# Infant Vitality Pilot Project

# Getting Healthy Zone

Year End Report

June 30, 2020

**HEALTHY
LUCAS COUNTY**

# Introduction

The Getting Healthy Zone (GHZ) Pilot Project was designed based on the Best Baby Zone approach to address the infant mortality problem in Lucas County. GHZ targets specific zones in Lucas County to improve the countywide infant mortality rate. The target population is women of childbearing age residing in census tracts 22, 23, 27, 28, 29, 30, and 103. These census tracts have an estimated population of 10,994, nearly 2,685 who are women age 15-50, plus 291 who are girls age 10-14. The median household income for these census tracts is $16,549. The purpose of GHZ is to engage residents and community partners, listen to neighborhood priorities, and foster cross-sector community actions.

This progress report includes mid-intervention and post-intervention successes and challenges of each participating anchor organization representing the four health care organizations involved as well as updates on resident engagement and sustainability of project initiatives that impact the overall improvement of neighborhoods within the zones. The purpose of this report is to provide the Hospital Council of Northwest Ohio (HCNO) with findings related to the successes and barriers of GHZ. Each anchor team is to review and use the components of this report to guide future project efforts. Throughout this report and/or others, various team members will be referred to by their title, including: (1) administrators who secured the grant and are implementing the project, (2) anchor organizations who represent the four health care organizations involved, (3) anchor team members who include everyone involved in the project from each anchor organization, (4) community leaders or partners that provide direct services to residents in the neighborhood and may be located within the zone, (5) residents who live in the various zones served, (6) community liaisons who are Local Initiatives Support Corporation, or LISC/AmeriCorps workers and have membership on an anchor team, and (7) Community Health Workers (CHWs) that work with women and link them to services.

# Methodology

To inform this report, the research team at The University of Toledo (UT) conducted two individual interviews with site supervisors from two health care anchor organizations, a focus group with one health care anchor organization. and one combined community liaison focus group. ProMedica, Mercy St. Vincent's and the Toledo-Lucas County Health Department (TLCHD) participated in this stage of evaluation. The Neighborhood Health Association (NHA) did not respond to researcher attempts to schedule an interview and/or focus group during this evaluation period.

Due to the impact of COVID-19, zone residents could not be reached during this reporting period. Additionally, internal anchor teams could not be reached from multiple healthcare anchor organizations. The researcher did attempt to meet with all health care anchor organization internal anchor teams. As a result, a combination of both focus groups and one-on-one interviews with health care anchor site supervisors occurred to evaluate mid-intervention progress of GHZ. A summary of the qualitative evaluations is included below.

Focus groups and interviews were facilitated by UT researcher, Monica Klonowski, M.A. All focus groups and interviews were audio-recorded with participant consent, transcribed, and analyzed. Thirty-seven pages of data were analyzed by coding transcripts line-by-line. Codes were collapsed into themes. Themes were linked together in meaningful ways to present the preliminary findings identified in this report.

Additionally, this report will contain an update on housing, including qualitative findings from Community Health Workers (CHWs) on the challenges of housing during COVID-19 and quantitative data analysis on birth outcomes for Infant Vitality (IV) clients who have obtained housing through the use of IV funds. Dr. Megan Petra, quantitative researcher (UT), works in collaboration with Holly Pappada (HCNO) regarding maintenance of the housing database, including data collection, follow-up, and reporting.

## February 2020 – June 2020 Findings

According to the Best Baby Zone (BBZ) model, building resident relationships through meaningful engagement takes one to three years and should be ongoing. Completing this essential component requires a team that is communicating and collaborating effectively as a whole, internally within each anchor team, and in the community with residents. In this report, the research team focused on the following qualitative topics: impact of Getting Healthy Zone efforts on community health, impact of COVID-19, community events, community partners, community liaisons, Infant Vitality 2021 planning, and home visitation services. Additionally, this report contains a qualitative update on housing challenges during COVID-19 as well as a quantitative report on birth outcomes for women housed through IV funding.

