Improving Accessibility of Health and Social Services for Low German Speaking Mennonites

Technical Appendix

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Improving Accessibility of Health and Social Services for Low German Speaking Mennonites: Technical Appendix

Purpose and Research Questions

This situational assessment focused on the accessibility and delivery of health and social services to Low German Speaking (LGS) Mennonite children (0-12 years) and families in Elgin[a], Oxford and Norfolk Counties. The purpose of this assessment was to inform the delivery of health and social services (services) in the three study regions.

The project answered the following questions:

1. What gaps in programs and services exist for LGS Mennonite children and families in Elgin, Oxford and Norfolk Counties?
2. What barriers and facilitators to program and service delivery exist for providers in Elgin, Oxford and Norfolk Counties?
3. What barriers and facilitators to accessing programs and services exist for LGS Mennonite children and families in Elgin, Oxford and Norfolk Counties?

Secondary research questions, indicators and data sources are listed in the evaluation matrix (Appendix A).

[a] For readability purposes, Elgin County is used to refer to Elgin-St. Thomas.

Study Design

This assessment used two methodological approaches: an inventory of services and phenomenology – the study of lived experience. Data collection and analysis were carried out simultaneously from July 2018 to May 2019.

The service inventory was conducted to understand the service landscape for LGS Mennonite children and families in Elgin, Oxford and Norfolk Counties. Phenomenology is a qualitative research methodology used to study the lived experience.[1] We used this methodology to understand the essence of two phenomena: accessing and delivering health and social services as it relates to LGS Mennonite children and families. In particular, van Manen's approach to hermeneutic phenomenology was used to explore the above phenomena.[1]

Our methods were informed by best practices and via input from people who were knowledgeable about the LGS Mennonite community (i.e. community members, health and social service providers, researchers and educators). Members of the project team conducted consultations with these people to obtain insight on aspects, such as the overall sensitivity of the project, appropriate data collection methods and suitable knowledge dissemination products. Additionally, LF (a project team member who grew up in a LGS Mennonite community) and the advisory committee (made up of individuals who provide services and/or are members of the LGS Mennonite community) provided guidance and expertise with respect to this project and the LGS Mennonite community.

Recruitment

We sought two types of participants for the qualitative portion of this study. The first set of participants were service providers who currently or previously provided services to LGS Mennonite children and/or families. We recruited a purposive sample of service providers, aged 16 years or older, who speak and understand English. We used information from the inventory of services to recruit service provider participants from all three study regions via email. In this email, we provided potential service provider participants with information about the purpose

and intentions of the project and the key informant interviews. Potential service provider participants could choose to be interviewed or invite others from their organization to participate. If potential participants expressed interest in being interviewed, they were invited to schedule an interview at a time and location of their choosing. Prior to the start of the interviews, the letter of information was read to service provider participants and we obtained informed consent. Service provider participants were not compensated for their time.

The second set of participants were LGS Mennonite parents or caregivers of children who accessed or had tried to access services. A purposive sample of these participants were recruited through service providers, gatekeepers, radio advertisements and cultural insiders in the community. Recruiters were advised of the inclusion and exclusion criteria for participants and were asked to identify potential participants based on their knowledge of community members. Once identified, the recruiters provided information about the project to potential participants and if potential participants showed interest in the project, they were directed to contact the interviewer via phone for more information. The interviewer then screened the potential participants to ensure that they met the following criteria:

- were 16 years or older
- identified as members of the Low German Speaking Mennonite community
- were parents or caregivers of children 0 to 12 years
- spoke Low German or English
- lived in Elgin County, Oxford County or Norfolk County
- accessed or had tried to access health and social services

If potential LGS Mennonite participants met the inclusion criteria, the interviewer read the information letter to them and if potential LGS Mennonite participants expressed interest in being interviewed, they were invited to schedule an interview at a time and location of their choosing. Potential LGS Mennonite participants were asked additional questions about their child's/children's education experience to identify levels of conservatism and if they wanted to receive a $20 gift card from a local grocery store or Walmart as a token of appreciation for participating in the interview. Prior to the start of the interviews, the letter of information was once again read to LGS Mennonite participants and informed consent was obtained. Low German Speaking Mennonites are known to have low levels of literacy[2,3]; therefore, the interviewer completed and signed the consent form to document that LGS Mennonite participants understood the purpose, risks and benefits of the project and agreed to continue.

