THE IMPLEMENTATION AND EVALUATION OF HEALTHY MOMS HEALTHY KIDS

A pilot project with Housing Opportunities for Women, Chicago Department of Public Health, and the Center for Urban Research and Learning of Loyola University Chicago. Funded by the Chicago Community Trust.

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INTRODUCTION

This report represents the findings of the evaluation research conducted by the Center for Urban Research and Learning (CURL) on Healthy Moms Healthy Kids (HMHK), a pilot project facilitated in collaboration between Housing Opportunities for Women (HOW) and Chicago Department of Public Health (CDPH) and funded by the Chicago Community Trust.

The pilot aimed to maximize care coordination of formerly homeless pregnant and parenting African American women and their infants and toddlers who experience disparities in maternal and child health, morbidity, and mortaility. The program built on the existing work of CDPH's in-home child and maternal health nursing services atop of HOW's case management and housing services.

This report examines the project's impacts on parents along with the process of implementation from the perspective of the case managers and nurses executing the pilot.

BACKGROUND

In 2018, the Chicago Community Trust released a Request For Proposals for its Housing + Health Initiative calling for projects that integrated permanent housing solutions at the intersection of health equity. HOW and CDPH program leadership saw this as an opportunity to coordinate their existing expertise and staffing to learn from each other, building a model of health education for young families that have been precariously housed. CDPH nurses brought their expertise in maternal and child health, with a special focus on neonatal development and children 2 and under, while providing health education and resources to families. HOW was already providing housing and supportive case management services to young moms in Chicago who were pregnant and/or parenting very young children. HOW identified and recruited parents who were existing clients to the project (Appendix A). Through this new partnership, resources were offered to participating families including educational books and toys, baby supplies such as car seats and cribs, clothing, first aid kits, and incentives such as gift cards, bus passes, and family outings. Nurses and case managers also offered intangible resources such as health and social service referrals. However, what nurses and case managers offered most was their combined support for the parents they worked with. The project not only focused on children's heath but the health of the mother as well. Nurses and case managers performed monthly in-home visits with the 19 families spending up to 2 hours in a home at one time. Regular communication between nurses and case managers took place individually and during grand round monthly meetings at HOW's offices, which included all program staff, nurses and case managers involved in the project.

METHODS

The two main questions that guided the evaluation process include:

1. What was the impact of the program on the parents as well as on nurses and case managers?
2. What was learned about the process of implementing a care coordination project?

The research utilized a mixed methods approach combining survey data, focus group data, and observational notes. We conducted initial surveys and focus groups with parents in order to better understand the barriers to healthcare they currently faced (Appendix C). We also held an initial focus group with nurses and case managers to hear about their barriers in providing services, their hopes for the project, and any feedback they had on the process. At the end of the pilot project we conducted post surveys and focus groups with parents to measure the outcomes of the service as well as post focus groups with nurses and case managers to get their perspective on the process of implementation and the impact on clients (Appendix C). At the monthly meetings between administration, case managers, and nurses we also took observational notes which served as opportunities for feedback and updates on how the process was going (Appendix B).

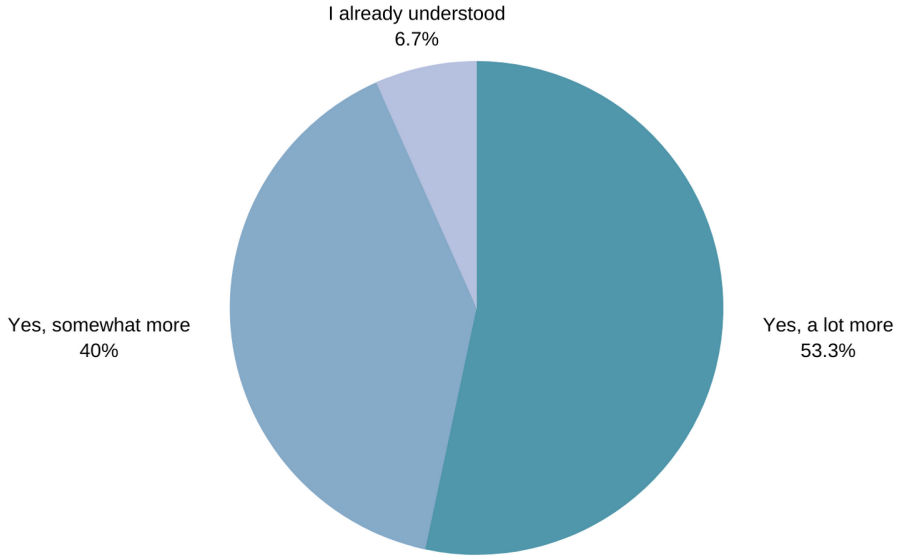
Due to the nature of the evaluation and the staffing and funding limitations, researchers were not able to gather data during home-visits. Therefore, the reporting of the relationships between and among nurses, case managers, and parents is self-reported. Researchers did not collect participant observation notes during those interactions. The data is limited by the short time span of the pilot project itself (nine months), which also hindered the project from collecting clinical health outcome data. However, the pre and post surveys paired for 15 of the 19 parents captured the health education and services from nurses and case managers and its impact on parents' health seeking behavior and reported knowledge gained.

FINDINGS[1]

PARENT'S INCREASED UNDERSTANDING OF HEALTH-RELATED ISSUES

Parents were able to better understand health-related information after participating in HMHK. At the initiation of the project just over half of the parents reported healthcare providers' explanations were easy to understand. However, in hindsight, in the survey administered at the end of the project only one parent indicated that she had fully understood health related information from health providers before participation (Graph 1). In that same post survey, all the other parents reported gaining knowledge. All these parents indicated that the increase in knowledge applied to both their own health and that of their children, with a stronger increase in health knowledge about their children (Table 1). An analysis of the pre and post focus groups also reflects this increase in knowledge.

Graph 1: Since HMHK, do you better understand health-related information? (Post Survey)



[1] While there were 19 parents who participated in the project, we were able to identify 15 matched pre and post surveys. It is data from these 15 matched surveys that are referenced in this findings section (see Appendix B for more details).

