated
- Affordable Housing
- No Family Communication
- No two parent household
- Lack of Trust and Cooperation
- A Leadership Gap
- No Knowledge of Nutrition
- No Jobs/Training
- Poor Resources
- More Moral Support
- No medical support
- Internalized Oppression

Comments:

- AA kid gets suspended 10x more. They put AA kids in special Ed.
- Teachers don’t know how to handle our kids
- It’s no longer a neighborhood, lose of the extended family
- There is no support for people leaving jails/prisons
- Anger & Rage against all races, The past is our present, Resentment from slavery
- African American men are angry, low to no respect from black women
- Authorities don’t have a system to get gang members to work with the community

Note: The list for question (2a) represents the 18 most common responses for all of the discussion groups.
Question 2b

“From the list, name two other top problems”
These are the top concerns based on all the discussion groups.

- No Father for our Kids
- Lack of Community
- Incarceration
- Not enough money (low wages)
- Corrupt Cops
- Rent to high
- Lack of Cooperation and Trust
- Lack of Black Businesses
- Lack of Education in schools
- Internalized Oppression
- No family unity/knowledge
- Leadership Gap

Comments:

- We don’t exist in the eyes of et...
- During a time when infancies are on multi cultural stuff we are not in the equation due to numbers.
- We do not have a collective thought towards survival
- Misuse of funds to community
- Resources are not keep in the community long enough
- Medical misinformation from medical staff
- On a plantation people will not allow leaders to emerge on trust. San Francisco is typical of a small plantation.
- Lack of role models
- Trying to move all blacks out to other communities
- Generation gap-returns to leadership problems
- Division in community/ territorial (nothing done collectively)
- Institutionalized racism
- Resources/ organization
- Internalized oppression keeps us from improving
- Economics
“Do any of these problems cause babies to die or be born unhealthy?”

- Lack of community outreach and peer support.
- Lack of health insurance causes people to get inadequate health care or poor quality health care. Can’t afford shots and medicine.
- Violence, arguing, and DV during pregnancy can cause miscarriages/still born.
- Grocery store has poor food making it difficult to have healthy diet.
- Allergies (moldy apartments, babies have asthma)
- Cigarette/Marijuana smoking when pregnant causes babies to be born unhealthy.
- Drug usage during pregnancy causing babies to be born addicted and birth defects with possible HIV transmission.
- When stressed you go out and drink
- Lack of information causes bad parenting
- Lack of energy to take care of baby
- Babies having babies”uneducated”
- Poverty, born poor can afford nutritional food
- Every thing you pass on to the baby
- Not wanting to have sex because of stress in the relationship
- Homelessness causing undue stress and unhealthy living conditions for babies.
- No prenatal care/wait to long for prenatal care damages unborn babies.
- Unemployed men, having no money being unable to take care of themselves and their children.
- Incarceration, babies have no bonding time or mothers milk.
- Lack of economics during or after pregnancy can prohibit proper medical care.
- In a dysfunctional family attending is being paid to certain aspect of pregnancy
- Loss of WIC inconvenient location makes it difficult to get necessities.
- Cuts in welfare have to go to work can’t afford childcare, just give up.
- Poverty no money effects everything. No car can’t get to hospital.
- Prostitution exposure to STD & HIV/AIDS can mess up babies.
- Lack of education (how to take care of yourself)
- African-American’s are not assertive enough with health care- they don’t ask questions
- African-Americans don’t comply to health care
- Marginalized people- oppression
- Failure to thrive
- Roach infested homes and no proper water
- Parents put down the others in front of the child
- Having dumpster on every corner letting out toxic fumes
- Generation Cycle “Parents repeating the way they were parented”
- Internalized racism/ oppression (impacts the women and affects the baby)
SUMMARY OF PARTICIPANTS’ RESPONSES

DRAFT #2 Discussion Group Data 03/02/04

- Lack of visibility in larger society (we don’t exist) our needs are not included
- These problems reduce our expectations of quality of life (expect lower health of baby)
- Disparity treatment of African-American / all races say African-American’s can’t understand
- Lack of knowledge our people will not assert self in health care or prenatal care
- Our questions are invalid, no need to answer African-American questions
- African-American parents are not listened to when there is a health problem in the infant
- I think drugs are a major problem for all
- Lack of love for the child,(no bonding)
- Unaffordable health care (how to access health care)
- Stress in all areas (low self-esteem)
- No values nothing to live for and nothing matter for self or other
SUMMARY OF PARTICIPANTS’ RESPONSES

DRAFT #2 Discussion Group Data 03/02/04

Question 4

“Where do you and your family usually go for health care?”

