



2020

XXXX Program Qualitative Evaluation Summary Report of Findings 1.27.2020

This report is presented to XXXX by Elite Research, LLC. A summary of results from a qualitative evaluation of the XXXX program is presented in this report. Data were collected from November 2019 – January 2020.





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Executive Summary

Patients

Four major themes emerged from the XXXX data as a result of the coding and analysis process: 1) XXXX Program, 2) Case Managers, 3) Resources, and 4) Patient Skills.

- 1) XXXX Program includes five categories: *One Word*, *Communication*, *Reflect*, *Compare*, and *Reasons for Non-XXXX*. Each of the categories provides insight into the nature of various aspects of the XXXX program according to the perspectives of the participants.
- 2) *Case Managers* includes two categories that summarize the focus of patient comments made about case managers: *Attributes* and *Process*. Comments organized under *Attributes* address qualities of case managers. Comments under *Process* deal with elements of the working process with case managers, such as goal-setting and follow-up calls.
- 3) *Resources* includes three categories: *Format*, *Type*, and *Sharing Resources*. *Format* addresses the formats in which respondents reported receiving referrals to resources, while *Type* includes the various forms of resources to which patients were referred. *Sharing Resources* includes comments about patients sharing the information about resources or actual resources that they received with others.
- 4) *Patient Skills* includes three categories: *Barriers to Success*, *Reasons for Dropping Out*, and *Skills*. *Barriers to Success* provides what case managers see as obstacles or barriers to patients being successful in the XXXX program. Similarly, *Reasons for Dropping Out* summarizes what case managers see as the reasons patients ultimately drop out of the XXXX program, and *Skills* includes patient skills that case managers see as being important for them to have to be successful in the XXXX program.

Case Managers

Four major themes emerged from the case manager data as a result of the coding and analysis process: 1) XXXX Program, 2) Process, 3) XXXX Platform, and 4) Patients.

- 1) XXXX Program includes three categories: *One Word & Knowledge Level*, *Communication*, and *Reflect*. Each of the categories provides insight into the nature of various aspects of the XXXX program according to the perspectives of the case managers.
- 2) *Process* includes five categories: *Screening*, *Referrals*, *Goals*, *Care Plan*, and *Feedback*. Each category offers an understanding of various aspects of the navigation process based on case managers' experiences. *Screening* provides information on when and in what formats screenings are conducted, as well as challenges case managers experience, while *Referrals* includes insight into what formats case managers use to make referrals, and how they obtain resource information to make referrals. *Goals* and *Care Plan* provide understanding of how case managers describe the development and monitoring of goals and care plans for their patients, and *Feedback* includes the type of feedback patients have shared with case managers about the program.
- 3) XXXX Platform includes three categories: *Case Management*, *Likes*, and *Dislikes*. *Case Management* offers insight into case managers' experiences with using the XXXX platform as a case management tool, while *Likes* and *Dislikes* provide understanding into what about the platform appeals to case managers and what does not appeal to them.



- 4) *Patients* includes three categories: *Barriers to Success*, *Reasons for Dropping Out*, and *Skills*. *Barriers to Success* provides what case managers see as obstacles or barriers to patients being successful in the XXXX program. Similarly, *Reasons for Dropping Out* summarizes what case managers see as the reasons patients ultimately drop out of the XXXX program, and *Skills* includes patient skills that case managers see as being important for them to have to be successful in the XXXX program.

Community-Based Organization Staff Members

Three major themes emerged from the high-utilizer and low-utilizer CBO staff data as a result of the coding and analysis process: 1) *XXXX Program*, 2) *XXXX Platform*, and 3) *Patients*.

