

# NAVIGATING CLIENT NEEDS AND RESOURCE ACCESS: Perspectives from a Healthcare Setting in the Greater Toronto and Hamilton Area (GTHA)

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## ABSTRACT

The qualitative thematic analysis provided in this report approaches staff perspectives on resource access from a healthcare setting in the Greater Toronto and Hamilton Area (GTHA). The healthcare setting is a community health center, a not-for-profit organization that responds to health needs within the city through a range of services. The purpose of this study was to help staff members in navigating their client needs and access to resources. Twelve staff members who work in different areas of healthcare within the organization were interviewed for this study. An analysis of the interviews identified three main themes. These were: (1) *Communication*, with sub-themes of *language barriers*, *awareness*, *social connections*, and *self-management*, (2) *Transportation*, and (3) *Poverty*. Within these themes, challenges and opportunities were emphasized, and recommendations were provided based on a review of literature, best practices and guided by our study findings. The recommendations range from improvements in pre-existing resources at the organization such as their language interpretation service to the introduction of new services such as an app for accessing community resources and an alternative shuttle service.

## Keywords

Community Healthcare, Public Health, Healthcare Resources, Thematic Analysis, Healthcare Access, Healthcare Needs

A note for readers: All references made to the organization, their reports, and any information that would make them identifiable have been omitted to ensure confidentiality and anonymity of the organization and our study participants, upon their request.

## INTRODUCTION

Community health centres (CHC) are not-for-profit organizations which aim to provide primary care to clients and promote healthy communities (Albrecht, 1998). According to the World Health Organization (1978), primary healthcare is one of the initial steps of a healthcare process as “it is the first contact of individuals, the family and community with the national health system...” (Albrecht, 1998). CHCs belong to a specific geographic area or cater to the needs of a specific group of people, focusing on the health of their communities (Albrecht, 1998). CHCs offer a range of diverse social, recreational, and non-institutional primary healthcare services that emphasize health promotion and community development (Albrecht, 1998). This report focuses on a specific CHC, located in the Greater Toronto and Hamilton Area (GTHA), which serves a diverse population ranging from immigrants and refugees to other residents. Although the CHC organization of focus (referred hereafter as ‘the organization’) was initially introduced within a specific catchment area for the needs

of specific populations, the organization changed its name to reflect that they now provide support to clients across the city (within which the organization is located)<sup>1</sup>.

Given that communities and their residents change over time, the organization is taking stock of the current trends so that they can continue to provide excellent support to their clients and their communities. According to a report on CHCs in Canada by Albrecht (1998), evaluation of community needs is an essential part of what CHCs do to showcase how they are operating within the healthcare system. This evaluation can occur through community-based research, focusing on a CHC catchment area, or through internal reports, a CHC may publish. In reviewing some of the reports published by the organization (prior to extending support and services across the city), information on the catchment-area-demographics, housing and poverty rates, and cultural/linguistic diversity were identified. These reports also provided insight into the organization's diverse programs and accomplishments through year-by-year statistics on the different population groups the organization serves, how they allocate finances, and the organization's goals for future years. The organization also identified the measures being taken and the changes required to improve the quality of their services and resources. The evaluations provided and data examined in these reports serve as background literature used to analyze the findings of this report. However, these reports did not incorporate individual interviews with the organization's staff members, exploring their experiences with client needs and resource access, a gap our report aims to fulfill. In hopes of supporting their work, the goal of this project is to help staff members in navigating their clients' needs and access to resources.

Twelve staff members who work in different areas of healthcare within the organization were the interview participants of this study. These areas of healthcare encompassed positions such as registered nurses, physicians, dieticians, physiotherapists, and health educators. Upon analysis, three main themes were identified. These were: (1) *Communication*, with sub-themes of *language barriers*, *awareness*, *social connections*, and *self-management*, (2) *Transportation*, and (3) *Poverty*. Within these themes, challenges and opportunities were emphasized, and recommendations were provided based on a review of literature, best practices and guided by our study findings. The recommendations range from improvements in pre-existing resources at the organization such as their interpretation service to the introduction of new services such as an app for accessing community resources and an alternative shuttle service.

## **METHODS**

This report applied a qualitative approach to primary data collection and analysis following guidance by Braun & Clarke (2006). The data collection was conducted by three McMaster undergraduate Student Researchers as a part of their *SUSTAIN 4S06A/B -- Leadership in Sustainability* course. The Student Researchers conducted preliminary background research on relevant literature to grasp an understanding of topics and to facilitate successful completion of their McMaster Research Ethics Board (MREB) application.

## **Ethical Approval**

The research study received approval from the McMaster Research Ethics Board (MREB). All participants were informed that taking part in the study is optional and were allowed to withdraw at different stages during and after the interviews. Participants interested in the study provided written consent for their participation in the interviews and for the use of any of their quotes, as deemed appropriate to be included in this report. In the recruitment process, the participants were notified that interviews would be audio-recorded, transcribed, and that data would be managed by the Student Researchers using MREB-approved practices.