## Infant Vitality: Impact on Community Health

Health care anchor organizations were asked to discuss how their efforts in GHZ have impacted community health. When asked how Infant Vitality efforts have impacted community health, one health care anchor stated, "*We can talk about on the individual level and that we know we're making some differences individually, but doing an assessment looking at the overall picture... I don't know.*" When asked how improvements to community health could be measured, the anchor asked, "*Do we look at infant mortality rates and see if they've changed in those areas? And if they have, how do we know that's a direct correlation with the work that we've done? To be really, totally honest, I don't know on a community wide level how we can assess that. But I can tell you anecdotally in the lives of people that we've touched individually that it works.*" Another anchor organization reflected on the positive impact this project is making during COVID-19, stating, "*I would say that our efforts have helped to improve community health. We know that from our community conversations, food insecurities have been an ongoing problem. Being able to make sure that we are still able to help families address food insecurity is huge. If you don't have food, or quality food, think about the implications that has on your health. These families are getting boxes of healthy food, vegetables, and cleaning supplies. Cleaning supplies are huge in this aim or this goal to reduce infection or spread of infections. Keeping clean homes*

*healthy and clean is paramount. I think we have still been able to scale some of our initiatives to create change and in health.*"

## Impact of COVID-19

Participants were asked how COVID-19 has impacted daily operations within their organization, the ability to implement neighborhood improvement plans, the ability to engage with the community, and community events.

### Daily Operations

All participants involved in the project reported that they have been working from home since the stay-at-home-order was implemented in March, and that working from home has been an adjustment that has impacted the ability to carry out IV-2020 planning, monthly meetings, etc. As one anchor organization reported, "*It's impacted it [IV-20] quite a bit. People have been self-quarantining and we've stopped having any large meetings. That's been an issue for us. People that were going to be spear-heading projects aren't because of Corona Virus. It's had a huge impact on the community. We've all been sent home to work and not being able to have over 10 people and for a while it wasn't any sort of meeting.*" While anchor organizations have adapted their service delivery and continue to provide services to the community through this project, limitations exist with less face-to-face interaction and social distancing protocols. As one anchor organization reported, "*In the past, when clients would need certain items, they would either have to come to [organization] and work with their community health worker when they had appointments. So now, that doesn't exist. Contactless deliveries are now in place. So, instead of patients coming in to get needed items, we're now having to drop those off at their door. Of course, with drive by drop-offs, we're not able to serve as many as we would with clients being able to come into the [organization].*"

### Neighborhood Improvement

Anchor organizations and community liaisons were also asked to discuss the impact of COVID-19 on the implementation of their neighborhood improvement plans. One health care anchor organization stated, "*We're having to shift some of our priorities, but for the most part, we are staying on track. Our priorities aren't going to change as much, it's the delivery is what will change…*" The anchor continued, stating "*Our neighborhood improvement efforts really center on helping to address clients and family needs around basic items considering what we did our community conversations. Basic care items was a repetitive thing in our community.*" Similarly, another health care anchor organization stated, "*The areas that we have designed in our neighborhood improvement plan to address, we are still going to address them. It's just that the platform has changed. Maybe we can't do as many as we like, but we will be intentional to make sure it is comprehensive for addressing the community needs*." In a focus group with community liaisons, all liaisons working on the project expressed that community needs have shifted, and as a result, their work on the project has shifted. While neighborhood improvement efforts will

continue as restrictions lift, meeting resident needs for hygiene products, food, facemasks, etc. has taken precedent over community-based neighborhood improvement efforts that have not been feasible in recent months. When asked if community needs have changed in recent months, one community liaison stated, "*I would say definitely yes. I have got a lot of inquiries for people to get personal protection and general care items…Especially in terms of just daily living, it's changed a lot.*" When asked what the greatest concern is of residents at this time, one community liaison stated, "*People are concerned about the virus, getting masks and hand sanitizer.*"

