

PROGRAM EVALUATION REPORT: QUALITATIVE FINDINGS

This quarter's qualitative evaluation report pulls information from a focus group conducted with Community Health Workers (CHWs) in June 2020. The focus group was conducted by The University of Toledo's Researcher, Monica Klonowski, MA. The purpose of the focus group is to gain a better overall understanding of those factors that are most and least effective in achieving the goals of the Toledo Lucas County Healthy Start (TLCHS) and the Northwest Ohio Pathways HUB (Pathways) Programs. Participants in the CHW focus group were asked questions about a variety of topics including COVID-19, housing, and healthcare inequities. The focus group was audiotaped, recorded, and transcribed. Data was analyzed using qualitative methods. Themes were developed and are presented below.

COVID-19

CHWs were asked to discuss the impact of COVID-19 on their work, including challenges and successes of working virtually during the pandemic. CHWs were also asked to discuss how the Pathways can better support CHW work during this time. In addition, CHWs discussed the evolving needs of their clients.

CHW Work from Home.

CHWs were asked to discuss how COVID-19 has impacted their work. When reflecting on the adjustment to working from home, CHWs overwhelmingly expressed that working from home and/or remotely with clients is a challenge. CHWs also discussed a few successes that they have experienced working with clients remotely during this time.

Challenges of Working with Clients Remotely. CHWs stated that communicating with clients via phone is the most common method of communication while working remotely. As one CHW summarized, *"Calling and texting my clients has become our new norm."* However, clients are not always accessible over the phone, as another CHW stated, *"Some of my clients have anxiety talking on the phone so that's been a little harder than some other clients."* This CHW continued, discussing how over time, phone calls are becoming less desirable, stating, *"At first, it worked out because they were just happy to still be working with me because they felt cut off from other things, but now it's just kind of like, 'Can we not talk on the phone?' Really missing that face to face and sometimes doing video calls doesn't quite cut it...really missing that human to human interaction."* Another issue with phone communication is that clients may not be able to afford increased phone costs. One CHW stated, *"I've had an issue with clients running out of minutes or other phone related things, there's been an increase of that. Normally that happens, but it's only one or two clients a month. Recently, it seems like more because funds are tight and they are for a lot of people because they aren't working that part-time job or whatever."* CHWs also discussed how their clients are participating in virtual visits or video-conferencing with their providers, and that holding an additional virtual visit with their CHWs can become exhausting. One CHW summarized this, stating, *"Clients are doing virtual visits for everything and don't want to do another*

visit.” Regardless of the mode of communication, CHWs express that reaching clients during this time is challenging overall. One CHW generally stated, “Scheduling for them is kind of out the window. If I can, I’ll call and I’ll schedule. Sometimes when I call, they will be with friends or at the grocery store and completely forgot that we had a visit.” Some CHWs commented that their clients have less needs during this time. One CHW stated, “It’s kind of hard to get in touch with them, especially when it’s the beginning of the month. When they have a little money in their pocket, stimulus coming in or income tax, they don’t want to hear from me at that time. They want to talk to me when they have needs and I can help them get those needs.”

Successes Working with Clients Remotely. While CHWs overwhelmingly expressed challenges communicating with clients remotely, some CHWs commented that their clients have adjusted to a remote CHW-client relationship just like they have to other provider-client relationships. One CHW stated, *“For myself, I’ve been able to do video chats with my clients at times when I’m able to do that. They actually enjoy it more because it becomes more personable as opposed to over the phone. It helps them out because clients still have mental health needs and my clients have reported to me that their counselors and therapists are just calling over the phone. So, for clients that have mental health concerns and things of that nature, I’ve found that video chat is very helpful.”* Another CHW commented on the ease of scheduling without coordinating transportation, stating, *“Scheduling is a little bit easier doing this virtually because we’re not coordinating a location or travel time. So, for some of my clients that’s a bit easier.”*

Pathways HUB Support and Work from Home.

CHWs were asked a series of questions regarding working from home and/or remotely during the pandemic, including challenges they are facing and what types of support could alleviate some of the challenges of remote work. Many CHWs discussed that in a work-from-home setting, they do not have the same tools or equipment they would have in the office. One CHW stated, *“Recognize that we are working from home we can’t always send a letter to referrals we can’t reach by phone. Not all of us have printers.”* Another CHW commented that *“Some people only have the tablet to work from and the fillable forms do not always work on those.”* CHWs commented that it can be time-consuming to complete even the most routine daily tasks from home because they may not have what they need. One CHW stated, *“When you need certain things that you don’t have, you have to run to the office. Going to the office right now for us is like - you got to check in, log in, get our temperatures taken, it’s this whole big thing.”* CHWs also discussed the many roles that they play when working from home, juggling work and responsibilities to their families. One CHW stated, *“Because schools are closed, sometimes I’ll look and I have three grandkids and no place to take them because they daycares are closed and schools are closed. It’s just what it is right now, I guess.”* Another CHW expressed a similar sentiment, stating, *“You can’t be a mother, teacher, CHW, all at the same time!”* Another CHW commented, *“Being a CHW and a mother during this pandemic and revolution is exhausting day in and day out.”* CHWs expressed that the HUB could be of greater support by being better understanding of timing. As one CHW reflected, *“One of my challenges is the time constraints*

