

PROGRAM EVALUATION REPORT: QUALITATIVE FINDINGS

This quarter's qualitative evaluation report pulls information from a focus group conducted with Community Health Workers (CHWs) in November 2020 and four client interviews conducted between October 2020-December 2020. The focus group and client interviews were conducted by The University of Toledo's Researcher, Monica Klonowski, MA. The purpose of the focus group and client interviews are 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 fatherhood recruitment and involvement in breastfeeding, safe sleep, and communication between CHWs and the Northwest Ohio Pathways HUB in the context of COVID-19. In individual interviews, clients were asked questions regarding breastfeeding, safe sleep, and medical home/primary care. The focus group and interviews were audiotaped, recorded, and transcribed. Data was analyzed using qualitative methods. Themes were developed and are presented below.

FATHERHOOD RECRUITMENT AND PARTICIPATION

A father/male partner is counted as a Healthy Start male participant for the purposes of benchmark reporting if he 1) is affiliated with an enrolled woman and/or child, 2) has completed the enrollment process including all applicable HS Data Collection Forms, and 3) has one or more contacts with the Healthy Start program during the reporting period. The following Healthy Start benchmark goals concern fatherhood involvement: increase the proportion of HS women participants that demonstrate father and/or partner involvement (e.g., attend appointments, classes, etc.) during pregnancy to 90 percent and increase the proportion of HS women participants that demonstrate father and/or partner involvement (e.g. attend appointments, classes, infant/child care) with their child participant to 80 percent. CHWs were asked to discuss their processes for recruiting fathers as well as their role in increasing father and/or partner involvement.

Fatherhood Recruitment Processes

CHWs were asked to discuss their processes for recruiting fathers to Brother's United Healthy Start (BUHS), including successful recruitment. CHWs stated that fatherhood recruitment occurs as a natural component of working with pregnant and/or maternal clients. One CHW summarized, *"Every time I meet with a client, I always talk about if the father is involved, and if he is, or even if he's not involved, always offer the program and give them information, and tell them that the program is sort of like it...provides incentives like Pathways..."* This CHW continued, stating, *"I don't think I have a high success rate of clients involved in the program, but I do offer it to all the clients and give them the information to give Dad to say, 'Hey, you know, if he's not working...' and then I have a few clients where they say, 'Well, Dad is already working full time.' If they want extra support, or if they have time, here's the number and give*

them the referral that way, but, a lot of times, for whatever reason, I haven't - I don't know if I had a lot of success with that. Another CHW reported how they discuss Healthy Start as a unified program as opposed to one program for mothers and another for fathers, stating, "How I connect with when I meet a Mom, I do talk about BU, and I try to speak of it as not such - so much as individual silos of programs, but like we're all one. We're all team members working together to help the whole family, anybody that touches that baby. Regardless of what the parents' relationship is like, whether it is a good one, or whether it is rocky, they're both involved in the child's life, or both have touched that baby. So, the things that we help support Mom with that they will help support Dad with. And then for our particular program, as well, as long as Dad is connected with the Mom or the baby, we can also enroll him and Healthy Start as well."

Successful Fatherhood Recruitment and Participation

CHWs stated that full time work is the biggest barrier to recruiting fathers. They also discussed the flexibility of Brother's United Healthy Start programming. One CHW stated, "*The good thing about the BUHS program is that it's like 8-10 day and it's all online, so they can kind of schedule around their timeframe to do it. I've had quite a few dads that have completed the regular like that 10-week BU course and then the BU HS course which was only about eight days or whatever...they can use as a refresher course.*" CHWs also discussed a November 2020 training with Brother's United staff regarding how to approach fathers and recruit to the program. One CHW reflected that in the training, "*We were all brainstorming about ways and how we connect with the Dads, like how do we approach the Dads? How do we include them? You know, the various ways that we can include them. So it was a lot of the same thing that [CHW] was just saying that we we individually do. And then [BU Staff Member] was giving us some pointers.*"

Fatherhood Recruitment Challenges

CHWs were also asked to discuss challenges regarding fatherhood recruitment to Brother's United Healthy Start (BUHS). CHWs discussed challenges working directly with clients as well as organizational challenges between CHWs and Brother's United.

