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Identifying Opportunities to Improve Health Outcomes in the JEVS Client Population



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Introduction

JEVS Human Services was founded in 1941 as the Jewish Employment and Vocational Service, offering job training to refugees in the Philadelphia community. In the time since then, JEVS has grown into an organization that supports over 12,000 individuals annually and has a budget of over \$100 million.¹

JEVS provides support to the community through multiple programs, which include:

1. Work Ready

Work Ready supports individuals in Philadelphia who are receiving public assistance benefits and connects them with the job training skills they need to obtain gainful employment.

2. Orleans Technical College

Orleans Technical College is a vocational college that provides individuals with the opportunity to earn certifications necessary to pursue a career in either construction or HVAC industries.

3. JEVS Care at Home

JEVS Care at Home provides home-based healthcare services to individuals with medical needs, mental delays and other disabilities. JEVS Care at Home operates in Philadelphia, as well as in Allentown, Pittsburgh and Gettysburg.

4. Behavioral Health

JEVS Behavioral Health program administers outpatient mental health services and addiction recovery support in Philadelphia.

Project Overview

The purpose of this evaluation is to serve as a needs assessment for JEVS programming. JEVS is interested in obtaining information on how health impacts their participants' engagement with the programs they are enrolled in, and how JEVS can improve the health outcomes for their participants to ensure program success.

This evaluation focuses on two key questions:

¹ (JEVS Human Services n.d.)

What physical and mental health challenges do JEVS program participants currently experience?

In order to better improve the health outcomes for JEVS program participants, it is important to get a clear understanding of what health conditions they face. This question is intended to evaluate both mental health conditions as well as physical, due to the fact that many program participants could be experiencing both.

What current health resources do JEVS staff utilize with their program participants?

To get a clear picture of what can be done to improve JEVS participants' outcomes, it is important to understand what JEVS staff is currently utilizing in their case management. These resources include programs that are provided internally by JEVS, as well as any external partnerships, in order to have a complete understanding of the resources available.

Methodology

To design the methodology of the assessment, I began with introductory meetings with each director of JEVS programs. These meetings reviewed how their programs worked, and allowed me to solicit their input on how to best answer the research questions.

Following those conversations, I originally designed two research methods, a quantitative survey that would be disbursed to participants as a way to determine their current health status as well as pre-existing conditions, access to healthcare providers and other important health trends and attitudes. Unfortunately, due to administrative issues, the survey was not able to be distributed at this time.

I also designed a qualitative interview protocol that was administered to frontline JEVS staff across all of their program areas to determine what they've observed with their participants.

Qualitative Data Collection Process

To assess how JEVS responds to the health needs of its participants, I conducted an interview protocol with 8 JEVS frontline case staff. 8 Interviewees were selected to ensure that there were multiple interviews from each of JEVS four main program areas. The protocol was designed in consultation with JEVS, in order to meet their needs for data to analyze. Frontline staff were selected due to their regular interactions with participants, and knowledge of the resources that JEVS provides to their participants.

The interviewees were recruited after consultation with the program heads, who recommended individuals that they believed had the best insights on participants' healthcare needs, as well as knowledge about what resources are currently available for JEVS participants, and how often they are utilized.

To ensure maximum participation, interviewees received a \$15 Visa gift card, provided by JEVS at the completion of each interview. Interviews were also kept anonymous, to allow staff members to be transparent in their responses.

Qualitative Research Instrument

I administered the interview protocol to eight JEVS frontline staff members over the course of early 2023. These interviews were approximately 30 minutes and 10 questions in length and were conducted over Zoom to ensure maximum availability from participants.

To begin, the protocol collects background information on the staff members, including their names and their role at JEVS. This was used to confirm that they are working in a role that requires regular participant interaction. The protocol also asks about the interviewee's current number of participants on their caseload, as well as whether or not that is in line with the average number of participants that they have worked with throughout their career. This was done in order to determine if JEVS staff feel as though they have the appropriate staffing levels to meet their participants' needs.