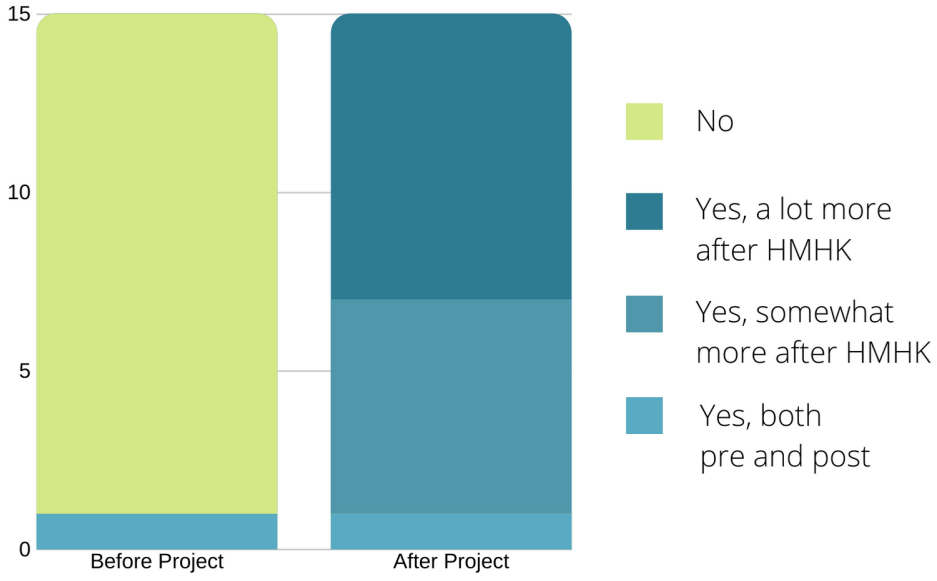
Table 1: Gaining knowledge about health after HMHK (n= 15)

	I already had knowledge	Gained a lot	Gained somewhat	None
Child's Health	0	11 (73.3%)	3 (20%)	1 (6.7%)
Parent's Health	1	8 (53.3%)	5 (33.3%)	1 (6.7%)

INCREASED COMFORT OF PARENTS IN INTERACTIONS WITH HEALTH PROFESSIONALS

Parents also reported an increase in feeling comfortable asking health-professionals questions, with 93% feeling more comfortable since participating in HMHK (Graph 2).

Graph 2: Were you comfortable asking healthcare professionals questions? (Post Survey)



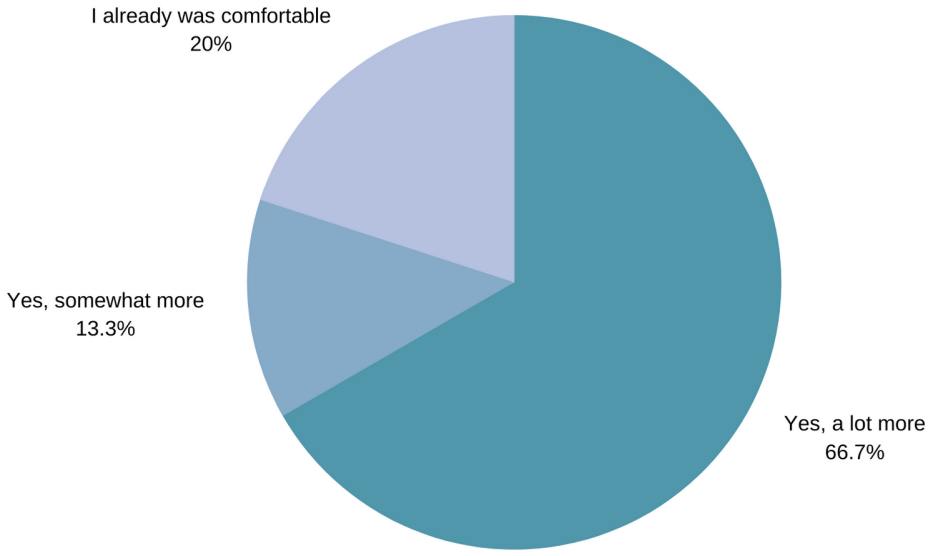
PARENT'S BEING A HEALTH ADVOCATE FOR THEIR CHILDREN AND THEMSELVES

Most parents reported feeling comfortable in advocating for the children at the start of the project, and that comfort was strengthened by the end of the project. At the initiation of the project, 11 (86%) of the parents reported being extremely comfortable advocating for their children with a healthcare professional, while 2 (14%) were neither comfortable nor uncomfortable. When queried at the beginning of the project no parent felt uncomfortable advocating for their children to a health care professional. By the end of the project most, (86%) reported being even more comfortable.

Similarly, in the pre survey, 12 parents felt either extremely or somewhat comfortable advocating for themselves (the additional 3 parents did not answer the question). In the post survey, upon further reflection, only 3 parents thought they had already been comfortable. The remaining 12 parents reported that their comfortability level had increased since participating in the project (Graph 3).

In the post client focus group, parents discussed how the nurses acted as a necessary push to get parents to advocate for their own health and how that connected to caring for their children as well. For example, one parent spoke of the importance of their own health in being able to take care of their children, saying “If I don't take care of myself, who's going to take care of them? Who's going to take them to the doctor and stuff like that.” This realization of the connection between healthy moms and healthy kids exemplifies a small but profound breakthrough for a client within the pilot project.

Graph 3: Since HMHK, do you feel more comfortable speaking up for yourself at the doctor's office? (Post Survey)

