

PROGRAM EVALUATION REPORT: QUALITATIVE FINDINGS

This quarter's qualitative evaluation report pulls information from a focus group conducted with Community Health Workers (CHWs) in August 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 transportation and breastfeeding, including fatherhood involvement in breastfeeding. The focus group was audiotaped, recorded, and transcribed. Data was analyzed using qualitative methods. Themes were developed and are presented below.

TRANSPORTATION

CHWs were asked to discuss transportation in the context of COVID-19, with a focus on public transportation (TARTA) services. The following report summarizes transportation successes, challenges, and alternatives utilized by clients during the pandemic. CHWs were also asked to discuss how transportation is affecting their clients and how to make clients feel safe and secure if utilizing public transportation and this time.

Transportation Successes

CHWs expressed that many of their clients are relying on non-public forms of transportation during the pandemic, with many CHWs stating that riding a bike, walking, and relying on friends and family for transportation are alternatives that clients are using for transportation at this time. Additionally, CHWs stated that the pandemic has encouraged clients to pursue to obtain their own personal transportation, as family and friends are not always reliable. One CHW reflected on this, stating, "*If they can't get family and friends to take them, they won't go [to appointments].*" She continued, discussing how difficulty with obtaining rides from family and friends has led her client to obtain her own car, stating, "*I had a client use stimulus money to buy a used car. I have several clients that are trying to get their driver's license and cars just because of COVID.*" Additionally, CHWs commented that difficulty with transportation has led clients to strategically seek services that are within walking distance from where they live.

Transportation Challenges

While clients are utilizing alternative forms of transportation, travel remains limited. CHWs revealed that due to a lack of transportation services and/or negative client perceptions regarding public transportation, clients are prioritizing medical appointments while largely sacrificing additional travel due to safety concerns. Though clients continue to seek alternative transportation, they are experiencing challenges obtaining their own driver's license and personal cars for a variety of reasons.

Public Transportation. CHWs were asked to discuss their clients' thoughts about using public transportation during the pandemic. Overwhelmingly, CHWs expressed that clients are cautious of using public transportation due to concerns over the spread of COVID-19, sanitation, etc. One CHW stated that overall, *"They don't think it's [TARTA] sanitary,"* while another CHW commented on it more specifically, stating that there are *"Many rumors about bed bug infestation on busses."* CHWs were also asked if clients are aware that TARTA services are free during the pandemic and how this affects transportation. One CHW stated, *"They are less inclined to use public transportation. Many of my clients were not aware TARTA was not charging fare, so did not know."* Many CHWs expressed agreement with this statement through the chat/text transcript, stating that they were unaware that TARTA services were free during this time.

Alternative Transportation. CHWs were asked what other forms of transportation clients are utilizing outside of TARTA and/or public transportation and what challenges they are experiencing utilizing alternative transportation methods. While CHWs stated that friends and family are the most common transportation resource, many noted the unreliability of this. One CHW reflected on this, stating, *"They are trying to use their own forms and sometimes arrive late at appointments"* if they do not miss appointments altogether. As a result, many CHWs discussed that clients are trying to obtain their own driver's licenses. When asked what challenges clients are experiencing when obtaining their own drivers licenses, CHWs stated that travelling to the BMV and obtaining documentation needed for a license are challenging foundational steps. CHWs also discussed fines and fees, with one CHW detailing an issue she experiences with many clients, stating, *"A lot of my clients have issues with their license. I didn't know that if you're a high school drop-out they automatically suspend your license until you're 18. There's a reinstatement fee. So, they are already starting out if they didn't finish high school and there's other things they can suspend it for. They are having problems with paying that reinstatement fee before they can get a license. A lot of clients are dealing with that...That's another form of disenfranchisement they are using."* CHWs were asked how limited transportation has affected their clients and also were asked what travel their clients are prioritizing. CHWs reported that medical appointments and the grocery store were the two main necessities, and that clients are sacrificing in other areas. One CHW discussed this, stating, *"Many tell me they only place they go is to appointments, mental health needs have gone up do to not socializing."*