## **Recruitment**

All study participants were recruited through email, sent by a study collaborator, to all staff members belonging to different departments within the organization. The collaborator also facilitated the arrangement of the dates, times, and meeting locations for the participant interviews based on the availability of Student Researchers.

## **Participants**

As per Braun & Clarke (2006), a researcher does not need a large number of participants for a qualitative study. Following this approach, twelve staff members belonging to different departments within the organization were deemed sufficient for qualitative analysis.

## **Interviews**

Prior to interviews, participants were provided with an interview guide outlining the potential interview questions. The interviews took place in-person at the organization during the work hours of each participant. The interviews focused on the different experiences of staff members, the role they played, as well as their values and beliefs towards the centre and their clients.

## **Data Collection**

The interviews were audio-recorded using McMaster-approved and owned audio recorders. The length of the interviews ranged from thirty minutes to one hour. The interview recordings were transferred to MacDrive, a McMaster University secure online storage drive, and transcribed using artificial intelligence software, Temi, for analysis. In addition, interview data was anonymized before analysis to uphold confidentiality. This was achieved by assigning a unique numeric identifier to each participant for data analysis.

## **Data Analysis**

The data analysis method used for this study was thematic analysis. To ensure robust and rigorous analysis took place, Student Researchers followed a series of steps outlined by Braun & Clarke (2006), which were presented in the form of five questions to be answered. These questions and their responses are as follows:

### *What counts as a theme?*

According to Braun and Clarke (2006, p.82), “a theme captures something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set.” When determining what counts as a theme in relation to this study, frequently referenced and prevalent ideas across the entire data set were counted as themes. The data set consisted of all twelve participant interview transcripts.

### *A rich description of a data set or a detailed account of one aspect?*

As per Braun and Clarke (2006, p.83), researchers can provide “a rich thematic description of [the] entire data set, so that the reader gets a sense of the predominant or important themes.” For this study, this meant that the themes we identified touched on everything revealed throughout the interview data, as opposed to highlighting “a detailed and nuanced account of one particular theme or groups of themes” (Braun & Clarke, 2006, p.83).

### *An inductive or theoretical analysis?*

According to Braun and Clarke (2006), there are two approaches for identifying patterns within a data set: inductive versus theoretical. “An inductive approach means the themes identified are strongly linked to the data themselves...Inductive analysis is, therefore, a process of coding the data without trying to fit it into a pre-existing coding frame, or the researcher’s analytic preconceptions” (Braun & Clarke, 2006, p.83). For this study, Student Researchers felt that it was important to highlight staff perspectives and to not go into analysis with any biases or a framework. However, literature was consulted prior to interviews to be able to understand the context of the study, which can be a risk to the inductive approach of data analysis because it could influence the researchers’ perspectives. Braun and Clarke (2006, p.83), however, acknowledge that “researchers cannot free themselves of their theoretical and epistemological commitments, and data are not coded in an epistemological vacuum.” This allowed Student Researchers to still be able to take an inductive approach during analysis in order to highlight data solely from participants' responses. The second approach, theoretical thematic analysis, “tends to be driven by the researcher’s theoretical or analytic interest in the area and is thus more explicitly analyst-driven” (Braun & Clarke, 2006, p.84).

### *Semantic or latent themes?*

There are different levels at which data can be coded to identify themes. The two most common to thematic analysis are semantic and latent themes. Semantic themes “are identified within the explicit or surface meanings of the data, and the analyst is not looking for anything beyond what a participant has said or what has been written” (Braun & Clarke, 2006, p.84). Latent themes capture “underlying ideas, patterns, and assumptions present in the participant’s responses to the interviewer, which requires a more interpretative and conceptual orientation to the data” (Braun & Clarke, 2006, p.84). This study focused on identifying semantic themes in trying to uncover the issues staff members face in providing care to their clients. Due to this, within NVivo, interview transcripts were organized and coded based on each participant’s responses.

## *Essentialist/realist analysis or constructionist thematic analysis?*

Epistemological research “guides what you can say about your data, and informs how you theorize meaning” (Braun & Clarke, 2006, p.85). According to Braun and Clarke (2006), thematic analysis is a form of epistemology with two streams: an essentialist/realist approach, and a constructionist approach. “An essentialist/realist approach involves theorizing motivations, experience, and meaning in a straightforward way because a simple, largely unidirectional relationship is assumed between meaning and experience and language” (Braun & Clarke, 2006, p.85). However, “a constructionist approach cannot and does not seek to focus on motivation or individual psychologies, but instead seeks to theorize the sociocultural contexts, and structural conditions, that enable the individual accounts that are provided” (Braun & Clarke, 2006, p.85). The essentialist/realist approach was used, which was more exploratory and involved stating the main themes that came out of interviewee responses. This made it evident that for this study, the essentialist/realist approach was most appropriate as we aimed to identify the direct challenges and opportunities outlined by staff members, rather than systemic challenges, for example.