The protocol continues by asking questions surrounding the first evaluation question: **What physical and mental health conditions do JEVS Program participants currently experience?** These questions gauge not only what health conditions are prevalent, but also to compare health conditions across each of JEVS programs. It also asks about what external factors staff think impact their participants' health, a question that is designed to ascertain how the social determinants of health impact their participants.

The interview questions also explore how comfortable staff members believe participants are with disclosing their health conditions to their case managers. This is done to evaluate the depth of the relationship between staff members and participants.

The protocol then asks questions based around the second evaluation question: **What current health resources do JEVS case managers utilize with their program participants?** This is done by asking first about what resources JEVS is able to currently provide to their participants, including referrals to external providers as well as other internal programs offered by JEVS. The protocol also asks what additional supports staff would need to provide greater health support to their participants. These questions allow staff to consider whether or not greater support is needed to improve participants' health outcomes.

Finally, the protocol asks staff what health supports they think that JEVS needs to do to better address participants' physical and mental health issues. This question allows staff to provide concrete suggestions based on their experiences and expertise, and was an essential source of information to complete the assessment.

Findings

After completing the interviews with staff, patterns about their perceptions of program participants began to emerge. While JEVS serves over 12,000 individuals annually across widely different programs, their participants have similar experiences. Some of these patterns include:

Participants Experience Both Physical and Mental Health Issues

From these findings, I was able to answer the first evaluation question and determine what health conditions JEVS participants face. All staff stated in their interviews that they were aware of multiple participants who experienced various health conditions that were prevalent in their caseloads. Staff reported multiple different physical health complaints among their participants, including diabetes, high blood pressure and issues stemming from previous physical injuries they had received.²³

² (Member, Fifth Staff Interview 2023)

³ (Member, Second Staff Interview 2023)

Multiple staff also reported different mental health conditions among their participants. As one case manager stated “... depression and bipolar (disorder) seem to be the major ones that we see a lot.”⁴

Staff Feel As Though Their Programming is Adequate to Address Health Needs

I was also able to answer the second evaluation question through the qualitative interview process, and get an understanding of the resources that are available to JEVS program participants.

During interviews, all staff stated that they believed that JEVS participants are able to receive services that meet their health. One staff member noted in their interview, “...most of our clients on welfare have access to the best medical benefits. Because they are on welfare, they are receiving medical from the state, which allows them to the medical benefits that they receive are excellent.”⁵

Interviewed staff stated that the immediate health challenges that their participants face could be addressed either through internal supports, such as mental health practitioners, referrals to external non-profit partners that provide health care or through healthcare provided by either Medicare or Medicaid.⁶

Staff are Aware of the Health Conditions Participants Experience

I was also able to get a deeper understanding of not just of the health conditions JEVS program participants face, but participants’ transparency in discussing health issues. This is essential to determining the veracity of the two evaluation questions. Without awareness of these issues, it would be difficult to ascertain whether resources offered by JEVS are effective.

Each staff member interviewed reported that they were regularly aware of the physical and mental health conditions that their participants dealt with. Staff stated that they were normally informed by the participants in either 1:1 conversations with participants, or had received the information from initial intake forms provided by various city agencies.⁷

⁴ (Member, First Staff Interview 2023)

⁵ (Member, Fourth Staff Interview 2023)

⁶ (Member, Fifth Staff Interview 2023)

⁷ (Member, Fifth Staff Interview 2023)

Limitations

While this assessment was able to provide data to identify recommendations for the future, there were some limitations.

Inability to Complete the Quantitative Survey

Initially, there had been plans to complete a quantitative survey that could be distributed to JEVS program participants. This survey would have provided more concrete data on participants' medical diagnoses, enrollment in health insurance, and adherence to treatment plans. Unfortunately, due to administrative issues at JEVS, this survey was unable to be distributed at this time.

Size of Samples of Interview Pool

With 8 respondents, it is possible that the results from the interviews do not adequately reflect the possible results. Further interviews could yield different findings.