Transportation Solutions

CHWs were asked what could be done to make their clients feel more safe utilizing public transportation. One CHW suggested *"Community communication promoting busses, billboards, commercials...change the perception."* Another CHW added, *"Maybe if we provide hand sanitizers and masks for them?"* while a similar comment was made by another CHW who stated, *"Wipes would be good for them to wipe things down as they go."* Last, one CHW

suggested how CHWs can play their role when she stated they could “*Offer to go with them.*” CHWs were also asked to discuss their suggestions on how to improve transportation assistance in the Toledo area outside of TARTA. One CHW suggested “*Expanded options for personal rides like TARPS instead of the TARTA bus.*” Another CHW commented on how her organization “*has given funds for Uber and B&W [Black and White Cabs].*” Last, CHWs suggested referring clients with personal transportation challenges to the “*PRC/TANF for car repairs.*”

BREASTFEEDING

CHWs were asked to discuss breastfeeding education, how education is implemented, breastfeeding plans, and fatherhood/coparent involvement in breastfeeding. The following report summarizes CHW experiences regarding breastfeeding education, thoughts on breastfeeding plans and their content, and suggestions for how to involve fathers more in the breastfeeding process.

Breastfeeding Education

CHWs were asked to discuss what types of breastfeeding education their clients receive and the quality of breastfeeding education. CHWs commented on the need to review breastfeeding education, with one CHW summarizing, “*I always recap prior education at my next visit. For the most part, they forget what we talked about so I think some of the education isn’t what they are wanting from us. They want resources, etc.*” While clients receive education, CHWs discussed the timing of that education and consequences of breastfeeding education that is inconsistent and/or ends abruptly. For example, one CHW summarized, “*A lot of educations end at delivery. They don’t talk about what to expect after.*” Another CHW followed up with this statement, discussing how CHWs can make an impact when more formal breastfeeding education ends, stating, “*I think for some of my clients, they talk about it and then when they are in the thick of it after delivery they forget everything. it’s totally different when you’re actually going through it and you’re sleep deprived and exhausted. I wish I had more time to be with my clients in that first couple days because it’s so crucial to get through those first couple of days. If they hit barriers the first day, I’ve found my clients going straight to formula. Barriers in the first couple of days are very high. Even if there is education, WIC, lactation consultants, I feel like there is something missing. They have rapport with us, but the lactation consultant at the hospital they don’t have rapport with. They’re not going to reach out to a complete stranger with a personal problem.*” CHWs also discussed the need for resources to cope with difficulties of breastfeeding and preparing for breastfeeding to be a challenging task. One CHW expanded on this, suggesting how CHWs can help prepare clients for challenges related to breastfeeding, stating, “*When they are on that edge, I really try to communicate how hard it’s going to be. You’re going to be in labor or maybe 24 hours plus. Then you’re going to be learning a new skill set, something you’ve never done before. You’re going to be expected to know how to do it and master it. I*

heard Dr. _____ talk to some of the pregnant moms and if they can go into the mindset that it will be hard, you'll have a better outcome. And I think along the way having materials in the first trimester, second trimester, and then really build it through the third trimester would be really helpful.”

Breastfeeding Plans

CHWs were asked to discuss their thoughts on implementing breastfeeding plans and how they think clients would react to completing a breastfeeding plan. CHW responses were overwhelmingly positive to creating and implementing breastfeeding plans with clients. One CHW stated, *“I think that is a great idea. I talk with them about a birth plan so that could work!”* Another CHW stated, *“I like the idea of a plan. I write it down. When you write down something it becomes a little more concrete. It would be like a birth plan. Follow it over to post-partum and breastfeeding plan.”* When asked what type of content or suggestions they have for the plan, one CHW asked *“Maybe with rewards?”* suggesting that incentivizing clients to complete the plan and earn rewards as they continue breastfeeding could encourage clients to continue despite facing challenges. This suggestion also ties into the prior discussion of inconsistent breastfeeding education and/or an abrupt end to breastfeeding post-delivery. Breastfeeding plans have the potential to offer clients resources, incentives, and fill a gap in the breastfeeding continuum of care by more consistently working with their CHW and other community resources.