- 1) *XXXX Program* includes two categories: *Knowledge Level* and *Experience*. Each of the categories provides insight into the nature of various aspects of the XXXX program according to the perspectives of the participants.
- 2) *XXXX Platform* includes four categories: *How Platform is Used*, *Referral Process*, *Delivery of Services/Coordination of Care*, and *Experience*. *How Platform is Used* includes insight into the various functions of the XXXX Platform that respondents are utilizing. *Referral Process* summarizes what the referral process looks like for various CBOs and how they confirm patients use the resources to which they are referred. *Delivery of Services/Coordination of Care* details how the XXXX platform facilitates or challenges delivery of services and coordination of care to patients, and *Experience* summarizes what CBO staff members like about the platform and what they would change about it.
- 3) *Patients* includes two categories: *Why Patients Don't Access Resources* and *Patient Skills*. *Why Patients Don't Access Resources* summarizes CBO staff members' views on why some patients do not utilize the resources to which they have been referred, while *Patient Skills* describes the skills that respondents see as important for patients to have to be successful in the XXXX program.



Introduction

XXXX requested assistance from Elite Research, LLC (ER) to develop a meaningful understanding through qualitative methods of the experience of individuals who have interfaced with the XXXX platform, as part of the XXXX Program.

Five groups were identified for recruitment for participation in semi-structured interviews and focus groups: XXXX patients (English speaking and Spanish/bilingual speaking), non-XXXX patients, case managers, staff members at community-based organizations (CBOs) that are high-utilizers of the XXXX, and staff members at CBOs that are low-utilizers of the XXXX. XXXX managed the recruitment of all participants, and ER conducted and moderated all interviews and focus groups.

The inclusion criteria for all XXXX patients were:

- XXXX
- XXXX
- XXXX
- XXXX

Additional inclusion criteria for English-speaking XXXX patients were:

- XXXX
- XXXX

An additional inclusion criterion for Spanish-speaking/bilingual XXXX patients was:

- XXXX

Inclusion criteria for non-XXXX patients were:

- XXXX
- XXXX
- XXXX
- XXXX

To avoid selection bias, XXXX recruited from the total population numbers that met the inclusion criteria for each group.

Between November 2019 and January 2020, ER conducted or moderated the following:

- 2 focus groups with XXXX English-speaking patients
- 5 semi-structured phone interviews with XXXX Spanish/bilingual-speaking patients; 1 interview was conducted in Spanish
- 5 semi-structured phone interviews with non-XXXX patients
- 1 focus group with case managers
- 3 semi-structured phone interviews with high-utilizer CBO staff
- 5 semi-structured phone interviews with low-utilizer CBO staff; 1 interview included 2 participants from the same organization

Of the English-speaking XXXX patients, all 6 respondents were female. Of the Spanish/bilingual-speaking XXXX patients, 3 of the 4 respondents were female and parents of pediatric XXXX patients, while 1



respondent was male and an adult XXXX patient. Of the non-XXXX patients, 3 of the 5 respondents were female and 2 respondents were male.

Case manager participants worked at multiple healthcare sites, including XXXX. CBO staff member participants work at a variety of community-based organizations, including XXXX.

ER research consultants facilitated and conducted all focus groups and interviews. Data were audio-recorded and transcribed verbatim. The interview that was conducted in Spanish was transcribed in Spanish and then translated into English for analysis. Transcriptions were uploaded into NVivo 12, a computer-assisted qualitative analysis software program for qualitative coding and analysis. The data were coded using emergent coding with descriptive codes, and then categorized under major thematic topics, using thematic analysis.

The results in this report are presented in three major sections: Patient Results (XXXX and non-XXXX), Case Manager Results, and CBO Staff Member Results (high-XXXX and low-XXXX).



Patient Results

Themes

Four major themes emerged from the XXXX and non-XXXX patient data as a result of the coding and analysis process: 1) *XXXX Program*, 2) *Case Managers*, 3) *Resources*, and 4) *Patient Skills*. Each theme, along with its corresponding sub-themes and categories, is discussed below.

XXXX Program

Five categories comprise this theme: *One Word*, *Communication*, *Reflect*, *Compare*, and *Reasons for Non-XXXX*. Each of the categories provides insight into the nature of various aspects of the XXXX program according to the perspectives of the participants.