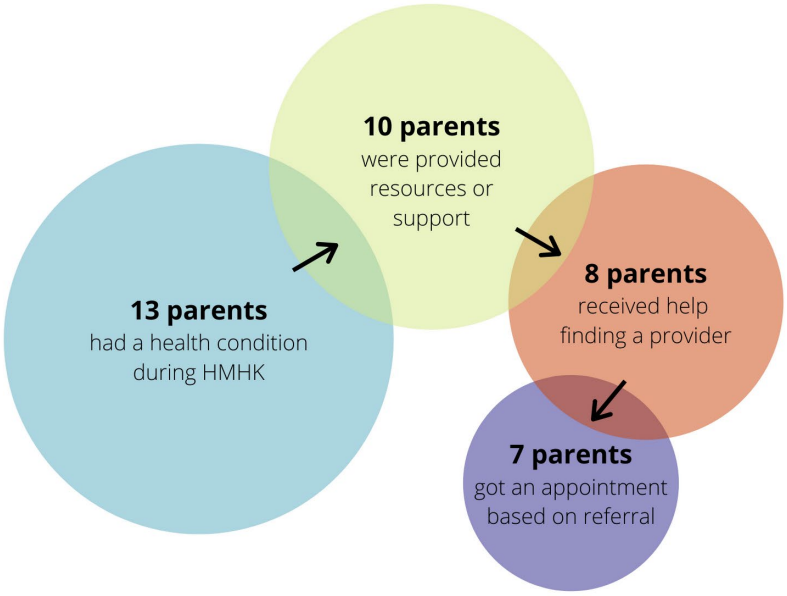


PARENTS BETTER ABLE TO ACCESS HEALTHCARE RESOURCES AND INFORMATION

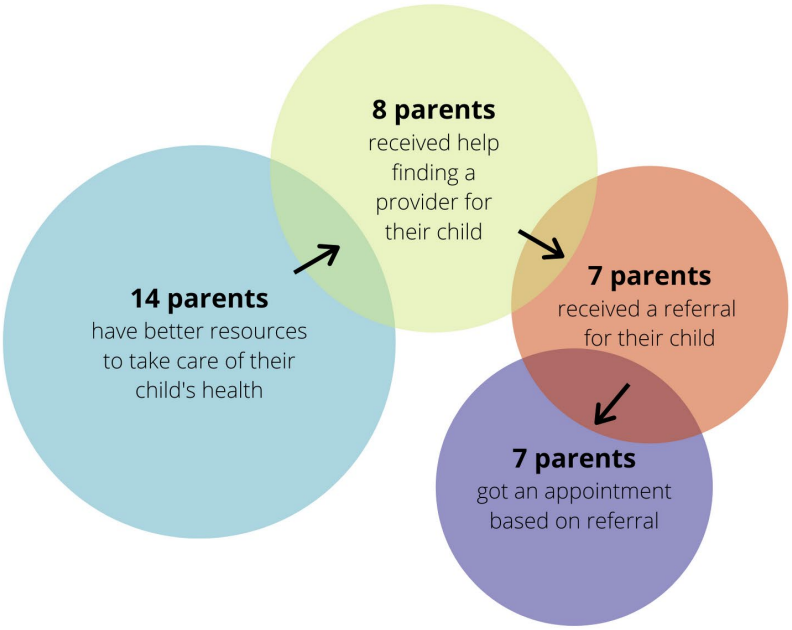
In the focus groups conducted with parents at the start of the HMHK project, many parents cited a host of challenges to accessing health resources. They cited problems with their health insurance, switching providers, accessing transportation, childcare, work, and income all as barriers to them accessing healthcare. At the same time, case managers in pre project focus groups described the challenge of giving referrals to clients. These challenges ranged from their unreliable outdated list of resources, to long waitlists and expensive fees. Second, they found it challenging for clients to follow up with those resources or receive an appointment because of the case manager's lack of familiarity with the health concern or client's lack of comfort discussing health with their case managers. In the pre focus group, a case manager stated "I think we have that trust there, but it's more just about my confidence in my health knowledge. That I think it's a barrier." By the end of the project, this situation had reversed with parents reporting having better resources to take care of the health of themselves and their children. Most parents who had health conditions were likely to be provided resources or support, with over half receiving an appointment based on a referral (Graph 4). Fourteen out of 15 parents felt they had better resources to take care of their child's health including receiving help in finding a reliable provider (Graph 5).

Before participating in HMHK, parents reported receiving information about their or their child's health outside of doctor's visits from social circles like family and friends or online sources. At the end of the project, only 2 reported that before the project they felt confident in finding accurate information. After their participation, 13 parents report feeling more confident in their ability to find accurate information about their and their child's health (no chart).

Graph 4: Resources and Referral Trajectory of Parents with a Health Condition



Graph 5: Improved Resources and Referrals Regarding Children's Health



PARENTS REPORT SEEKING AND RECEIVING HEALTH SUPPORT FROM CASE MANAGERS AND NURSES

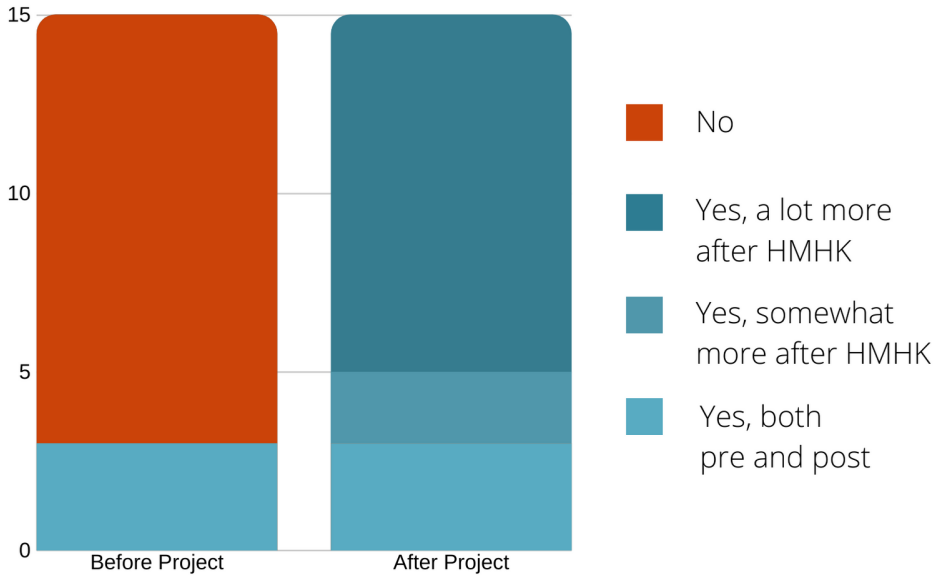
At the start of the project, parents did not see case managers as a source of health information with only 20% reporting that they would first call their case manager when they had a question or concern about their child's health. After the pilot project, all 15 of the survey respondents reported feeling comfortable asking their case managers questions about their health and their child's health (Graph 6). Case managers were able to build upon their relationships with clients to allow for more open communication about their health needs.

Twelve (80%) of the parents felt more informed by the resources that they received from the nurse (no chart). A key theme in the post parent focus groups was that becoming familiar with their nurse and receiving regular care gave parents opportunities to practice more active participation in their family's healthcare. Parents felt better equipped to attend doctor visits after participating in HMHK. Because of their relationships with their nurses, they felt more confident advocating for themselves and their kids and had collaborated with their nurse to come up with questions to ask when they visited the doctor. As one parent noted about their nurse, "she helped me focus on myself more." The nurses were able to introduce healthy practices for parents, such as seeking mental healthcare and attending routine checkups.

An example of changes in behavior seems to be an increase in parents' use of specialists. According to pre survey data, only one parent had gone to a specialist for themselves. During the project, when it came time for clients to seek specialized care, they reported in the post focus groups that they took what they had learned from the nurse

and acted upon that information. During observations of grand rounds meetings with case managers and nurses, stories were told of clients reporting back to their nurse and case manager of their proactive visits to doctors and changes in their habits at home. Nurses and case managers would subsequently validate the moms for taking additional steps on their own to make appointments, eat healthy, or maintain safety standards in their home.

Graph 6: Did you ask your Case Manager when you had a question about health? (Post Survey)



SUPPORT TO FAMILIES REGARDING EMOTIONAL AND MENTAL HEALTH CONCERNS

Parents reported improving their ability to manage self-care and mental health for themselves as well as care for the mental well-being of their children because of their participation in Healthy Moms Healthy Kids.