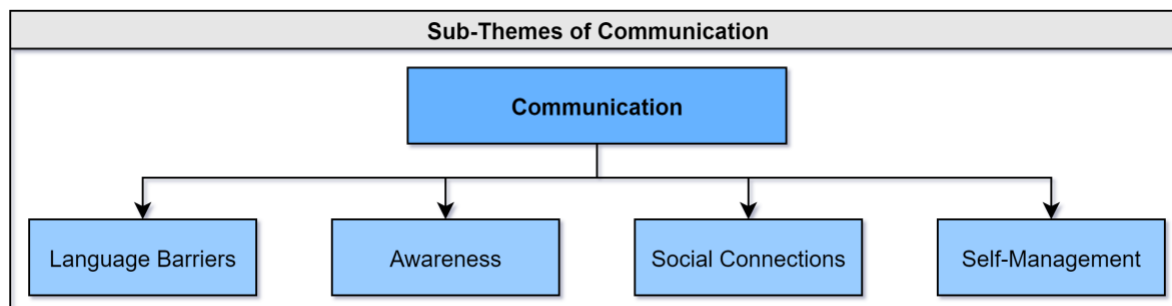
Furthermore, Student Researchers read and re-read a selection of interview transcripts to become familiar with the data. Following this, a qualitative analysis software, NVivo, was used to support the coding process involved in thematic analysis, guided by our responses to the questions above.

## **RESULTS**

Twelve staff members were interviewed as part of this study, and the data collected was analyzed. Upon analysis, three main themes were identified. These were: (1) *Communication*, with sub-themes of *language barriers*, *awareness*, *social connections*, and *self-management*, (2) *Transportation*, and (3) *Poverty*.

### **Communication**

The theme of communication was referenced by eight of the twelve staff members we interviewed. This theme surfaced in four main ways: (1) barriers including language and how it can be effectively translated, (2) a lack of client awareness about available health resources, (3) unmet client needs for social connection, and (4) the challenge for staff to consistently apply self-management skills. A visual breakdown of each of these Communication sub-themes can be found in Figure 1.



**Figure 1:** A depiction of the sub-themes present within the theme of Communication.

### Language Barriers

The staff members we interviewed felt that language barriers were one of the main challenges to communicating with their clients. Language barriers were identified in two main ways: (1) working with the organization's interpretation service, and (2) sharing information about resources in different languages spoken by clients.

One staff member we interviewed states that the interpretation service slows down their work and limits the level of care they can provide to their non-English speaking clients.

*"[The interpretation service] is a physical person on a phone which can be challenging. I already feel constrained by the amount of time I can spend with a client to assist them, and the use of the existing language translation service really slows down my daily work. Due to this barrier, I can't give the same attention or ask the same questions to clients who are unable to successfully communicate in English, compared to those who are fluent in English." - Staff Member*

One interviewee recommends having in-person interpreters for specific languages.

*"...I think we should have in-person interpreters, for languages such as Arabic and Spanish. We have Spanish speaking employees, but they've got their own workloads." - Staff Member*

With respect to offering translated resources, one interviewee recommends that information about community services could be translated into different languages for clients to take with them. Within the example below, the interviewee describes how this approach has been successful in the past and that they were able to collaborate with a resource provider to create a translated informational flyer.

*"Having a developed resource, such as a map with a multilingual legend of the services provided, would be helpful for clients and staff. I have been able to connect with an organization that provides programming for newcomer women, and after a conversation, they developed a flyer in the appropriate language to be provided to clients. This ensures accurate information is conveyed and retained, saving time for both clients and staff." - Staff Member*

### Awareness

The staff members we interviewed felt that there was a lack of awareness of the resources available within the organization and the community. Awareness surfaced in two main ways: (1) The organization's clients being unaware of the different resources available, and (2) sharing information to educate clients on resources through various approaches.

With respect to the organization's resources, one interviewee noticed gaps in their clients' knowledge of certain resources. They emphasize that their clients should be aware of the programs available for their clients' direct benefit.

*"There is a lack of awareness surrounding the existence of a program that provides diabetes management and support. Clients need more access to information about what the staff members*

*are working on and how our programs, such as the diabetic education program, work.” - Staff Member*

One interviewee recommends sharing information about resources to educate their clients through various approaches in order to raise more awareness. Within the example below, the interviewee describes three different approaches that could increase awareness of resources offered by the organization and its community.