One Word provides understanding into how respondents view the XXXX program when asked to describe it using only one word, while *Communication* provides insight into aspects of communication about the program, specifically respondents' understanding (or lack thereof) of the program and the manner in which it was communicated to them. *Reflect* provides detail on aspects of the program that went well for respondents, as well as aspects that they would change if they could, as well as major challenges they faced while participating in the program. *Compare* illustrates how patients compare their lives and the quality of their health after participating in the XXXX program, versus before participating in the program. Finally, *Reasons for Non-XXXX* provides insight into why non-XXXX patients failed to fully navigate the XXXX program.

One Word

When asked to describe the XXXX program using only one word, XXXX participants offered the following responses: *Good, Helpful, Relevant, Resourceful, Thankful, Wonderful*.

Helpful was the most highly referenced word:

I would say helpful because I mean, they really-- the benefits they helped me with and the things that they helped me-- the resources they connected me with were like extremely helpful. I mean, they've got me out of a real bad situation we were in for a little while. (Parent of XXXX Pediatric Patient)

It was helpful to me, because...it gives you great resources to find what you need. And they don't just send you one or two, they give you a list. And you just go through them and on that paper somewhere someone will be able to help you. Like these glasses I'm wearing. I needed eye glasses. (XXXX Patient)

Similarly, two respondents called the program *resourceful*, citing the resources or information the program connected them to:

I was needing some kind of information of getting food pantries...at the time, I didn't have food stamps. I was barely reapplying for it. So, I was needing some assistance in that particular area. And it was very resourceful to find that there was more [I] should be able to get kind of help with that. (Parent of XXXX Pediatric Patient)



One respondent highlighted that the resources the program connected her to were *relevant* to her particular needs:

It was relevant to me. So it helped because I didn't have to keep calling and getting a no, no, no. (XXXX Patient)

Others referred to the program with positive words such as *good* or *wonderful*, and one participant used the word *thankful* to express their gratitude for the program.

Non-XXXX participants also listed positive words to describe the program, including *Helpful*, *Friendly*, and *Good*.

Helpful. Strategic...People don't have something, they offer the resources for them to get it. (Non-XXXX Patient)

It could be helpful for those that need it or can qualify. I, however, was unable to get any of the services, any of the services, that they had available open, but it could be. It could be. (Non-XXXX Patient)

Friendly...Because she was real nice and she explained everything to me. (Non-XXXX Patient)

Communication

Despite the largely positive descriptions about the XXXX program that participants provided, most respondents (XXXX and non-XXXX) were unfamiliar with the program name, and several respondents said they were previously unaware that a program existed. After the interviewer or moderator provided a description of the program, all XXXX respondents and most non-XXXX patients confirmed their familiarity with the processes of the program (being screened for eligibility, working with a case manager to connect to resources, receiving follow-up phone calls from a case manager). However, the program name and the concept of the processes being part of an overall program appeared to be new to most respondents.

First of all, tell us what the XXXX program is. (XXXX Patient)

I didn't even know it was a program. (XXXX Patient)

I don't even know if I'm in the program. (Non-XXXX Patient)

Several XXXX patients also stated that they did not recall first being approached about the program or screened for eligibility for the program while in the hospital because they were ill at the time:

I must have been sick as a dog. I didn't know there was a program. I just wondered how that lady was calling me. (XXXX Patient)

At the time, I was pretty sick. And I don't remember but somebody has been calling me. (XXXX Patient)

Additionally, several non-XXXX patients remarked about not being able to fully remember conversations they had with case managers while recovering in the hospital because of being on pain medication.



She was real nice and she explained everything to me but it didn't stay in my head very good at that moment because I had a lot of pills. They had drugged me. I was laying down. Sometimes I would doze off and sometimes I would come back, but that's about where it got to. (Non-XXXX Patient)

I think I talked to him two or three times while I was in the hospital. But a lot of times I was in a little bit of pain and things...Sometimes I couldn't stay on the phone too long because the darkness was steady coming in...I was taking pain medicine and everything, so. (Non-XXXX Patient)

Apparently I talked to someone recently maybe after my surgery and I don't remember it...I don't know if they talked to me then, but I was on anesthesia and stuff. So yeah, that's when my Mama was a Barbie doll. So yeah, who cares? I don't know who I talked to. And I don't remember telling them "No, I don't need your services or any of that kind of stuff." (Non-XXXX Patient)

Reflect

When asked to reflect about what went particularly well when they participated in the XXXX program, XXXX patients focused their comments on either case managers or resources.