PARENTS' MENTAL HEALTH: Two thirds of the parents reported feeling stressed, anxious, sad or overwhelmed when surveyed. Case managers cited mental health and trauma needs as the main concerns for their clients in the pre project focus group and felt that these concerns were impediments for case managers to communicate with clients as well as barriers to the clients' ability to parent. By the end of the project, all but one of these parents reported in the post survey that their case manager or nurse had helped them when they were feeling stressed, anxious, sad or overwhelmed. In the post project focus group, parents discussed how they had built trust with their nurse and case manager and had open conversations about mental wellness. One parent said, "For us who don't have someone to talk to, you have [case managers and nurses] to turn to." Another parent agreed it was "wonderful" to have both a case manager and nurse to vent to, saying that their case manager went "beyond her

job" to help. One parent described a day when they were particularly struggling during a visit from their nurse and case manager: "They took me to the hospital because I was in that bad of shape … it was helpful for me because I would've never took myself… And they walked me through it and sat with me and held my hand through the whole process of everything. So, it was good for me on my behalf."

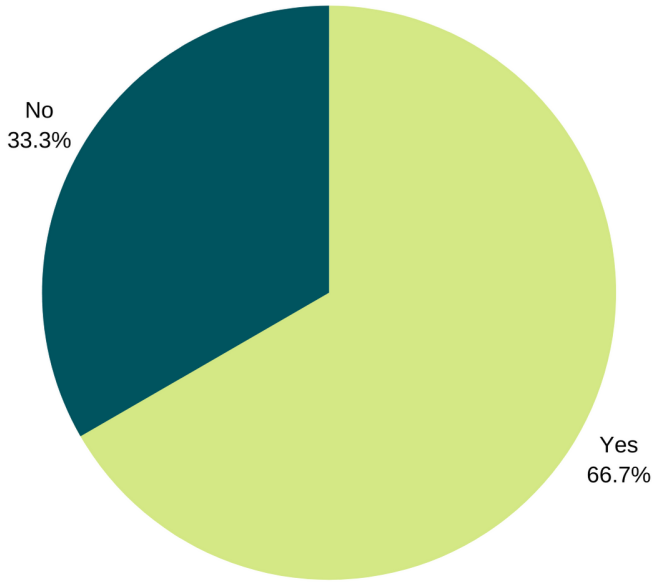
CHILDREN'S MENTAL HEALTH: Prior to HMHK, only 2 of the parents surveyed reported having spoken to a healthcare professional about their child's mental health and 9 did not consider their children stressed, anxious, sad or overwhelmed. By the end of the project, more parents (6) identified their children as having been stressed, anxious, sad or overwhelmed. In the post focus group, many parents told stories of how they had finally found mental health treatment and early intervention that proved to be "an amazing step" for their children. One parent's 9-year-old daughter had been exhibiting signs of autism and ignored their family and doctor's advice to seek treatment. After talking with the nurse and receiving informational pamphlets, they were ready to acknowledge their daughter's symptoms and bring her to a specialist. Another parent shared how the nurse helped find their son new ADHD medication because he had stopped taking the previous medication when it did not work.

EMERGENCY ROOM UTILIZATION REDUCED

Before HMHK, at least 5 children and 2 parents visited the emergency room due to an illness (Pre survey data). Parents discussed in the focus groups about the reason why they relied on emergency room visits, with one parent describing an experience where her family went to an appointment and was denied service because she was unable to pay due to challenges with insurance. Instead the family utilized the emergency room. She said, "I went to the emergency room, that's how I got seen."

After participating in HMHK, 10 of 15 parents say they are less likely to visit the emergency room for healthcare (Graph 7). In the parent focus group, a participant described how the practice in her family as she was growing up was to utilize the emergency room as a source of care. She went on to say that she didn't know about the importance of regular maternal checkups before meeting the nurse, saying of her mother, "I remember seeing her going to the hospital (emergency room) but, not too much the doctor's."

Graph 7: Since HMHK, are you less likely to visit the ER?



CASE MANAGERS AND NURSES LEARNED FROM EACH OTHER

At the initial focus group of nurses and case managers, case managers described the challenge of giving health assistance to clients. They found it challenging for clients to follow up with resources or receive an appointment because of case managers' lack of familiarity with the health concern or client's lack of comfort discussing health with their case managers.

NEW RESOURCES AND CONSIDERATIONS

Nurses brought resources and considerations that the HOW staff and parents were not familiar with**.** They introduced families to the importance of checking fire extinguishers, first aid kits, etc. and HOW was able to provide necessary supplies. Conversations with the nurse helped parents learn what TV shows are educational, what kind of food to feed children at certain ages, and what time babies should sleep. Nurses also prepared parents for doctor's appointments and helped them come up with questions they should ask. Once one parent knew the importance of a clean and safe living environment, they were proud to report to the nurse that they contacted their building's maintenance whenever there was an issue. Another parent did not know their child had

specific health concerns and is now taking them to four different specialists and advocating for their nutrition at daycare.

CASE MANAGERS AND NURSES APPRECIATED HOW THEY LEARNED FROM EACH OTHER AND HOW THEIR DIFFERING APPROACHES AND KNOWLEDGE COMPLIMENTED EACH OTHER

Nurses and case managers were grateful for each other's skills and would often thank one another and affirm how helpful they were. Case managers and nurses at their joint meetings often mentioned how nurses possessed necessary experience that the case managers did not and vice versa. Case managers provided an established relationship with the parent and various social service resources. Nurses provided education on safety concerns, a wealth of medical knowledge, and empathy to listen to parents' concerns and build relationships.

Nurses continually compared positively their ability to provide maternal and child health services and health education to the stably housed families in the project as opposed to mothers they were serving in other programs who were not in supportive housing. The mothers were able to concentrate and address health needs much more easily when permanently housed. In addition, the supportive and stable relationship developed by case managers with the mothers facilitated the development of trust between the nurse and the mother.

In the early joint staff meetings of the nurses and case managers, case managers expressed surprise when some of their more closed off clients started forming relationships with the nurse and being responsive to the services. In the post focus group of nurses and case managers, one nurse explained the importance of building a relationship first by getting to know their client through conversation and describing what they would do at the next visit so as not to make the parent uncomfortable with touch during a medical examination. The nurse explained the internal motivation for treating patients this way, stating "We truly care about our patients as a whole. So, whatever we can do to help them to be able to sustain their life is our goal. So, it's not just a job." This approach to building trust through a network of relationships and taking one's time proved more effective in engaging with health education than only using one approach – only a case manager or only a nurse – might.

