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Training Welfare Caseworkers in Service Excellence: Increasing Children's Medicaid Coverage

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Abstract: Many low-income children who are eligible for public sector health insurance remain uninsured. There are many barriers to enrolling these children, but one key issue is parents' reluctance to use the services of the local enrollment agency, which is usually the welfare office. The Eastside Access Partnership, a community-academic coalition on the Eastside of Detroit, addressed the problem of uninsured-but-eligible children through a variety of interventions focused on (1) enhancing community members' understanding of the enrollment process and (2) reducing institutional barriers to enrollment. One of these interventions addressed the institutional barriers by developing a customer service excellence training program for welfare caseworkers. The training program curriculum, which was developed following the principles of community-based participatory research, included extensive input from community residents, welfare agency staff, and academic researchers. The training sessions received positive evaluations from participants and agency executives. A more thorough evaluation of the project is under way.

Key words: Welfare caseworkers, customer service, uninsured children, Medicaid, medical assistance.

Background

The Eastside Access Partnership (EAP) is a community-based participatory research (CBPR) coalition on the Eastside of Detroit. The EAP is an affiliate of the Detroit Community-Academic Urban Research Center (URC).¹ Community-based

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participatory research (CBPR) in public health is a partnership approach to research that equitably involves community members, organizational representatives, and researchers in all aspects of the research process, with all partners contributing their expertise and sharing responsibility to enhance understanding of a given phenomenon, and to integrate the knowledge gained with action to improve the health and well-being of community members.² (See Box 1 for CBPR Principles.) Eastside Access Partnership collaborators believe that by working in a truly equal partnership, the EAP can be more effective in achieving its goals than by employing more traditional top-down methods of community outreach, in which direction has often come from those with the most power. These traditional collaborations have not only often failed to benefit community health, but have sometimes caused harm and distrust.²

Since one of the original priority areas identified by the URC Board was access to quality health care, several members of the partnership (including three community-based organizations, the Detroit Health Department and the University of Michigan School of Public Health) created the EAP, whose major goal was to address issues of access in the community. We began by examining the health care coverage of children on the Eastside of Detroit. Using a randomized community survey previously conducted on the Eastside,³ state-level data, and other available data,^{4,5} we estimated that there were between 2,700 and 3,000 uninsured children on Detroit's Eastside in 2000. Based on the very low average family income in the 3 ZIP code areas on which we focused (\$24,633 in ZIP 48213; \$22,772 in ZIPs 48214

Box 1.

KEY PRINCIPLES OF COMMUNITY-BASED PARTICIPATORY RESEARCH

1. Recognizes community as a unit of identity.
2. Begins with and builds on strengths and resources within the community.
3. Facilitates collaborative, equitable partnership in all phases of the research, involving an empowering and power sharing process.
4. Promotes co-learning and capacity building among all partners involved.
5. Integrates and creates a balance between knowledge generation and action for mutual benefit of all partners.
6. Emphasis on local relevance of public health problems and ecological approaches that address the multiple determinants of health and disease.
7. Involves systems development through a cyclical and iterative process.
8. Disseminates findings to all partners and involves all partners in the dissemination process.
9. Involves a long-term process and commitment.

Source: Schulz, AJ, Israel, BA, Selig, S, et al. Development and implementation of principles for community-based research in public health. In: MacNair RH, ed. Research strategies for community practice. New York: Haworth Press, 1998; 83–110. Used with permission of Haworth Press.

and 48215), we believed virtually all of these uninsured children were eligible for Medicaid.^{6,7} Prior research has shown that uninsured children use less health care and suffer worse health status than insured children with the same demographic characteristics.^{8,9}