For some patients, having their case manager routinely check on them was something that went particularly well:

Her calling, checking and seeing if I needed help. (XXXX Patient)

For others, having a case manager who was helpful, pleasant, or interested in them individually was something they viewed as going particularly well in the program:

Well, what started, for me, is that she had a pleasant attitude when she called me. And she seemed to be willing to want to help me. So when she come out like that, I'm like, "Okay, well, I need this, and I need that." And she didn't have no problem with getting anything that I was asking for. (XXXX Patient)

I think her genuine interest-- and it seemed every time she called me, she'd ask me questions and she'd remember things I'd told her. Like, "How's your older son doing?" It was just kind of-- I know she's a well-trained person but you can tell even through just the phone call that she cared. There was a genuine interest and a genuine care. I think that's what-- For me, that's what worked. So the fact that she sounded like, "We're going to get you through this. We're going to find you some help. And I'm going to get you this information." And she was very, very helpful. (Parent of XXXX Pediatric Patient)

For those who listed being connected to resources as going particularly well, some listed specific resources, such as a food pantry or access to dog food for their dog. One respondent highlighted the value of being connected to resources that were relevant to their current needs and eligibility status:

For me, it was the phone calls with the ones that she gave me right away...Those was the ones that saved me from going down the list, getting to know not this zip code. So, for me, it was just the-- I said got to where I could ask her for two or three of them. And I know that's where I was calling. And that's where I was going. (XXXX Patient)



Because of their limited experience with the program, most non-XXXX patients did not have a response about what went particularly well, however, one respondent said having a case manager talk to them while they were in the hospital helped them take their mind off of their pain.

When the lady walked into my room when I was in the hospital and I was feeling pains all over the place and everything and she started talking about what they could help me with and everything. And that set my mind different, way off my pain, to where I could think about other people. I mean, that was better than any drugs that they had gave me. And to me, that was great. (Non-XXXX Patient)

When asked to reflect on what they would change about the XXXX program, most XXXX respondents said they would not change anything, however, some respondents offered the following suggestions:

- Have up-to-date information on when community-based organizations have funding available
 - *So you don't know if your list is outdated or what. I try to get one everywhere I go and then compare them but it's helpful, too, to know what time of year the funds come in. That would be very helpful to know what time of year the funds come in. Because at some point, you can't wait until that time of year. I've been in situations where I had to find a church or sell some blood. (XXXX Patient)*
- Have the case manager phone numbers that appear on caller ID when they call not show up as spam calls
- Increase the font size on handouts
- More customized information on resources that is relevant to a particular patient's circumstance and eligibility
 - *She didn't know which ones were going to work for me. Maybe a little bit more knowledge on their part. "You know what? You're probably not going to qualify if you call this number so let's not waste your time on that one. Let's get you the ones that I know are going to work for you." But it's not her fault. But maybe a little bit better understanding of those programs. (Parent of XXXX Pediatric Patient)*
- One respondent said they would like to receive more assistance
 - *I don't know, any kind of help to be able to live, for me would be the best. And even to pay rent or I don't know, but, I mean, I'd really like some help, so not to be so tight. (XXXX Patient)*
- For the length of time a patient can be in the program to be longer than 6 months
 - *It need to be longer because my time has run out. (XXXX Patient)*

Only one non-XXXX respondent offered a suggestion for something they would change about the XXXX program if they could, and the comment referenced being on pain medication when receiving communication about the program:

For them not to give me so many drugs so that I can remember everything. (Non-XXXX Patient)



When XXXX patients were asked what the biggest challenges were that they faced while participating in the XXXX program, some stated that they did not face any challenges, while others provided the following responses:

- Missing calls from case managers
 - *If we're at home and we need some food or some gas and it'll be the day that she call and I'll be chasing [my son] and miss her call. I missed her call, I really need to know what was the food pantry today, so. (Parent of XXXX Pediatric Patient)*
- Getting through to resources to make an appointment during designated times
 - *When you making these appointments, the challenge is to get in there during the time. They have an appointment-line time. And if you call after 11:00-- if you finally get somebody on the phone and it's 11:01, then you probably don't have no more appointments left. And the appointment time is over...Sometimes you got to just hang up and call back. You might not hear-- it might ring for forty-five minutes. (XXXX Patient)*
- A community-based organization not providing a patient with assistance in a timely manner
 - *the community center had told me they were going to help me with one bill, kind of dropped the ball and took very long. I had taken them my bill; I had sent them all information and then my water got cut off anyways...For me, it was urgent. But for them, it sounded like a day-to-day thing that they deal with this thing. So I had to wait, I think, two days to get the water turned back on. (Parent of XXXX Pediatric Patient)*

Only one non-XXXX patient who had participated in the program for a short time stated that they faced challenges while participating in the program. The patient said that connecting with resources she had been referred to was a challenge:

Just getting in touch with the people, get answers from people... Just calling the people and getting in contact with them and getting in touch with who I needed to get in touch with and that kind of stuff... I mean some of them I had to call two or three times. (Non-XXXX Patient)

Compare

Respondents were asked to compare the quality of their health and their lives after having participated in the XXXX program versus before participating in the program.

When comparing the quality of their health, most XXXX respondents stated that their health has improved since participating in the program.

My health is so much better. I can see better. (XXXX Patient)

It has improved because...this program was able to assist me and him [my son]. More him, but he needed it more than I did. (Parent of XXXX Pediatric Patient)

I eat better now...Those [food] pantries and stuff, I'm able to eat-- and the food stamps...I'm able to eat the things now I need and not just junk eating...My weight was bad. I had lapband enough to lose



weight, but I had lost so much weight that I was underweight. So with what she gave me and the information I got, and I have less stress...So I was worried a lot and my weight really, really suffered. And I was prediabetic and I'm not anymore. So I'm just saying, it's because of the things I've been able to do and the information I've got from her. (XXXX Patient)

As is demonstrated in the quotes directly above and below, some respondents referenced aspects of mental health, such as stress, worry, or sadness as part of their health improving since participating in the program.

Now I feel happy, before sometimes I felt sad, because I used to say: "What am I going to do if I don't have enough help?" But now with the help I received I feel happy. Yes, I have gotten better with happiness. Before, I was a little sad but now it's almost gone. (XXXX Patient)

Two respondents, both parents of pediatric patients, stated that the quality of their children's health was similar to that of before participating in the XXXX program because of different health conditions their children were dealing with.

Well honestly, I think it's kind of the same because of, like I said, she is trying to get into surgery for her kidney. (Parent of XXXX Pediatric Patient)

It's fine but with the weather change, with her asthma and her allergies, she's allergic to things...Since the program it's been fine. It's just her with the weather change and the pollen and the grass.

When asked how their lives compare since participating in the program (thinking only about their experiences with XXXX program), all XXXX respondents indicated that their lives are in a more positive place, or have improved.

Several respondents remarked on feeling happier or less stressed.

I'm happier, yeah. It's good. If you want to say that God is good or the program was sent into my life at the right time. I'm a much more peaceful person. (XXXX Patient)

We ain't stressing like we used to stress. I used to stress so much I just pull out all my hair. It's trying to grow back now. (XXXX Patient)

Several respondents focused their comments on their lives improving because of feeling helped or supported through the program.

I believe that anyone who feels supported, I think their situation is better than before...When you don't receive help and when you do receive help, since before you didn't receive much, and when you receive something, that changes your way of being, I mean, you think differently. And, for the best. (XXXX Patient)

It made me feel better to know that I was in the program, that if I needed help on anything, I could get that. (XXXX Patient)



