



Community Health Worker Initiatives and Community Voices:
Building on the Strengths of our Communities to
Increase Access, Eliminate Disparities and Provide Culturally-Responsive Health Care

Unity 2005 Conference
Plenary Session IV: National Community Health Worker Projects
March 29, 2004-April 1, 2004

Jacqueline Martinez, MPH, Director, Community Voices-New York

The Formation

- In 1998, health reform had fallen off the national policy agenda and the public safety net was in crisis
- Community Voices was launched as a five-year initiative
- Built a bridge between delivering services to the underserved and new policy solutions
- Second phase of Community Voices launched in 2003 – National Center for Primary Care becomes the national program office

Community Voices Sites: Learning Laboratories



Launch of Major Initiatives



YEAR

1998



1999

**Healthy
Communities Access Program
(HCAP)**

2000

2003

Four Major Objectives

- Sustained increased in access to health services for the underserved and uninsured with a focus on primary care and prevention
- Preserved and strengthened safety-net in the community within the context of an improved community

Four Major Objectives

- Changed delivery system in which care is delivered in a more cost-effective way and quality remains high
- Established models of best practices that provide examples of different approaches and strategies other communities can select from and adapt to their own unique circumstances

Program Areas

Plan and build capacity for informing public and marketplace policy in order to support system change