*“A Community Health App [based on the organization] could be a localized resource center for clients to be aware of existing services and programs in its area. In addition, [the organization] could host a monthly orientation of resources led by a healthcare provider or a Health Promotion team member for clients. There could be a forum for community members to also share existing resources.” - Staff Member*

### Social Connections

The staff members we interviewed felt that social connections are instrumental in the care provided to their clients. Interviewees described social connections as the different relationships their clients have with their communities and the organization. Social connections were identified in two main ways: (1) individuals who are known to be socially isolated and could benefit from additional time with a staff member, and (2) individuals who can become socially isolated due to a change in circumstances.

One interviewee describes their interaction with seniors as one specific group that tends to be socially isolated and relies on the organization for social connection.

*“I find that since some seniors are part of an isolated population that when they come to talk, they're talking like a friend and it's never enough time for them.” - Staff Member*

With respect to strengthening the social connections of seniors, one interviewee recommends longer appointment times for senior clients and how the social connection would positively impact their client's mental health.

*“For the senior population specifically, I want all of their appointments to be an hour so that they can speak and get their needs met. Having somebody that they can talk to will greatly improve their mental health.” - Staff Member*

Another important aspect of social connections, which one interviewee distinguishes, is how all clients can potentially face social isolation due to a variety of reasons. For example, social isolation can result from being limited to their homes for an extended period due to a medical condition. The interviewee also discusses methods used to overcome potential communication barriers arising from social isolation, such as providing care over the phone.

*“A lot of people are fearful of falling, especially in the winter, and we have a lot of falls in the winter, so we find that there's a lot more social isolation that can happen during those months...I've had clients who, because of a medical condition, aren't able to leave their house for months because*

*they haven't had their surgery yet...I've been able to communicate by hearing their struggles and support them over the phone. It's always challenging to know that clients would benefit from being here, but they can't get here.” - Staff Member*

### Self-Management

A staff member we interviewed felt that self-management skills are essential to them in their interactions with clients. Self-management arose in two main ways: (1) interviewees defining these skills as the ability to provide unbiased and judgment-free care to their clients, and (2) examples on how to eliminate communication barriers arising from a lack of these skills.

One interviewee states that learning what the client values helps them to better communicate with their clients.

*“As healthcare providers, we go into each encounter with our own bias and values. Part of supporting clients with chronic disease is learning self-management; what the client values, and learning how to speak in a way they can understand. What you discuss and share, needs to be relevant and important to them.” - Staff Member*

This interviewee highlights that being self-aware of personal judgments and practicing self-management skills are essential in removing communication barriers between staff and clients.

*“It's important I recognize that people are coming from different backgrounds, cultures, values, and beliefs. It is also important for me to be aware of my own values and beliefs so that they do not become barriers to the client I am serving...I meet each client differently depending on their individual needs. It is not a cookie-cutter thing where I meet a new client and respond the same way I would with a previous client. What's essential is that a therapeutic and trustful relationship is built with each client.” - Staff Member*

### Transportation

The theme of transportation was referenced by ten of the twelve staff members we interviewed. Transportation surfaced in 2 main ways: (1) challenges, such as travel time, reliability, and convenience, associated with using public transportation to commute to the organization, and (2) recommendations to introduce another transportation service as an alternative that could help clients overcome transportation barriers.

With respect to using public transportation to reach the organization, one interviewee explains the service as unreliable. With the examples below, the interviewee distinguishes the organization's clients not being able to attend appointments as an outcome of using public transportation.

*“A lot of clients don't have access to a car, so they have to bus to get to [the organization]. The bus schedule is hard to trust because they can be late. It's unfortunate because sometimes my clients miss their bus, which results in them either being late or missing their appointments and having to reschedule.” - Staff Member*



One interviewee describes socioeconomic demographics in the organization's catchment area.

*"The demographic regarding the [catchment area] has changed from low socioeconomic class to a relatively higher socioeconomic class within the last few years, with the addition of the [regional transit service within the area]. We're seeing people come in, pay cash for homes, bulldoze those over and build new homes so you're definitely seeing gentrification happen in the area." - Staff Member*

One staff member we interviewed describes that when clients move away from the catchment area, their commute to the organization increases, and it becomes a limitation for them in receiving the care they need.

*"We have been seeing a lot of clients moving away to different locations. Some clients face the challenge of taking multiple buses and can find transportation time daunting." - Staff Member*

Regarding the improvement of transportation barriers, one staff member we interviewed recommends introducing another transportation service that could help clients.

*"...We could provide a shuttle bus system that picks up clients, similar to [the accessible transportation service] that we already have, to help out clients facing transportation barriers." - Staff Member*

## Poverty

The theme of poverty was referenced by five of the twelve staff members we interviewed. The theme of poverty was identified in one main way, where interviewees explained it as a complex challenge that creates an indirect barrier for their clients, such as not having appropriate footwear required to travel to the organization for their appointments in the winter.

