Partners In Health
UNITED STATES

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Community Health Worker Social Support Programming Gap Analysis Qualitative Supplement

August 2022

Abstract

Background: To further understand gaps in social support care resource coordination within the Statewide (previously COVID-19) Community Health Worker (CHW) Program, we performed a qualitative analysis of programmatic activities to supplement the quantitative analysis done in April 2022 (described elsewhere), that examined NCCARE360 data from September 2021-March 2022**.**

Methods: For the qualitative portion, we discussed the quantitative analysis findings with five CHW vendors using a semi-structured interview process. Data from interviews was captured using frequency analysis to quantify the frequency of words used, and N-gram and correlation to understand relationships between words. Themes were identified and categorized into gaps, successes, challenges, and recommendations.

Results: Results of the analysis identified a lack of resources and funding as gaps, the availability of resources (e.g., food) and the ability to partner with local organizations (i.e., Human Service Organizations) as successes, and the lack of housing options in counties as a major challenge. Vendors recommended routine NCCARE 360 training and technical assistance to improve resource navigation, and the inclusion of an indicator to track behavioral health within Individual/ Family Services. Vendors also advocated for legislative funding and county bond referendum to allocate funding for transportation and other basic needs. They affirmed that the availability of funding to address resource scarcity is crucial to successful CHW care coordination, and the longevity of social support programming depends on sustained appropriated funds.

Discussion: Based on these qualitative results, to better address social determinants of health NCDHHS should continue to work with community partners to address gaps and challenges, build on successes to strengthen the social support resource networks, and support policy and funding allocations around support services.

Background

Community Health Workers (CHWs) were trained and deployed by vendors contracted by North Carolina Department of Health and Human Services (NCDHHS) Office of Rural Health (ORH) to address unmet Social Drivers of Health (SDOH) needs through North Carolina's Statewide (previously COVID-19) CHW Program and varying iterations of the Support Services Program (SSP). Since the beginning of the COVID-19 pandemic, CHWs have connected historically marginalized populations (HMPs) to social supports leveraging a statewide technology platform called NCCARE360 (a UniteUs software system). CHWs conduct social determinants of health (SDOH) screenings to determine eligibility for social support services and connect clients to resources electronically through vendors using NCCARE360. CHWs also track outcomes of referrals for social support services to ensure a closed loop in resolution of needs.

Methods
As part of a quantitative gap analysis performed in April 2022, we extracted data from the NCCARE360 system from September 2021-March 2022 to reflect the first evaluation period of statewide expansion of the CHW Program. We computed referrals and outcomes for each region, county, and vendor with descriptive statistics. Heat maps were generated to depict the distribution, provision, and identification of gaps in social support services by CHW vendors. Upon completion of computed referrals and outcomes for each vendor, semi-structured interviews were conducted by Partners In Health team members (EB, GSJ, TN) [1] These include: Kepro, One to One with Youth, Vidant Health (now ECU Health), Mount Calvary Center for Leadership Development, and Southeastern Healthcare NC. During these interviews, gaps, successes and challenges, and recommendations for the social support program were discussed. Notes were captured from each discussion by a single evaluator (MS) and transformed into a table where a variable was defined as a column and a row as an observation. We (EB) removed uninteresting phrases such as "of the" and "to be," which are called "common" or "stop" words. We examined tokens (i.e., words) to quantify the discussions with frequency analysis and n-grams (i.e., consecutive sequences of words) to examine relationships between words, including words that follow others immediately, or words that tend to co-occur. We calculated a Phi coefficient, the Pearson correlation on binary data to examine pairwise co-occurrences of words or bigrams. Data cleaning, analyses and visualizations were done in R v4.2.1.

Results
We report the frequency of popular words used during discussions with vendors (Figure 1). Words such as NCCARE360, county, referrals, food, and resources were important in discussing gaps, successes, challenges, and recommendations for social support programming. Add "specific resources", "input behavioral health", and "social support services" were trigrams identified as recommendations. "Addressing food insecurity" and "county bond referendum" were trigrams for identified gaps; "ensuring long-term employment", "multi-family housing complexes" and "eastern North Carolina" were trigrams for identified challenges; "door soup kitchens", "food distribution events", and "home test kits" were trigrams identified as successes for social support resources. Words such as limited, program, legislative, resources often co-occurred with funding identified as a gap (Figure 2). Services, rural, assistance, and lack were often associated with resource challenges (Figure 3). Distribution, SSP 2.0, clinics, and demand co-occurred often with food as an identified success (Figure 4) while referrals, services, data, and client were words often correlated with NCCARE 360 in discussing recommendations to improve social support resources (Figure 5).