Community
Health Worker/
Outreach

Adult
Oral Health

Informing Policy &
Sustaining Progress

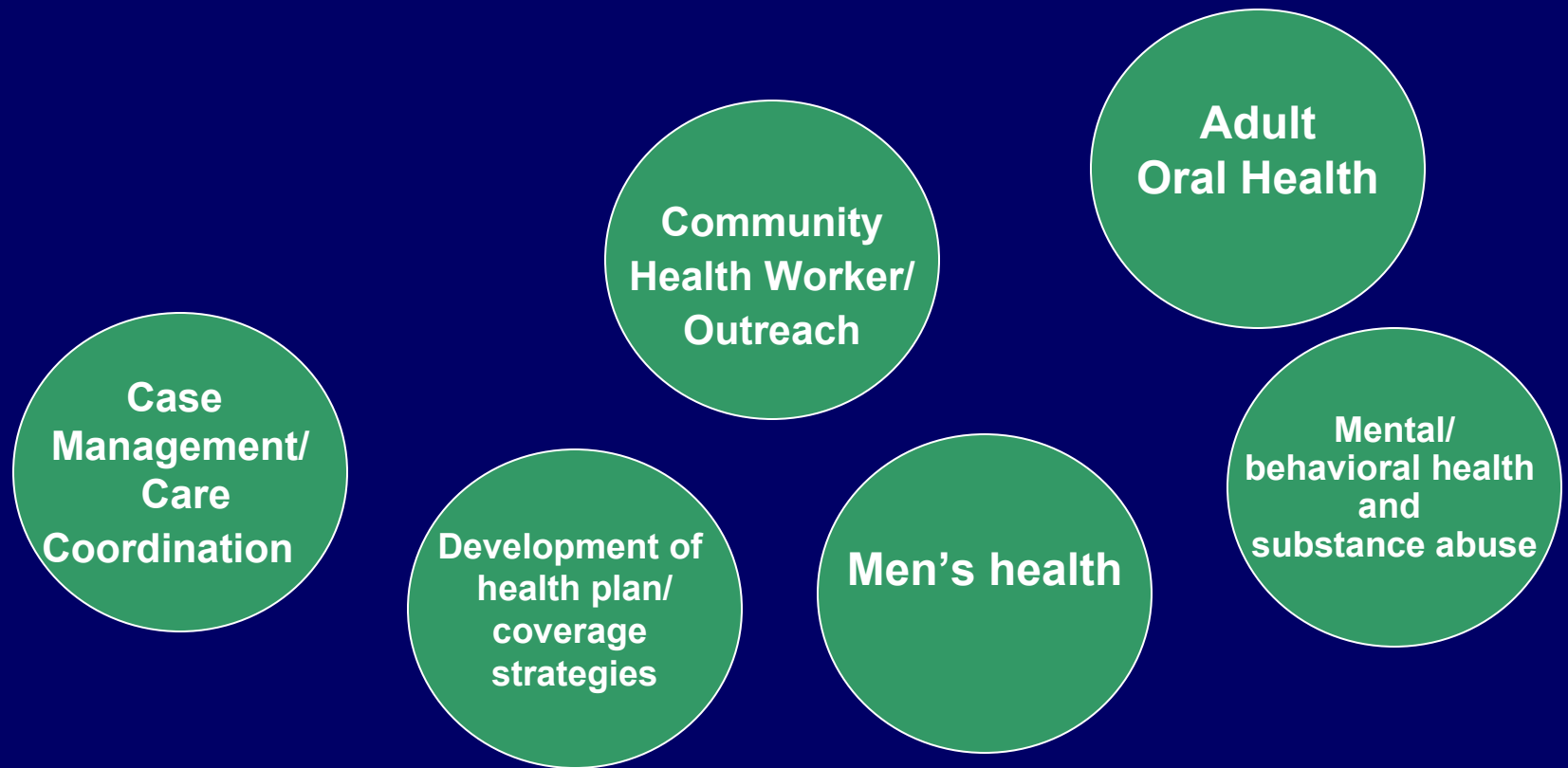
Case
Management/
Care
Coordination

Development of
health plan/
coverage
strategies

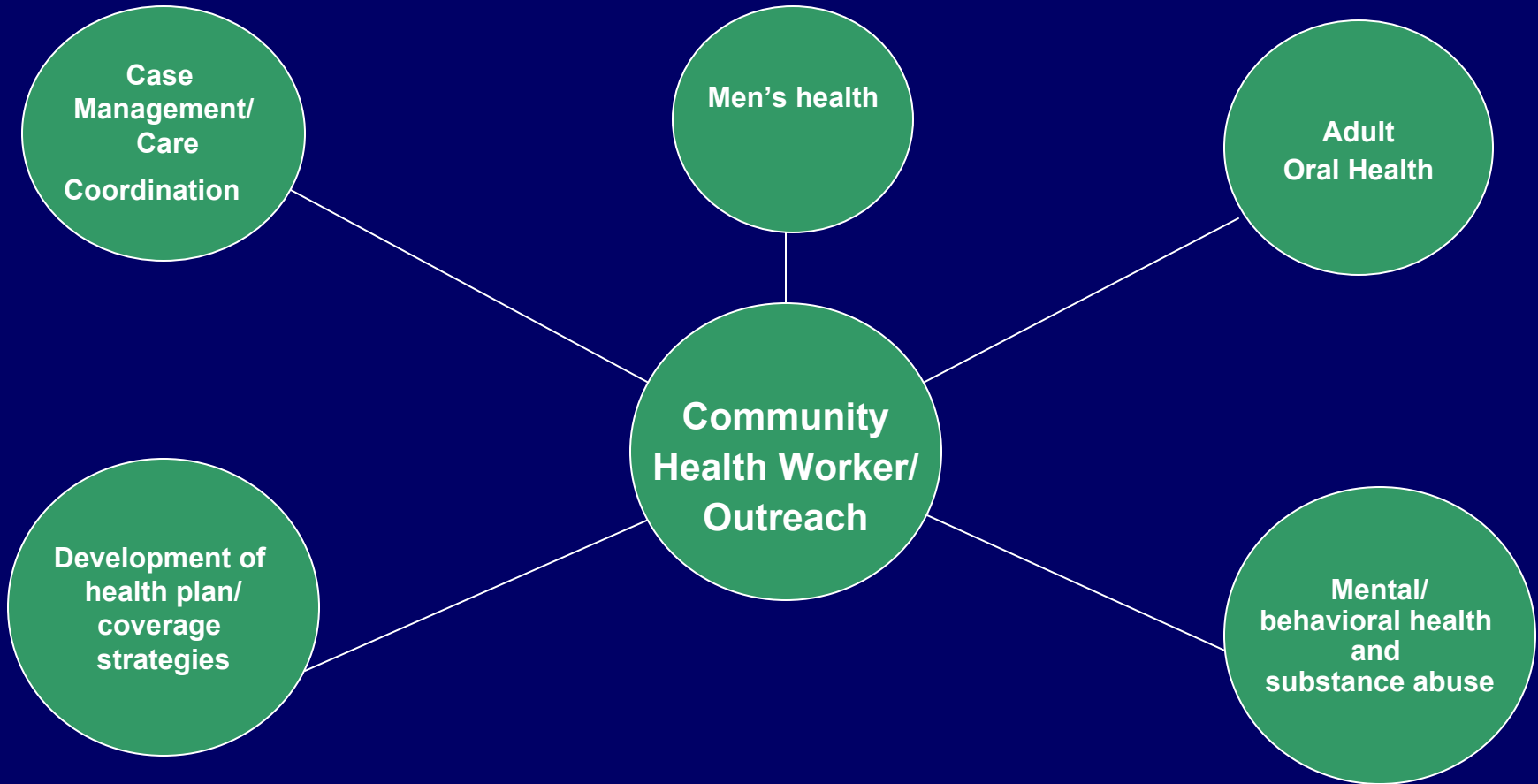
Men's health

Mental/
behavioral health
and
substance abuse

Community Health Workers take Center Stage



CHWs: Building Trust and Strengthening Linkages to Increase Access



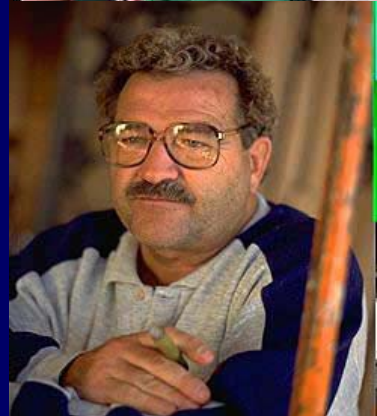


Community Health Workers & Community Voices

Improving Access to Care, Eliminating Health Care Disparities
in Multi-ethnic Communities

National Objectives

- Build sustainability for existing CHW programs
- Educate Managed Care Organizations and State Medicaid Agencies about CHWs
- Strengthen coordinated leadership in the CHW field
- Raise local and national visibility for CHWs



Learning Abroad...

