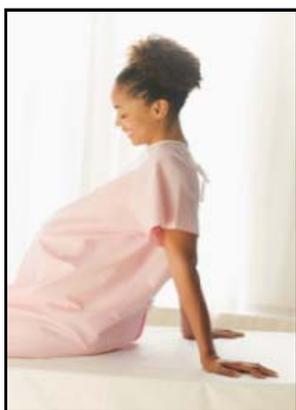


Improving Medical Assistance Outreach to Eligible Pregnant Women In Maryland

Early access to prenatal care is the cornerstone of infant mortality prevention. In 2008, the Maryland General Assembly increased the eligibility for Medical Assistance to 116% of poverty for families as a strategy to increase access to care and decrease low-birth weight babies and infant mortality.

Yet, fewer pregnant women enroll than are eligible -- putting themselves and their unborn babies at-risk. The lowest enrollment rate is in Prince George's County.

The MD Department of Health and Mental Hygiene (DHMH) asked the Center for Health Literacy for answers to why and what could be done to improve communications and enrollment.



What was the purpose of the study?

To provide DHMH with recommendations for closing the gap based on the identification of possible barriers and facilitators.

A health literacy framework guided the qualitative study of pregnant African-American women ages 18-24 in Prince George's County. Multiple sources of data were used to provide multiple perspectives on the gap. An assessment of materials was done using standardized instruments.

What question were we to answer?

What health communication messages and channels are appropriate to increase health literacy and health coverage among Medicaid-eligible, un-enrolled, pregnant women?

What is the answer to the research question?

1. Health communications messages need to speak to the benefits of early care and of eligibility of pregnant women for state health insurance.
2. Web-messaging needs to be intuitive and user-focused.
3. Interpersonal and community group channels of communication need to be optimized.

What did we learn?

Confusion exists about the process for enrollment and accessing care among both providers and recipients.

Information isn't flowing to users in a timely way using channels of communication that are easily accessed.

Delays in processing and initial prenatal care appointments extend well into the second trimester.

How can communications be improved?

- Be Clear
- Be Concise
- Be Accurate
- Be Timely
- Be User-Focused



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More specifically:

1. Modify all current print and web materials to be sure they are written for pregnant women, meet health literacy standards and assure accuracy and consistency between all documents, messages and visuals.
2. Create new materials with input throughout the process from the intended users—eligible pregnant women, department of health personnel, other social service workers, community educators and advocates.
3. Develop a communications plan to keep health department employees, community volunteers, advocates and others who interact with pregnant women aware of eligibility, care options and routes to both.
4. Design a visual map of actions to obtain Medical Assistance and prenatal care to reduce confusion, increase understanding and provide a guide for mothers, staff and community workers.
5. Test a health navigator, community-based model to assist pregnant women and those who support them, in accessing care and insurance.
6. Provide professional development for staff to incorporate health literacy principles in daily work and reduce delays and associated costs.
7. Rewrite application separating instructions from application to comply with good formatting standards, including reduction of density of words, at least a 12-point font size and readability.
8. Evaluate all materials created or revised by engaging users during the process to increase the likelihood that the materials will be on target and users “get it and do it.”