One staff member we interviewed expresses that poverty is a barrier for clients due to increases in the cost of living. The interviewee explains that this issue is complex and that they are unaware of a potential solution that can resolve poverty.

*"The biggest issue has to be poverty. There is no easy solution in terms of what we can do about it. There are community resources available, but the cost of living has gone up exponentially in the past years. Many people on a fixed income with multiple disabilities cannot afford this, especially when housing/rent/mortgage and grocery shopping have also become highly unaffordable for them. I don't know the solution to it, but I feel like this is the biggest issue that we're dealing with..." - Staff Member*

One interviewee describes that poverty can affect a client's commute to appointments and their ability to participate in programs at the organization.

*"In addition to the transportation barrier, clients face challenges of not having adequate resources to prepare for their appointments. I have had clients unable to attend appointments due to not having proper footwear for the weather. Improper footwear has also been seen in group settings, where some participants are unable to participate fully due to not having proper running shoes.*

*Individuals find it difficult not only to locate proper footwear but also the cost. Our team supports through shoe donations as available.” - Staff Member*

## **DISCUSSION**

The findings from this paper highlight some shared and divergent views across the organization by exploring the perspectives of the twelve different community health center staff members we interviewed. The perspectives were obtained to help staff members in navigating their client needs and access to resources. Staff members we interviewed emphasized the importance and effectiveness of resources, however, they also recognized challenges surrounding resource access. These challenges were presented through three main themes: (1) *Communication*, (2) *Transportation*, and (3) *Poverty*.

### ***Communication***

#### ***Language Barriers***

In terms of the Language Barriers sub-theme within the overarching theme of Communication, staff members identify challenges with the existing interpretation service, specifically around it slowing down their work. With regard to opportunities for improvement, staff members suggest hiring in-person interpreters and offering translated resources to clients.

According to Meuter et al. (2015), language differences can become a barrier when providing effective and equitable healthcare to clients. In addition, these differences between healthcare providers and clients can result in more stress and miscommunication for non-English speaking clients, in comparison to English speaking clients (Meuter et al., 2015). Language differences often arise due to individuals migrating to different countries, which results in the formation of diverse communities (Squires, 2018). Within the neighborhood surrounding the organization, about 17% of the population identifies with a visible minority group compared to the total visible minority population of the city which is 16%<sup>ii</sup>. In addition, there is an area in the organization’s catchment with up to 19% of residents who have no knowledge of English, which is among the highest rates within the city.<sup>ii</sup>

In accordance with this, to ensure optimal quality of healthcare is provided to clients, existing language barriers should be addressed. Healthcare quality can be defined as the effectiveness of health resources in terms of providing individuals with optimal health outcomes (De Moissac & Bowen, 2019). According to De Moissac and Bowen (2019), the quality of care provided to individuals “focuses on the differences in appropriateness, continuity, patient-centered services, and safety” between English and non-English speakers. Therefore, language differences play a significant role when it comes to interactions between clients and healthcare providers, such as the organization’s staff members.

Although the organization’s staff members appreciate the interpretation service to facilitate language interpretation, they feel that it is inefficient, and unable to facilitate conversations between staff and clients compared to how an in-person interpreter would be able to during appointments. However, phone interpretation services can be suitable for situations deemed as quick and urgent, whereas in-

person interpreter services are ideal for longer encounters (Sultana, Aery, Kumar & Laher, 2018, p.5). With respect to effectively using phone interpretation services, orientations, regular training sessions, and online tutorials can help staff members in this area (Sultana et al., 2018, p.7). Overall, both in-person and phone interpretation services can be beneficial. However, the effectiveness of these two services depends on factors ranging from the time spent with clients to the level of comfort in using these services. In line with this, our recommendation is for the organization to evaluate its interpretation services and/or provide training opportunities for staff. As well, the organization could explore the development of resources in different languages that are spoken by clients.

### *Awareness*

In terms of the Awareness sub-theme within Communication, the organization's staff members we interviewed identify that clients are unaware of the different resources available. One of the organizations aims to touch upon the issue of timely access to care and services<sup>iii</sup>. Within this aim, the organization assessed the number of clients registered with the diabetes education program, and upon seeing a lack of awareness, they conducted outreach with other diabetes programs/services to increase access<sup>iii</sup>. They were able to identify clients that require diabetes education through the screening process of the other relevant programs. From this screening process, if any concern was noted, they planned to enroll clients into the diabetes education program or refer them back to the diabetes team<sup>iii</sup>. The organization was able to recognize a need for awareness regarding this program and set a new enrollment target of 500 clients<sup>iii</sup>. However, according to a report by the organization, they were unable to meet their target, suggesting that a lack of awareness within this program continues to persist and requires attention<sup>i</sup>.