- Trips to Latin America/UNI Projects and West Africa to learn from promotoras and frontline workers
- Dialogues with doctors, government officials and administrators to understand the context of the work accomplished by the programs

Insights from Latin America...

Community Health Workers: An expression of citizenship in health



Insights from Latin America...

Positive aspects:

- Women assuming responsibility in health
- Intensive seeking for information, education
- Territorial community organization facilitated outreaching health problems and risks on communities.
- Governmental favorable normative framework.

Negative aspects:

- Focus on reparative activities
- Preventive measures with unclear outcomes
- CHW utilization for increasing covertures
- Voluntarism as barefoot and under qualified workers
- Political exploitation



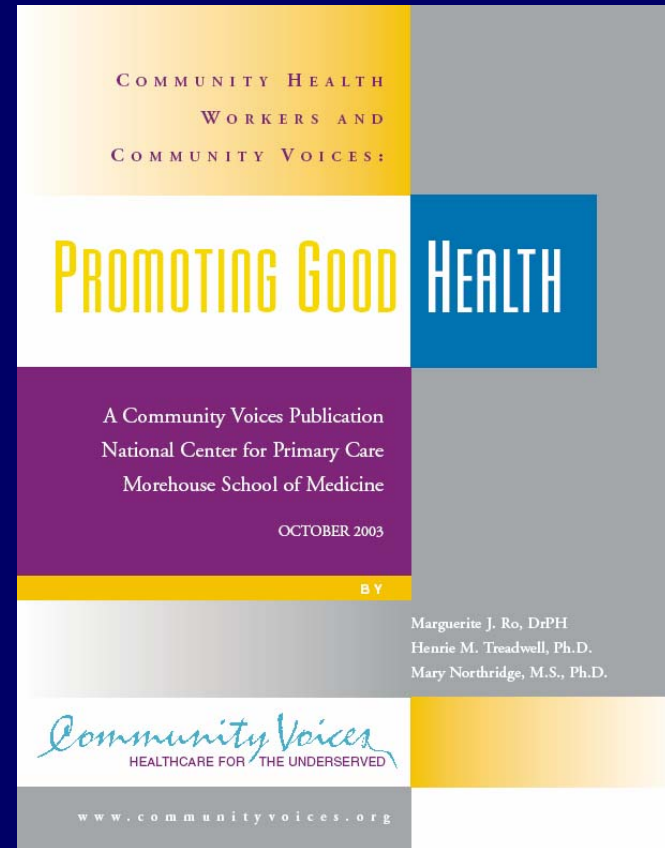
Insights from Latin America...



Community Health Workers & Community Voices

Lessons Learned from Latin American Promotora Model

- Based on Social Participation and Citizenship
- Women are charged with overseeing “social issues” such as: nutrition, education, justice, *and* health
- Based on a model of Volunteerism—However Power and Prestige are mobilized differently because of the value of position
- Challenge ahead was to apply lessons locally...



Community Voices—New York



Community Voices—New York

■ **Who we are:**

Northern Manhattan Community Voices is a partnership of over 35 community based-organizations and health care and academic institutions.

■ **Our mission:**

The collaborative's aim is to *increase accessibility* to primary care to the *uninsured and underserved* by *reducing the gaps in the health care system*

■ **Our accomplishments:**

- Formalized organizational structure that solidified community and institutional partnerships.
- Developed and implemented model programs to: facilitate insurance enrollment, reduce emergency room visits, lessen the burden of chronic disease and create a community context for promoting health and wellness.
- Strengthened existing services and secured funding to sustain new programs.