Breastfeeding and Fatherhood Involvement

CHWs were asked to discuss the benefits of co-parent or father involvement in breastfeeding as well as how to increase fatherhood involvement in breastfeeding. CHWs discussed that lack of support from others is one of the main challenges or reasons that mothers choose to not breastfeed or abandon breastfeeding early on post-delivery. One CHW stated, *“Some of the moms we are working with see more cons to breastfeeding than pros such as time, stress, scheduling issues, lack of support from father or peers.”* Increased fatherhood involvement in breastfeeding could potentially mitigate the lack of support that clients experience. Many CHWs discussed that fathers feel disconnected from the breastfeeding process, as it is rare that they participate in feeding. One CHW reflected on a currently-utilized training experience and how that training impacts fathers, stating, *“To incorporate father's, we went to a breastfeeding training at St. Luke's Hospital. They showed a video and the father was showing the disconnect with the baby during feeding because the mother was nursing. He said he felt left out. That would be a good thing if we could find a way to incorporate them. Maybe helping her latch on, I don't know. We do need to find a way to connect them.”* One CHW suggested that breastfeeding plans could be inclusive of fathers by planning times for the father to feed, stating, *“Since you can freeze it...pump it prior and allow the coparent to feed as well.”* Another CHW shared how her client and co-parent share breastfeeding responsibilities, stating, *“I have a couple that are breastfeeding and dad is extremely hands on with this and so what they have done, she pumps. And every time he's home, when he's not working, he's feeding the baby. She stores the milk so*

that he has that same opportunity. He does the skin to skin. The baby is two months now. He does skin to skin while he's feeding the baby and it's working out." In reference to the idea of breastfeeding plans, one CHW stated, *"If you give dad something written, he's probably going to do it. For some clients that's probably helpful...Pumping and allowing the man from the beginning, from when the baby comes home from the hospital. Dad really wants to be there and be sharing within that."* Another CHW discussed how a breastfeeding plan could incorporate fatherhood involvement outside of direct feeding, stating, *"Dad can help with burping, changing diapers, bringing mom water and snacks. Dads can be taught about breastfeeding so they can also understand the process and help remind mom when she gets frustrated or forgets things."* Last, CHWs commented on education specific to the father, with one CHW suggesting that fathers be educated on *"desexualizing the breast"* and that other *"helpful information to include might be reminders on different positions to put the baby in, reminders to switch sides."*

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 transportation, especially in the context of the COVID-19 pandemic, as well as develop strategic methods to further prepare clients for breastfeeding initiation and continued breastfeeding. Based on the feedback that was received during this quarter's focus group, the evaluators recommend the following:

1. Provide free hand sanitizers, sanitation wipes, masks, gloves, and COVID-19 educational materials for all persons who use or would like to use public transportation
2. Increase community communication regarding free TARTA services during the COVID-19 pandemic and other available resources or services through increased advertising and promoting to the target population.
3. Dedicate funding for clients to have access to private transportation, such as free Black & White cab rides, Lyfts, or Ubers for necessary traveling.
4. Connect clients to at-home or over-the-phone Mental Health services or other available services to address the challenge of clients missing appointments due to transportation barriers.
5. Allocate funds to offer Driver's Education courses for free or at a reduced cost to support the self-determination of clients as more people are attempting to get their license because of COVID-19.
6. Create a program or application process which would provide individuals with monetary support for obtaining their own personal vehicles.
7. Continue to refer clients with their own personal vehicles to PRC for car repairs and/or consider supplementing funds for clients who may need car repair but are not working at

the time since PRC (Prevention, Retention and Contingency Benefits) requires proof of employment.

8. Create a hybrid breastfeeding course that is delivered virtually for co-parents where part one of the course focuses on the co-parent, specifically regarding the value and process of breastfeeding, how they can play a crucial role in breastfeeding, what it means to share breastfeeding responsibilities, and the de-sexualization of the breast. The second part of the course will be for the couples and focus on teaching them how to better support one another through breastfeeding, pregnancy, and post-partum.
9. Create and implement breastfeeding plans whereby the co-parent is also included in both the making of the plan and the plan itself.
10. Incentivize client and co-parent to complete the breastfeeding plan and offer rewards for continued breastfeeding.
11. Conduct a home visit for new parents within the first few days post-labor as clients report high breastfeeding barriers in the first few days post-delivery and report their education on breastfeeding ends at the hospital.