In order to understand why eligible children were not being enrolled in Medicaid by their parents, in 2001 the EAP conducted 7 focus groups with 45 community residents and advocates, and 20 Family Independence Agency (FIA)* (Michigan's welfare department) staff. The focus groups, as well as all other research activities of the EAP, were conducted with approval from the University of Michigan Institutional Review Board. Focus group results were analyzed using ATLAS.ti¹⁰ software and revealed the following barriers to enrollment: confusion over recent changes in the welfare system, lack of understanding of eligibility criteria, and reluctance to "go back on welfare once you have a job." Participants stressed poor quality service, intrusive questions and "the way they treat you" at the FIA office as deterrents. These barriers are similar to those identified in other local and national surveys.¹¹⁻¹³

Based on the focus group data, the EAP partners invited three District Managers of local FIA offices to become members of the EAP, since their organization was identified as a major barrier to enrollment in Medicaid. The EAP then launched a multi-faceted intervention, to focus both on improving community members' attitudes toward FIA and understanding of the enrollment process, and on the institutional barriers posed by FIA. The efforts to change the knowledge, attitudes, and behaviors of Eastside community members are discussed elsewhere.¹⁴ We report here on the intervention undertaken in 2003 to address institutional barriers to enrollment associated with FIA.

Program Description

The EAP decided that the primary intervention undertaken at FIA would be a series of customer service excellence training sessions for FIA staff. The goal was to improve the ability of caseworkers to handle customer service problems and to develop on-going processes for improving service quality. This intervention is, we believe, unique in that it involved a community partnership in the design and implementation of a program to create organizational change and quality improvement within state welfare offices.

Using CBPR methods, input on the content and nature of the training program was obtained from community residents, staff of community organizations, managers of local FIA offices, university faculty, and a service excellence consultant. The egalitarian values of the partnership fostered the free flow of ideas and the development of a creative curriculum that focused on the issues confronting staff in these offices. An example of the collegial spirit engendered by the CBPR principles is that the FIA representatives to the EAP contributed immensely to the project, even though the FIA was the target of severe criticism by community members.

* Now known as the Michigan Department of Human Services.

(Note: It is important for the reader to understand the turbulent environment that confronted FIA as this training program was being planned. Because Michigan projected a substantial budget deficit, FIA was subjected to considerable budget cutting and widespread restructuring. Immediately preceding the training, 22% of the FIA workforce, half from the Detroit area, took early retirement. Three of the six FIA offices originally designated either as program intervention or control sites were closed before the training began. Participants in the training program came from two of the remaining FIA offices; one new office was added as the second control site.)

The training program focused on two main areas: (1) strengthening employee knowledge and use of the FIA's mission, vision, and values in customer relations; and (2) providing tools and resources to improve customer service. The training program was designed to be highly interactive, engaging, and enjoyable. To maintain staffing at each office, we ran 3 separate 4-session programs contemporaneously. About one third of each office's caseworkers (about 10–15 workers) attended each program. The small size of each group (20–25 participants) facilitated exercises and encouraged meaningful, open discussion. Each session focused on a specific topic related to customer service and the changing expectations of employees, managers, and customers were explicitly addressed throughout.

The first two sessions focused on understanding excellent service and time management and organizational skills. In Session 1, titled *Defining Excellence*, participants identified barriers to excellent customer service and discussed ways to exert influence or control over them. The session began with an unannounced simulation of a client's perception of the customer experience at FIA in which we provided a rude and unhelpful welcome to participants as they arrived at the training site. The goal of this surreptitious exercise was to increase participants' understanding of and empathy for the frustration their customers frequently describe experiencing. This led to FIA workers listing feelings invoked by the simulation, which then enabled the facilitator to compare the list compiled by the caseworkers with a similar list about customer service at FIA, generated previously in our focus groups with FIA customers. The two lists were nearly identical in both content and tone. This exercise successfully focused the caseworkers on the issues at hand. Participants then developed their own definitions of excellent service, listed barriers they encounter when trying to provide excellent service, and shared their best practices for overcoming barriers, such as prioritizing cases. This session was based on the idea that the first step to employee empowerment is for employees to understand which elements of the workplace they control.