There are different ways of addressing the lack of resource awareness identified by the organization's staff members we interviewed. For instance, Alberta's Health Services developed an app that keeps individuals updated on health resources and the location of different healthcare services (Alberta Health Services, 2020). In addition to the development of an app, an interviewee also suggested having monthly orientations at the organization for clients to become familiar with the resources available within the organization and its city. This is supported by a study conducted by Health Quality Ontario (2015), which found that orientations to clinic services improved clients' access to primary care providers. Overall, the staff members we interviewed emphasized the need for different measures to increase client awareness of available resources.

### *Social Connections*

While some senior clients may face high rates of social isolation due to living alone, other clients can also become socially isolated due to a variety of different circumstances. These can range from seasonal changes, for instance, summer to winter, to medical conditions.

According to a recent report by the organization, 44% of their active clients are 65 years old or above, making them the largest age group the organization serves<sup>i</sup>. Additionally, a community-based profile report states that 28% of the senior population in the organization's neighborhood lives alone; one percent higher than the city average<sup>ii</sup>. A study conducted by the British Columbia Ministry of Health (2004), discusses how living alone contributes to the social isolation of the senior population. As a result, serving seniors that are socially isolated can provide unique challenges to the organization's

staff when trying to communicate with them. Staff members we interviewed identified that their senior clients could benefit from longer appointment times. In addition, when senior clients have an adequate amount of time with their care providers there are significant improvements in their mental health as discussed by the British Columbia Ministry of Health (2004). Therefore, the organization is provided with an opportunity, based on interviewee recommendations, to consider allocating longer appointment times for senior clients to strengthen their social connections.

The organization's clients that become socially isolated due to circumstances, such as seasonal changes and medical conditions, may be unable to receive in-person care. To overcome this, the staff members we interviewed described that clients are sometimes contacted over the phone, but the level of care provided using this method is not as impactful. Additionally, they shared that the organization is unable to provide at-home services where a staff member may travel to a client's home to provide care. As outlined in a publication by the National Association of Area Agencies on Aging (2016), socially isolated individuals can benefit from an expanded network of support resources. One of the resources mentioned in this publication includes the addition of a self-assessment checklist to screen for socially isolated populations (National Association of Area Agencies on Aging, 2016). As a result, the organization is provided with an opportunity to consider expanding its resources to include video calls and self-assessment checklists in order to support socially isolated clients and decrease the communication barriers arising from a lack of social connections.

### *Self-Management*

The staff members we interviewed described that self-management skills are essential to them in the way they communicate with their clients. Staff members described that understanding a client's values and beliefs is an example of a self-management skill they possess. The staff members we interviewed mentioned that they utilized self-management skills to provide unbiased care in order to ensure no communication barriers were present between them and their clients.

A study conducted jointly by The Pennington Biomedical Research Center and the LSU Health System Lallie Kemp Medical Center discussed how communication can be impacted based on the relationship healthcare providers have with their patients (Kennedy, Rehman, Johnson, Magee, Leonard, Katzmarzyk, 2017). According to this study, it was determined that "an essential component of patient-centered care is the healthcare providers' understanding of their patients' health beliefs and values" (Kennedy et al., 2017). The study continued to reveal disparities between healthcare providers' awareness of their patients' health beliefs and values which in turn impacted the way they could communicate to their clients (Kennedy et al., 2017). In addition, it was found that when "healthcare providers listen and communicate with each other, they are likely to develop a shared understanding that may improve future decision making and quality of care patients receive" (Kennedy et al., 2017). As a result of this, the organization is provided with an opportunity, based on previous literature, to continue their encouragement of staff to thoroughly maintain and develop their listening and communication abilities. This research showcases that these measures would enhance the self-management skills of the organization's staff members and, in turn, decrease the communication barriers present.

## ***Transportation***

In terms of the transportation theme, the staff members we interviewed identified that the organization's clients mainly use public transportation to commute to the organization. In addition, interviewees highlighted that this form of transportation can become a challenge for their clients with regard to travel time, reliability, and convenience. For example, they touched upon changing socioeconomic demographics within the catchment area, and how clients that move away face the added burden of increased commute.

In assessing the availability of public transportation to the organization, the city's downtown bus terminal only provides 2 direct bus routes in the direction of the organization, from the terminal. Based on interviewee data, clients living outside of the organization's surrounding neighborhood would likely take more than one bus to get to the terminal, first, and then rely on one of the limited route options to reach the organization. This increased commute and use of multiple buses can become a barrier for clients, making them more prone to being late or missing appointments, especially when considering the unreliability of bus schedules, amongst other factors.

While the organization has partnered with the local accessible transportation service, some staff members we interviewed mentioned that it may not be as easily available. Specifically, if a service vehicle is unavailable when the client needs it, the client is waitlisted<sup>iv</sup>. The city's public transit website states that the accessible transportation service can only be in contact with individuals if a spot opens up<sup>iv</sup>. In addition, having a spot on the waitlist does not guarantee a trip<sup>iv</sup>.

