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Master of Social Work Capstone Projects: 2021: Executive Summary

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UNIVERSITY OF THE PACIFIC | School of Health Sciences

MASTER OF SOCIAL WORK CAPSTONE PROJECTS

2021 | EXECUTIVE SUMMARY COLLECTION

The inaugural MSW cohort completed seven community-based, health-focused, capstone projects. This collection contains the executive summaries excerpted from the full report.

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Diabetes in the Workplace

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SOCW 223: Practice-Informed Research in Health Sciences

Dr. Katie Savin

December 1, 2021

Executive Summary

Purpose of Report

Individuals with diabetes have to meet their job duties while taking care of their diabetes at their workplace. Diabetes can be seen as a job itself for its ongoing attention and care needed. Individuals with diabetes are encouraged to maintain their glucose level at a normal range by checking their blood sugar levels, exercising, following a nutrition plan, and taking oral or injecting medication. The workplace can be a challenging place for individuals to attend to their diabetes. Therefore, people with diabetes are entitled to accommodations through the federal law, the Americans with Disabilities Act (ADA). The accommodations are set to support people with diabetes in the workplace to meet their health needs.

Methods

An open and closed-ended questionnaire was developed to assess diabetes accommodation within the workplace. These researchers collected data from 10 participants on their accommodation use in the workplace and identified barriers to accessing accommodations. The participants were recruited through social media platforms and were asked to complete the self-reported questionnaire through Google Forms.

Findings and Conclusions

The research found that participants are not receiving these accommodations, and 50% of the participants were not aware of the ADA accommodations. Accommodations the participants found most helpful that are already part of the ADA were:

1. The storage for medications, insulin, and/or food
2. Allowing frequent breaks to attend to their glucose levels/reorienting from hypo/hyperglycemia.
3. Provide an area to test blood sugar levels or attend to their diabetes in private

The result of this study highlights the importance of workplace accommodations for people with diabetes. Participants were in favor of accommodations and therefore a substantial effort needs to be made so people with diabetes are supported in the workplace to live a quality life.

Recommendations

People with diabetes should be informed by human resources and health providers about all resources available to them related to chronic conditions. Participants were unaware of these accommodations and therefore did not know how to access them. The workplace should also have flyers implemented in break rooms educating on the accommodations available when having a chronic illness.

Stricter policy should be implemented to ensure the workplace provides accommodations and assures job security for people using accommodations. Participants feared losing their jobs and therefore are keeping their health information private. All workplaces should be enforced and regulated by law to have storage for medications, insulin, and/or food and allow more breaks for those who need it. Participants also preferred private areas with appropriate disposal for syringes. The workplace should be held accountable when not meeting the accommodations for people with diabetes. Therefore, private rest areas should be available for people with diabetes to feel more comfortable and safer when administering their insulin. People with diabetes are capable of working and having an income will support them financially. The workplace can support this community by providing the appropriate accommodations they need.

The Effects of COVID-19 on Healthcare Professionals Mental Health: A Year Later

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SOCW 223: Practice-Informed Research in Health Sciences

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December 1, 2021

Executive Summary

Purpose

The novel coronavirus 2019 (COVID-19) has caused various mental health problems globally. Due to its spread, health care workers (HCWs) and patients are suffering from adverse mental health. This study focused on the effects of COVID-19 on the mental health of healthcare workers. It aims to raise awareness of the mental health issues faced by healthcare workers.

The study involved a survey anonymously completed by healthcare workers and those who provided direct patient care during COVID-19 pandemic. The study collected data through an online survey which involved a few demographic questions followed by 23 multiple-choice questions. Participation was entirely voluntary. All participants were healthcare workers who were recruited from a hospital in Sacramento, California hospital. Every participant was considered at risk for the COVID-19 infection, while half of the participants worked full-time.

Major points of the background

Research conducted on other infectious diseases, such as the 1918 Spanish flu, severe acute respiratory syndrome (SARS), and swine flu (H1N1), revealed the adverse mental health effects on the population, specifically HCWs. Researchers provide a brief history of the previous pandemics, healthcare workers' definition, role in previous pandemics, the healthcare system, and industry.

Results/Conclusions

Results show that there is still a stigma surrounding mental health and that healthcare providers need to be more effective in addressing this issue. Researchers found that the COVID-19 pandemic impacted HCWs' mental health; most participants experienced increased stress and anxiety, lacked social support but were aware of resources. This study emphasizes the importance of addressing the psychological well-being of HCWs amidst the pandemic. During the pandemic, participants experienced increased emotional exhaustion 80 %, compassion fatigue 77.5%, work-related dread 72.5%, and 52.5% difficulty sleeping. These conditions could lead to worsening mental health issues. Researchers noticed a correlation between gender and adverse mental health outcomes, burnout, and other factors related to increased negative mental health problems.