Northern Manhattan PORTFOLIO

An Array of Best Models for Community Health Worker Initiatives

- ALIANZA DOMINICANA: Best Beginnings, Facilitated Enrollment, Health Prevention Initiatives
- AMBULATORY CARE NETWORK: DIABETES MANAGEMENT PROGRAM
- ASTHMA BASICS FOR CHILDREN
- START RIGHT
 - Immunization Outreach
- FAMILY CARE WORKER
 - Healthy School Healthy Families Obesity Prevention Coalition
- PARISH NURSE PROGRAM
- PATIENT NAVIGATOR
 - Cancer Screening and Management

Community Voices—New York

Community Voices and the Community Health Worker Network of NYC

STEP 1: INVENTORY PROJECT

Complete an assessment of CHW programs in NYC

SURVEY OBJECTIVES

1. Determine current and emerging profile of CHW programs in NYC
2. Document skills, roles, responsibilities of CHWs
3. Employment trends and opportunities for CHWs

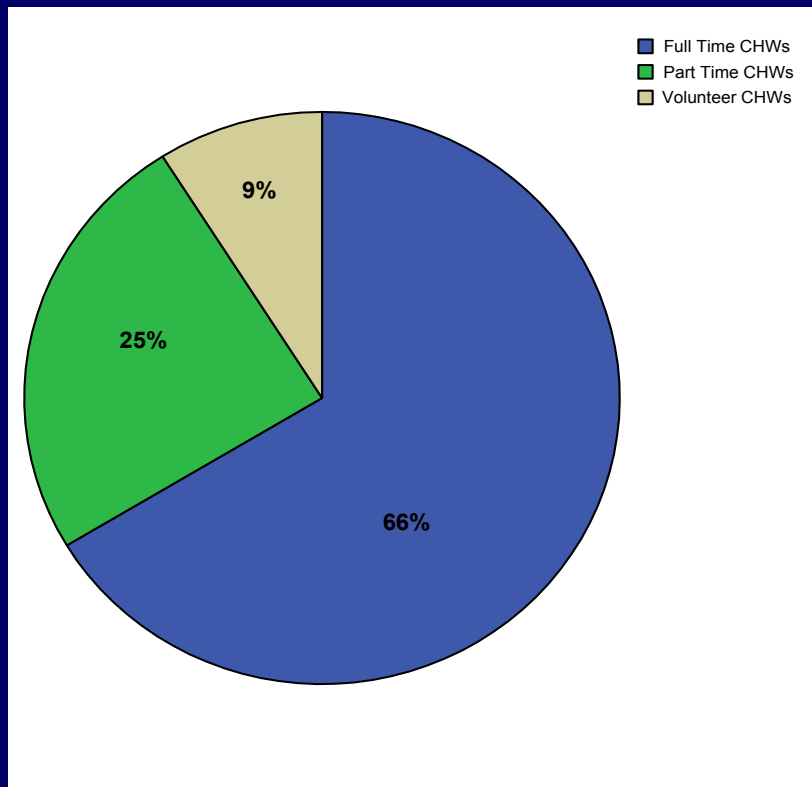
RESULTS TO DATE

450 Surveys Mailed out to Employers: Bronx, Brooklyn, Manhattan

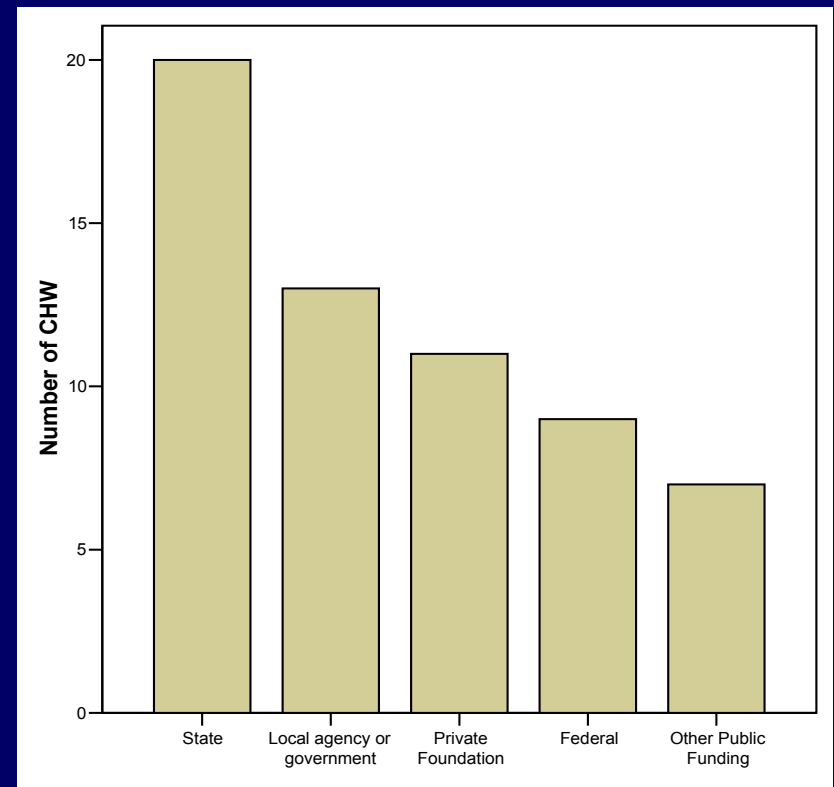
164 completed at the CHW Annual Conference