[1] Note that two vendors used NCCARE360 during the evaluation period but data access was limited due to the timeline for contracting and updates of the UniteUs dashboard

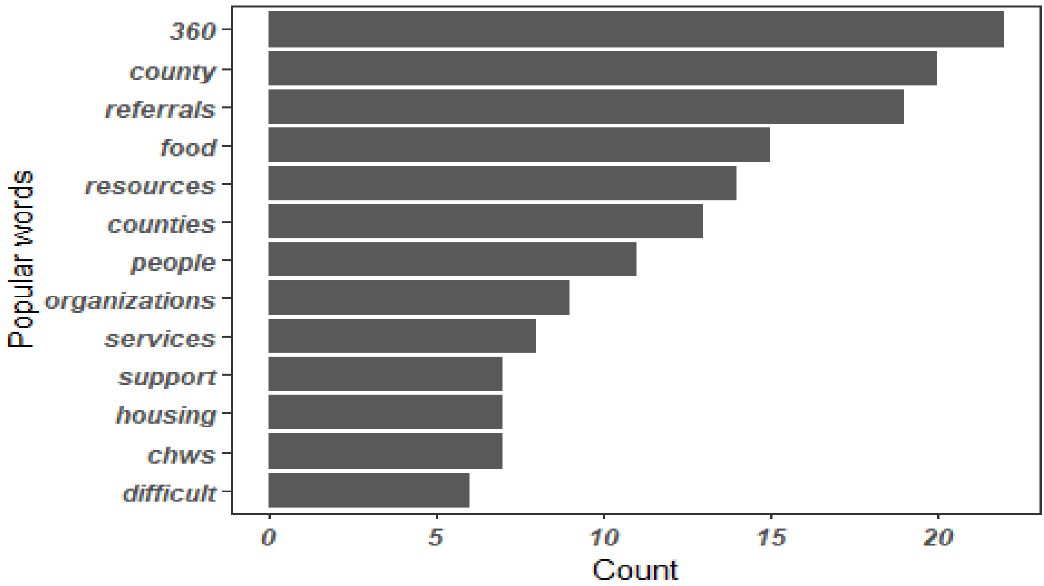

Figure 1: Frequency of words used throughout the gap analysis semi-structured interviews with 5 CHW vendors (Kepro, One to One with Youth, Vidant Health, Mount Calvary Center for Leadership Development, and Southeastern Healthcare NC). NCCARE360, county, referrals, foods, and resources were the top five discussed words frequently used by vendors.