Recommendations

Researchers recommend additional intervention programs for healthcare workers to help them manage their stress levels and mental health. Future research is needed to analyze the policies and procedures related to the mental health services provided by healthcare organizations.

Chronic Illness and Rehospitalization: A Study of Patients Experiencing Homelessness in Stockton

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SOCW 223: Practice-Informed Research in Health Sciences

Dr. Katie Savin

December 1, 2021

Executive Summary

Purpose of Report

Individuals experiencing homelessness in Stockton, California face many obstacles and barriers to obtain housing. It was our goal to gain a deeper understanding of individuals experiencing homelessness who were diagnosed with at least one chronic condition like Type 2 diabetes, heart disease, and/or pulmonary disease. We wanted to gain insight as to how these challenges impacted the likelihood that individuals would be rehospitalized. With our findings, we hope to shed light on a larger epidemic of homelessness and adequately show themes and patterns of these vulnerable populations to provide a basis where community members, leaders, and stakeholders can approach the findings by utilizing alternative ways to advocate for them and inquire about additional social services that are culturally sensitive and adaptive to their needs. Focusing on these barriers with community members, leaders, and stakeholders is meant to increase awareness and provide a basis for adequate programs and preventative measures to be practiced.

Methods

An interview study guide was utilized to conduct conversations with individuals experiencing homelessness, who are diagnosed with at least one chronic condition and have been rehospitalized at least once in the previous year. A total of eight adult male individuals were interviewed at a facility that primarily serves individuals experiencing homelessness in Stockton, California.

Findings and Conclusion

Four key themes emerged from the findings including 1) housing instability, 2) well-being and access to healthcare, 3) history of substance use, and 4) financial stress. Prior housing before last participants' hospitalization were at homeless shelters, apartment/house, motor vehicle or on the streets. Only one individual identified they had plans to go to apartment living that was partially funded by the Veterans Administration but four participants were not able to go back to their living situation prior to hospitalization due to loss of employment or unable to afford rent because of lack of source of income. Common barriers and needs individuals identified as reasons for caring for their health include their legal status, lack of transportation, financial stress, housing difficulties, and no medical insurance. All participants we interviewed stated they had minimal or no family and/or social support and spoke about their feelings of isolation.

Recommendations

Based on our findings, our recommendations include:

- Providing a bridge program that will connect individuals experiencing homelessness who are being released from the hospital to housing services.
- Community-based programs that would provide a connection with a mentor who has experienced homelessness for the purpose of providing social support.
- Universal-based income program that would provide a guaranteed income to individuals who are experiencing homelessness to meet their basic needs, such as being able to afford housing and healthy foods.

Similarities and Disparities Between Available Interventions for PTSD in Veterans and the Formerly Incarcerated

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SOCW 223: Practice-Informed Research in Health Systems

Dr. Nurit Fischer-Shemer

December 1, 2021

Executive Summary

Introduction

The purpose of this study is to highlight the similarities in symptoms and disparities in treatment for PTSD in veterans and individuals who were formerly incarcerated (FI). These populations are particularly vulnerable to trauma due to the violent nature of warfare and incarceration. Veterans who have been in combat may have been exposed to war and the constant possibility of killing and dying while serving their country, and the FI may have faced the same while serving time for their alleged crimes. Both populations face barriers and challenges as they try to reintegrate back into mainstream society.

It is vital that all returning community members be treated with respect and offered equal access to necessary treatment. The VA currently has "almost 200 PTSD treatment programs across the country" (U.S. Dept. of Veteran Affairs), while treatment options for the FI population in California, in most cases, consist of one behavioral health provider for each of the state's 110 parole units. There are currently approximately 45,000 people on parole in the state (Hayes and Goss, 2018.

Understanding the barriers that exist, such as the stigma attached to treatment and fear of being vulnerable, is essential if we hope to close the gap between patients and care and provide competent, evidence-based interventions, resources, and treatments for both populations.