that they put on us sometimes that they want something done within a day or two and that's not always feasible to contact your client in that amount of time. I guess giving a little more time would be helpful versus the strict time restrictions when things are due or when they want them in." Many CHWs agreed with this statement.

Client Needs.

CHWs were asked to discuss their clients' needs since the pandemic has started, and results were mixed. Some CHWs expressed that the pandemic has exacerbated existing stresses for their clients. One CHW commented on their younger clients, stating, *"My clients that are under 18 are more stressed right now because of jobs, school, housing."* Another CHW commented, *"I've also noticed a lot of emergency things happening with clients as they're losing their jobs, as money is getting tighter. There is an absolute lack of available resources within the city to be able to extend to everyone. Not that many food banks were open for a while and with the grocery stores, limited transportation, things like that immediately became emergency needs for some of my clients."* Another CHW also discussed how transportation has become a greater issue for clients during this time, stating, *"It's harder to get around. I think the biggest change for a lot of my clients is transportation. They don't want to take the bus. Busses take hours and they don't want to call a cab because they don't want to be around anybody. Getting them places has been even harder: getting them to keep appointments, getting to the grocery store, things they need to do. For a lot of my clients, they are even less willing to get the stuff done. It's good to stay home but there's some things that they need to go out for and it's harder for them to do that than it was before."* On the other hand, some CHWs stated that client needs have actually decreased during this time. One CHW explained this, stating, *"Some of my clients have not been affected by the pandemic - a high percent of my caseload weren't employed before. So, their benefits actually got upped. The stimulus money they received was bank for them. I noticed from last month to this month, even my diaper bank girls are off the radar. I don't know if it's because they're a little bit more comfortable now that we've been living through this pandemic. So, the expectations aren't as stressful to them. They kind of know how to get a grip of things. I know the weather has broke. So, I know a lot of my clients have been just going out and living life."*

HOUSING

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.”

HEALTHCARE INEQUITIES

CHWs were asked to reflect on systemic inequalities that themselves and/or clients face regarding healthcare access and quality. CHWs provided specific examples of how clients experience discrimination in healthcare as well as practical solutions for how CHWs and clients can become empowered to challenge these inequalities.

Class-based Inequity.

CHWs were asked what factor(s) contribute to systemic healthcare inequities that they have faced and/or their clients have faced. CHWs discussed the impact of class-based prejudice, stating, *“I don’t know if it’s racism, but I’ve had people that because they’re on Medicaid, they don’t feel that they get the same level of care. That’s an issue. That’s something that I try to talk to and translate with my clients.”* Another CHW reflected on their own personal experience while they had Medicaid insurance, stating, *“I had Medicaid as well a while back...I was once told when I went to the doctor for multiple things that they can only deal with one issue and would have to make another appointment to address anything else.”* This prompted another CHW to reflect on their personal experience as a patient with Medicaid, stating, *“They [clients] don’t know their rights and what they have to the right too. I’ve done that years ago.”* This CHW continued, reflecting on their experience with multiple physicians who opted to write prescriptions as opposed to finding the root cause of the CHWs health issue. This CHW stated, *“I had Medicaid and my arm was numb. I told her [doctor] to keep her prescription if that’s your final answer to my problem. I switched doctors. I didn’t need that. My current doctor...he said, ‘I’m going to give you muscle relaxers.’ I said, ‘You aren’t going to try and find out why I can’t turn my head or what the problem is you’re just going give me some muscle relaxers? I don’t roll like that.’”*

Quality of Care.

When asked how systemic healthcare inequities manifest in client experiences, one CHW stated, *“African American clients don’t feel that they get the same care from their doctors. That they*

aren't listened to, that they aren't valued. I'm not saying it's true or untrue. But whatever they need to feel valued, they're not getting from the doctor. I hear that a lot more from my moms who are taking their children to the pediatrician [who] isn't listening to them." In addition to feeling unheard by providers, clients also experience inconsistent care. Another CHW provided this as an example of healthcare inequity, stating, *"I was saying that a lot of my clients are so frustrated because they go in to see the doctor or whatever, especially with COVID. They feel like they see more different people. There's a caseworker for this, a caseworker for that and then the doctor comes in for five minutes and there's just no way that he's going to be able to understand what's going on with - as far as illnesses or whatever is going on with them. They just feel neglected. Some are being rushed through their appointments so the doctors office can get through more people."* Another concrete example that CHWs discussed was accessing a physician, stating, *"It's hard to even get appointments, they are hung up on, their tests results are overlooked."* Another CHW commented generally on the fast-paced nature of healthcare and how this impacts clients, stating, *"I know my clients look for trust and relationships and healthcare is steadily trying to get to the next person due to job expectations. They are not taking care of the whole person."*

Impact of Healthcare Inequities.