Another training exercise employed the Sphere of Influence model,¹⁵ as a means to encourage employees to take responsibility for the elements of their jobs over which they do have control. Participants discussed the list of barriers they previously generated, determined the amount of control each participant had to overcome such barriers, and shared strategies for gaining situational control over problems outside their direct influence. Feedback provided by participants revealed that many found this exercise empowering. Before leaving, participants committed to keeping a log of all of their activities for a complete workday.

Session 2, *Maximize the Moment!* focused on time management and organizational skills. Participants used their own time logs and Covey's time management matrix¹⁶ to identify the importance and urgency of their daily activities. Participants who considered themselves proficient time managers shared their strategies for accomplishing important but not urgent tasks that often get pushed aside, and for minimizing the time spent on urgent but unimportant tasks.

Sessions 3 and 4 focused on managing stress and stressful relationships. In Session 3, *Understanding Stress*, participants defined stress and its role in the work place. They shared methods that they used and then were shown additional methods for overcoming stress through problem-solving, social support, and personal stress relief, including biofeedback and relaxation methods. This session even included stress relief techniques demonstrated by a relaxation therapist. Participants were also asked to identify unresolved work problems that caused stress. In small groups, they developed specific actions and timelines to help solve the problems. They identified support networks and assessed their adequacy.

Session 4, *Relationship Management*, included discussion of various client types and personality styles in an exploration of the working styles of managers, clients, and coworkers. Participants completed a behavioral style assessment questionnaire to determine personal work styles, and were encouraged to think about benefits and challenges of working with people who possess similar or divergent styles. They classified themselves using a matrix similar to that of the Myers-Briggs tests.¹⁷ Participants role-played strategies for interacting with different types of FIA customers in an effort to make such exchanges successful and productive.

The four training sessions were conducted outside the FIA offices, with no managers or supervisors present. An expert in customer service excellence, who is a Detroit native with experience working on the Eastside, led the sessions. Throughout the training, she emphasized complete honesty in the discussion of workplace issues and the maintenance of strict confidentiality, making it clear that participant comments would never be shared with FIA management. (On several occasions, however, participants requested that we refer comments to management.) Overall, employees attended four training sessions, spaced three weeks apart, from April through July 2003.

Discussion and Evaluation

There are four key findings from this project. First, perceptions of poor customer service at local welfare offices create a barrier to enrolling low-income children in health insurance. Second, the high workloads of caseworkers and persistent staff and organizational changes that characterize local welfare offices present a barrier to excellent customer service. Third, caseworkers demonstrated individual practices that contribute to customer service; our training empowered them to consider how these practices contribute to excellent service and how they might improve customer service. In other words, these changes required individuals simply to recognize what they were already doing well and to adopt best practices. Finally, coalitions that

include community organizations, welfare agency staff, and universities can design and implement effective customer service training programs for caseworkers.

The training program objectives of achieving excellence in customer service by reducing workplace stressors and by improving work relationships were emphasized at each of the training sessions. The training program was successful both in the number of employees trained and in providing useful work skills. Over 75 employees attended the sessions. Responses to the evaluation question: "How useful was the workshop for your work?" [scaled from 1 (not at all useful) to 5 (extremely useful)] generated an overall mean for the 12 sessions of 3.80, which was considered a highly positive result by FIA management. We are currently engaged in an evaluation of long-term outcomes of the training program through a pre- and post-intervention survey of both employee job satisfaction and customer satisfaction in the 2 focal FIA offices and 2 comparison offices.

Partnership members have met with district managers of the participating FIA offices and with the Michigan State Director of the FIA to discuss issues raised by participants. Management has been supportive of continuing discussion on how to further institutionalize a customer service excellence culture at FIA. In addition, a more thorough evaluation of the effects of the EAP's activities on Medicaid enrollment is under way.

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Notes

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