Background

PTSD is a debilitating disease that has existed for thousands of years. The discovery of stone tablets written in cuneiform from ancient Mesopotamian provides us with evidence of holistic healers known as *Asipus* and *Asu* who identified, diagnosed, and attempted to treat what we now know were symptoms of PTSD (Hamid and Hughes, 2014). Horwitz (2015) argues that, as a phenomenon, PTSD has been misdiagnosed, mistreated, and even criminalized in America's past. During and following the Civil War, soldiers were often misdiagnosed and even sent to insane asylums and prison for expressing symptoms of PTSD (Horwitz, 2015). The writer also points out terms such as "shell shock," "combat fatigue," and "old sergeants' syndrome" were attempts to label and categorize symptoms of PTSD.

While the effects of spending time in prison were not well-documented until the 19th century, the concept of prisons has been discovered in Mesopotamian and Egyptian records from as early as 1,000 BC. Prisons have been used throughout history as a means of controlling captured enemies, slaves, and criminals. Known for the violence and brutality bred there, prisons were, historically, the last stop before a death sentence was carried out. It was not until the end of the Civil War when soldiers were released from prisons like the infamous Andersonville in Georgia that the effects of what we now know are PTSD as a result of imprisonment in the United States were recorded.

Although there is increased awareness of how prison conditions, abuse, and long-term incarceration affects inmates psychologically, little has changed in terms of treatment for these individuals once they are released from custody. Despite the commonality of PTSD symptoms between veterans and the FI, few, if any, intervention programs are readily available to the FI population.

Findings

This study was mixed method, collecting data through surveys and questioners. The researchers identified common self-reported themes, which were then coded. The results revealed that although the participants experienced trauma in different ways and in different scenarios, the resulting symptoms were similar. Also, though various evidence-based treatment modalities were available to veteran participants and only talk therapy was available to the FI, only one participant from each population was currently receiving treatment. The majority of study participants chose not to utilize treatment interventions for reasons ranging from mistrust of providers to the stigma of being labeled "crazy" attached to those seeking treatment for mental health issues.

Recommendations

It is important for all who serve these populations to keep in mind that these are their neighbors returning to their communities regardless of where they are returning from. The overall health of a community depends on the health of all its members, not just the ones who have served their country or have not been in any legal trouble. The more these similarities and discrepancies are examined, the better the likelihood that the gaps will be addressed. Therefore, more, larger, and longer-term studies are required to produce generalizable, more stable, reliable results. Results from small studies such as this run the risk of undermining "the internal and external validity of a study" (Faber and Fonseca, 2014, p. 29). It is also recommended that a more diverse group of participants be recruited that includes individuals from the LGBTQ community.

African Americans with Type 1 and Type 2 Diabetes in San Joaquin County: Barriers Associated to Biases and Stereotypes in Diabetes Care

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SOCW: Capstone Project

Master of Social Work Program, University of the Pacific Sacramento

SOCW 223: Practice-Informed Research in Health Sciences

Professor Katie Savin

December 1, 2021

Executive Summary

Background

African Americans are proportionately affected by Diabetes Mellitus. They are more susceptible to having complications and worse health outcomes after a diabetes diagnosis than any other race. African Americans also encounter the most racism, discrimination, biases, and stereotypes in the healthcare field. Due to the lack of Black healthcare professionals many African Americans do not get the healthcare treatment they are seeking with non-Black providers. Many African Americans do not trust their providers who are not Black therefore do not get the care they need to maintain their diabetes, which leads to poorer health outcomes. This study identifies the barriers African Americans with diabetes must endure that impacts their access to healthcare. This study will also explore stereotypes, discrimination, and biases many African American with diabetes receive from their healthcare providers. Due to the lack of research on the experiences of African Americans with diabetes and their interactions with the healthcare field, researchers have conducted a two-hour focus group to navigate the effects diabetes mellitus has on the Black community in Stockton. African Americans in Stockton, California has the highest prevalence of type 2 diabetes, and those living in underserved areas are at risk the most due to the Social Determinants of Health (SDOH). African Americans with diabetes are often subjected to discrimination due to biases and stereotypes that impacts the care they are receiving from their healthcare providers. The patient and provider relationship may be poor due to the lack of cultural sensitivity, empathy, and trust.

Methods

6 Black participants (3 Black males/3 Black women) with diabetes mellitus who are being treated in Stockton, CA. Between the ages of 18-65 attended a 2-hour focus group held by 2 Black researchers attending the University of the Pacific MSW program. Questions in the survey were centered on the treatment and care of their feelings towards their diabetes treatment. Researchers used demographic survey and focus guide that consisted of open-ended questions about their feelings towards diabetes, perceived discrimination, biases, and stereotypes in the healthcare field. Questions in the survey asked, “What type of barriers has the biggest impact on your diabetes”? Select all that apply 1) Transportation 2) Work 3) Child Care 4) Food choices 5) Communication 6) Diet 7) Exercise 8) Insurance 9) Time.