- Maxine Hall Health Center 3
- Planned Parenthood 5
- UC Medical Center 17
- SF. General 20
- California Pacific 6
- Mt. Zion 7
- St Luke’s 18
- Daily City 1
- Stanford University 1
- Oakland 10
- VA
- St. Anthony
- Market Street
- Tom Wadell 5
- Children’s Hospital 9
- South East Health Center 6
- The Women Place
- Mission Neighborhood 2
- Potrero Hill Health Center

Comments:

- Only go when sick
- Don’t go due to fear
- I have to be just about dying
- If I’m not dying I’m not going
- Can’t afford healthcare
- Only go for development stages
- I go to get physical for my child to attend school
- I go because you got too
- Goes only when sick do to lack of respect
- I go for check up-pediatrics and mamio grams
- Where ever she can get good health care
- A bunch of clinics
- I go to prevent future illnesses
- Maxine Hall some one told me they have good doctors
- SFGH don take me their the Filipinos do not like black

• Health Center III 1
• St. Mary’s
• No where
• Private Doctor/ HMO
• Ujima Health Center
• TAPP
• Planned Parenthood
• Sunnydale HC 1
• Kaiser 2
• Alternative Medicine Healers 4
• Mom
• Choice Medical Group
• Over 60 clinic
• Internet then primary Doc
• BI-HIP
SUMMARY OF PARTICIPANTS’ RESPONSES

DRAFT #2 Discussion Group Data 03/02/04

Question 4a

“If someone in your family gets pregnant who does she go to for prenatal care?”

- UC Medical Center 4
- Kaiser 4
- Mt. Zion 1
- SF General 1
- Maxine Hall 1
- Plan Parenthood 1
- St. Luke’s 3
- California Pacific 1
- Southeast Medical Center 1
- Health Center II
- Oakland
- St. Francis
- Stanford Hospital
- Sutter Memorial
- Women’s Clinic
- HAHC
- Drug Store
- Grandmother
- Midwife

- Dr. Coleman
- Dr. Chew
- Dr. Brook
- Dr. Wolf
- GLIDE
- Abortion
- Homeless Prenatal
- Mission Neighborhood
- Medical Clinic
- I don’t know
- EPT (Home Pregnancy Test)
- OB/GYN
- Drug Store
- Big mama
- Choice Medical Group
- Old Lady

Comment:

- They got to a friend to discuss health care or they hide it
- I go to Southeast for my prenatal and St. Luke’s to have my baby
- Back alley clinic?
- Been tough not to question authority (White Coat)
- Clinic to make sure she is pregnant
SUMMARY OF PARTICIPANTS’ RESPONSES

DRAFT #2 Discussion Group Data 03/02/04

Question 4b:

“If there is a new baby or a small child in your family, where do you go for her health care?

- Ralph Davies
- Free Clinic
- HMO
- St. Anthony
- SOMA
- Pediatrics
- Emergency Room
- Any facility that accept medical
- Old fashion remedies/ Herbs
- Excelsior
- Potrero Hill
- Regular Doctor
- Family Health Plan
- Well Baby Clinic
- St. Mary’s
- St. Luke’s
- Pedi-Care
- SF General
- Maxine Hall
- Chiropractor/acupuncture
- Mission Neighborhood HC
- St. Francis
- To Mother
- California Pacific-Birthing
- Dr. Coleman
- Dentist /Orthodontist

Comments:

- The nearest door open
- Mother already knows what to do
- The Doctor that delivered them
- My kids go to the same Doctor as when they were born
- Specialist (skin, asthma, eyes, feet)
- Medical Vans
- To long of a wait
- Lots don’t because they are turned down.
- Scared to go to KAISER
- SF General they do discriminate based on drug use
- Traditionally black folk didn’t have access to health care.
- Grandma knows.
- If it ain’t hurting, we ain’t going.
- Emergency if it is crying late at night
- I take baby to the well baby clinic.
- May see regular nurse practitioner
- Don’t have health plan, to save dollars.
- Afraid to hear that something is wrong.
- Get health care done between jobs.
SUMMARY OF PARTICIPANTS’ RESPONSES

DRAFT #2 Discussion Group Data 03/02/04

Question 5:

“When you or someone close to you receives general health care, pregnancy health care for pregnancy or baby and child health care,

• Do you trust your doctor, nurse, or other provider?

Y=134  N=35

1. I wont trust anybody with my kids
2. Some needles might be used
3. Mother goes with me
4. Misdiagnosis
5. Past family experience gave wrong medicine
6. HMO are uncaring what the plane doesn’t cover
7. Tons of patents not enough time
8. Not following through
9. Doctor doesn’t leave until I get an Answer
10. Self advocacy get results
11. Assume that they can trust their doctor, (because of title), it’s their job
12. No confidentiality at SF General
13. Hide thing from me
14. Same Sex She doesn’t want a lady doctor
15. I don’t trust the institution
16. Baby has been with doctor their entire life
17. Just didn’t trust them
18. Listen to mother don’t trust doctor
19. My pediatrician it was easier I knew him he knew me.
20. To free with giving my kid adult meds not child dosage
21. They got some real Waco out there
22. In HMO you never know who you will see except for illness related/specialist
23. I don’t trust because I had a bad reaction to a shot
24. I have an African American Women doctor I trust her absolutely

• Do you feel respected by your doctor, nurse, or other health care staff?