**Community Engagement**

COVID-19 has made community engagement a challenge for all health care anchor organizations. For organizations who were struggling with community engagement prior to the stay-at-home order, COVID-19 has exacerbated this challenge. As one health care anchor organization reflected, "*I think we were already struggling with engaging community members. In my opinion, this has just made it almost impossible.*" However, the anchor stated that COVID-19 "*…has brought some of the community agencies and organizations to the table, sort of opened up the door for more communication with more organizations I feel, from our standpoint.*" While community engagement has been significantly impacted by COVID-19 in the past few months, one anchor organization summed up current efforts to engage with the community despite this challenge, stating, *"In the beginning [of COVID-19] we were in crisis and so everyone was like everything has to stop, we all have to stay safe, we don't want anyone to die, and everybody was worried about safety. It's gone on so long now that I think everyone is saying, 'Okay, now we have a new norm, and what do we need to do to move forward in this new way of life?' So, I think now it's looking to how can we accomplish what we need to accomplish in light of our new normal."*

**Events**

One of the most common ways to engage with the community is through the planning and hosting of community events within various census tracts of the Getting Healthy Zone. With COVID-19, community events have been cancelled. As one health care anchor stated, "*Right when the stay at home order started, we cancelled all events that we had been planning."* In addition to the cancellation of planned events, planning committees and internal anchor teams stopped meeting in some of the Zones. The health care anchor continued, stating, *"[We] stopped meeting in person as a planning committee. That was tough because we got most of our planning done during in-person planning committee meetings.*"

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**Community Engagement**
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Participants were asked how they are engaging with the community during COVID-19, including successes, challenges, and plans for engaging with the community as the project continues and as stay-at-home orders continue to evolve.

**Successes**

Participants reported that they were able to assist community members in meeting basic needs, refer community members to services, assist community members with navigating changes in service from providers, and provide innovative home visitation services. The most common way that anchor organizations and community liaisons reported engaging with the community is through work with community partners to provide basic needs to residents in a time of crisis. As one anchor organization stated, "*I think the community has seen that we've shown up for them and we've still been there for them. So, even though there was crisis going on, I think they saw that [Anchor Organization] was still there for them. We pumped up our Facebook page in terms of making sure lots of resources were there and things that were changing. We made sure that we provided financial support to the organizations/our partners that were providing food and some of the basic necessities. We got masks out to the communities.*" Another health care anchor reflected on the ability of their organization to provide connection to a variety of services, stating, "*Some people were totally isolating. They weren't getting out to stores and things like that. We were able to connect them. Or they didn't know what was changing with JFS and other providers, so we were still able to help them navigate the changes of different services.*" Additionally, job loss during COVID-19 created a demand for assistance with financial stability and navigating new processes. As one anchor reflected, *"Those were concerns. People had a lot of concerns on how to get their unemployment, so we were helping with things like unemployment."* One anchor organization commended the work of CHWs, stating, *"One of the things that did not change is that our Pathways/home visitation services had continued very strong. We stopped doing home visitation, but we picked up virtual visits. We're doing a lot to drop off of masks and cleaning supplies. We got a donation for Kroger gift cards. We've been able to give money for things like that. I think that some clients we were struggling to connect with ending up contacting us more and coming back into the fold as a result of Corona Virus."* This anchor also reflected on adapting to contactless home visitation, stating "*We've been giving out diapers and wipes and phone cards so they could have virtual visits."* One organization discussed how some services have been adapted virtually, stating "*One of the ways that we've engaged virtually is with our [financial resource]. They've recorded these quick financial sessions and those are shared with various groups in the community who are able to share this message with their constituents.*" Additionally, this organization reported holding a *"Zoom meeting around women's health in partnership with The University of Toledo that centered around women's wellness and mindfulness during this pandemic. That stress is a factor in poor birth outcomes and maternal outcomes. We've been very intention[al] with how we're engaging."*

**Challenges**

Participants were also asked to discuss the challenges they are experiencing engaging with the community during recent months.