Program Recommendations

Overall, JEVS is in a strong position with regards to identifying health needs for its Program participants to address immediate concerns. However, there are still some ways that JEVS can improve the health outcomes of their participants in the long-term. These include:

Include Programming that Addresses External Issues that can Impact Health Outcomes

In interviews, staff noted that the participants in their programs had had issues beyond immediate health needs that can still impact health outcomes. These issues, known as the social determinants of health, can impact treatment and serve as a barrier to permanent positive health outcomes for individuals. Some examples of these can include: access to stable employment, healthy food, and a safe neighborhood to live in.⁸

Social determinants of health can be exacerbated by household income, making JEVS participants more likely to experience adverse health issues. Through the interviews, some examples of these barriers include:

⁸ (US Department of Health and Human Services n.d.)

- a. Trauma surrounding increased violence in Philadelphia
- b. Experiences in domestic violence
- c. Access to safe housing

Neighborhood safety is an issue that JEVS participants experience due to their socio-economic status. According to one staff member, “it's everywhere, it's so close to home. It's affecting everyone. So much. So, I have a lot of clients dealing right now with mental health, because of the violence in the city, because it's affecting your family members or children, or whatever the case may be.”⁹

There are some partnerships with specific Philadelphia programs that JEVS should consider partnering with to address these specific concerns.

To address trauma around community safety, JEVS can partner with the Building Resilience After Violent Experiences (BRAVE) program, at the Children’s Hospital of Philadelphia. BRAVE is a peer support program for young adults that can help them develop coping skills around community violence.¹⁰

To provide services that tackle experiences in domestic violence, JEVS should consider partnering with Lutheran Settlement House’s Bilingual Domestic Violence Program (BDVP) to provide services to JEVS participants. BDVP provides support through both individual and group counseling, designed to aid domestic violence survivors.¹¹

In order to address issues surrounding stable housing, JEVS should consider partnering with the Philadelphia Eviction Prevention Project (PEPP). PEPP provides assistance to individuals who are at risk of being evicted, including financial counseling, legal assistance and resource navigation for landlord/tenant issues.¹²

By addressing these issues, JEVS should be able to improve their participants’ health outcomes.

⁹ (Member, Fourth Staff Interview 2023)

¹⁰ (Children's Hospital of Philadelphia- Center for Violence Prevention n.d.)

¹¹ (Lutheran Settlement House 2023)

¹² (Philly Tenant 2023)

Design Programming that Works to Build Community Around Supporting Health

One staff member noted in an interview that the way programs are set up, there are not always avenues for participants to be connected to each other. A sense of community can be essential to ensuring that an individual can successfully navigate their health issues. Research has also shown that individuals with a support system experience more positive physical and mental health outcomes.¹³

Moving forward, JEVS should work to create support groups in their programs for individuals that are experiencing similar health issues, such as diabetes, or depression across all of their programs. This will create a sense of community and should lead to an increase in positive health outcomes in the long-term.

Disseminate a Central Guide for Mental Health Referrals

Two JEVS staff that were interviewed stated that while they felt that they had the tools necessary to assist the participants they work with to get connected with the resources that they need, both in and out of JEVS that it was sometimes difficult for them to locate the information they needed to provide referrals, especially for clients that are experiencing an immediate need.¹⁴ While Philadelphia has the 211 line that can provide immediate resources, that is designed to be public facing, and not for staff who do case management.

To make referrals more efficient, JEVS staff should put together a central referral guide, which can include the contact information for internal and external agencies to support their participants in need. This guide can then be disseminated to frontline staff to be used in their case management.

Work to Promote Positive Health Trends

Staff mentioned in interviews that while they can help provide access to addressing immediate issues, they would like to support long-term positive health trends with their participants. One interviewee noted that they were concerned about long-term health issues around high blood pressure, stating, “When we're younger, we think that we're invincible, and we're not really informed about, you know, how much sodium we're putting in our bodies, you know, coupled with the stress that we

¹³ (Mo, et al. 2022)

¹⁴ (Member, First Staff Interview 2023)

carry, and, or the lack of exercise, all of those things can become a big problem for our clients.”¹⁵

To address this, JEVS should consider having each program host regular discussions led either by staff or external organizations to promote long-term health trends, including healthy eating, exercise and working to lower blood pressure.