Individual Challenges. Many CHWs reported that work schedules are the main reason fathers decline referral to BUHS. Additionally, CHWs discussed how coparenting dynamics can influence recruitment and referral. CHWs commented that prior to recruiting fathers, they often emphasize the importance of coparenting with clients who experience challenging relationships with their coparents. One CHW reported, "*I've definitely had to talk to a lot of the Moms because I deal with - a lot of young ladies that may be not mature enough, and they're mad at Dad or whatever issues that they are having. And I always tell them that it takes Mom and Dad to raise this baby. The baby is the only innocent one that did not ask to be here. Regardless, you still need to learn to co-parent and remember...they deserve to have a Mom and a Dad, even if you*

guys are not together and do not see eye to eye.” One CHW stated, “A lot of times, if Mom and Dad are not together, and it's a rocky relationship, she doesn't want to be bothered with him or give information or anything like that. Or, if she gives it and we have BU call, the Mom, because of the relationship, she doesn't want the co-parent to know that she's the one that gave his name.” Another challenge that CHWs experience when working with fathers is obtaining contact information. In strained coparenting relationships, CHWs discussed how the mother may not have complete contact information, stating, “A lot of times they [mothers] don't even have a phone number [for Dad]. They may have a Facebook contact. So, any information that we can get about that to share with BU, we give that.” While nontraditional contact information is often provided, this CHW also discussed how referral from a coparent may impact fatherhood involvement, stating, “The other piece too is because it's a cold call, a lot of times when you're calling Dad, they tend not to be interested because they don't know, because of the relationship sometimes, they don't want to be part of anything they think the Mom's a part of.”

Organizational Challenges. CHWs also discussed organizational challenges working with Brother's United. Upon introducing the topic of fatherhood recruitment to the focus group, one CHW asked the group for contact information and clarification on the program, stating “*I do have a statement, or a question rather. I do have a client, her husband did complete the program once, and she wanted to know could he do it again? I don't know if it will be like a part two. And then another thing is do we have an email for them because I wasn't able to find an email?*” Several CHWs responded by providing outdated contact information for the previous Brother's United Healthy Start Coordinator. While this information was corrected by other CHWs, this led to a discussion of the impact of turnover on fatherhood recruitment. One CHW summarized how turnover at Brother's United impacted their caseload, stating, “*I just seen on my caseload that there's three dads that [BU Coordinator] has connected with. Two of them had already been through the full program. There's one that I saw in there that is new, too. Sometimes it's been such a big turnover there that the previous person may have reached out to some of your family members, some of your dads or what have you, and kind of been left in limbo. And so, then you have somebody new coming in, and they're going back over the caseloads, and so they're trying to re-reach dads. So, some of the challenges may be that as well, because there may have been ones out there that have tried to be reached by a previous BU member, and then that member no longer works for the agency, and then you have a new member, so then they're going through caseloads, and then they're trying to see if that Dad ever connected, or what course they went through do. Did they do the full one, or are they doing a refresher one?*”

CHW Role and Fatherhood

CHWs were also asked to discuss what role they play in fatherhood and fatherhood recruitment in the context of their work with female Healthy Start clients. Several CHWs discussed providing education to coparents simultaneously, though they are unsure of and/or may not know

how to document education occurring simultaneously with both a mother and a father. This was discussed by one CHW, who stated, *“I have found dealing with two Dads that Mom and the father are not together, but the fathers really want to be involved. They want to get parenting classes and they want me to share everything that I'm sharing with the Mom, but it's hard because I feel like, I don't even know like if we can enroll the Dads when the Mom and the Dad are not together in like adult pathways or something. So, when I do help the Dads get like a job or I get them and connected with resources, I do a family assistance pathway, social service pathway. I don't know if there's other pathway because I really do a lot of education with Dads outside of dealing with the Mom, and I just don't know sometimes how to document that. Like, could we enroll them as an adult client?”* In response, another CHW commented, stating, *“I've had some Dads that are actually enrolled with Healthy Start along with the Mom, because hopefully, when we talk to one parent, we're actually speaking to both of them. There's been times where I've been on phones, like they're on speakerphone, the Dad's sitting right there, so I can make documentation that I spoke to both parents, that I can make it in both their individual files.”*

SAFE SLEEP

Safe sleep remains a benchmark of Healthy Start. The following Healthy Start benchmark goals for 2020-2021 concern safe sleep: increase the proportion of HS women participants who engage in safe sleep practices to 80 percent. CHWs and clients were both asked questions regarding safe sleep practices and education.