STRENGTHS AND WEAKNESS OF THE PILOT IMPLEMENTATION

COMMUNICATION AND A STRONG FEEDBACK LOOP

From the start of the project, a steady feedback process helped to strengthen the project and create a robust learning environment. Between being approved for funding and the start of the project, there was little time to communicate the new model internally at HOW and CDPH, which initially caused confusion. Case managers stated, "We need a little more knowledge of … the program" and a nurse also said of the project that they, "had no idea it was tied to housing." Luckily, because there was an evaluation aspect to the project, the initial staff focus group provided feedback about the confusion and the team was able to address it. Joint staff meetings (grand rounds) became a venue for feedback and project problem solving. These monthly grand round meetings gave a space for everyone involved in care coordination to convene, work through process issues of implementation, and problem solve in real time.

A COLLABORATIVE AND NIMBLE PARTNERSHIP

At the same time, the collaborative evaluation methodology also added cohesion, as all three partners—CDPH, HOW, and CURL—worked together to develop protocols and procedures. Communication and information between HOW, CDPH and CURL was agreed to in a Memorandum of Understanding that was jointly written by the three partners. It allowed the nurses and case managers to share client information with permission and in accordance with HIPAA protocol.

When difficulties in building a data infrastructure—a goal of the pilot—was encountered, the partners working together found a solution. Initially the pilot planned to build a data infrastructure to share case level client data between organizations. However due to bureaucratic challenges at the city level related to a rebuilding of their database software, the pilot was not able to secure that agreement. It was not clear that a shared infrastructure would not be able to be built until more than halfway through the pilot. Then partners came together to build another system to collect and share data. A standardized worksheet created protocol as well as additional fields of data collection for case managers and nurses regarding their visits with clients. This delay in implementation was regrettable and case managers voiced that it would have been helpful from the beginning.

PROBLEMATIC CHANGES IN PERSONNEL

Midway through the project, the nursing personnel changed and left many clients and case managers feeling left adrift. Strong bonds had been built with the first cohort of nurses who exhibited strong communication and coordination practices with case managers. One case manager described the challenge, saying “I just think that maybe if we can be consistent with one person because if you're sharing your thoughts and your feelings with someone and then … here come someone else and then they're asking you the same questions all over again.” While this was disruptive for everyone involved, especially the families, it did not weaken the impact of the project. According to the final survey and focus group with the parents, it did not have a substantial negative impact. Most were irritated and reticent about the change in nurse, but only one family dropped out because of it.

STAFFING BURDEN

The pilot project design did not include an increase in nurses or case managers from the two service partners. This meant that only existing nurses and case managers with other caseloads beyond the scope of the project were involved. The added responsibilities of HOW and CDPH staff included increasing nurses’ caseloads, increasing case managers’ time spent coordinating care for current clients, and the coordination and communication of nurses and case managers both in additional meetings and in the field. All these responsibilities were on top of work already assigned. While everyone involved saw how valuable to project was for the families, it added strain to already stretched staff. More resources to support the case managers and nurses would have made their work more sustainable beyond the pilot.

ABBREVIATED TIMELINE

Another challenge of the pilot was the brief nature of the timeline. When applying for the funding, there were high hopes that the project could be extended to a two-year grant. Once it was clear that was not possible, the shortened timeline heightened the strain felt from nursing staff turnover because of the limited time to build trust in relationships. Both nurses and case managers agreed they would have liked the services to last longer in order to better connect with clients and meet their needs.

DISCUSSION

The impact of the project and the lessons learned in a relatively short period of time is striking.

IMPACT ON PARENTS

The parents in the pilot gained increased understanding of health-related information pertaining to themselves and their children. In addition, they saw themselves as better advocates for their health and the health of their children after participation in the pilot. The pilot was fairly straightforward. It included the addition of visits from a nurse and an experiential "cross training" between the nurses and the HOW case mangers resulting in bolstering and enhancing the HOW case management supportive housing service model. Of course, due to the truncation of the project, we are not able to measure the impact of the project on the health outcomes of the women and children's health.[2]

Parents also saw their case manager differently and developed a deeper relationship. Before HMHK, even clients who were close to their case manager did not talk to them about their health or ask for support in that area. In the initial focus group, one client said "I didn't think they did stuff like that. I thought it was just for housing." After case managers partnered with nurses to provide services, clients opened up about their health which allowed case managers to provide additional support and be more aware of clients' overall wellness and current circumstances.

THE IMPORTANCE OF THE HOUSING-HEALTH PARTNERSHIP

The benefits of the pilot project for service providers came from the collaboration within care coordination teams. Not only was there communication between clients, nurses, and case managers, but both nurses and case managers enhanced one another's role in providing services. Nurses expressed how essential case managers were because of the difficulty of providing healthcare when patients are experiencing housing insecurity. Conversely, case managers were introduced to new ways to ensure clients' safety at home including checking smoke detectors and providing first aid kits and fire extinguishers.

The findings point to the critical importance of permanently enhancing HOW's supportive housing services to include health education and support. This includes continually building the knowledge base and confidence of the case managers regarding health-related issues so that they can be seen and trusted by the parents as a source of support and resources. This model pointed to one way of doing this: an ongoing working partnership between the case managers, with their training and expertise in social welfare and housing services, and health educators, this case, nurses. HOW is moving forward on this incorporation with two new initiatives. First, HOW is rolling out Ages and Stages Assessment to all children at HOW ages 5 and under. Second, HOW has expanded the Health Service Program to include a Manager of Health Services and a dedicated Health Care Case Manager to help with insurance, benefits and chronic health condition management.

[2] The intention of the original plan was to be able to measure health outcomes and expand the project enrollment in the second year of the pilot. This would incorporate the best practices of the pilot into the HOW supportive housing service model to all pregnant and parenting young families housed with HOW moving forward.

In addition, another initiative could be important to enhancing the model. The focus groups presented an unintended benefit as parents used the time together to share advice and began problem solving with one another about health providers and early intervention. HOW has started to discuss possibilities for facilitating health group activities or discussion/support groups.

CONCLUSION: SOME OBSERVATIONS ABOUT SUSTAINABILITY

Both nurse and case managers agreed that they would have liked the program to last longer in order to build relationships and meet clients' needs. They would have preferred if clients could stay in the program for at least one year if not two. They also discussed having a focus on early intervention during pregnancy and teaching safe behaviors early. Having a more standardized process that aided in communication between nurse and case manager would have also allowed for more consistency. Unfortunately, changes in the funding priority of the project's funder and conflicting CDPH staffing demands due to a new project cut this collaboration short. However, the plans for HOW to enhance staffing to expand their Health Services program are a step in the right direction. Lastly, developing a stable funding model that recognizes the importance and efficacy of incorporating health education into the supportive housing model, especially for young families, is one of the main lessons learned from this pilot.