Recommendations for Further Research

The data that was gathered during this assessment was key to obtaining the findings and recommendations for JEVS. However, it should be seen as a springboard that will allow JEVS to continue this research. Some suggestions for continuing the research include:

1. **Disburse Quantitative Survey to JEVS Program Participants**

Originally, there had been plans to distribute a survey to Program Participants that would be able to get more information on the health conditions they experience and their satisfaction regarding JEVS programming. However, this was not distributed due to administrative issues with JEVS. JEVS should disburse the survey to its participants in the near future. This will provide them with essential information as they work to continue to improve their participants health in the long-term. A copy of the survey is attached as Appendix 1.

2. **Continue Staff Interviews**

JEVS frontline staff are a key resource for JEVS to learn more about their Participants’ health issues and programming. JEVS supervisors should use the interview protocol as a template for regular check-ins with their staff about Participants’ health, in order to gain new insight beyond the initial 8 interviews. A copy of the protocol is attached as Appendix 2.

3. **Repeat Quantitative Survey**

The first iteration of the Quantitative Survey should be seen as a baseline for JEVS to be able to assess the impact of their programming on their Participants’ health. In order to track this over time, the survey should be repeated, at an interval to be determined by JEVS, and compared to the baseline data.

¹⁵ (Member, First Staff Interview 2023)

Appendix 1: Quantitative Participant Survey

Project title

Understanding the physical and mental health needs of JEVS Human Services (JEVS) clients

Project staff

This survey is being conducted by Dr. Matthew Feldman from JEVS and Mr. Frank Garvey from the University of Pennsylvania Fels Institute of Government.

Project purpose

We are aiming to better understand the physical and mental health related needs of JEVS clients. This information will be helpful for supporting our clients in staying as healthy as possible. Obtaining feedback from clients is critical in this process.

What will I be asked to do?

We would appreciate your taking the time to complete a 20-item survey that will ask you questions about your overall physical and mental health, the medical/mental health care you may receive, and your experiences with receiving health/mental health related support at JEVS.

Do I have to take the survey?

Your participation in this survey is completely voluntary. If you decide to participate or not participate, you will still be able to receive services from JEVS. If you start the survey, you can always change your mind and stop at any time.

Are there any risks involved in taking this survey?

You might find answering some of the questions personal, but you may end your participation in the survey at any time. You may also ask to speak to a JEVS staff member by contacting Dr. Feldman (see contact information below).

Anytime you share information online there are risks. Below we describe how we protect your confidentiality.

Are there any benefits to taking this survey?

While you will not receive any direct benefits from completing the survey, you will be contributing to helping JEVS better understand the physical and mental health related needs of our clients. This information will be useful in improving the services we offer.

How many people are your surveying?

We are aiming to survey a total of 100 people.

How long will it take to complete the survey?

The survey will take no more than 10-15 minutes to complete.

Will I receive any compensation for completing the survey?

You will receive a \$15 gift card upon completing the survey as a thank you for your participation. This will be done through Tango, a third-party company that manages gift card distribution. You will only need to provide your e-mail address to receive your gift card.

Confidentiality and data security

Although we're using a secure system to collect the data for this survey (Qualtrics), we can't completely eliminate this risk of confidentiality breaches (i.e., your data being seen by someone who shouldn't have access to it). However, we are attempting to prevent confidentiality breaches in the following ways:

- Qualtrics allows us to anonymize responses by automatically removed respondents' IP addresses and location data from the results.
- You will only be asked to enter your e-mail address after you complete the survey for the purpose of making arrangements to receive your gift card. Gift card distribution is managed by a third-party company (Tango); therefore, your e-mail address will not be included as part of your survey responses. Your e-mail address cannot be linked to your survey responses as they will have been anonymized. We will not use your e-mail address to link to your information in any JEVS databases.
- All electronic data (i.e., survey responses) downloaded from Qualtrics will be stored on a password-protected, encrypted computers.

Where will the data be stored and for how long?

Survey data will be stored on the servers for the online survey software (Qualtrics) and then downloaded onto the researchers' password protected computers. The data will be stored for a period of 12 months and then will be destroyed.