Safe Sleep Education

Clients and CHWs were asked to discuss what safe sleep education that they have participated in and utilized. When asked what safe sleep education is currently used with clients, CHWs provided a multitude of sources for safe sleep education, specifically naming Partners for a Healthy Baby and the Infant Safe Sleep Guide. Non-specified sources for safe sleep education included former agency materials, YouTube, and the State of Ohio. One CHW stated, *“Originally a couple years ago, we used to do the safe sleep ourselves throughout our agency. We had a flash drive that had slide by slide everything that we needed, and then we printed that out. And I have a notebook that has every single slide on that, which I still use, even though we still have them go to the safe sleep online thing. I still go through that with them.”* When asked to clarify which YouTube source(s), CHWs did not respond. When asked what State of Ohio resource(s) are utilized, one CHW stated, *“I've went to the Ohio website, safe sleep like website, the ABC, I don't know the name of it but, kind of like the big health department, you know, something like that.”* In response, another CHW commented on the usefulness of the ABC website, stating, *“And they have pictures, they have like the ABC and they also have different languages.”*

Clients were also asked what safe sleep education they received, with female clients naming Heartbeat and the Toledo Lucas County Health Department/Cribs for Kids. All female clients

interviewed reported that their coparents participated in safe sleep education with them. When asked what safe sleep education they participated in, one father stated that his coparent “*shed light on it for me*” and reported that he did not attend a safe sleep class until Brother’s United Healthy Start, which he recently attended by referral “*through the courts*” because “*It looks good when I go in front of the judge to get my probation time reduced.*” Clients were also asked about best practices for safe sleep. One client commented, “*I know one thing, you’re not ever supposed to like put anything in the crib.*” They continued, stating, “*When they’re sleeping, and when they’re young always keep them on their backs [and] never put them on their stomach. If they are on their stomach that’s when they’re able to roll over on their stomach.*” Another client stated, “*On your back, no loose covers*” while another stated “*Sleep in the crib, not in the bed.*” Clients were also asked what are some reasons that safe sleep is not always be practiced. One client stated, “*Probably because their baby cry a lot, and they - the baby - loves to lay on their mom’s heart and sleep better.*” Similarly, another client stated, “*Mommas like to cuddle with their babies.*” Another client commented, “*Well, I know some babies tend to roll over on their own*” while also discussing how travel in the car requires safe sleep to be adapted, though “*If you’re in a car seat they have to be on the back.*”

Visual Aids and Safe Sleep Education

On a survey sent to home visitors developed by the Ohio Injury Prevention Partnership (OIPP) Children's Injury Action Partnership (CIAG) Safe Sleep Subcommittee, home visitors commented that visual aids are needed for safe sleep education. When asked what type of visual aids exist and what type of visual aids would be helpful to clients in a November 2020 focus group, one CHW stated, “*I think that would be something that everybody should have is just that flip chart to go through, and it has like the visual pictures of a baby being stuck, you know, falling off the bed and being stuck by the wall like it has all those pictures, which is really, really good. Because those pictures make it real, you know, when they see that video, or when they see that picture of a baby falling in that wall in the mattress and dying because of it, it really helps I think to get the point across.*” When asked what visual aids are currently in use, one CHW commented, “*There is a page in Partners for Healthy Baby that talks about safe sleep. So that is something that we also use.*” Another CHW stated, “*We use the Infant Safe Sleep Guide that we go over with our participants. It has pictures and things in it and information about how you’re supposed to put the baby to sleep, protect your baby, and I think it’s also something that the safe sleep educator passes out when they get their cribs, as well. So, it’s a little flip book that we share. Very simple, very easy to understand, that has the pictures and explains every letter of the ABCs of sleep.*”