Data Collection

Service Inventory

A service inventory was conducted to understand the health and social service landscape for LGS Mennonite children and families in Oxford, Elgin and Norfolk Counties. We performed a search of two health and social service databases (211Ontario.ca and Southwesthealthline.ca) for services located in each of the three study regions. To be included in the inventory, services had to meet the following criteria:

- located in Oxford, Elgin or Norfolk Counties
- target audience: children (0-12 years old) or families
- addressing health or social services
- not restricted to rostered patients of a family physician, family health team, nurse practitioner-led clinic or community health centre
- not offered by a committee or coalition

The service data were entered in a Microsoft Excel file with the following column headings: service name, organization name, region (i.e. county in which services are located), municipality, type of service, targeted service, target population (i.e. children 0-6, children 7-12, parents/guardians of children 0-6, parents/guardians of children 7-12), and gender(s) served.

Phenomenological Research

During the interviews, participants were asked broad, open-ended questions to elicit rich, in-depth responses about their experiences. We used a semi-structured interview guide (Appendix C) with questions based on the three components of accessibility (i.e., availability, affordability and acceptability)[4]; however, participants guided the conversations based on what they determined to be the salient elements of their experiences. The interviewer was flexible and responsive to important experiential elements highlighted by participants[5] and asked probing questions to elicit more detail and rich descriptions of their experience. The service provider

interviews lasted between 40-80 minutes and the LGS Mennonite interviews lasted between 20-60 minutes.

All interviews were audio recorded, translated (for those interviews conducted in Low German) and transcribed verbatim (with identifying information removed). During the interview, the interviewer wrote field notes. After each interview, the interviewer wrote short summaries (i.e. memos) of their own thoughts, experiences and role within the interviews to provide additional context for data analyses. Consistent with qualitative research, these summaries, along with data analyzed in the interviews, also helped shape questions asked to participants in subsequent interviews.[6] The interviewer debriefed with other members of the project team throughout the data collection phase. This was conducted to solicit feedback from the team and ensure the interviewer's interpretations reflected the experience of either accessing or delivering health and social services to LGS Mennonites.[7]

Data Analysis

Service Inventory

The data from the service inventory was analyzed using Microsoft Excel. Pivot tables were used to obtain counts for the overall number of services available in the three study regions, as well as counts for the following categories: region, municipality, type of service, targeted services, target population and gender(s) served. Additionally, cross-tabulations of frequencies between the following categories were conducted:

- targeted services and type of service
- targeted services and target population
- targeted services and region
- targeted services and gender
- type of service and target population
- type of service and gender

- type of service and region
- target population and region
- target population and gender
- gender and region

Phenomenological Research

Data collection and analysis occurred simultaneously, enabling us to shape questions for later interviews based on analysis of earlier ones. Thematic analysis was used to understand the essential components of accessing and delivering health and social services. This form of analysis included line-by-line coding, determining essential themes and describing the essence of the experience.

Line-by-line coding consisted of examining each sentence in transcripts and field notes to understand the experience of the phenomenon. Specifically, sentences were labeled with codes to classify meanings of particular experiences. As analysis progressed, some codes were newly created, while others were repeated, refined or even combined. Once coding was complete, the remaining codes became the basic or essential themes of the text.[1]

Essential themes are vital elements of a phenomenon that, without them, would alter the experience of it. According to van Manen, questions that may be asked to help determine if themes are essential include:

- "Is this phenomenon still the same if we imaginatively change or delete this theme from the phenomenon?" and
- "Does the phenomenon without this theme lose its fundamental meaning?"[1, p.107]

Therefore, we analyzed the data to understand how themes provided meaning to the overall experience and how elements within these themes could differ among different groups of people (e.g. people who speak English vs. people who only speak Low German). We described each essential theme and its contribution to the meaning of the experience.

To determine the essence of the experience, we reviewed the descriptions of all the essential themes and determined the underlying premise that existed across all themes.[8] The interviewer

conducted member-checking[7] with two service provider and six LGS Mennonite participants prior to the publication of the final report to ensure our analyses resonated with the participants' experiences. All participants contacted for member-checking said the analyses resonated with their experiences.

Limitations

The service inventory provided us with a broad overview of the services available in the study regions. However, because the data were limited to the services found in either of the databases (i.e. 211Ontario.ca and Southwesthealthline.ca), a comprehensive list of all services in the three study regions was not assessed.

The lived experiences of accessing or trying to access services may not be representative of all LGS Mennonite parents or guardians in the three study regions. We were unable to recruit participants who lived in Oxford County. Our findings, therefore, are limited to those experiences of LGS Mennonite participants who lived in Elgin and Norfolk Counties. Yet, it should be noted that many participants identified that they traveled into Oxford County to access services even though similar services were available in their region. Although we attempted to recruit both men and women for our assessment, all our participants were women. Men generally worked during regular business hours, whereas women were more available during these times.[b] Our findings, therefore, may not resonate with LGS Mennonite men's experiences.