***Virtual Engagement.*** Due to the impact of COVID-19, all anchor organizations who participated in this evaluation discussed engaging with the community virtually going forward on this project. As previously mentioned, one health care anchor organization successfully adapted two separate programs to reach residents virtually through prerecorded educational videos and Zoom meetings. However, overwhelmingly, current virtual community engagement efforts are limited to social media and email, as one community liaison stated, "*With this COVID-19, it's not possible to go out into the community and meet face to face with the residents, so everything I'm doing now is through Facebook and through emails. Everything is online and through Facebook.*" Another community liaison reflected their experience reaching the community via phone, stating, "*We try to hold - we do conference calls but people don't like to consistently attend those.*" The practicality of virtual engagement with residents of zone communities remains unclear. When asked if internet and computer access is a concern for residents, one anchor organization responded, "*I don't know enough since we haven't really tried it to know if that's going to be a problem or not.*" Another health care anchor organization reflected on the challenges of adapting interpersonal communication to a virtual setting, stating "*It's more difficult to build rapport with people you're meeting for the first time virtually. It's hard to sell already and then you throw a virtual thing in there and it's even more difficult to sell. For all of our programs, they require a lot of communication. It's just difficult trying to figure it out.*

***Transportation***. Participants also reported that the pre-existing issue of transportation has become exacerbated in recent months as community members practice social distancing. As one community liaison stated, "*People's trust of transportation and access to public transportation has changed because a lot of people used TARTA before and a lot of them walk now instead.*" While many members of the public choose to stay home and find alternatives to public transportation, changes to TARTA's daily operations leave many without practical options for travel altogether. As another community liaison stated, "*When I talk to some of the elderly people, I came to know that they [have] problems with traveling to grocery stores and getting the necessary food that they need. Those are the problems that we found out to the residents there. Regarding TARTA, they told me that they used to provide the services like every half an hour before but now it's one and half hours. This has impacted them.*"

***Personnel Changes.*** Since the last reporting period (January 2020), several significant personnel changes have occurred that impact the ability to engage with the community through this project. Currently, there is no active site supervisor with the Neighborhood Health Association, which is also impacting the work and direction of the community liaison on the project. Mercy St. Vincent does not currently have a dedicated community liaison, as the previous community liaison is no longer involved in IV-2020. The organization reports that duties have been assumed by a current full-time employee of the organization without disruption, but that hiring a part-time community liaison could occur in the future.

**Community Events**

Community events were a common method for outreach and community engagement. In this evaluation period, participants were asked how their organization strategically plans for community events, how to hold events during COVID-19, and what elements make a community event successful.

**Strategic Planning**

All participants were asked to reflect on the strategic planning of community events to be sure that events are being planned in a manner that coincides with the objectives of Getting Healthy Zone. All organizations reported that community input is critical to the strategic planning of a community event. However, only one organization could report on following a specific process for gaining input from the community that involved collecting survey data and conducting focus groups with members of the community prior to planning an event. As this organization reported, "*I can tell you that we've done, this is the process that we use for events and that we'll continue to use since it's been successful...We learned from the community what they wanted and then we designed around that. I can't anticipate that we would do anything different to find out what the community wants and then figure out the best way. We've been asking questions. We ask them what. We know we want to improve the health of the community. Instead of going out and saying, 'high blood pressure is an issue in the African American community,' we want to work on that, we went to them and we surveyed them...We asked them what are the pressing health issues that you're concerned about...And then how the best way to give the information. I think that we really changed what we do instead of thinking we know best and going out and doing it. We are trying to figure out what people want and giving them what they want.*" This method is comprehensive in assessing community needs through various measures (surveys and focus groups held in the community), empowering the community to collaborate, and ensuring that events and information are accessible and available in the format that residents seek.

**Community Events during COVID-19**

Though community events have been cancelled in recent months, anchor organizations reflected on how community events will be held as organizations continue to adapt to social distancing protocols. As one health care anchor organization reflected, "*We're still planning that [event] and doing it in a socially distanced manner. We are going to drive our health improvement plans during COVID, we can't ignore it. We will also have bags of information and resources to get individuals connected to care and also inform them on where to go for financial help, places to get connected to resources on housing. For those who can't make it, we will do a virtual [event].*" One health care anchor organization discussed the ongoing challenge of engaging face-to-face with the community even with social distancing protocols and increased safety measures, stating "*I think it's going to really impact it. Even for myself, I'm like "uh I don't know if I want to go" because I don't know if people have been staying home or if people are washing their hands. I think people will be a lot more leery of going places now. I don't think they will be like, 'Oh yeah I'll go to this resource fair with half the community there.'*" One community liaison discussed how neighborhood improvement efforts that involve the community can be adapted as restrictions lift, stating, "*We're trying to plan a neighborhood cleanup coming up that we*