When asked how the previously discussed examples of healthcare inequity impact their clients, CHWs reflected on how these experiences can negatively impact care. Many CHWs commented that these experiences will cause clients to not attend visits and/or switch providers. One CHW stated that in these situations, their clients will *"walk away and find a new doctor. I have a few people switch doctors lately."* Clients who continue to see their physicians may continue to experience issues with their care and may feel powerless to resolve these issues. One CHW commented on this, stating, *"They are more likely to walk away and voice their concerns to others instead of the source. Some physicians can be intimidating."* Another CHW generally summarized how systemic issues impact patient care, stating, *"Here's the thing - it's already difficult now to get them to go and seek healthcare because they're-a lot of the clients are uninspired or lack of trust, it's already difficult to get the clients to see prenatal care or whatever. And then for them to show up to build up whatever courage to do that to be feel that rejection or feel unheard is too overwhelming for a lot of the clients."*

Potential Solutions.

CHWs were asked how TLCHS/Pathways/CHWs can assist clients when they have a concern with the quality of care they receive. One CHW commented, *"Maybe reach out to the places we get referrals from and express some of the concerns. The clients may not be able to communicate that frustration effectively to the offices."* Another CHW reflected on their past experiences, stating, *"I found that having PA intern allow(s) them to see the patient in their environment vs. office and can help them to develop treatment."* One CHW reflected on how CHWs can be part of the change, stating, *"I'm always wanting to learn how to talk to the client to give them good*

advice. So, I'm always open for that. How to address when a client is frustrated or feels like they're being target practice or what not for lack of a better word. But for me to be able to say, 'Why don't we communicate this way or talk to your doctor and say certain words.' That's where I want my clients. I think a lot of it is the lack of communication because a lot of people don't have strong communication skills. I don't even have them but I'm willing to learn. I think advising each other could be powerful.” This comment sparked discussion on how CHWs can work with TLCHS/Pathways to bridge the gap between clients and providers. One CHW brainstormed that a potential solution could be “*maybe something like a guideline for patient rights that - because I always push back with my clients and say, 'Well, you should bring up things instead of just walking away from a doctor, getting a new doctor. Explain to them what you need/are looking for.' But maybe a patient's rights document would be good too.”*

RECOMMENDATIONS

As the Toledo-Lucas County Healthy Start and the Northwest Ohio Pathways HUB Programs continue to grow and improve, barriers need to be addressed to improve communication with clients during COVID-19, improve CHW remote work experiences, and empower clients with tools necessary to ensure they are receiving quality care. Based on the feedback that was received during this quarter's focus group, the evaluators recommend the following:

1. Continue to work with CHWs regarding virtual and/or phone communications with clients. Provide CHWs training on multiple virtual options for clients.
2. Provide greater and/or more consistent incentives for clients who meet with their CHWs remotely.
3. Provide greater and/or more consistent incentives for CHWs who meet with their clients remotely.
4. Ensure that CHWs working remotely and/or from home have the equipment necessary to complete referrals, forms, and other aspects of daily work in an accessible manner and/or develop a referral process and/or forms that are accessible on multiple platforms (i.e. laptop vs. tablet, etc.).
5. Communicate with CHWs more consistently during remote working periods to gain a better understanding of time constraints, delays in completion of regular tasks, etc.
6. Consider adjusting flex-time work policies for CHWs working remotely during the pandemic to be more adaptable to CHWs who are struggling to meet client needs while also meeting family responsibilities in the home.
7. Consider alternative options for transportation at this time (i.e. gas cards for personal car use), as clients may be reluctant to utilize TARTA or other forms of public transportation at this time.
8. Brainstorm service delivery and if possible, increase delivery of services directly to clients.

9. Develop an educational and safety protocol that will provide guidelines to CHWs and clients as well as educate landlords who are reluctant to show clients housing options at this time to ensure that housing does not remain stagnant.
10. Develop a patient bill of rights with CHWs to address client experiences regarding quality of care, including how to communicate these concerns with their CHW, how to discuss concerns with their provider, and how to report their concerns if they are uncomfortable discussing directly with their provider.