Y=133  N=33

1. They are going to respect me and answer all of my questions
2. Big doctors words-medical terms
3. Doctors have attitude and are rough
4. Prescribe wrong medicine or didn’t when needed
5. Only black man in clinic. Don’t take their time, Don’t listen
6. Staff very patient returned calls and called in prescription.
7. Feels like they are just another number
8. Not enough information shared
9. Doctors don’t feel they need to answer you because your lack.
10. You have to dig to much, They do not give you enough information
SUMMARY OF PARTICPANTS’ RESPONSES

DRAFT #2 Discussion Group Data 03/02/04

11. They pick and choose services based on race
12. To him wrong information; said ear infection was a stroke.
13. Same day appointment
14. Don’t address your real issues
15. The doctor follow up and shows concern
16. Warmer environment at a black doctor
17. Someone not from your group doesn’t know you; their knowledge is from “COPS” TV shows. They may treat you less than human
18. Something out of content may prevent young women from returning to prenatal health care.
19. Berating young women at pregnancy instead of helping
20. Most doctors are judgmental and do not trust my judgment they do what they want

• Do you receive the best health care services?

Y=103    N=68

1. I expect the best care and will not settle for less
2. Economic status determines level of health care
3. Hospital is training facility got scared during surgery
4. Doctor did excellent job on ear surgery
5. Shots for mental health problems for whites if your black you must take pills.
6. Giving different treatment based on race for the same illness
7. I let things go-home remedies-I don’t have health insurance
8. I don’t go as often and try to deal with it on my own
9. Since I changed my diet-I’m healthier “eat to live”
10. Saved my daughter life at SF General
11. KAI SER has good asthma clinic
12. At Kaiser I have the doctor I want, I interview them I have the phone number ect…
13. Doctors are not private they do the work because they like it (SF General)
14. SF General has the best Doctors and trauma unit
15. I want care like Bill Gates
16. HMO doctors rush me, private doctors don’t
17. My African American women doctor patches me to someone in my hometown
18. I cant get an understanding of “mena pause”
19. I have to wait twenty minutes to see a doctor

• Do you feel comfortable with your doctor, nurse, or other health care staff?

Y=134    N=34

1. Dr is patient and gentle, I’m not nervous
2. Got a different person every time
3. Doctor donated his time
4. I don’t feel comfortable because of interns in the facility
5. Have same sex doctors
6. Not enough time spent with me
7. I have my doctors phone number
8. Not comfortable with health care procedures
9. To many students/interns/residents
10. Misdiagnosed by nurse practitioner
11. They take their time
12. Doctor says nothing is wrong with the child and I know better
13. They don’t have sample medicines
14. The doctor talks to much
15. In a particular HOM no African American Female Doctor in the System would have to transfer to Oakland. My provider is not top choice
16. The receptionist is rude
17. They acted funny because I was homeless
18. I didn’t feel comfortable because of drug screening

• When something is wrong, does your doctor, nurse or other health care staff answer all of your questions?

Y=142  N=37

1. Answers all my questions
2. Always had more question than answers especially around my kids
3. Doctors don’t listen
4. Bad communication
5. Doctors tell me the side effects of my med.
6. Doctor just doesn’t tell you how to take meds but shows you
7. Don’t give answers in plan English
8. Hard to get an answer because several doctors are involved
9. A lot of us don’t ask questions
10. So many questions, He write his questions before he go to the Doctor.
11. Depends on the type of doctor. A generalist will answer general questions
12. Yes-because I ask a lot of questions- I stay on them.
13. Sometime they talk” Beat around the bush” But don’t answer
14. With son they didn’t go into detail-What this shot for”?
15. Sometimes I didn’t get my question answered
16. Some times there is a language barrier
17. When you call for and advise nurse you are triaged by a tech. Then the tech get upset when questioned for credentials, transferred to Sacramento.

• Do you have any fears about getting health care services?”

Y=74  N=66

1. Doesn’t like what doctor says
2. Fear of being put under might not wake up
3. Medical condition might lead to worse problem
4. Nurses not knowing how to do IV
5. Not being familiar with doctor
6. Have no choices or options
7. Afraid of pelvic exam
8. Not a fear, but the more you know the more you question the system
9. The less you are educated the more you trust
10. I wish for someone with straight words and would care for my child as their own
11. Discharge of sick child due to insurance
12. Child realizes poor treatment and baby is tired
13. Fear of being experimented on
SUMMARY OF PARTICIPANTS’ RESPONSES

DRAFT #2 Discussion Group Data 03/02/04

14. Leaving the hospital with something you didn’t come with
15. Afraid of child abuse suspicions people don’t listen
16. Fear of procedures (papsmears, needle pricks)
17. I fear operations and going under.