BREASTFEEDING

Breastfeeding remains a benchmark of Healthy Start. The following Healthy Start benchmark goals for 2020-2021 concern breastfeeding: increase the proportion of HS child participants whose parent/ caregiver reports they were ever breastfed or pumped breast milk to 82 percent; increase the proportion of HS child participants whose parent/caregiver reports they were breastfed or fed breast milk at 6 months to 61 percent. Clients were asked to discuss their

decision-making process as well as the successes and challenges they experienced while breastfeeding. The following report summarizes client experiences regarding breastfeeding

Breastfeeding Decision-Making

When asked what influenced clients to breastfeed, several clients discussed the nutritional benefits of breastfeeding over formula. One client stated, *“I’ve always been told that breastfeeding is much better than formula, but, if you can’t breastfeed, then formula is the best alternative.”* Another client echoed this statement, saying, *“And still the formulas we give our kids just don’t have as much as the formula that us as women.”* One male client discussed his preference for breastfeeding, stating, *“That’s what I prefer because it’s natural, the way it’s supposed to be”* and that his role in breastfeeding as a coparent was *“making sure she [coparent] ate right, didn’t drink, and do certain things. That’s about all I can do.”* Another client who was not influenced by her family also discussed the perception that breastfeeding is more natural, stating *“You know, that’s actually what they try to convince you of when you become pregnant like keep it more natural, try to breastfeed, and so I just kind of just tried to see what would happen, I guess.”* Several clients discussed how their family influenced their decision to breastfeed. One client discussed how her family also influenced her choice to breastfeed, stating, *“I wanted to breastfeed I thought it was easy, cause my mom breastfed us. She breastfed my second youngest sister all the way through. That was easy for her, but, she breastfed all her kids.”* In addition to her perception that breastfeeding would be easy based on experienced in her family, she also stated, *“I thought that watching movies that I thought it was actually easy...like it would produce milk, or it would just be fine, like it would just develop and the storing would be easy, but actually that wasn’t the case.”*

Breastfeeding Successes

When asked what they would attribute to successful breastfeeding, clients provided a variety of reasons. One client discussed developing her own strategy to breastfeeding as well as support from outside the home, stating *“I would feed on both sides and then I would pump on both sides”* and also that *“I had a lot of case workers through my insurance.”* When asked if she had resources to assist with breastfeeding, another client responded, *“Not with my oldest. My youngest two, I did get a lactation consultant brought into my hospital room, and I also had an appointment with a lactation consultant through [doctor’s] office.”*

Breastfeeding Challenges

One client discussed a variety of challenges she had breastfeeding, beginning with how she planned to breastfeed, but did not produce enough milk. She stated, *“I wanted to breastfeed throughout my whole development with him, at least until he was about 9 months. That didn’t work out. I only breastfed with him until one and a half [months]... I didn’t produce that much milk, so I went to formula.”* When asked if she had any resources to provide education or intervention regarding milk production, she stated, *“Yeah, but I was having latching problems”* and commented

that nipple shields were too painful to utilize. Even after switching to formula, she experienced issues, stating, *“One didn’t work out, so he [baby] had problems with that one. He had to move to the Nutramigen cause he was allergic to that [other] one. So, that one worked out well. No problem with that one. Once he turned one years old, he had to go to a special milk for toddlers.”* Another client discussed the time commitment of breastfeeding, identifying, *“Not being able to do anything while I was breastfeeding”* as a challenge, adding that, *“I couldn’t just walk around with baby attached to me.”* Another client described her challenges, stating, *“I have what they call inverted nipples, so it was very hard for my children to latch. So, I ended up just having to just pump, and that became so painful that I was like screw this, you guys get formula.”* When asked if she utilized any resources to assist with breastfeeding, she responded, *“I didn’t use them [lactation consultant] often. I think I only talked to them once in the hospital when they was, you know, when they taught me how to breast pump, or when they first taught me how to breastfeed.”* She also added that she did not have a CHW assigned to her until recently, after she had already ended breastfeeding.