Who can see my data?

Only the project staff (Feldman, Garvey) will have access to the survey data. We may share our findings in reports or presentations. If we do so, the results will not be identified by individual; all responses will be compiled together and analyzed as a group.

On-line only: *We encourage you to print or save a copy of this form for your records. *

Agreement to Participate:

Your participation is completely voluntary, and you can withdraw at any time. To take this survey, you must be a current JEVS client. If you meet this criterion and would like to take the survey, please answer the questions below.

- 1. What is your current age? _____**

- 2. Which of the following describes your race/ethnicity? Please select all that apply.**
 - a. Black/African American
 - b. Asian/Asian American
 - c. Hispanic/Latino/Latinx/Spanish origin
 - d. Native Hawaiian/Pacific Islander
 - e. White
 - f. American Indian/Alaskan Native
 - g. Middle Eastern/North African
 - h. Other (write-in)
 - i. Prefer not to respond

- 3. Which of the following best describes your current gender identity?**
 - a. Man/Cisgender man
 - b. Woman/Cisgender woman
 - c. Transgender Man
 - d. Transgender Woman
 - e. Non-binary/gender fluid/gender non-conforming
 - f. Other (write-in)

- 4. What is the highest level of education you completed?**
 - a. No schooling
 - b. 8th grade or less
 - c. Some high school
 - d. High School/GED or equivalent
 - e. Some college
 - f. Bachelors/technical degree
 - g. Postgraduate

- 5. What service(s) do you currently receive at JEVS? Please select all that apply.**
 - a. Employment/job placement counseling
 - b. Home health services
 - c. Vocational training (e.g., Project WOW, Orleans Technical College, IT apprenticeship)

- d. Mental health counseling
- e. Residential services
- f. Other (write-in)

6. Do you currently have health insurance?

- a. Yes (continue to Q7)
- b. No (skip to Q8)
- c. Don't Know/Not Sure (skip to Q8)

7. What kind of health insurance do you currently have?

- a. Private Insurance
- b. Insurance through my employer
- c. Medicare/Medicaid
- d. Other (write-in)
- e. Not Sure

8. Would you say that in general your health is....

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor

9. Do you have any medical conditions that require treatment?

- a. Yes (continue to Q10)
- b. No (skip to Q11)

10. What medical conditions do you have? Please select all that apply.

- a. Asthma
- b. Cancer
- c. Chronic pain (e.g., arthritis)
- d. Diabetes
- e. Heart disease
- f. HIV/AIDS
- g. Hypertension
- h. Kidney disease
- i. Liver disease
- j. Other (write-in)
- k. Prefer not to respond

11. When was the last time you saw your primary care physician?

- a. In the past 3 months
- b. In the past 6 months
- c. In the past 12 months
- d. More than 12 months ago
- e. I do not currently have a primary care physician.
- f. Not sure

12. Do you have any mental health conditions that require treatment?

- a. Yes (continue to Q13)
- b. No (skip to Q14)
- c. Prefer not to respond (Q14)

13. What mental health conditions do you have? Please select all that apply.

- a. Anxiety disorder (e.g., Panic Disorder, Obsessive Compulsive Disorder)
- b. Autism
- c. Bipolar disorder
- d. Borderline Personality Disorder
- e. Depression
- f. Developmental Delay
- g. Post-Traumatic Stress Disorder (PTSD)
- h. Psychosis (schizophrenia)
- i. Other (write-in)
- j. Prefer not to respond

14. Are you currently receiving mental health counseling or treatment?

- a. Yes
- b. No
- c. Prefer not to respond

15. Are you currently taking any prescription medication(s) for any medical and/or mental health conditions?

- a. Yes (continue to Q16)
- b. No (skip to Q17)

16. How much of your prescription medications did you take as prescribed by your medical and/or mental health provider? Please move the blue circle to the point on the line below that shows

approximately how much of the medication you have taken in the past 4 weeks.

- **0% means you have taken none.**
- **50% means you have taken about half of the prescribed amount of your prescription medications.**
- **100% means you have taken every single prescribed dose of your prescription medications.**

For the next 2 statements, please check the response that is closest to what you think. In each case, make your choice based on how you feel right now, not what you have felt in the past or how you would like to feel.