Preliminary Results

Employment Patterns in NYC Programs



Funding Sources for CHW Programs



Community Voices—New York

Moving Forward with Inventory

- Develop a policy report on the status of training and employment of CHWs
- Develop a repository of best practices, publications, communications, and policies relating to CHWs

Raising National and Local Visibility

Community Voices co-sponsored
the 3rd Annual New York City CHW Conference

OUTREACH 2004

Center for Community Health Partnerships:
CHW Seminar—April 22, 2004
**“Community Health Workers:
Building Alliances to Save Lives
and Reduce Costs in Our Health
Care Delivery System”**



The Community Health Worker Network of NYC
invites you to

Outreach 2004

The 3rd Annual Conference of
Community Health Workers
Health Profession Pioneers Changing the Face of Healthcare

Tuesday, September 28, 2004
From 8:00am to 4:00pm
NY Pennsylvania Hotel
(W. 33rd Street & 7th Avenue)

Registration form is available at
www.chwnetwork.org
For more information please call
212-481-7667

Sponsored by
The Brooklyn, Queens, Long Island Area Health Education Center
Northern Manhattan Community Voices Collaborative
Health Plus PHSP, Inc.

Community Health Worker (CHW) job titles include... Case Worker, Community Follow-up Worker, Community Health Advocate, Community Health Adviser, Community Health Aide, Community Health Outreach Worker, Community Health Rep., Community Health Specialist, Community Health Worker, Counselor, Eligibility Worker, Family Health Promoter, Family Support Worker, Health Advisor, Health Facilitator, Health Information Specialist, Health

Credentialing: New York

A Series of Focus Groups have been conducted in partnership with the NYSDOH and CHW Network of NYC...

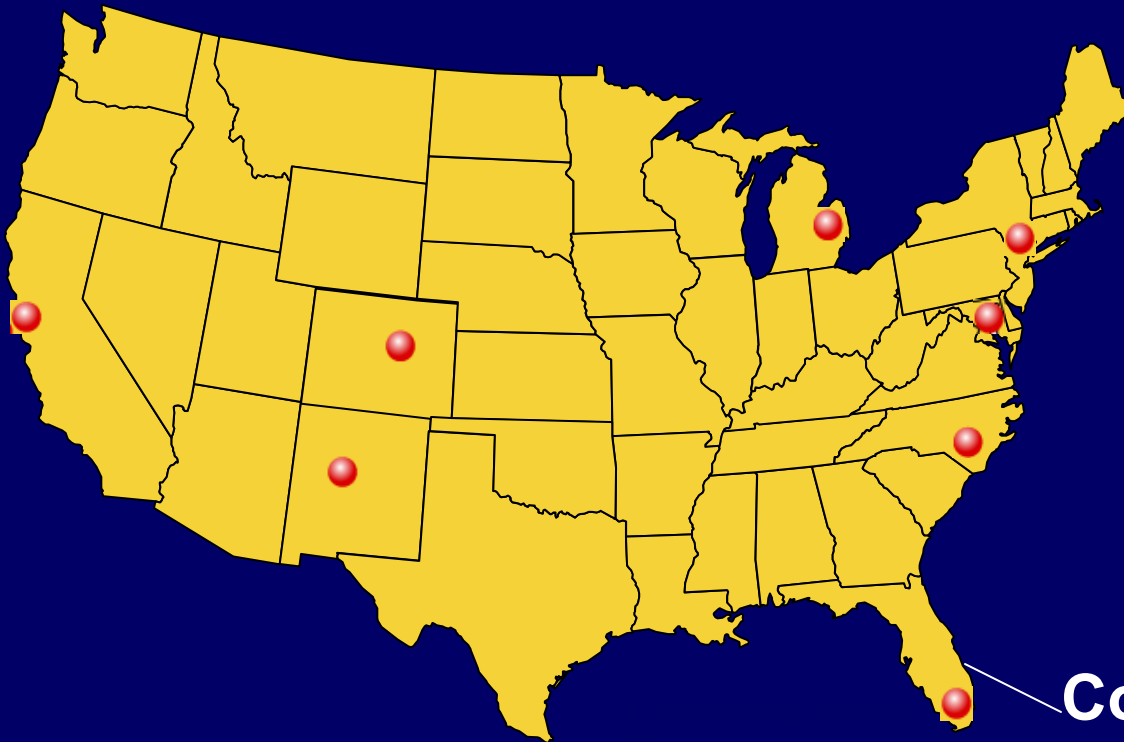
- What is the New York City-Area community health workers and supervisors perspective on credentialing?
- What would be the budgetary benefits for the state/city?
- What would standards and implementation look like?

Credentialing: New York

Web-based Resource

Explore the “development of a common core set of CHW materials that could be used by the major NYS Case Management Programs and be made available on the web program.”