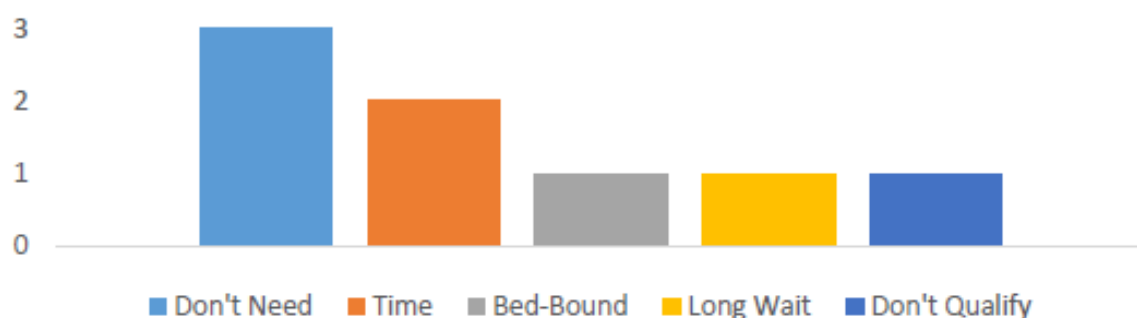
One respondent, a parent of a XXXX pediatric patient, remarked on the program helping them reach certain goals so that they do not require as much assistance as they had in the past.

They did help me try to reach-- to accomplish the goal of getting off drugs, being able to provide for him better...So now I'm able-- I don't need much assistance as I did in the beginning. And now I'm able to provide what he [my son] needs on my own. (Parent of XXXX Pediatric Patient)

Reasons for Non-XXXX

This category applies to non-XXXX patients only, and explores the reasons non-XXXX patients gave for dropping out or not fully completing the XXXX program.

References to Reasons for Non-XXXX Non-XXXX Patients



Respondents most frequently gave the reason of **not needing** the resources they were referred to (or would have been referred to) as a reason for Non-XXXX.

Basically, I don't think I went through with it because I think I'm already set up in a lot of areas and in my life already. But I think it would be great for someone who was interested in it... I have help with housing already. I have help with mostly the stuff that's on there for me-- in order for me to take care of myself. (Non-XXXX Patient)

Two of the three respondents who gave this reason also made comments about there being other people who needed the resources more than they did:

We turned her down...We're not as bad as a lot of other people is...There's other people out there that really, really need it...They said they can bring us a plate of food, but the thing is we don't really need it right now. With beans and potatoes and tortillas, we're happy. That's a meal for us. And other people don't eat that. How can I say, they can't go that low? And beans and potatoes to us is great. It's a meal. We got plenty of that, so that's all we need. We're making it. (Non-XXXX Patient)

I didn't end up [doing it]...because, who I'm staying with, they got food and I feel like someone who really needs it and I just, you know? (Non-XXXX Patient)



Two respondents also mentioned the issue of time as a reason for Non-XXXX. One respondent talked about the application process for resources as being time-consuming, and another respondent talked about being busy with many medical appointments.

I seen stuff I ran across and that I can apply myself to and whatever. But I guess everything, I can't do all at once. It's just it'll fall in place or whatever. It might fall in place because you really have to-- all of it's time-consuming still. (Non-XXXX Patient)

Problem is going back and forth to the doctor... It's been some days where I had to go like three days in a row and I ain't been out that long...I've had a lot of appointments. (Non-XXXX Patient)

One respondent listed multiple difficulties in accessing resources, including being bed-bound and being put on a long waitlist for housing:

I just had never went through it because I was bed-bound and I'm not able to get up and move around to go do anything. So when I did talk to her she did say that someone can go for me...the housing had a five year wait period and she said she was going to check for something else and see what she could do. (Non-XXXX Patient)

Finally, one patient stated that she did not continue with the program because she was told that she did not qualify for any of the resources to which she was referred:

The places that they gave me to call, they said-- I'm disabled, I'm on social security, and I own my own home. So basically either my water hadn't been--, my electric bill wasn't far enough past due, and it was like, "Okay, we can't help you with the electricity or food or any of that kind of stuff because you make too much money, which is minimal. I mean, my income is minimal. So I personally didn't qualify for it, for anything. (Non-XXXX Patient)