*cancelled earlier. We were thinking of doing small groups instead of everybody all at once. We were thinking of starting that later this month or early July.*"

**Successful Events.**

In addition to discussing the strategic planning of events, participants were also asked to reflect on past events and consider what defines an event as being successful. The two most common answers that defined an event as successful were marketing and participation. As one health care anchor organization stated, *"Numbers can be a good predictor. If a lot of people show up. However, it has to be more than just you got a lot of people to come.*" However, this anchor cautioned against relying solely on numbers as a sign of success, stating, "*They could just come because everyone's getting a water bottle and it doesn't make any difference in their life at all. You could also have a successful event where there is only a few people but they were helped really intensely. I think the key is having an event that's successful is that it meets the needs of the people that are there and that people who need that information get it and can come to it."* Another health care anchor expressed a similar sentiment regarding the quality of an event, stating, "*Well, you could say its successful by participating. You're always looking at outcomes, how many people have attended. I think an event is successful even if I have a few people. And why is that? I think that when you have an event of course planning, having a planning committee, having clear goals and objectives, I think all that is imperative for doing it efficiently and effectively. Even with all the planning you might not get the target audience that you want. Success to me is measured differently. Even if I just have one person, that's okay.*" Lastly, one health care anchor stated, "*I think what makes an event successful is the amount of people that attend and then also within that, like how many people actually engage in the discussion about Getting Healthy Zone. How many people you're able to recruit to participate in the Getting Healthy Zone efforts. The more people you can tell, I feel like that's a success. But then on top of that, okay so I told you about it, but did I sell it enough for you to be interested? On top of the number of people that attend, people that buy into it and want to participate.*"

## Community Partners

Participants were asked to reflect on the quality of partnerships with their various community partners. All organizations reported that their partnerships have been critical to meeting the needs of the community in recent months, becoming stronger than ever in a time of need. As one health care anchor stated, *"I think we showed up in a little bit of a different way and strengthened our relationships with our partners. They said, 'Oh okay, were not in this alone, you're supporting us in this work.' We're looking at how we can strengthen our partnership so now it may have impacted the community members, the residents in a different way. It [COVID-19] certainly strengthened our partnerships with our community partners that we're working with. I think that was something positive that came out of it. That we were all working for the same goal."* Another health care anchor expressed a similar sentiment, stating, "*We've been able to leverage partnerships to deliver basic need items to residents. We don't have face-to-face interactions, but we are still able to meet the needs of residents with our collaboration with [partner]. So, every two weeks a shipment of groceries and cleaning supplies are delivered to residents.*" Though

each health care anchor organization has multiple partners, all organizations reported the significance of faith-based organizations in community outreach, especially during a time of uncertainty. As one health care anchor organization stated, "*We've used faith based platforms to help reach those that we can. Every Sunday, a lot of congregations or faith-based organizations have live service. They've been able to plug some of our events and more importantly, they've been able to share resources with the community on where they can go to access care and needed items.*" The anchor also expressed the collaborative effort amongst organizations at this time, stating, "*We're staying on task of emergent needs that continue to come up which tends to be the same items, masks, cleaning supplies, food. And so, we can continue to update each other on resources and services that we can share with those that we come in contact with.*"