Community Voices—Miami



**Community Voices
MIAMI**

Community Voices Miami's Community Health Workers Project

Overall Goals:

- To integrate CHWs practice and training in:
 - Existing primary and preventive health care services,
 - Other social services, and
 - Training and community resources

- Provide an alternative career path for CHWs

Overall Process

- Preliminary Phase: 2002 - 2003
 - Determined plan of action
- Research Phase: Summer 2003
 - Developed inventory of positions for CHWs, salary ranges, training opportunities and organizations that work with CHWs
- Planning Phase: September 2003 to May 2004
 - Developed standardized curriculum to certify CHWs that chose to develop a career path as a CHW
- Pilot: January 2005 to December 2005
 - Train 60 CHWs in Miami-Dade County under standardized curriculum and evaluate it for future countywide implementation
- Implementation

Accomplishments

- Increased collaboration among stakeholders of CHW Project – over 50 entities including various CHWs.
- Initiated development of a CHWs Network
- Development of CHW standardized training for Miami-Dade County based on core competencies.
- Partnered with Miami-Dade College to certify those CHWs that participate in the training.
- Engaged 4 local funders to support the CHW Project and CHWs as a growing field.
- Received commitments from two local organizations to raise salaries for those CHWs that participate in the standardized training.

Community Voices—New Mexico



**Community Voices
New Mexico**

Background

- New Mexico Senate Joint Memorial 076
 - Called for the New Mexico Department of Health to “lead a study on the development of a Community Health Advocacy Program in New Mexico, including the program’s methods, structure, financing, and implementation, that utilizes various categories of community health advocates.”

Background

- SJM 076: A Major Step:
 - Recognition of CHWs as partners in health-care system
 - Legislative investment
 - Agency investment: NMDOH mandated to perform the study
 - Chance for collaboration

Background

- SJM 076: Challenges
 - No funding associated with Memorial
 - Diverse roles of CHWs
 - Large geographic area
 - Language barriers
 - Representation from all sectors, including and especially CHWs

Methods: What We Did

- Create SJM 076 Taskforce with NMDOH Public Health Dept as lead
- Funding provided by University of NM Kellogg Community Voices at the Center for Community Partnerships
- Establish cooperative partnerships between public and private entities with interest in CHWs
- Seek out CHWs for participation

Methods: The Process

- Initial organizational meeting
- Develop taskforce
- Design study
- Data collection and analysis
- Develop recommendations/draft report
- Revise
- Present results to legislature

Methods: Taskforce Participants

- Participation in taskforce grew throughout study period
- 69 Taskforce participants
- Agreed on overall research goal: *To better understand issues affecting CHWs in New Mexico*

Methods: Study Phases

- Phase 1: Survey Design/Focus Group Format/Assessment Design
- Phase 2: Data Collection and Analysis
- Phase 3: Formulation of Recommendations