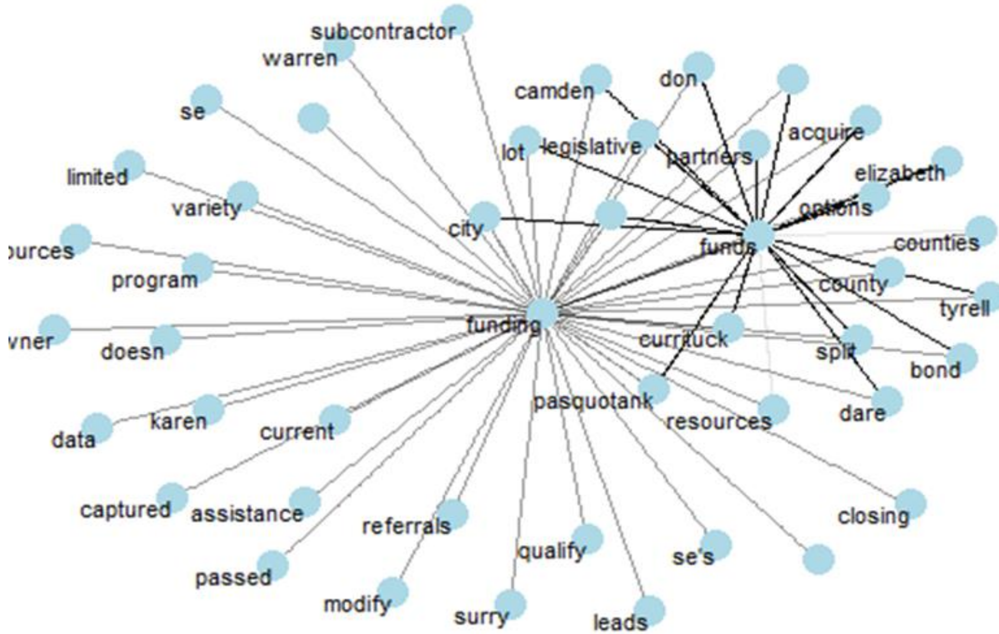

Figure 2: Word network for "Funding," a major gap identified. Words such as acquire, options, resources, and limited were often associated with this identified gap.

Network of words from Data Reviews

Discussion of challenges identified from Gap analysis

Source: Notes from discussions with vendors.

Figure 3: Word network for "resources," as a lack of resources was identified as a major challenge. Words such as poor, financial, scarce, and assistance were often associated with this identified challenge.

Network of words from Data Reviews

Discussion of successes identified from Gap analysis

Source: Notes from discussions with vendors.

Figure 4: Word network for "Food," which was identified as a major success. Words such as meals, SSP 2.0, wheels, and organizations were often associated with this identified success.

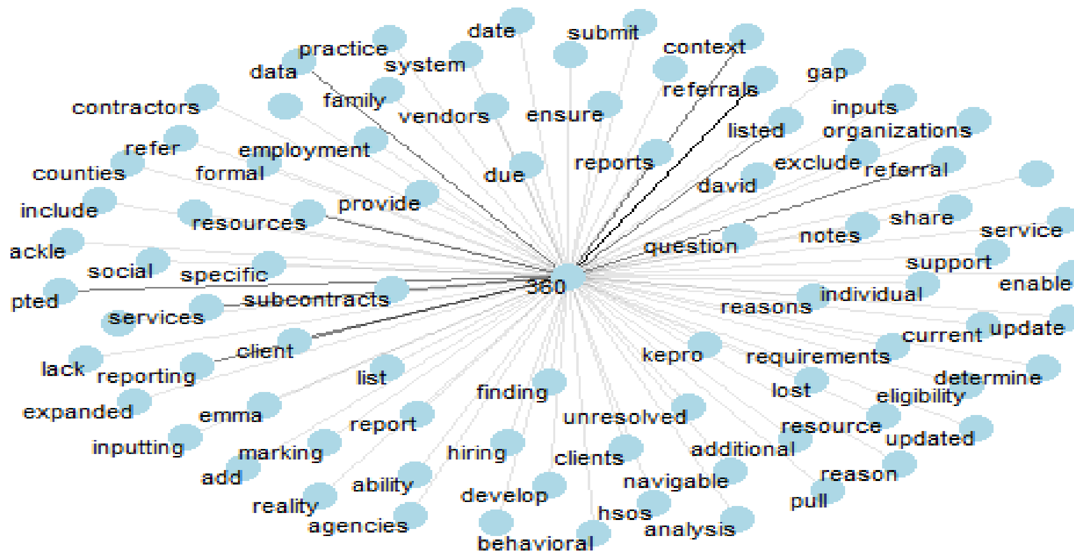

Figure 5: Word network for "NCCARE360." Words such as support, referrals, organization, data, contractors often co-occurred with NCCARE360.

Discussion

Food

Most rural counties have a high social support resource scarcity that tends to dry up available resources quickly. To meet the high demand in most of these low-resource communities, vendors usually find successful partnerships with different service organizations such Salvation Army, open-door soup kitchens, local aging offices, Meals on Wheels, and other service organizations to distribute food and aid those in need. SSP 1.0 was instrumental in providing food, financial support, and other social support assistance to meet people's needs, and during the pandemic SSP 2.0 addressed temporary food insecurity. However, resource scarcity in these rural counties is still a challenge as there are fewer service organizations available to meet needs in rural counties. Coupling with the challenges of low proximity and transportation issues, the long distances from most communities to local resource networks make access to the little available resources even more difficult. Full scoping of the problem, convening county/regional stakeholders, allocating more state funding to rural counties, or equitably distributing non-state resources across these counties could be the first of many steps in addressing the resource scarcity problem rural counties faced.