Comments:

• Medical business is and industry
• Someone told me that it is more profitable not to cure because patient will come back again.
• Told the doctor my drug history now jumps to conclusion
• To busy telling me what he knows.
• Did choose doctor he was assigned
• They should tell you what they do Before they do it
• We should train people to be advocates for themselves
• Address you like a person
Question 6:

“How did you feel when you, or someone close to you, got pregnant?”

- Scared
- Trapped
- Cried
- Stress out
- Emotional
- Socked
- Angry
- Ecstatic
- Anxious
- Regret
- Pissed
- Denial
- Confused
- Happy
- Caring
- Concerned
- Excited
- Worried
- Glad
- Proud/Loved
- Felt Great
- Joy
- Undecided
- Fantastic
- I laugh
- Troubled
- Scary
- Suffering
- Relief
- Out done
- Energetic
- Lonely
- Pain
- Emotional
- Mixed
- Emotion
- Distraught
- Disgusted
- Disturbed

Comments:

- I wanted to kill somebody.
- I felt like it was the end of the world
- Resentment
- Thank God
- It depends on the situation
- I felt (over everything)
- I felt defensive (the father didn’t want a child)
- I was mad because she was only 16
- I was scared to tell my mom
- I laugh because it not me
- As many as I got “ha ha”
- Happy because a life was being created
- “Oh well,” Terminate the Pregnancy
- What am I going to do
- Jump off bridge
- Feared punishment
- What are you gonna do
- I’m too young
- No money, job
- It ain’t min
- I was frustrated, happy, but concerned.
- What is she going to do for a sister
- What does this child have to look forward too
- Is that going to be the one to make a difference
- Sad because I have none of my own.
- Better you than me.
Question 6a:

“After your initial feeling, what did you start doing for a healthy baby?”

- Change my lifestyle
- Stock up on baby supplies
- Moral Support
- Health Care Plans
- WIC/Food Stamps/Medic-Cal
- Get father to parenting class
- Stop Drinking/Drugs
- Started saving money
- Secured the environment
- Education on being pregnant
- Confirmed pregnancy
- Started prenatal care
- Get check regularly
- Take Child development classes
- Start eating right
- Reassurance and positive thinking
- Get closer together
- Got educated as a father
- Lamaze classes
- Tell Father/Find Father
- Did same things
- Find Housing
- Money Management

Comments:

- Started smoking more weed to eat more/nausea.
- I saw two doctors during pregnancy
- Stated putting in more hours at work
- Started going to prenatal appointments
- Moved out, got her own place (went to housing authority)
- Let someone know you care—moral support—go to prenatal care with her
- Spoon feed the mother information, how to take care of themselves and the baby
- Give positive advice and words of encouragement
- Started fantasizing about what the baby would look like
- Started thinking about the future
- Stopped having rough sex, stop, sex
- Talked the mother into keeping the baby
- Started singing to the baby and paying more attention to the child.
- It OK to have sex when pregnant
- Get to know fathers baby better
- Apply for medical
- Understand your responsibility and Importance
- Bought books, history, taking care of baby
“When you or someone close to you is pregnant, who did you confide in, ask questions and get help from?”

*Mother was the number one answer*

- Father
- Sister
- Grand Parents
- Partner
- Neighbors
- Friends
- Tell other Children
- Doctor
- Boss/Co-workers
- Director of Clinic
- Minister
- Homeless Prenatal
- Therapist
- Talk to each other
- God/Preacher/Church
- Siblings
- Got to the Internet
- Ask brothers permission
- Mosque
- Community Center

*Comments:*

- *Sisters who have had children*
- *Keep it in the family*
- *Someone who’s children were healthy-well have being a good parent*
- *Ask mother how to help friend-be mothers*
- *Thank the LORD*
- *Bi-HIP Support Center*
- *Imaginary friend( Self Talk)*
- *Write in journal*
- *I confided in “no one”*
- *Confiding in other young mothers” Blind leading the Blind”*
- *Never confided in mother, brother, but someone who was a good parent*
- *Family members, the mom the person who got pregnant*
“What other help, resources and/or services are needed for a healthy baby?”

- Family Support
- Low Income Housing
- Drug Counseling
- Parenting Classes
- PTA
- Support Groups
- Family Counseling
- Baby Sitting
- Baby equipment
- Nutritionist
- Homeless Prenatal
- Massage Classes
- Breastfeeding Classes
- Lamaze
- Legal Assistance
- Free WIC/Cal Works
- A maid
- Red Cross
- Salvation Army
- Additional Community Clinics
- Parental Wisdom/Knowledge

Comments:

- More education so we can take care of ourselves
- More community organization
- No more project
- More mommy and me classes
- More understanding MD
- More love pampering and support
- Sex Ed that works (not the doll)
- Transportation to get to and from appointments
- We need more community centers
- Safe transportation for children
- Full parent participation
- Dietician for babies
- Relationship counseling
- I felt violated by doctors drug test
- Proper child care on the job
- More infant and child development classes
- More teen mother and father support
- We need more classes to help mother from qualified people
- Before the child is conceived, ongoing teaching. “They use to have sex education know they just have teen clinics”
- More Detox program for pregnant mothers
- Less punishment for substance abuse during pregnancy
- More places like Homeless Prenatal and Hamilton Family Shelter
- More support form father and family
- Less doctors putting you down for being young and pregnant
“In order to have healthy babies and families what would you change in:

I. Yourself:

- Stop Smoking
- Abstinence
- Less Stress
- Eat Healthy/Improve Diet
- Exercise
- Work on my Issues
- Stay out of Jail
- Higher goals and less procrastination
- Be more responsible
- Change Attitude towards Family/System
- Take better care of body
- Educate myself
- Spirituality

Comments:

- I would learn money management and be more financially responsible
- I would change my lifestyle and personality
- Change attitude towards children
- Change the way you dress comfortable shoes and clothing
- I would change my living situation
- Take time out for myself while pregnant and make me and my baby a priority
- Change the places I hang
- No weapons in home (away from child)
- Change poor communication habits
- I want to be working towards self sufficiency
- I would finish school
- I would have a better attitude with spouse
- I would be more serious in supporting mother and involved in the process
- I would have more patience
- Stay at home more

II. Your Family:

- More Love & Respect
- Ensure Mother goes to Doctor
- Stop Domestic Violence
- Improve Communication
- Stop abusing children
- Improve Family Unity
- More Family meetings
- Change Husband
- Be more affectionate
SUMMARY OF PARTICIPANTS’ RESPONSES

DRAFT #2 Discussion Group Data 03/02/04

Comments:

- Less stressful and more loving environment
- Stay Away from my family
- More family outings and get together
- Get rid of grandmothers mouth
- Contact with in-laws
- More unity to teach them how to prepare themselves
- Stop putting family through the stress of being homeless
- They only come around when you are doing good
- Help them to understand the importance of a new life
- Sister should stop fighting and change attitudes
- Provide healthy environment (no smoking around child)
- Child proof your Home( take out weapons)
- Use good judgment when you family tells you “wise tells”
- Brothers should be around more-together more often
- Change in attitude in family to be together

III. The African American Community:

- Take out Rent Centers
- Respect each others heritages
- End division
- More Education for Community
- More Social Support
- Create more positive recreation
- Safe Havens
- Teach Children about their Bodies
- Better Schools
- Stabilize Economy
- Stop Drug Use (Abuse)
- Teach Domestic Skills
- Equality of Service provision
- Get rid of corrupt police
- Neighborhood Watch
- Create scholarship programs
- Build community inside self
- More Funding from City & State
- Environmental (Pollution)

Comments:

- Focus on getting Guns and Drugs out of our community
- Create more prevention program for the youth
- Get people in work and off the streets
- Not enough places that give help
- Advocate spirituality
- Self Belief, don’t be quick to judge & trust
- Make it harder to have a liquor store
SUMMARY OF PARTICIPANTS’ RESPONSES

DRAFT #2 Discussion Group Data 03/02/04

- I have to come up with a plan
- I will get the boys off the corner
- I think people feel hopeless and do not address problems
- Eliminate perceived public presence
- Destroy the head of the family you destroy the family
- Moving the community out to Vallejo
- Change the preconditioned belief systems
- Change the mentality of men taking on the responsibilities of getting women pregnant
- Getting a women pregnant does not make you a man
- Every child should be exposed to more spirituality
- Be more supportive of young teen pregnancies
- Advocate for more programs for children
- More involvement in community and unity
- Start Big Brothers and Big Sisters organization
- Change social and economic status in the community
- More buying power for community to meet community needs
- Less government involvement-less control-place more control in the community
- Show the kids a better way of life
- Support(Family, Community & African Businesses)
- Better classes for students, better curriculum
- Put a boot on cars that are going to fast
- Cleaner street in the community
- Have those in power to leave us and let us raise our children
- Drug dealers should stop selling drugs to pregnant mothers
Summary of Participants’ Responses

DRAFT #2 Discussion Group Data 03/02/04

Question 1:

“Did you know that more Black babies die than White babies?”

Over half of all participants did not know black babies die at a higher rate than white babies. Those who did know were people with more education than others.

Question 1a:

“Why do you think that is?”

The participants’ responses were broad, identifying both health status, individual and community behaviors and socio-economic conditions. The majority of participants identified health risks as causes of death; others cited societal or environmental conditions that negatively and disproportionately effect African American infant survival. Some factors such as lack of prenatal care had multiple determinants – the health seeking behavior; ignorance, lack of social support, lack of health insurance, institutional racism.

Health (and mental health) conditions cited were: genetics, SIDS, low birthweight, Sickle Cell, respiratory disease, lack of prenatal care, poor nutrition, lack of self esteem, stressed out. “Her life is important, the babies life is important.”