Findings

Concluded, there is a significant need for more Black healthcare professionals in Stockton who are skilled professionals about the disease to increase educational values, decrease biases and stereotypes and lower the diabetes epidemic in San Joaquin County. Participants highlighted lack of culturally competent providers, perceived discrimination, being bias, lack of access to proper nutrition education, lack of access to care, struggles in managing their diabetes as barriers. Participants in the focus group concluded that there are no Black doctors treating the Black population with diabetes in Stockton and they do not get the proper access to care such as seeing a nutritionist to explore other options besides medication, to treat their diabetes. All focus group participants reported they did not have access to an African American provider who specializes in diabetes care. Participants felt that their White, African, Indian, or Hispanic doctor could not relate to them and did not understand the Black culture which has an impact on their diabetes regimen. Participants felt that the providers only see them for a short amount of time and do not incorporate a dietician into their health plan. Therefore, their needs are not being met because providers do not fully explain the treatment plan, diet, medication regimen, or give them enough education about diabetes.

Telehealth Services for Transgender Individuals

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SOCW 223: Practice-Informed Research in Health Systems

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December 1, 2021

Executive Summary

This study looked into the positive and negative effects of telehealth services on the transgender community during the Covid- 19 pandemic. Via collaboration with the gender health. Center in Sacramento, five participants were interviewed utilizing a semi-structured questionnaire. Some of the major points that have been found in this study show that there are about an equal number of positive and negative effects telehealth and Covid- 19 has had on the transgender community. Interviewers noted that they were generally affected by the Covid- 19 pandemic which led to isolation and deterioration of their mental health. Some participants found the telehealth challenging due to isolation and lack of privacy because of the need of having sessions in their homes. Internet challenges were also found to be an issue that compromised quality services through telehealth. One of the positive effects the pandemic has had on the research participants was that telehealth provided more ease for some and did not have to worry about transportation for their sessions. Some also found they enjoyed having telehealth sessions because they preferred their sessions in the comfort of their own home.

There are many recommendations to continue to be made in this kind of study. Some of the recommendations are to have more research participants to collect more effective data. It is also recommended to have more trans-affirming care and to include information on transgender demographics. The main results of this study include how the transgender community has been affected by the Covid- 19 pandemic and what was learned from the study to help increase the needs and more positive outcomes for the transgender community.

Social Determinants of Health that Bring People with Diabetes to the Emergency Department in Stockton, California

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SOCW 223: Practice-Informed Research in Health Sciences

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November 10, 2021

Executive Summary

Purpose of report

The project entailed a process of conducting assessments with patients that were recently treated at St. Joseph's Hospital during the COVID-19 pandemic. The research was based on journal articles about how people with diabetes utilize emergency departments for care. Other research topics were socioeconomic status, healthcare literacy, transportation to medical appointments, and food insecurities not having the proper food for their diet. The purposes of this report are to

- Determine the Social Determinants of Health (SDOH) that patients with diabetes were affected by and were seen at St. Joseph's Medical Center's emergency department.
- Suggest ways to decrease hospitalizations for patients with diabetes seen in the emergency room.

Methods

A survey was conducted to assess the SDOH of patients that have attended the emergency department due to diabetes-related conditions. The list of participants was given to the researchers by St. Joseph's Medical Center's Community Outreach Department. A total of 10 participants were interviewed. The survey included sections with questions focused on the patient's socioeconomic status and living situation, finances, mental health, education, and medical condition. Some topics may have raised difficult emotions in some patients; thus, a suicide screener and referral process was prepared to use if needed. There were not any patients that experienced thoughts of suicide at the time of the assessment.

Findings

Participants’ responses were organized into sections on depending on topic area. The many themes that arose based on the topic areas were social support, education, socioeconomic status, and diabetes distress.

- 2/10 participants that mentioned they had a sound support system.
- 5/10 participants that reported not understanding the materials that were given to them by the doctors.
- 6/10 participants that mentioned they were unemployed.
- 8/10 participants struggled with diabetes-related distress

Recommendations

Based on the findings, the recommendations include

- Provide people newly diagnosed with diabetes free diabetes education to learn how to manage their diabetes.
- Introduce mentorship programs within hospitals or clinics.
- Implement a diabetes distress scale that addresses any mental health concerns individuals with diabetes can be experiencing around their diabetes regimen.