APPENDIX A

Description of Project Participants

Eligible Families

	HOW families identified as potentially eligible	**Families enrolled in HMHK project**	**Families that dropped out**	**Participated in whole program**	**Not part of HMHK**	**Total**
HMHK Moms/Parents	32	26	7	19	0	19

Participating families' profile.

- Household size range from 2-8 with an average of four family members.
- The heads of household were primarily single moms, ranging from age from 21 to 39, with an average age of 29.
- While the families eligible for HMHK had at least one child 2 or younger, the average age of the children in the families was 4 ½ and ranged from newborns to 17.
- Two households live on the north side, 12 on the south side, and 5 on the west side.

More specifically, here are the community areas where the households live:

Community Area	**# of HMHK households**
Austin	2
Back of the Yards	1
Englewood	1
Grand Boulevard	1
Humboldt Park	1
North Lawndale	1
Rogers Park	2

South Chicago	1
South shore	5
Washington Park	1
West Garfield Park	1
Woodlawn	2
Grand Total	**19**

APPENDIX B: METHODOLOGY

The aim of this community-university collaborative research partnership was to examine the effectiveness of Healthy Moms Health Kids in its pilot year by looking at the implementation of the model and allowing for corrections and expansion of the project in the second year. This evaluation was primarily a formative and process evaluation.

The two main questions that guided the initial evaluation process include:

1. What was the impact of the program on the parents as well as on nurses and case managers?
2. What was learned about the process of implementing a care coordination project?

In addition, the partners aimed to develop a database, merging case level administrative health and service data from both agencies in order to eventually have the ability to measure impact on the health of children and mothers over time, starting in the second year of the project.

For the limited impact evaluation and process evaluation a mixed methods approach was utilized combining survey data, focus group data, and observational notes. The partners jointly developed the initial research evaluation goals and the development of the research questions. Quantitative data was analyzed with SPSS. Thematic analysis coding was used with the qualitative data from focus groups and observations of joint staff meetings (grand rounds).

SURVEYS:

The head of household (the mother) of each of the 26 participating families filled out a pre survey (see attached) that was disseminated to them by their case manager as they enrolled in the pilot.[3] The survey was returned in a sealed envelope and returned to the researchers. Gift cards worth $10 were distributed upon completion of the survey. No identifying information was included in the survey. The mother developed an ID code consisting of a combination of the birth date of their youngest child and the last four numbers of their primary phone. This ID was to allow the ability to link the pre and post surveys for subsequent analysis.

At the end of the pilot, another survey was distributed in like manner to the 19 families who remained in the program. Of those, using the parent developed ID codes, we were able to match 15 pre and post project surveys. Due to small sample size, only descriptive analysis was conducted. Gift cards worth $10 were distributed once the survey was completed.

[3] Most families had been enrolled in the project by the end of December 2018, however a few were enrolled during January 2019. In addition, families filled out a release form allowing for sharing of information between the case manager and nurse and the sharing of administrative data (with proper HIPAA confidentiality protocols) between agencies and the researchers. In order to enroll in the project, it was required that the families participate in the research.

FOCUS GROUPS:

Focus groups were conducted with parents and with nurses and case managers.

PARENT FOCUS GROUPS:

Two sets of focus groups were conducted with parents, at the initiation of the pilot in January 2019 and after the end of the pilot in November 2019. There were two pre pilot focus groups to better understand the barriers to healthcare that the parents were facing: one on the north side and one on the south side of Chicago. The north side focus group had 3 attendees and the south side focus group had 7. In order to facilitate participation in the focus groups, transportation to the focus groups was provided along with lunch and a $25 gift card for participation. At the end of the pilot, after analyzing the post pilot surveys, a post focus group was conducted at the south side office to better understand how the parents had experienced the pilot and how it had impacted them. Six parents participated.

STAFF FOCUS GROUPS:

At the focus group at the start of the pilot, all the nurses and case managers assigned to project described their challenges in providing services, their hopes for the project, and questions that they had about the proposed model. At the post focus groups nurses and case managers assessed the successes and challenges in implementing the model, their perspective as to the impact on clients and their relationship with the clients and each other, and suggestions for future work. No gift cards were given to the case managers or nurses. Participation was encouraged but voluntary.

PARTICIPANT OBSERVATION:

Researchers conducted participant observations at the monthly meetings between HOW and CDPH administrators, case managers, and nurses. At these meetings discussions centered on problems and issues that arose in serving various families, sharing of advice regarding useful service strategies along with positive experiences and challenges encountered.

ADMINISTRATIVE DATA:

HOW provided the researchers with data on non-identified demographic client information as well as pilot enrollment and participation information.

LIMITATIONS:

Due to the nature of the evaluation and the staffing and funding limitations, researchers were not able to gather data during home-visits. Therefore, the reporting of the relationships between and among nurses, case managers, and parents is self-reported.

The data is limited by the short time span of the pilot project itself (nine months), which also hindered the project from collecting clinical health outcome data. However, the pre and post surveys paired for 15 of the 19 parents captured the health education and services from nurses and case managers and its impact on parents' health seeking behavior and reported knowledge gained.

APPENDIX C

PRE PROJECT SURVEY

Healthy Moms Healthy Kids Participant Survey

1 What are the last 4 digits of your primary phone number?

_____

2 What is the **month** and **year** of your youngest child's birthday?

_____

*Please answer the following questions about your **youngest child:***

3 Since January of 2018, where have you taken your youngest child for a **wellness visit/regular check up?** (Please enter the number of visits next to where your child received care OR check the last box if you have not taken your child to a medical professional for a wellness visit.)

- ☐ Pediatrician
- ☐ Family Doctor
- ☐ Community Clinic
- ☐ Other _____
- ☐ Have not taken my child to a medical professional for a wellness visit

4 Since January of 2018, where have you taken your youngest child if he or she was **sick**? (Please enter the number of visits next to where your child received care OR check the last box if you have not taken your child to a medical professional due to illness.)

- ☐ Pediatrician
- ☐ Family Doctor
- ☐ Community Clinic
- ☐ Urgent Care Clinic
- ☐ Emergency Room
- ☐ Other _____
- ☐ Have not visited a medical professional because my child was not sick

5 If you were NOT able to take your child to an appointment, please indicate why you were not able to. Check all that apply.