17. JEVS staff are concerned about my physical and mental well-being.

18. JEVS programming has contributed to improvements in my health and/or mental health.

19. How often do JEVS staff bring up the subject of your health or mental health?

- Often
- Sometimes
- Rarely
- Never

20. Please select all of the services/resources JEVS staff have connected you to in the past 12 months.

- Benefits navigation (e.g., assistance with obtaining health insurance, public assistance)
- Food assistance (e.g., food pantries)
- Housing assistance
- Medical care services
- Mental health treatment/counseling
- Peer counseling to support medication adherence
- Substance use counseling/treatment
- Other (write-in)
- None

**We thank you for your time spent taking this survey.
Your response has been recorded**

Appendix 2: Qualitative Interview Protocol

Good (morning/afternoon/evening), My name is Frank Garvey, and I'm a graduate student at the University of Pennsylvania Fels Institute of Government. I am working with JEVS on a project that is aiming to learn more about the physical and mental health of JEVS clients and their health-related needs.

A part of this project involves interviewing JEVS staff to discuss their awareness of physical and mental health issues among JEVS clients, current efforts to support their participation in and adherence to health/mental health care and treatment, and willingness to participate in efforts to address these behaviors. The findings from these interviews will provide JEVS with useful and actionable information that can inform future efforts to address the physical and mental health needs of JEVS clients moving forward.

Each interview will take approximately 30-45 minutes. You will receive a \$15 gift card as a thank you for your participation. Your participation is voluntary and your decision to participate/not participate will not impact your employment at JEVS. You may skip any questions you don't want to answer and may end your participation in this interview at any time. We will make every effort to ensure that all of the information you share with us during this interview is confidential. Responses will not be identified by individual; all responses will be compiled together and analyzed/summarized as a group.

I would like to record this interview if you are comfortable with my doing so. The reason for recording is so I can have an accurate account of your responses. The recording will be erased after I review the information. Do I have your permission to record the interview?

NOTE: Probe interviewees to answer questions about both physical AND mental health (as opposed to just one type of health).

BACKGROUND INFORMATION			
Domain	Q#	Question	Possible Probes
<i>Current role at JEVS</i>	1	<i>What is your current role at JEVS?</i>	<i>Could you please tell me a bit more about your responsibilities here at JEVS?</i>
	2	<i>Approximately how many clients do you interact with as a part of your job on a monthly basis?</i>	<i>How many clients are currently on your caseload?</i>
PERCEPTIONS OF CLIENT HEALTH/MENTAL HEALTH			
<i>Medical and mental health conditions experienced by JEVS clients</i>	3	What kinds of medical and/or mental health conditions do your clients most commonly experience?	<p><i>Are there any specific medical and/or mental health conditions that your clients commonly experience?</i></p> <p><i>Have clients reported to you that they've been diagnosed with specific medical and/or</i></p>

			<i>mental health conditions? Or do you perceive that clients have certain medical and/or mental health conditions based on your own observations/impressions? (Or both?)</i>
<i>Factors that impact physical and mental health among JEVS clients</i>	4	From your observation, what types of circumstances impact—positively or negatively—your client’s ability to take care of their physical and/or mental health?	<ol style="list-style-type: none"> 1. Access to doctors/mental health providers 2. Access to medicine 3. Access to healthy food 4. Transportation to and from appointments 5. Escorting to doctors’ appointments 6. Peer support 7. Family support 8. Reminders to take their medications as prescribed 9. General acceptance of medical conditions