### Community Liaisons

In addition to discussing the impact of COVID-19, impact of Getting Healthy Zone, and Infant Vitality 2021 planning, community liaisons were asked what challenges they have been facing and how they can be better supported in their roles. Participating community liaisons expressed a need for more training opportunities, especially as they are working from home. When asked what types of trainings would be helpful in their role, one community liaison stated, "*More like community engagement. Sometimes it's really hard for me to reach out to some residents and some organizations.*" All community liaisons expressed interest in greater training related to community engagement. In addition, community liaisons could be better supported in their roles and more effective in engaging the community if they were properly introduced to key stakeholders involved in the project and provided with clear objectives and guidance during onboarding and throughout the project. As one community liaison stated, "*There was an effort right when I started to do those introductions, but as time went on, it was more, 'Well, just figure it out.' I think framing these projects in terms of the health care system taking leadership on this initiative would be much more helpful.*" In past reporting, community liaisons stated that when they first became involved in the project, they were left with limited to no information from the previous community liaisons involved in their organization. As a result, much of the groundwork of the previous community liaison was lost. One community liaison stated, "*That's definitely something I experienced when I came on.*" When asked how to ensure that information is more readily available, they continued, stating, "*I have a handful of databases I created that I have. If there's anyone else, I'd be happy to give them to them.*"

### Infant Vitality 2021

Participants were asked questions regarding IV-2021 planning, changes, and updates. Participants did not report that any major changes will be made in year three of the project. However, participants did express some concerns regarding expectations of performance with modifications made to the grant for year three.

**Community Events**

Participants were generally asked if they anticipated making any changes for year three and if there were any concerns regarding changes in requirements. One health care anchor organization commented on the requirement for each zone to host one event monthly, stating, "*It does kind of*

*concern me a little bit. And then like what is it just an event? Are there specific things we're supposed to do at this event every time? What are the requirements for the event? Or is it just that we're supposed to host an event and what does that mean? The expectation of that event. Are we supposed to have so many people attend? Are we supposed to engage so many people to get them to participate in the getting healthy zone? Like what?*" Another health care anchor organization stated, "*I'm kind of concerned about the new contract because it says we have to have an event every month. I don't want to have an event just to have an events because then I start doing what I can just do easily to get one instead of it be tailored to what the community needs and wants. It also concerns me is that one event realistic now with COVID-19. Can we actually deliver this?*" This anchor continued, stating, "*You say we have to do this I want to make sure that I can do it. I'm a little nervous about July starting and like okay what are we going to do? Are we going to just throw something together for the sake of throwing it together? That's not good for the community. I want to be comprehensive about it.*"

**Community Partners**
Throughout the evaluation, participants emphasized the role of community partners during COVID-19, highlighting collaboration and strengthening relationships with current community partners. For IV-2021, administrators have encouraged each health care anchor organization to have four community partners total in four areas: education and early childhood, economic development, health services, and community systems. One health care anchor organization was unaware that partners were needed in four specific areas, stating, "*I guess if that's one of the requirements then we would have to add new partners. I think that to have those categories I think it takes away from the organic development of the Getting Healthy Zone. I'm not sure that I knew that. That would be good to have and to know because depending on what the expectations are, as an agency or organization, we may not have the capacity to meet those. We may not be in a position to move forward with the Getting Healthy Zone work with those expectations.*" This anchor organization continued, asking, "*Is the four key partners - is that required for each institution? Or is it four key partners for the Getting Healthy Zone overall?*" When asked if any changes have been made for IV-2021 or if any partners have been added to meet the four areas, one anchor responded, "*Have I intentionally because of the new grant? Honestly, I haven't added anybody based on that.*"

**Unifying the Zone**
Participants were also asked how efforts of Getting Healthy Zone can become more united or cohesive with multiple census tracts, neighborhoods, and organizations involved. Prior to COVID-19, one of the strategies for uniting the zone was to host a zone-wide community event quarterly, with planning and execution to be spearheaded by one of the four anchor organizations. When asked what type of community event would attract members from across the various census tracts of the zone, one community liaison suggested, "*Maybe you could piggyback on past events that have gone really well. I know that some [residents] talk about how much they love going to the Old West End block party because it's very art focused and their turnout is awesome every year. Maybe picking a community partner or event that has done well in the past and introducing a Getting Healthy Zone element.*" When asked how planning quarterly, unified events would unite the zone, one anchor organization stated, "*Don't we have to*