The staff members we interviewed suggested introducing an alternative shuttle bus for their clients, which could aid the organization's clients financially, allowing them to allocate their public transit expenses to other necessities. For example, the public transit fare for commuters is \$3.25 with a 2-hour free-of-charge transfer time<sup>iv</sup>. Alternatively, the cost of a monthly transit pass for adult commuters is approximately \$100<sup>iv</sup>. When considering these financial choices, this could become a financial barrier for clients. However, the city also offers an affordable transit pass program for low-income individuals. This option allows eligible residents to purchase a monthly pass for half the price<sup>iv</sup>. However, the passes are sold on a first-come, first-serve basis, and are limited<sup>iv</sup>. Overall, the importance of introducing an alternative shuttle bus for clients would be to especially serve the clients that are reliant on public transit services.

A shuttle service, recently introduced to healthcare organizations, is called Uber Health. As an example, the no-show rates to doctors' appointments are as high as 30% in the U.S.A. (Weber, 2018). With respect to this, Uber Health provides reliable transportation for patients through a healthcare organization (Weber, 2018). The healthcare organization is "billed monthly and the rides can be scheduled through a dashboard with the same pricing available to all riders" (Weber, 2018). In addition, the organization can keep track of their "ride spending, view reports on requested rides, appointments, and scheduling" (Weber, 2018). However, we acknowledge that it is not the organization's job to address transportation issues their clients face in reaching the health center. Thus, we stated some local transit initiatives as well as new private initiatives such as Uber Health.

## *Poverty*

As illustrated through the results section of this report, the theme of poverty was referenced third most often by the staff members we interviewed. Interviewees explained that poverty can be a complex challenge that creates an indirect barrier for their clients, such as not having appropriate footwear required to travel to the organization for their appointments in the winter.

The clients residing in the organization's catchment area have the third-highest unaffordable housing rates for renters compared to the rest of the city<sup>ii</sup>. Specifically, there are areas within the organization's catchment with 59% of the residents living below the Statistics Canada Low Income Measure, which is among the highest rates within the city<sup>ii</sup>. Considering the initial purpose for the development of the organization as a CHC to serve a specific geographic area, these statistics are very important. As a CHC, the organization served its surrounding area of individuals with higher needs, compared to the rest of the city. However, as of recently, the organization has expanded its services to residents across the rest of the city, explained to us by many of the staff members we interviewed. Some staff members we interviewed also communicated that socioeconomic demographic changes are occurring within the previous catchment area due to easier access to the regional transit service, for instance. This poses a question regarding the organization's purpose as a CHC aimed at serving a specific population within a geographic area, as indicated by the previous reports on their catchment area. With poverty being an indirect barrier to many clients accessing the organization's services, it would be interesting to see how the extension of services to the rest of the city would affect the organization's catchment area. Specifically, the catchment area clients and their ability to access resources, if at all. For example, poverty can manifest itself in the context of transportation in circumstances ranging from individuals not being able to locate or afford proper footwear to being unable to attend appointments for reasons such as this, and others. However, it is acknowledged that it is beyond the scope of the organization's mandate to address poverty issues directly, as they primarily respond to the health needs of their clients.

## **RECOMMENDATIONS**

Based on the information provided by the staff members we interviewed and further research highlighted in the discussion, some recommendations for each of the themes are listed below, for consideration.

**Language Barriers:** We recommend evaluating the current interpretation service and in-person interpretation in order to assess opportunities such as the provision of additional training to better inform the organization's staff. As well, we recommend that the organization explores the development of new resources in different languages that are spoken by clients, such as a map.

**Awareness:** We recommend exploring approaches such as the development of an app that contains different resources, within the organization, available for clients. We also recommend introducing monthly orientations to clients to discuss the resources available at the organization.

**Social Connections:** We recommend that the organization considers providing longer appointment times to senior clients to facilitate more personal conversations that could improve their mental health. In addition, we recognize that the organization already offers some over the phone services to aid