Resources

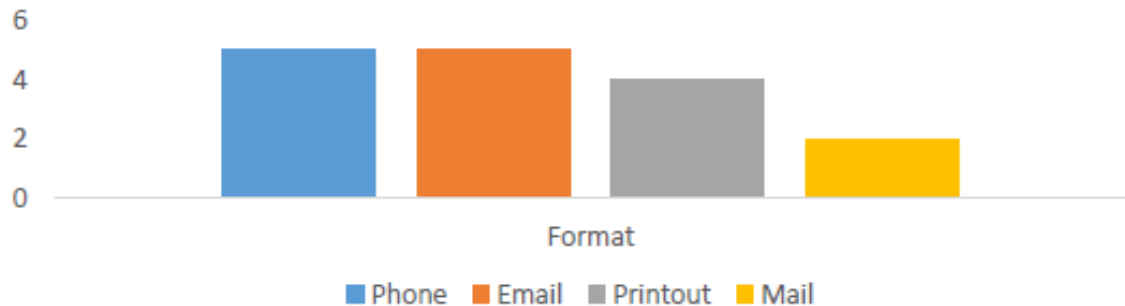
Three categories comprise the overall theme of resources, including *Format*, *Type*, and *Sharing Resources*. *Format* addresses the formats in which respondents reported receiving referrals to resources, while *Type* includes the various forms of resources to which patients were referred.

Format

XXXX respondents reported receiving referrals to resources through the formats of phone and e-mail most frequently, followed closely by paper printouts. Receiving referrals by mail was reported the least-frequently, from only two respondents.



References to Resource Referral Formats XXXX Patients



When asked if they were able to connect with the community resources they needed, all XXXX respondents except two said they were.

For the food pantry, yeah. I was able to get— I'm actually still attending the food pantry, one of the ones that she gave me. And because of knowing— because of that, I was able to find out that they provided parenting class every Thursday and you're able to get one small package of diapers. (Mother of XXXX Pediatric Patient)

One XXXX respondent said she was not able to connect to all the resources she needed. She reported that while she was able to connect to food pantry resources, she was unable to receive assistance with childcare because she was put on a waitlist with a long wait time. However, she did report being able to find an alternative childcare arrangement through the resources to which she had been referred.

One XXXX participant stated that she did not connect with the resources to which she had been referred because she did not consider herself in need of the resources at the time.

At the time no I didn't think I needed it. But I needed the food stamps but I was busy with something else you know I just didn't— but she still would call and see was I alright, yeah.

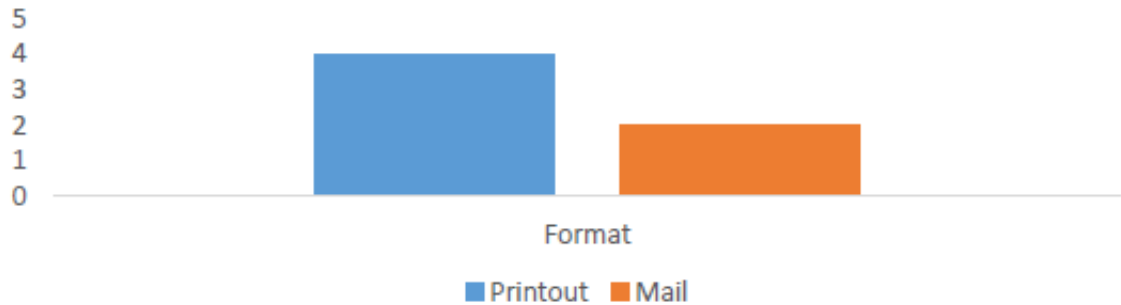
Another XXXX participant reported that they were directed to some resources that they were not eligible for, but they ultimately were able to connect to some resources for which they did qualify.

There was some things that I didn't qualify for, but I was able to always get in touch with somebody, whether it was some places that I wouldn't qualify for or some places that I would call that those benefits weren't specifically for my situation, but I had enough numbers to where I found somebody. (Parent of XXXX Pediatric Patient)

The majority of non-XXXX patients reported receiving referrals to resources through the format of printouts. Two respondents also said they received referrals through the mail.