Behaviors cited were: domestic violence and child neglect, teen pregnancy, drugs, crime. “Black women wait until the last minute for prenatal care.” “The lack of male participation and support in the home.” “No social support, (from anyone)!”

Environmental and societal factors were: environmental toxins, racism and oppression, poverty. “Environmental toxins may be passed to the baby’ genetics.” “Institutional racism.” “Blacks have less access to health care than whites.”

Question 2:

“What are the problems facing the African American community in San Francisco?”

As in the previous question, participants gave a wide range of answers. The responses could be characterized as problems that the individual or the African American community as a whole created and problems created by others effecting the whole of the African American community. Again some of the responses could fit into both categories.

Economic and political power issues such as unemployment, lack of affordable housing, lack of Black businesses, inequity in comparison to other groups in public resources were noted. “When you get a job the rent goes up.” “We don’t have a strong economic base like before.” Lack of leadership in the community was related by one group to the institutional racism that keep African American communities from thriving. It was noted several times that the number of Blacks in the city has decreased; fewer of the communities concerns are being addressed due to this absence and the lack of unity and leadership. “During a time when emphasis is on multi-cultural, black people are being overlooked because of low turnouts. We do not have a collective voice for our survival.” “Waiting for the white man to.” “There is no sense of urgency to solve our own problems.”

Family/community values and support issues cited were lack of two parent families, lack of family values, lack of community unity and respect, lack of self esteem and pride in culture, lack of spirituality. “Single parent homes make our kids to reach out for gang structure for what they do not have in the family.” “We
SUMMARY OF PARTICIPANTS’ RESPONSES

DRAFT #2 Discussion Group Data 03/02/04

must have respect for others as well as ourselves.” “There is no cooperation or trust among African-Americans.” “We need moral support, there is no knowledge of God or family discipline.”

Social issues such as adult and youth crime, incarceration, Prop 21, increased violence, drug and alcohol abuse were listed. “The state is tearing down schools and building more prisons, incarcerating our fathers.” “… We need fewer guns on our streets.”

Social inequities included prejudiced justice system, racism, poor access to health care, “digital divide,” inadequate child care. “There is more police harassment in our community, and black youth are being tried as adults. Police violence, “driving while black.” “African-Americans are not looked upon or treated equally by other races.”

HIV, drug addiction were noted as health problems. “High rate of health problems, HIV and Cancer.”

Environmental toxins were noted and in some discussion groups related to environmental justice.

Question 2a

“How the list you made what are the top three problems?”

The top three problems were violence, drugs and unemployment/economic conditions. “There are no economic resources for the community.” “Resources are not kept in the community long enough or they are misused.” “Rents too high.”

Question 2b

“How the list, name two other top problems”

When asked for two additional top problems, participants most frequently stated the lack of unity and lack of leadership in the community. “It takes a village to raise a child.” “We need more role models for our youth.” “There is no longer a since of unity in the neighborhood no extended family.” “There is too much division in our community nothing is done collectively.”

Question 3

“Do any of these problems cause babies to die or be born unhealthy?”

The words of the participants are powerful testimonies of how they perceive the relationship of problems facing the African American community and infant mortality.

Economics/Poverty

“Poverty effects everything: no car, can’t get to hospital; can’t afford nutritional food; effects babies health.” “Unemployed men, having no money being unable to take care of themselves and their children.” “Because of cuts in welfare have to go to work; not able to afford childcare, you just give up.” “Grocery store has poor food making it difficult to have healthy diet.” “Homelessness can cause undue stress and unhealthy living conditions for babies.”

FHOP Qualitative Data Methods Training 62
SUMMARY OF PARTICIPANTS’ RESPONSES

DRAFT #2 Discussion Group Data 03/02/04

Individual Behavior and Knowledge
“…not knowing how to access health care.” “No prenatal care or waiting to long for prenatal care damages unborn babies.” “African-American’s are not assertive enough with health care. Because there is a lack of knowledge of our rights as consumers, we will not exert ourselves.”

“Violence, arguing, and domestic violence during pregnancy can cause miscarriages & still born.” “Cigarette/marijuana smoking when pregnant causes babies to be born unhealthy.”
“Drug usage during pregnancy causing babies to be born addicted and birth defects with possible HIV transmission.” “Prostitution and unprotected sex can transfer STD, HIV & AIDS to our babies.” “When stressed you go out and drink.”

Stress in all areas of life causing low self-esteem you won’t take care of self and baby.” “There is a lack of love for the child no bonding.” “No values, nothing to live for and nothing matters for self or others.”

Community and Social Problems
“No community outreach and peer support leads to misinformation causes bad parenting.” “Babies having babies”
“I think drugs are a major problem for all”
“Because our numbers are so low we are invisibility in larger society, we don’t exist.” “Our needs are not included.”

Racism/Race-based Inequities
“Internalized racism & oppression has an impact on the women and affects the baby.”