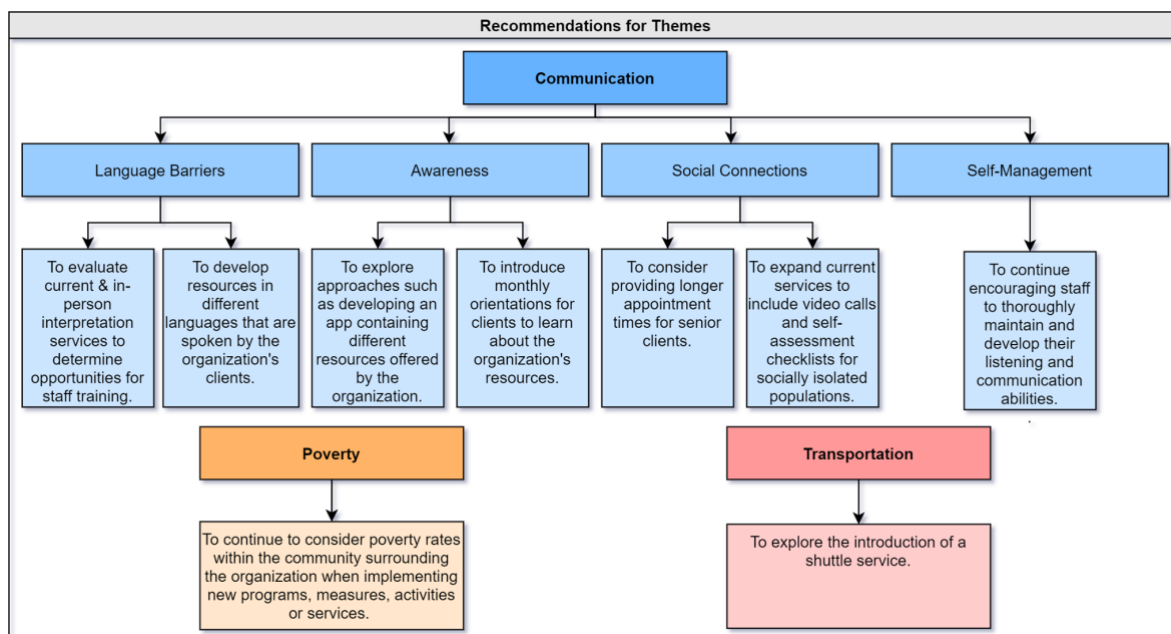
socially isolated clients, but we recommend expanding these resources to include video calls and self-assessment checklists.

**Self-Management:** We recommend that the organization’s leadership continue to encourage their staff to thoroughly maintain and develop their listening and communication abilities in order to enhance their self-management skills and, in turn, decrease any communication barriers that may be present.

**Transportation:** We recognize that the challenges surrounding transportation to the organization are not entirely controlled by them. However, we recommend that the organization explores the introduction of an alternate shuttle service to combat some of the issues highlighted by the staff members we interviewed.

**Poverty:** We acknowledge that the issue of poverty is complex. In addition, due to its interconnectedness with other issues, one recommendation cannot tackle poverty. Therefore, we recommend that the organization continues to consider poverty rates within their community when implementing new programs, measures, activities, or services for clients.

A summary of these recommendations can be found in Figure 2.



**Figure 2:** Summary of recommendations for each of the identified themes in our study.

## LIMITATIONS

One limitation that could be taken into consideration is that this study heavily relied on the perspectives of the staff members we interviewed. To further enrich the data collected, a more diverse group of participants for this study could have been recruited. These participants could have been the organization’s clients, the leadership team, and the representatives from the city. Our team would have then been able to successfully grasp the holistic role of the organization’s healthcare network.

Being unable to interview clients who normally access support from the organization was a limitation because their perspectives were not explored in-depth. The organization's leadership team could have also been interviewed as they are responsible for implementing organizational changes. Therefore, the perspectives of the team would have allowed discussion on the feasibility of staff recommendations. In addition, representatives from the city could have been interviewed regarding the public transit system, the city's poverty rates, and urban planning topics such as gentrification. Overall, this additional data collection would have allowed for the inclusion of city perspectives in a way where solutions could have been discussed to acknowledge the themes of Transportation and Poverty, as they are not managed by the organization.

## **FUTURE RESEARCH**

This study found anecdotal evidence and was grounded in staff perspectives on what they had observed from their work experience at the organization. The staff then gave recommendations grounded in what they believed would help the organization. In addition, Student Researchers reviewed best practices from other healthcare settings that could be implemented to accompany their recommendations. An area that could be observed in the future is receiving client perspectives and seeing if they align with the staff perspectives such as directly looking at where clients are commuting from, what methods of transportation they are utilizing, among others. To further investigate the challenges associated with identified themes, census tract data can be used to observe patterns of gentrification prevalent in the community and if they relate to poverty.

## **CONCLUSION**

Three undergraduate researchers developed a qualitative study with the goal of helping the organization's staff members in navigating their client needs and access to resources. After data collection through interviews, three main themes were identified using a thematic analysis approach: (1) *Communication*, with sub-themes of *language barriers*, *awareness*, *social connections*, and *self-management*, (2) *Transportation*, and (3) *Poverty*. Interviewees described challenges and opportunities for each of these themes, which were further analyzed and discussed in this report. Based on a review of literature, best practices, and our study findings, recommendations were provided to address the organization's staff concerns about their clients' needs and access to resources.

## **ACKNOWLEDGMENTS**

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<sup>i</sup> Source omitted to preserve anonymity

<sup>ii</sup> Source omitted to preserve anonymity

<sup>iii</sup> Source omitted to preserve anonymity

<sup>iv</sup> Source omitted to preserve anonymity