*have an activity, each of us has to have an activity for everybody or something? I don't know quite how that makes sense or how that fits into our plan. It seems like a nice idea, but it seems like a lot of work. We have our individuals [events] every month and then I don't know. It feels kind of like HCNO want[s] specific outcomes. But when you have a community plan you can't have something as artificial as that. Then I have to do this instead of the community goals. It's nice if it fits and works but I'd struggle with that a little bit.*" This anchor continued, suggesting alternatives to hosting a zone-wide event, stating, "*I think we can do that to show up when it makes sense. Again, I'm not for doing something artificial just to do it. I think that would make it better. Maybe we need to do more advertising or promoting: the Best Baby Zone is all these partners. Maybe we need to somehow [show] on our publications and things that we do that we know it's a project of Hospital Council with a partnership of these four organization so that there's something that way. That could be more effective than having an event that we're all doing.*" When asked how the zone can become more unified, one anchor organization expressed that providing similar services across the zone would be effective, stating, "*I guess it would be like Best Baby Zone. We're intentional on making sure we connect women to services, encourage families to go for their wellness checks. We're doing the same things in our own areas. I think do the same thing, the same events, in all the areas. We could focus on whatever the top three strategies are.*"

### Housing Support Program

Housing supportive funds and vouchers were available to clients who fit specific eligibility from Lucas Metropolitan Housing Authority (LMHA), Infant Vitality-18/20 (IV-18/20), or Tenant Based Rental Assistance (TBRA). The goal was to house pregnant clients within the zone in order to remove stress and improve birth outcomes.

**Eligibility for Housing**

Clients are eligible to apply for the housing program if they are low income (at or below 200% of the poverty level for their family size) and meet the Department of Housing and Urban Development (HUD) definition of homelessness: *people who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or an existing institution where they temporarily resided*. Clients might be eligible:

1. At intake, if the client chooses "homeless" on a question about whether they rent their home or apartment
2. At monthly appointments, if the client indicates that they have problems providing housing, and/or they have had a "loss of home" crisis in the past year. (Note that additional information would be gathered to distinguish between housing instability and homelessness.)

The researchers used intake data for this report from the client Initial Checklist, Client Profile, and/or the client referral form completed by a CHW.

**Qualitative Housing Update**

In a June 2020 focus group, CHWs discussed current challenges to housing during COVID-19 amongst additional topics. While housing remains a persistent issue for clients, COVID-19 and stay-at-home has exacerbated issues in applying for and securing stable housing for clients. When asked if there are any challenges emerging with housing during the pandemic, one CHW commented that even beginning the application process is a challenge for "*almost all of them. They can't get the applications for the low-income housing options.*" Another CHW commented on difficulty obtaining documentation, stating, "*I have clients that are having issues with gathering the required documentation. So, that is kind of hindering for us moving forward. I've been working with one woman for two months and their requirements for documentation is very strict. Right now, with all the organizations being closed of just opening up it's kind of created a hinderance.*" When asked to describe what documentation needs are difficult, this CHW continued, stating, "*They have to have a Job and Family Services print out of their monthly benefits. Social security cards. I have a lady that delivered a baby, they need a birth certificate and they couldn't use the crib card. Those are things that I'm trying to get through to help this family.*" For clients who have completed an application, the next steps of securing housing have become more difficult during the pandemic. One CHW summarized this, stating, "*I have some clients that I'm working with housing. Absolutely because of the pandemic, there are landlords/housing that are reluctant to show apartments or houses at this time out of fear. Well what if this person is carrying it and it gets into the house and another person comes in? Housing is directly affecting my clients. They're unable to find housing. It's already hard to find housing as it is. Now, with the pandemic and with people reluctant to even show houses or rent them out due to the pandemic right now.*"

**Quantitative Housing Update**

Dr. Megan Petra, quantitative researcher (UT), continues to work collaboratively with Holly Pappada (HCNO) regarding the maintenance of the housing database, data collection, follow-up surveys, and reporting. Nine clients received IV-18/20 housing in the past year. Five clients were African-American, four were Caucasian, and none were Hispanic. Clients' average age was 29 (range 15-37 years old). Nine risk factors for poor birth outcomes are documented at intake to the Pathways program. On average, clients had five risk factors (range 2-7): one client used drugs, five used tobacco, four reported a poor living environment, four reported having personal problems, five had a mental illness, four were homeless, and all nine were married and had low income.