Environmental
“Having dumpster on every corner are letting out toxic fumes effect our health.”
“Unhealthily living environments that are roach infested and have no proper water.”
“Allergies, moldy apartments, babies have asthma, can effect babies health.”
“Where do you and your family usually go for health care?”

The majority of the discussion group participants cited one or more sources of health indicating their knowledge of where to go for services. “I go to a bunch of different clinics because they are free.” However, many stated that they sought out medical treatment only when ill, injured or when absolutely necessary. “I only go to the doctor when I’m sick.” “I have to be just about dying.” An element of fear and/or coercion entered into some of the response as well as the economic situation of the family or individual. “I go because you got too, because if you don’t CPS will take your child.” “I don’t go to the doctor because I’m afraid of what they might say.” “I can’t afford healthcare, so I don’t go.” “I get health care done between jobs.” “I don’t have a health plan; I have to save dollars.”

A few participants stated reliance on family members and/or home remedies, “The Internet, then the Doctor;” “BI-HIP;” “TAPP.” One person stated “No where.”

Question 4a

“If someone in your family gets pregnant who does she go to for prenatal care?”

The majority of the participants identified one or more private, public, hospital based and community based health care providers. Some of the sites listed do not offer prenatal. Other non-traditional sites were noted: the drug store, EPT (home pregnancy testing,) “Big Mama.” A respondent stated “I don’t know.”

Question 4b:

“If there is a new baby or a small child in your family, where do you go for her health care?”

The majority of the participant identified private, public, hospital based or community based providers for their children’s health care. However, some comments show a contrast in knowledge and behavior among the participants. “I go to the nearest door that is open.” “My Grandma knows all.” “I take my baby to emergency if it is crying late at night.” “I take my baby to the well baby clinic for care.” “My kids go to the same Doctor as when they were born.” “We may see regular nurse practitioner.” “My mother already know what do, I turn to her when I need help.”

Question 5:

"When you or someone close to you receives general health care, pregnancy health care for pregnancy or baby and child health care,
SUMMARY OF PARTICIPANTS’ RESPONSES

DRAFT #2 Discussion Group Data 03/02/04

- Do you trust your doctor, nurse, or other provider?
  Y=134  N=35  (260)

- Do you feel respected by your doctor, nurse, or other health care staff?
  Y=133  N=33

- Do you receive the best health care services?
  Y=103  N=68

- Do you feel comfortable with your doctor, nurse, or other health care staff?
  Y=134  N=34

- When something is wrong, does your doctor, nurse or other health care staff answer all of your questions?
  Y=142  N=37

- Do you have any fears about getting health care services?
  Y=74  N=66

The purpose of this series of questions was to gauge the participants' perceived treatment by health care providers and perceived quality of health care. In general, participants were positive about relations (trust, comfort, respect) with health care providers and with the quality of care they and their children receive. Participants who readily expressed dissatisfaction with current or past providers cited bias related to real or perceived drug use. A few others noted that health care intervention is only sought when something is wrong. "If it ain't illin, I'm not going." "I don't go as often and try to deal with it on my own." Others said that regular health care is not available due to lack of health coverage and the economic status of the family.

Participants qualified their initial answers as in-depth discussion continued. Participants cited experiences of:
- too long waits, tons of patients, “Not enough time;”
- misdiagnosis;
- provider not listening and acknowledging the patient's perception of the problem, "Don't address your real problem," "Doctor says nothing is wrong with the child and I know better," “Just another number;”
- not enough information shared/misinformation;
- physician not willing to try alternative treatments;
- provider was judgmental - "They acted funny because I was homeless," did not trust patient’s judgment because black, “Told the doctor my drug history now jumps to conclusion;“
- different treatment based on race for same diagnosis;
SUMMARY OF PARTICIPANTS’ RESPONSES

DRAFT #2 Discussion Group Data 03/02/04

- provider unfamiliar with African Americans - "their information is from 'COPS' TV Show," “They may treat you less than human,” Doctors are “rough” and “have attitude;”
- distrust/mistrust in the institutions or providers, “listen to mother, don’t trust them,” “I don’t trust institution.”

Others described their comfort and satisfaction with their provider and the quality of care they receive. Participants responding in this way indicated that as patients they are prepared, ask a lot of questions and are their own advocates. “They are going to respect me and answer all of my questions.” “I ask a lot of questions and stay on them.” “I expect the best care and do not settle for less.”

Many selected their physician or other health care provider based on ethnicity (African American/Black) or gender (female doctor for women.) “Warmer atmosphere with a Black doctor.” And was the indication that if a participant stayed with the same provider over a long period of time relations were better. “My pediatrician – he knew and I knew him.” “Doctor is patient and gentle.”

Some institutions were cited as excellent: “SFGH – saved my daughter.” “Kaiser has a good asthma clinic.”