Most of our participants were recruited through services in the study regions. We are unaware of any participants that were recruited solely through the radio advertisements and we cannot comment on the impact of the advertisements on the women's decisions to participate. Therefore, individuals who did not regularly access these types of services may have not had their experiences represented in our findings to the same extent as those who did regularly access services.

[b] The second author of this report has insider knowledge of the LGS Mennonite communities in these geographic regions because she was raised in an LGS Mennonite community and speaks Low German.

Because LGS Mennonites consist of many sub-denominations or groups which vary in their level of religious conservatism, we attempted to recruit a diverse group of LGS Mennonite participants who belonged to these different groups. During our recruitment process, we asked LGS Mennonite participants about their child's/children's education experience to identify levels of conservatism because, during our consultations with community members and researchers, it was revealed that this method would be more culturally sensitive than asking participants about their affiliation to particular church denominations. However, we found that this information was not always obtainable, as some of our LGS Mennonite participants had children who had not yet attended school. In other instances, this information was inconclusive: some LGS Mennonite participants with multiple children had their children attend different schools. In the future, researchers may want to consider other proxy measures to identify religious conservatism.

References

1. van Manen M. Researching lived experience: human science for an action sensitive pedagogy. London, ON: The Althouse Press; 1990.

2. Brubacher C. Low german mennonite experiences in alternative education programs in southwestern Ontario. [Brantford, ON]: Wilfred Laurier University; 2016.

3. Rempel LH. Opening doors: information and resources for service providers working with Low German Speaking Mennonites from Latin America [Internet]. Kitchener, ON: Mennonite Central Committee; [cited 2018 Feb 13]. p. 74. Available from: https://mcccanada.ca/sites/mcccanada.ca/files/media/ontario/documents/opening_doors.pdf

4. Ontario Centre of Excellence for Child and Youth Mental Heatlh. Evidence in sight: access to child and youth mental health services [Internet]. Ottawa, ON: Ontario Centre of Excellence for Child and Youth Mental Health; 2015 [cited 2018 Feb 20]. Available from: http://www.excellenceforchildandyouth.ca/sites/default/files/resource/eis_access_to_child_and_youth_mental_health_services.pdf

5. Rubin H, Rubin I. Qualitative interviewing: the art of hearing data. Thousand Oaks, CA: Sage; 2011.

6. Birks M, Chapman Y, Francis K. Memoing in qualitative research: probing data and process. J Res Nurs. 2008;13(1):68–75.

7. Guba E. Criteria for assessing the trustworthiness of naturalistic inquiries. ERIC/ECTJ Annu Rev Pap. 1981;29(2):75–91.

8. Gibbs LB. Pursuing balance: experiences of occupational adaption in women with hip and knee osteoarthritis. [London, ON]: University of Western Ontario; 2009.

Appendix A – Evaluation Matrix

Question	Indicators	Data Sources
1. What gaps in programs and services exist for LGS Mennonite children and families in Elgin, Oxford and Norfolk Counties?		
1a. What services exist in Elgin, Oxford and Norfolk Counties?	List of services	Environmental scan
1b. What are the characteristics of each service offered in Elgin, Oxford and Norfolk Counties?	% providing targeted services: - Targeted (LGS Mennonite-specific) services - Non-targeted services % providing particular type of service: - Health services (primary, secondary, tertiary) - Public health services - Social services % targeting or serving each of the following subgroups: **Target population** - Children (0-6) - Children (7-12) - Families (0-6) - Families (7-12) - Other target groups **Gender** - Males only - Females only - Any gender - Other gender group % providing service in each of the following regions: - Elgin County - Oxford County - Norfolk County	Environmental scan
1c. What gaps in service availability exist?	Cross-tabulated frequencies of services in each of the categories:	Environmental scan

	- Targeted services and type of service - Targeted services and target population - Targeted services and region - Targeted services and gender - Type of service and target population - Type of service and gender - Type of service and region - Target population and region - Target population and gender - Gender and region Service gaps identified by: - service providers - people with lived experience	Interviews

2. What barriers and facilitators to program and service delivery exist for providers in Elgin, Oxford and Norfolk Counties?

2a. What are essential themes of service providers' experiences of coordinated service and program delivery?	Essence of the experience and essential themes of the experience from service providers' data	Interviews

3. What barriers and facilitators to accessing programs and services exist for LGS Mennonite children and families in Elgin, Oxford and Norfolk Counties?

3a. What are essential themes of peoples' lived experiences accessing services and programs?	Essence of the experience and essential themes of people with lived experience's data	Interviews

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