- [ ] Not Applicable
- [ ] I couldn't get an appointment when I wanted one
- [ ] I didn't have enough money or insurance to pay for the visits
- [ ] I had problems getting through on the phone to make an appointment
- [ ] I didn't have transportation to the clinic or doctor's office
- [ ] I couldn't take time off from work
- [ ] I had no one to take care of my other children
- [ ] I had too many other things going on
- [ ] I couldn't find a nearby health care facility I trusted
- [ ] I couldn't find a medical provider for my child
- [ ] Other _____

6 In general, since January of 2018, when speaking to a health care provider (doctor, nurse, etc.) about your child's health, how often did they explain things in a way that was easy to understand?

- ○ Always
- ○ Most of the time
- ○ About half the time
- ○ Sometimes
- ○ Never

---

7 Since January of 2018, how many times, if any, did your youngest child visit the dentist?

- ○ No visit
- ○ 1 visit
- ○ 2 visits
- ○ 3 or more visits

---

8 If you answered that your child has NOT visited the dentist since January of 2018, why has your child not visited a dentist? (Select all that apply)

- [ ] Not Applicable
- [ ] Too young/not enough teeth yet
- [ ] Lack of insurance coverage/money
- [ ] Haven't made an appointment yet/lack of time
- [ ] Haven't had any problems yet/ Did not think it was needed
- [ ] Going in soon/Just made an appointment
- [ ] Haven't found a dentist in the area
- [ ] Did not have transportation to the dentist office
- [ ] Could not find someone to take care of my other children
- [ ] Other _____

---

9 How did you find a healthcare provider for you or your children? (Check all that apply)

- [ ] Used the insurance plan provider directory
- [ ] Called the insurance plan
- [ ] Called/emailed medical office
- [ ] Got a referral from friend, coworker, family member
- [ ] Got a referral from medical professional

---

10 Since January of 2018, have you seen or talked to a health professional such as a psychologist, psychiatrist, psychiatric nurse or clinical social worker about your child feeling stressed, anxious, sad or overwhelmed?

- ○ Yes
- ○ No

---

11 If no, select all that apply.

- ☐ My child did NOT act stressed, anxious, sad or overwhelmed
- ☐ I couldn't get an appointment when I wanted one
- ☐ I didn't have enough money or insurance to pay for the visits
- ☐ I had problems getting through on the phone to make an appointment
- ☐ I didn't have transportation to the clinic or doctor's office
- ☐ I couldn't take time off from work
- ☐ I had no one to take care of my other children
- ☐ I had too many other things going on
- ☐ I couldn't find a nearby health care facility I trusted
- ☐ I couldn't find a medical provider for my child
- ☐ I wasn't sure who to ask for help
- ☐ Other _____

---

12 How comfortable do you feel talking to a medical professional about the health of your child?

- ○ Extremely comfortable
- ○ Somewhat comfortable
- ○ Neither comfortable nor uncomfortable
- ○ Somewhat uncomfortable
- ○ Extremely uncomfortable

---

*Please answer the following questions about **yourself:***

13 Since January of 2018, where have you gone for a **wellness visit/regular check up?** (Please enter the number of visits next to where you received care OR check the last box if you have not gone to a medical professional for a wellness visit.)

- ☐ Family Doctor
- ☐ OB/GYN
- ☐ Community Clinic
- ☐ Specialist
- ☐ Other _____
- ☐ Have not visited a medical professional for a wellness visit/regular check up

---

14 Since January of 2018, where have you gone to receive care if you were **sick**? (Please enter the number of visits next to where you received care **OR** check the last box if you have not gone to a medical professional for illness.)

- ☐ Family Doctor
- ☐ Community Clinic
- ☐ Urgent Care Clinic
- ☐ Emergency Room
- ☐ Other _____
- ☐ I have not been sick

15 If were not able to make or keep an appointment for yourself, check all that apply.

- [ ] Not applicable
- [ ] I couldn't get an appointment when I wanted one
- [ ] I didn't have enough money or insurance to pay for the visits
- [ ] I had problems getting through on the phone to make an appointment
- [ ] I didn't have transportation to the clinic or doctor's office
- [ ] I couldn't take time off from work
- [ ] I had no one to take care of my other children
- [ ] I had too many other things going on
- [ ] I couldn't find a nearby health care facility I trusted
- [ ] I couldn't find a medical provider I needed
- [ ] Other _____

---

16 Since January of 2018, have you seen or talked to a health professional such as a psychologist, psychiatrist, psychiatric nurse or clinical social worker when you have felt stressed, anxious, sad or overwhelmed?

- ○ Yes
- ○ No

---

17 If no, select all that apply.

- [ ] I didn't feel like I needed to talk to anyone
- [ ] I couldn't get an appointment when I wanted one
- [ ] I didn't have enough money or insurance to pay for the visits
- [ ] I had problems getting through on the phone to make an appointment
- [ ] I didn't have transportation to the clinic or doctor's office
- [ ] I couldn't take time off from work
- [ ] I had no one to take care of my other children
- [ ] I had too many other things going on
- [ ] I couldn't find a nearby health care facility I trusted
- [ ] I couldn't find a medical provider for my child
- [ ] I wasn't sure who to ask for help
- [ ] Other _____

18 Since January of 2018, how many times, if any, did **you** visit the dentist?

- ○ No visit
- ○ 1 visit
- ○ 2 visits
- ○ 3 or more visits
- ○ Not sure

---

19 If were not able to make or keep a dentist appointment for yourself, check all that apply.

- ☐ Not applicable
- ☐ I couldn't get an appointment when I wanted one
- ☐ I didn't have enough money or insurance to pay for the visits
- ☐ I had problems getting through on the phone to make an appointment
- ☐ I didn't have transportation to the clinic or doctor's office
- ☐ I couldn't take time off from work
- ☐ I had no one to take care of my other children
- ☐ I had too many other things going on
- ☐ I couldn't find a nearby health care facility I trusted
- ☐ I couldn't find a medical provider I needed
- ☐ Other _____

20 How comfortable do you feel talking to a medical professional about your health?

- ○ Extremely comfortable
- ○ Somewhat comfortable
- ○ Neither comfortable nor uncomfortable
- ○ Somewhat uncomfortable
- ○ Extremely uncomfortable

---

21 Who usually helps you make decisions about school, childcare, employment, or financial concerns? (Check all that apply)

- ☐ Family member
- ☐ Friend
- ☐ Case manager
- ☐ Health care professional
- ☐ Other _____
- ☐ No one
- ☐ Significant other

---

22 When you have a question or concern about yours or your child's health, who is the first person you call? (Check all that apply)

- [ ] Family member
- [ ] Friend
- [ ] Case manager
- [ ] Health care professional
- [ ] Other _____
- [ ] No one
- [ ] Significant other

---

23 What websites or social media do you turn to when you have a health question or concern? (List all that you can think of. If none, enter "none".)