Other possible comments to consider as the analysis is prepared
- Someone told me that it is more profitable not to cure because patient will come back again. Medical business is an industry.
- Too busy telling me what he knows
- They should tell you what they do before they do it
- Address you like a person.
- Did choose doctor he was assigned
- We should train people to be advocates for themselves

Question 6:

“How did you feel when you, or someone close to you, got pregnant?”

Participants expressed a range of emotions: from surprise and joy to worry and pain. While painful expressions were not the most frequent response, they highlighted a sense of hopelessness that some members of the community might have related to pregnancy and expectations for a new baby.

- happy, great joy, excited
- proud, loved, caring
- relief
- undecided, confused
- worried, disturbed, stressed-out, anxious, shocked, troubled, out-done
- lonely, trapped, pain, disgusted
- angry, pissed
SUMMARY OF PARTICIPANTS’ RESPONSES

DRAFT #2 Discussion Group Data 03/02/04

Participants made the following comments:

“It depends on the situation, how you will feel about being pregnant.”
“I felt like it was the end of the world.” “I wanted to jump off bridge.”
“What am I going to do?” “No money, no job.” “What are you gonna do?” “Oh well, terminate the pregnancy.” “What does this child have to look forward to?”
“I wanted to kill somebody.” “It ain’t mine.” (male response)
“I was mad because she was only 16.” “I’m too young.” “I was scared to tell my mom.”
“Feared punishment”
“I laugh because it’s not me.” “Better you than me.” “Sad because I have none of my own.” “As many as I got, ‘ha ha’.”
“Thank God.” “Happy because a life was being created.” “Is that going to be the one to make a difference?”

Question 6a:

“After your initial feeling, what did you start doing for a healthy baby?”

Response to this question were many related to three main areas. Economic situation of the family: “Started putting in more hours at work.” “Moved out, got own place (went to housing authority.)” “Apply for Medi-Cal.” “Money management; find housing; stock up on baby supplies.” Communication with significant others and getting support from them: “Tell father, find father. Get closer together; get father to parenting class.” Seeking medical care and/or changing health behaviors. “I saw two doctors during pregnancy.” “Started going to prenatal appointments.” “Start eating right.” “Secured the environment.” “Got educated as a father.” “Bought books: history, taking care of baby.” “Talked the mother into keeping the baby.” “Let someone know you care-moral support-go to prenatal care with her.” “Started singing to the baby and paying more attention to the child.”

One response was, “Started fantasizing about what the baby would look like.” Another single response was, did the “…same things.”

Question 6b:

“When you or someone close to you is pregnant, who did you confide in, ask questions and get help from?”

The number one answer was “Mother.” Other family members were cited as was the “baby daddy.” “Keep it in the family.” “Sisters who have had children.” Neighbors and friends came next in frequency of responses. “Somebody whose children were healthy-well; being a good parent.” Professionals such as doctor, faith leader, and certain community organizations were cited: church, mosque community center. “BI-HIP
Question 7

"In order to have healthy babies and families what would you change in:

I. Yourself

In general participants thought that individual behavior such as abstinence from drugs, alcohol and tobacco, eating right and getting exercise, reducing stress and attending to “own issues,” education and staying out jail. In addition, less concrete actions such as increased spirituality, being more responsible, establishing higher goals and changing attitudes about family and the system were stated.

Supporting Comments:

- I would learn money management and be more financially responsible; I want to be working towards self-sufficiency; I would finish school.
- I would change my living situation; change the places I hang; no weapons in home (away from child.)
- I would change my lifestyle and personality; change poor communication habits, I would have more patience; I would be more serious in supporting mother and involved in the process; stay at home more.
- Change attitude towards children; I would have a better attitude with spouse.
- Take time out for myself while pregnant and make me and my baby a priority

II. Your Family

Participants stated that they would do things that improved family functioning, demonstrated loving relations and eliminated child abuse and domestic violence. They also stated that they would have a home that safe, with a healthy environment for raising children.

Supporting Comments:

- Less stressful and more loving environment
- Stay away from my family; get rid of grandmother’s mouth; they only come around when you are doing good
- More family outings and get-togethers; contact with in-laws; sister should stop fighting and change attitudes; brothers should be around more-together more often; change in attitude in family to be together
- More unity to teach them how to prepare themselves; help them to understand the importance of a new life
SUMMARY OF PARTICIPANTS’ RESPONSES

III. The African American Community

The participants’ answers echoed their list of top problems facing the African American community. Top among those were:

- Changes toward improving community unity, mutual respect, and building social support.
- Making the community a safe place to live through eliminating drugs, excessive alcohol and guns.
- Improving the economic viability of the community and increasing employment.
- Improving education on all levels.
- Improved quality of life was addressed through better recreation opportunities, activities for youth.
- Advocate for spirituality and changing the mentality of men toward “fatherhood” and manhood.
- Support young mothers
- More services to help; and equity in services

Some restated the problems without solutions or expressed hopelessness in addressing problems. One participant said, “Move to Vallejo.”