References to Resource Referral Formats Non-XXXX Patients



Patients

Three categories comprise this theme: *Barriers to Success*, *Reasons for Dropping Out*, and *Skills*. *Barriers to Success* provides what case managers see as obstacles or barriers to patients being successful in the XXXX program. Similarly, *Reasons for Dropping Out* summarizes what case managers see as the reasons patients ultimately drop out of the XXXX program, and *Skills* includes patient skills that case managers see as being important for them to have to be successful in the XXXX program.

Barriers to Success

Case managers offered a variety of barriers that patients face in successfully completing the program, which can be seen in the table below.

Barrier	Sample Quote
Can't Get Through	<i>I have some, where they called but they can't get ahold of them...So I call just to make sure and they answer...Sometimes they're busy or they can't pick up their phone.</i>
Food Transport	<i>A lot of times, it's too difficult for the food-- those who need food, it's too difficult for them to get there, let alone get back with boxes of food.</i>
Funding	<i>Sometimes the agencies that do have the resource, they run out of funding.</i>
Immigration	<i>Immigration, that's a huge one. Sometimes they don't go...you can jeopardize your application.</i>
Language Barriers	<i>Language barriers.</i>
Literacy	<i>Inability to read.</i>
Technological Literacy	<i>They don't understand how to do maybe computer applications and stuff like that.</i>
Advocacy Needs	<i>Sometimes they do ask for help with advocacy with someone being on the call with them. And so, we've also done that, being on the call with them and kind of setting up the phone call and then letting the individual provide their information, their explanation. And then-- them understanding that things can get done. Sometimes you need a little bit of help at the beginning.</i>
No Resource	<i>Sometimes there is no resource.</i>
Political	<i>Political. Some people are scared politically...Yes, Hispanic [populations].</i>
Rejection	<i>I've had a few that it was just a simple not wanting rejection again. They tried to get assistance and been rejected before and didn't want to make the effort to do it again.</i>



Reasons for Dropping Out

Case managers gave the following reasons they believe some patients ultimately drop out of the XXXX program before completing:

- **Don't answer/don't remember.** Case managers said that some patients initially tell them they're interested in participating in the program, but then they are unable to reach them for follow ups, or patients tell them that they never agreed to participate in the program
 - *Sometimes I get really confused, in regards to-- for the first time you call, they tell you, "Oh yeah. I need this." And then you try to follow-up with them and they don't answer. And that's where I wouldn't know the answer to that question. I don't know why they don't answer, anymore. I got them where they even block the number that I-- it sends me straight to voicemail.*
 - *I get some that will say, sorry, that they never requested services. Or they didn't need any services and they don't know why they were forwarded the referral in the first place.*
- **Lack of funding/resources.** A lack of funding for assistance at community-based organizations was a topic that came up frequently throughout the focus group as being an issue and barrier for patients.
 - *No funding. No resources. Lack of resources.*
- **Needs have been met.** Some patients opt out of the program because they get to a point where they believe their needs are met and they no longer need assistance.
 - *The ones that opt-out just say, "No. Thanks." We didn't confirm, they got what they needed. But then, they also don't really want follow-up calls anymore. It's because they feel equipped to follow-up on their own. You know, "Thank you for giving me what I needed. I can handle it, so I don't need it."*
- **Timing.** One respondent talked about the challenge some patients face in accommodating their schedules to the time requirements and specific time availability of the resources to which they are referred.
 - *Life, or schedule, I think. The timing. Sometimes they're working, you know? Parents are working, or they have other children, they don't have time to stop and go. And most are more open for in the morning, during the week for two or three hours, four hours. And that's kind of hard, you know, to meet that requirement when you're already struggling.*

Skills

When asked what skills they consider important for patients to have to successfully navigate the XXXX program, case managers gave the following suggestions:

- **Motivation**
 - *I think willingness to go out and seek help. Yeah, the motivation, self-motivation.*
- **Soft skills**
 - *Persuasion. A lot are just soft skills really...Like communication, attentiveness, adaptability, being able to schedule for a person's timeframe.*
- **Resource savvy**
 - *Some of them that you come across are resource savvy, so they have tried everything that you're about to give them.*

This is not a full report; only portions of this sample report have been included for example purposes.