_____

---

24 Please choose one answer for each statement.

	Strongly agree	Agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Disagree	Strongly disagree
I trust my current doctor to listen to how I feel	○	○	○	○	○	○	○
I am treated fairly at my provider's office	○	○	○	○	○	○	○
I don't feel like I'm being treated unfairly because of my race	○	○	○	○	○	○	○
I feel that my doctor is a good doctor	○	○	○	○	○	○	○
I believe my different providers talk to each other to give me the care I need	○	○	○	○	○	○	○

End of Block: Default Question Block

POST PROJECT SURVEY

Healthy Moms Healthy Kids (HMHK) Participant Post-Survey

1. What are the last 4 digits of your primary phone number?

_____

2. What is the **month** and **year** of your youngest child's birthday?

_____

3. On a scale of 1-5 (with 5 being Good), circle how you would rate your relationship with your **Nurse**?

(Poor) 1 2 3 4 5 (Good)

4. On a scale of 1-5 (with 5 being Good), circle how you would rate your relationship with your **Case Manager**?

(Poor) 1 2 3 4 5 (Good)

	Strongly agree	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly disagree**
5. My Nurse and Case Manager worked well together to provide me with care.	○	○	○	○	○
6. My Nurse and Case Manger worked together to solve problems.	○	○	○	○	○
7. My Nurse and Case Manager worked to provide me with information.	○	○	○	○	○
8. I valued having visits from my Nurse.	○	○	○	○	○
9. Since starting Healthy Moms Healthy Kids (HMHK), I am more comfortable asking my **Nurse** questions about **my child's** health.	○	○	○	○	○
10. Since starting HMHK, I am more comfortable asking my **Nurse** questions about **my** health.	○	○	○	○	○

11. Before starting HMHK, did you have clear expectations for what it was going to be like?

◯ Yes ◯ No

12. Were your expectations for Healthy Moms Healthy Kids (HMHK) met?

◯ Yes ◯ No ◯ I didn't have expectations

13. Since starting HMHK, are you more comfortable speaking up for **yourself** at the doctor's office?

◯ Yes, a lot ◯ Yes, somewhat ◯ No, I am not comfortable speaking up

◯ No, I was already comfortable speaking up

14. Since starting HMHK, are you able to better understand health-related information that is told to you?

◯ Yes, a lot ◯Yes, somewhat ◯ No, I do not better understand health information

◯No, I already understood health information

15. Since starting HMHK, I feel more informed because of the resources the Nurse has given me.

◯ Yes, a lot ◯ Yes, somewhat ◯ No, I do not feel more informed

◯ No, I was already informed

16. Since starting Healthy Moms Healthy Kids (HMHK), are you more comfortable asking your **Case Manager (CM)** questions about **your** health?

◯ Yes, a lot ◯ Yes, somewhat ◯ No, I am not more comfortable asking my CM

◯ No, I was already comfortable asking my CM

17. Since starting HMHK, have you gained more knowledge about **your** health?

◯ Yes, a lot ◯ Yes, somewhat ◯ No, I have not gained knowledge

◯ No, I already had knowledge

18. Since starting HMHK, are you more comfortable asking **healthcare professionals** questions?

◯ Yes, a lot ◯ Yes, somewhat ◯ No, I am not more comfortable

◯ No, I was already comfortable

19. Since starting HMHK, do you feel you have better resources to take care of **your** health?

◯ Yes ◯ No

20. If you have had any health conditions during Healthy Moms Healthy Kids (HMHK), were you provided with resources or support?

◯ Yes, all of the time ◯Yes, some of the time ◯ No, none of the time

◯ I have not had any health conditions

21. Since starting HMHK, has your Nurse or Case Manager ever helped you find a healthcare provider for **you**?

◯ Yes ◯ No

22. Since starting HMHK, has your Nurse or Case Manager ever given you a referral for **you**?

◯ Yes ◯ No

23. If you did receive a referral for **yourself**, were you able to go to an appointment based off the referral?

◯ Yes ◯ No ◯ I never received any referrals

24. Since starting Healthy Moms Healthy Kids (HMHK), has your Nurse or Case Manager helped you when **you** were feeling stressed, anxious, sad, or overwhelmed?

◯ Yes ◯ No ◯ I never felt stressed/anxious/sad/overwhelmed

25. Since starting HMHK, are you less likely to visit the Emergency Room for healthcare?

◯ Yes ◯ No

26. At the start of HMHK, everyone received a Nurse who has now been replaced with a different Nurse. Has the change in Nurses had an impact on the services provided?

◯ No, no impact ◯ Yes, some impact ◯ Yes, a large impact

*27. If you picked **yes** there was an impact when you changed Nurses, what was the impact?* ***Check all that apply.***

◯ No, there was no impact
◯ I was uncomfortable with a new Nurse
◯ There was a pause in services after my first Nurse left
◯ I thought about quitting HMHK because of the change in Nurses
◯ Other: _____

The following are questions about your youngest child:

28. Since starting Healthy Moms Healthy Kids (HMHK), do you feel you have better resources to take care of **your child's** health?

◯ Yes ◯ No

29. Since starting HMHK, are you more comfortable speaking up for **your child** at the doctor's office?

◯ Yes, a lot ◯ Yes, somewhat ◯ No, I am not comfortable speaking up

◯ No, I was already comfortable speaking up

30. Since starting HMHK, are you more comfortable asking your **Case Manager (CM)** questions about **your child's** health?

◯ Yes, a lot ◯ Yes, somewhat ◯ No, I am not more comfortable asking my CM
◯ No, I was already comfortable asking my CM

31. Since starting HMHK, have you gained more knowledge about **your child's** health?

◯ Yes, a lot ◯ Yes, somewhat ◯ No, I have not gained knowledge
◯ No, I already had knowledge

32. Since starting HMHK, has your Nurse or Case Manager ever helped you find a healthcare provider for **your child**?

◯ Yes ◯ No

33. Since starting Healthy Moms Healthy Kids (HMHK), has your Nurse or Case Manager ever given you a referral for **your child**?

◯ Yes ◯ No

34. If you did receive a referral for **your child**, were you able to go to an appointment based off the referral?

◯ Yes ◯ No ◯ I never received any referrals

35. Since starting HMHK, has your Nurse or Case Manager helped you when **your child** was feeling stressed, anxious, sad, or overwhelmed?

◯ Yes ◯ No ◯ My child never felt stressed/anxious/sad/overwhelmed

36. Since starting Healthy Moms Healthy Kids (HMHK), do you feel more confident in your ability to find accurate information about you or your child's health?

◯ Yes, a lot ◯ Yes, somewhat ◯ No, I am not more confident
◯ No, I was already confident