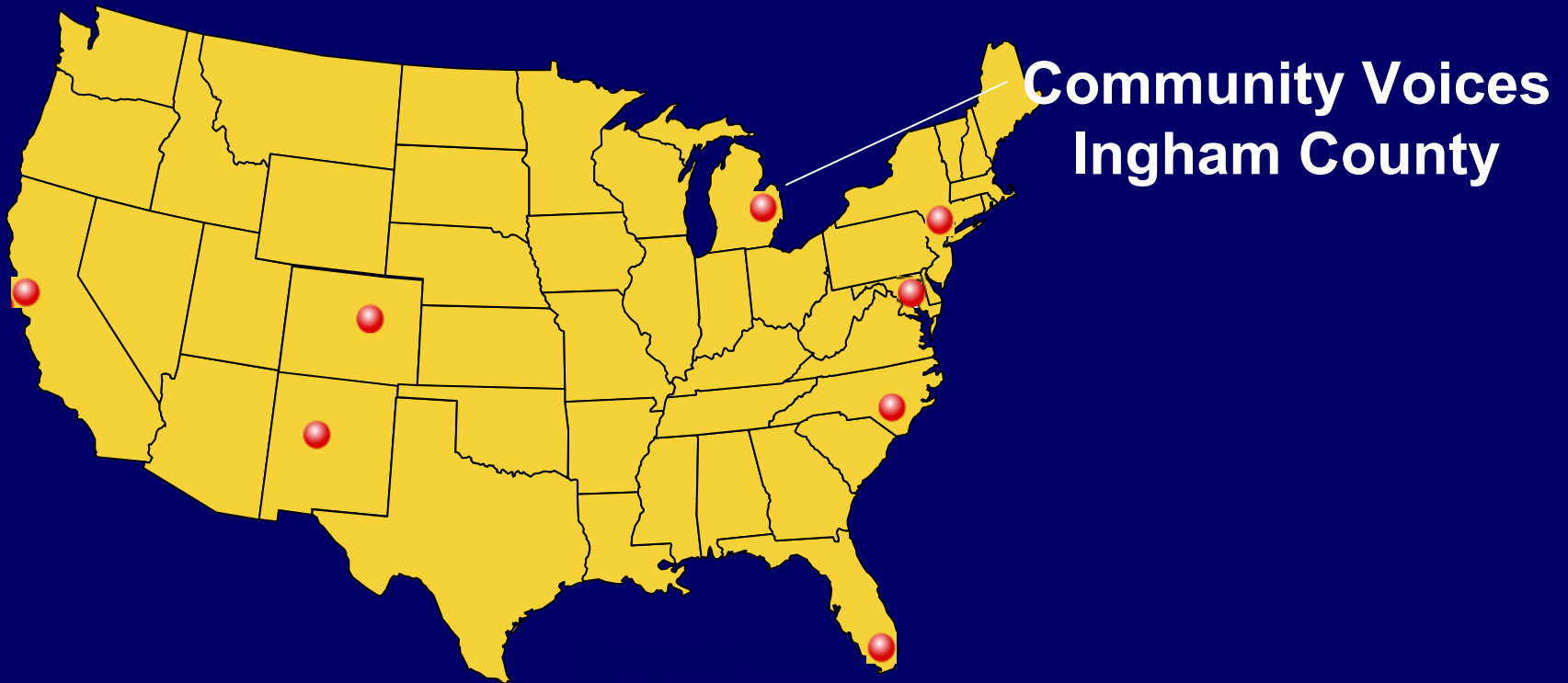
Results: Participation

- 137 CHW Surveys completed and returned
- 56 Employer Surveys completed and returned
- 220 CHWs participated in 19 focus groups

Next Steps

- CHW Advisory Committee
- Continued legislative support
- Participate in University of San Antonio CHW workforce development study
- Gather additional data
- Modify Rural Primary Health Care Act
- Comprehensive/flexible training
- Evaluation tool

Community Voices—Ingham County, MI



Community Voices—Ingham County, MI

Work Plan Goals

Broaden the concept of grassroots community outreach workers as connectors to resources.



**Stable Funding
Thru FQHC**

**Power of We
Consortium**

**Utilization by
other systems**

Community Voices—Ingham County, MI

Community Health Workers Outreach Teams

- Addresses both access to care & community health in targeted, high-needs areas in the City of Lansing, Michigan
- Based on an assumption that we must work on the underlying causes of poor health and effectively mobilize our assets to improve both individual and community health

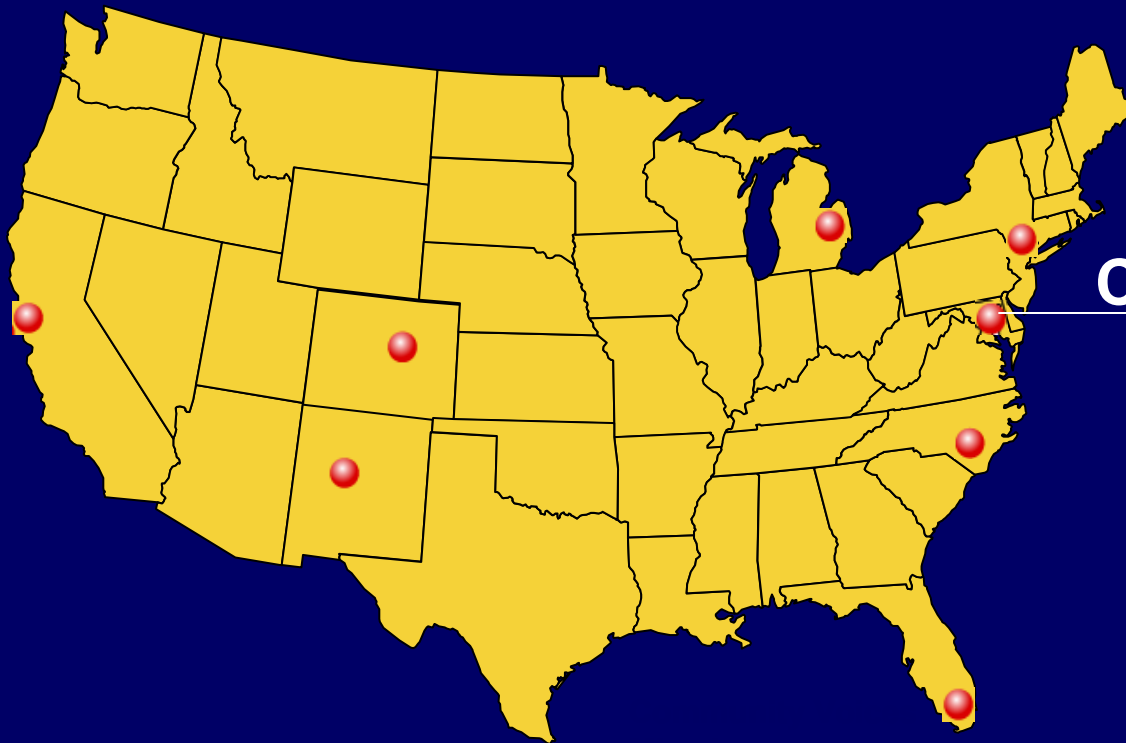
Community Voices—Ingham County, MI

- Enroll eligible individuals in health coverage plans
- Provide information and linkages to health and social services
- Involve community members in identifying problems and framing solutions