CHW AND PATHWAYS HUB COMMUNICATIONS

To ensure that the Northwest Ohio Pathways HUB (Pathways) continues to provide quality home visitation and services to Healthy Start clients in the context of the ever-changing COVID-19 pandemic, CHWs were asked questions regarding communications from the HUB during this time. CHWs did not express a strong preference for one form of communication over another (i.e. communications via email, monthly meetings, or CCS messages). However, some CHWs reported that CCS is the first place they log in to before utilizing their email and that the bell/alert on CCS is effective. One CHW stated, *“When we get that little bell, everybody’s gonna look at that bell. So, me personally, something that comes to CCS, I look at immediately before emails before anything else.”* Many CHWs expressed that the information in DropBox is outdated and needs to be consistently monitored and updated, especially in the context of COVID-19. One CHW summarized this issue, stating, *“So the one thing I see that like, really drives me nuts, is when you look in the Dropbox, with our resource information, and it’s not updated. The worst thing right now is that, with us being in the pandemic, I feel like more and more of my clients need the extra help. They need more reliable resources than just the diaper bank more than just Salvation Army. Then you look into Dropbox and call and they’re like, ‘oh we’re not operating during the pandemic.’ Dropbox is not being updated as frequently as it should be. And I honestly think that it should be done at least monthly.”* Some CHWs reported that they do not use DropBox because of their experiences with out-of-date information, opting to call and verify the information themselves and viewing this as the responsibility of the CHW. One CHW summarized the benefits of the CHWs calling to verify information, stating, *“I personally usually try to reach out to different agencies depending on what the need is for my clients to get information. And I feel a lot of times when we’re calling saying we’re representing an agency, we tend to get better information than our clients calling,*

and they're getting the runaround.” CHWs reported that if clients are given outdated information for one resource, they are not likely to seek alternatives. One CHW described this occurring with one client, stating, *“I see that it stops. I had a client looking for professional wear for an interview that she had. The information I gave her, not only was it not updated, they weren't even, they weren't even open because of the pandemic. They weren't open to serve the public. I felt bad because she's like, ‘well I don't know what to do now,’ and I was like, ‘yeah me neither,’ cause the information I had wasn't accurate.”* When asked if CHWs report outdated information to their supervisors to correct, no response was given. When asked if CHWs knew who to report outdated information to, one CHW responded to report to Chris Demko.

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 fatherhood recruitment and participation, safe sleep education and practice, breastfeeding, and CHW and Pathways HUB communications. Based on the feedback that was received during this quarter’s focus group, the evaluators recommend the following:

1. Continue to partner with Brother’s United administration and staff to provide monthly or quarterly training with CHWs on best practices for working with and recruiting fathers to BUHS, including best practices for recruiting fathers in strained coparenting relationships.
2. Create marketing materials specifically geared toward working fathers to emphasize the flexibility of BU programming and decrease the perception that the program may not be feasible for full time workers.
3. Ensure that CHW resources are up to date with correct information for Brother’s United Staff.
4. Collaborate with CHWs and BU Program Coordinator to ensure that fatherhood caseloads are up to date.
5. Brainstorm and create best practices for CHWs to document their work and education with fathers in CCS or other software.
6. Incentivize CHWs who educate or work with fathers separately from the incentives for fatherhood recruitment and referral.
7. Create a list of approved safe sleep educational materials and resources to ensure that CHWs are utilizing reputable information.
8. Connect breastfeeding clients with virtual breastfeeding resources, including lactation consultants, within the first few weeks post-delivery and for a follow-up visit to ensure that breastfeeding assistance is available on a consistent basis.
9. Encourage CHWs to check the availability of community resources before referring clients.

10. Ensure that information in DropBox is updated on a more consistent basis, especially in the context of COVID-19.
 - a. Consider designating a CHW team lead for each agency with limited editing privileges in DropBox to involve CHWs in the maintenance of DropBox and update information in real time.