Housing

The need for housing in North Carolina existed long before COVID-19. As the pandemic continues and is now coupled with the current inflation crisis, housing challenges are brought up by organizations often. Most vendor counties (mostly rural counties) detail challenges such as high costs of rent and lack of multi-family houses for large families. Vendors shared that there are few affordable housing programs and the limited government shelters often run out of space quickly. As a result, people who have lived in these counties for most of their lives are forced to leave for other counties that have more housing

options, causing them to be separated from their families and support networks. Implementing social support service programming (like the Housing Opportunities and Prevention of Evictions Program (HOPE)) at the state level will be a critical step in helping thousands of families struggling with homelessness.

NCCARE360

NCCARE360 as a resource hub has been instrumental in connecting clients to social services that meet their needs and CHW vendors who are superusers of this system. CHW vendors are also training their subcontractors and partners on NCCARE360 to allow for smoother program adoption and streamlining the whole person support system experience. However, there is not an effective way for contractors and subcontractors to navigate NCCARE360 when attempting to check in on clients they have referred to each other or collect data on their referral resolution rates. Service organizations in NCARE360 also experience difficulties with navigating the system that sometimes results in delays in completing a referral or meeting client needs on time. UniteUs should monitor local social service networks regularly to ensure that they are up to date and that service organizations and services are available and accessible to meet the needs of clients. In addition, requiring documentation in NCCARE360 to note why referrals were not accepted would help flag gaps in service access.

Community Canvassing and Education

CHWs were instrumental in supporting the NCDHHS response to COVID-19 at the community level for HMPs. Vendor's CHW efforts in educating the community about the severity of COVID-19, practicable safety measures and protocol, the importance of vaccination, and organizing testing and vaccination events/campaigns to increase community access has been key in keeping North Carolinas safe. Providing access to masks/PPE, testing kits, and vaccination will continue to be instrumental in complementing CHW vendor efforts in organizing more community canvassing and vaccine engagement events.

Partnership

Since the program's onset, most of the vendors have been able to establish strong partnerships with key stakeholders in their respective regions. Most of them have been able to collaborate with some of their local health departments, get buy-in from their county's commissioners, build trust with local leaders and partners, serve as liaisons between HSOs and clients, and provide accompaniment based on clients' needs.

Vaccination

A culture of COVID-19 vaccine hesitancy is very prevalent in some rural counties which makes connecting clients to resources challenging when the primary conduits for engagement are vaccine clinics or COVID-19 education events. This is more so challenging in some Latinx communities, where clients are afraid to ask for services due to lack of documentation, especially in counties where an ID is required by service providers. It gets even more complex when it comes to individuals, often migrant farmworkers, who are employed on a (often H2A) visa under a different name than their given one. Since individuals often seek care using their given name, their vaccine card information does not align with their visa paperwork and is not accepted by their employer. This has resulted in people getting multiple vaccine shots and declining any form of support from CHWs. Limiting or eliminating certain demographic requirements like name, photo ID, or citizenship status for certain social services like food,

utility assistance, and rental assistance will significantly help address this issue and help CHWs connect these populations to social services.

Conclusion

These quantitative and qualitative findings from PIH's gap analysis can be used to inform NCDHHS leadership discussions and policy decisions, to address resource, training, and/or funding needs. The availability of funding to address resource scarcity and equitable distribution of state resources across counties was identified to be crucial to successful coordination of social support services by CHWs. As North Carolina makes investments in social support services, reports such as this gap analysis can inform where investments might be prioritized to ensure resources are available and accessible to communities in high need. Additionally, setting standardized protocols that limit or eliminate demographic and qualification requirements to social services such as transportation, food, healthcare and housing could be fundamental in increasing community access to services. Continuing to consolidate and incorporate more service organizations in NCCARE360 to make it a resource hub that addresses the whole person would also be fundamental to how CHWs connect communities in need to resources with a robust established referral pathway (an effort supported via FHLI-sponsored regional grants to CBOs). NCDHHS working with its partners to address these gaps and challenges and build on programmatic successes to strengthen social support programs across the state will be critical in addressing issues relating to social determinants of health.

The important message driving these gaps, challenges, successes, and recommendations is that, given that the COVID-19 pandemic has exacerbated health disparities, there is a need for adequate and sustained funding systems to provide social support resources to historically marginalized populations. Hence, NCDHHS should convene stakeholders, set policy, and advocate for legislative allocation for social support programming across the state to meet the ongoing needs of vulnerable communities.