EFFORTS TO DISCUSS HEALTH AND MENTAL HEALTH WITH CLIENTS

<i>Current efforts to assist clients with their physical and mental health</i>	5	In your work with clients, how much is their physical and/or mental health, including the care and treatment of their medical and/or mental health conditions, a part of what you talk about?	<p><u>If you do talk about it:</u></p> <ul style="list-style-type: none"> ● What do you talk about? Who brings up the subject? ● How does it come up? ● Why do you talk about it? ● What, if any, actions or plans, about their care and treatment, do you end up talking about? ● What is done when a staff member finds out that a client has a need related to the care of their medical and/or mental health conditions (e.g., not having a primary care physician)? ● Are there any physical and/or mental health related resources that you connect clients with at JEVS and/or other organizations in the greater Philadelphia area? <p><u>If you don’t talk about it:</u> What are your thoughts about why it doesn’t come up? Or about why you don’t bring it up?</p>
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<i>Willingness to provide/receive assistance regarding physical and mental health</i>	6	<p>Let's say you could help your clients more with their physical and/or mental health.</p> <p>What would you think about talking to your clients about their medical and/or mental health conditions and the care and treatment of these conditions?</p>	<ul style="list-style-type: none"> ● How do you think clients would feel about talking to you about their physical and/or mental health? ● Why might they want to? Why might they not want to? ● How helpful or unhelpful could this be? Why or why not?
<i>Type(s) of assistance regarding physical and mental health</i>	7	<p>What could you do to help your clients more with the care and treatment of their medical and/or mental health conditions?</p>	<ul style="list-style-type: none"> ● Are there interventions/strategies you could imagine yourself and other staff using to talk about the care and treatment of your clients' medical and/or mental health conditions? ● What would the interventions/strategies need to look like for you and other staff to actually use them? In what format/mode of delivery (e.g., how long, how often)?
<i>Feasibility of providing assistance regarding physical and mental health</i>	8	<p>Thinking about your day-to-day work, how feasible would it be to talk to your clients about the care and treatment of their medical and/or mental conditions? Why? What would get in the way?</p>	<ul style="list-style-type: none"> ● How could addressing physical and/or mental health related care and treatment issues fit into your routine responsibilities in working with clients? How could this work? ● How much time could you take to talk about this with clients? ● What changes or resources would be needed—in your work—for you to be able to talk with your clients about their physical and/or mental health related care and treatment? ● What training would be needed, for you to be able to do this? What would be the best way to train you in new interventions?
CLOSING			
	9	<p><i>We've talked about a lot of different things today.</i></p> <p>Do you have any other suggestions on how JEVS staff could better address physical and/or mental health related issues among clients?</p>	

	<i>10</i>	Is there anything else you'd like to share that we didn't already discuss?	
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Bibliography

- Children's Hospital of Philadelphia- Center for Violence Prevention. n.d. *Building Resilience After Violent Experiences*. Accessed April 9, 2023. <https://violence.chop.edu/research-and-programs/community-violence-trauma-support/BRAVE>.
- JEVS Human Services. n.d. *FY 2020-21 Report to the Community*. Annual Report, Philadelphia: JEVS Human Services.
- Lutheran Settlement House. 2023. *Domestic Violence Services*. Accessed April 9, 2023. <https://www.lutheransettlement.org/lsh-services/bilingual-domestic-violence-program/>.
- Member, JEVS Staff, interview by Frank Garvey. 2023. *Fifth Staff Interview* (March 10).
- Member, JEVS Staff, interview by Frank Garvey. 2023. *First Staff Interview* (February 9).
- Member, JEVS Staff, interview by Frank Garvey. 2023. *Fourth Staff Interview* (March 2).
- Member, JEVS Staff, interview by Frank Garvey. 2023. *Second Staff Interview* (February 14).
- Mo, Phoenix K.H., Nelson C.Y. Yeung, Samuel Y.S. Wong, Roger Y Chung, Alan C.Y. Tong, Chris C.Y. Ko, Eliza L.Y. Wong, Jia Li, and Eng-kiong Yeoh. 2022. "Differential associations among social support, health promoting behaviors, health-related quality of life and subjective well-being in older and younger persons: a structural equation modelling approach." *Health Quality Life Outcomes*.
- Philly Tenant. 2023. *Philadelphia Eviction Prevention Project*. February 17. Accessed April 22, 2023. <https://phillytenant.org/pepp/>.
- US Department of Health and Human Services. n.d. *Social Determinants of Health- Poverty*. Accessed April 9, 2023. <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty>.