One enrolled in Pathways during her first trimester of pregnancy, five enrolled during their second trimester, two enrolled during their third trimester, and one enrolled after delivering her baby. Of the eight clients who enrolled in the Pathways program before delivering their babies, seven delivered at full-term while one delivered prematurely. All eight babies were of healthy weight at birth.

To investigate the impact of IV-18/20 housing on birth outcomes, each client who got IV-18/20 housing was matched with a comparable client who had been in the Pathways program between 2015 and 2017. IV-18/20 housing clients and comparison clients were matched on race, trimester of pregnancy in which they enrolled in the Pathways program, age, drug and tobacco use, and additional risk factors as possible. Birth outcomes for the IV-18/20 clients were very similar to outcomes for the matched clients (seven comparison clients delivered healthy weight, full-term babies while one delivered a low birth weight baby pre-term). A Fisher's Exact test showed that there was no statistical difference between IV-18/20 and comparison clients on birth weight ($p = 1.0$) or pregnancy duration ($p = 1.0$).

There are several possible reasons why there were no significant differences in birth outcomes between IV-18/20 and comparison clients. First, the comparison clients' birth outcomes were good overall, so IV-18/20 clients' birth outcomes would have needed to be perfect in order to improve on comparison clients' outcomes. More importantly, however, only one IV-18/20 client got housing before delivering her baby; the other IV-18/20 clients got housing between 4 and 388 days after delivery (average 160 days). Since most IV-18/20 clients were housed after delivery, no conclusions can be made about whether IV-18/20 housing improves birth outcomes. While it would be ideal for clients to get IV-18/20 housing before delivering their babies, some clients may not have become homeless until late in their pregnancies or after giving birth. The lengthy housing process may also play a part in most clients getting housed after delivering their babies. In addition, delays due to COVID-19 may have hindered the housing process as well: before COVID-19 (up to March 1, 2020), clients were housed an average of 115 days after delivery, but during COVID-19 clients were housed an average of 189 days after delivery.

## Recommendations

As the Getting Healthy Zone (GHZ) Project continues to grow and evolve, the anchor team should continue to strengthen their communication and collaboration. Based on feedback from January 2020 - July 2020, the researchers recommend the following:

- Resume internal anchor team meetings during COVID-19 and continue to develop events and/or outreach opportunities virtually.

- Brainstorm with the entire zone during monthly meetings on how the impact of Getting Healthy Zone could be measured.

- Brainstorm with the entire zone, including administrators and key stakeholders (LISC), on how to engage with the community virtually, including what platforms outside of Facebook and email may be most accessible to the community.

- Connect with the community via virtual focus groups, interviews, or electronic surveys to continue to identify emerging needs during COVID-19 as well as what methods of engaging the community are realistic during the pandemic.

- Research alternative methods of transportation and/or incentivize clients with phone and/or gas cards to ensure that they can attend appointments virtually or in-person in a socially distant manner in which they feel safe.

- Develop a template or process for strategic planning of events (virtual or in-person) to ensure that events are planned based on community needs and input and delivered in an accessible manner and format.

- Continue to provide learning opportunities for health care anchor organizations and community liaisons regarding community engagement, with an emphasis on resident recruitment and participation.

- Conduct a cultural competency training related to community-based practices and interventions to ensure that interventions are affordable, sustainable, and involve participation from the community.

- Provide health care anchor institutions with a clear work plan regarding changes to IV-2021 and expectations of performance. Reiterate if needed to answer any remaining questions on changes to the grant for year three.

- Develop forms and/or methods of data collection with the health care anchor organizations so that health care anchor institutions are aware of what types of data to be collecting on a consistent basis.

- Brainstorm ideas for uniting the zone that include virtual community engagement for residents across the zone with similar needs.

- Develop marketing materials and/or create directives for how to market a community event (virtually or in-person) that demonstrates the community-wide commitment of major stakeholders throughout the Toledo area.