Outcomes:

Increased enrollment in health coverage plans and increased involvement in community improvement activities

Community Voices—Maryland



**Community Voices
Maryland**



Men's Health

C E N T E R

Building Healthy Families...One Man At A Time
1515 West North Avenue.....Baltimore, Maryland 21217.....
410) 396--MENSMENS

Why a Men's Health Center?

- Statistics tell us that men, especially men of color, face appalling rates of ling rates of illness and death.
 - Men of color, more often than others, do not go to the doctor until severe illness forces them to act.
 - When men have no doctor to go to, the result is often devastating
IT DOESN'T HAVE TO BE THAT WAY...
- The Men's Health Center:
 - Offers quality, health care at no cost
 - Provides health care in a congenial non-threatening environment where men are treated with dignity and respect with dignity and respect
 - Provides a setting for men where experiences and commonalities can be shared an be shared
 - Employs outreach workers AKA patient navigators
 - Culturally sensitive staff that are in tune to the needs of this population
 - Provides linkages and referrals to specialty and other special services
 - Has built a foundation of trust with it's clients
 - Makes sense





KICK'S HEALTH CENTER

White button-down shirt with a logo on the left chest.

White t-shirt with a logo on the left chest, holding a folder.

Blue hoodie with "INDI" visible on the front.

Yellow and white jacket with a logo on the left chest.

White baseball cap with a logo on the front.

White t-shirt with a graphic and a logo on the left chest.

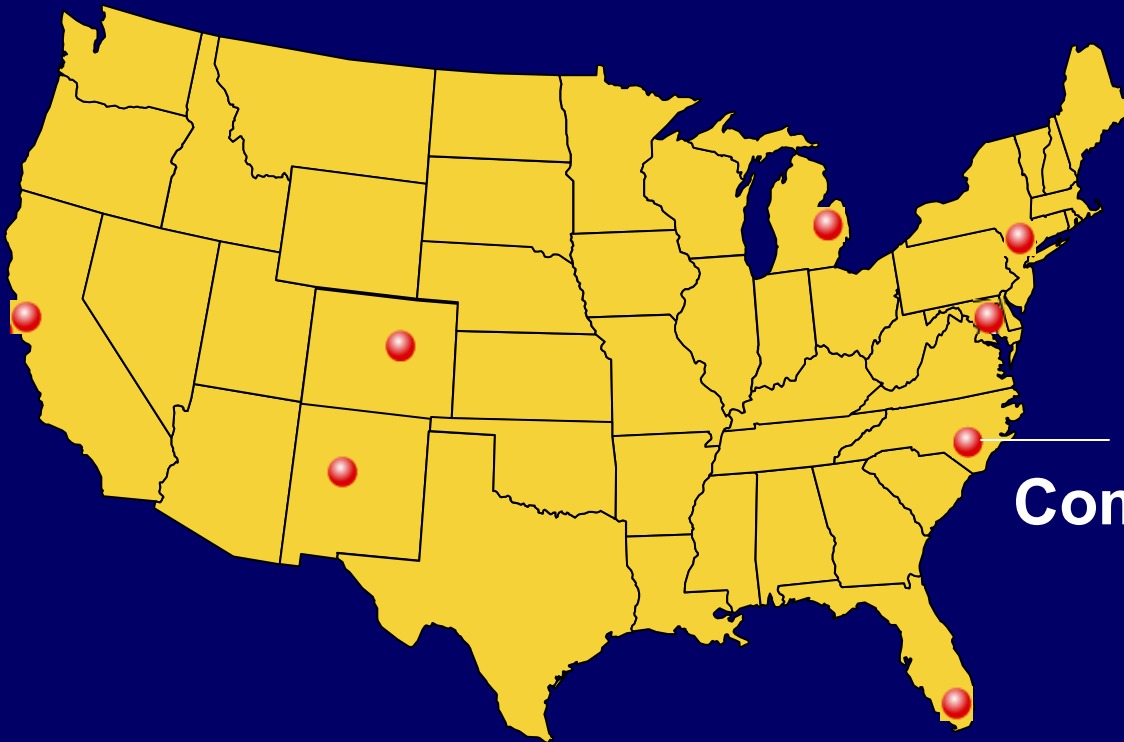
White t-shirt with a logo on the left chest.

Community Voices—Maryland

■ Lessons Learned

- The success of the Center shows that men do want and seek health care services.
- To build strong healthy families and communities, we need healthy men.
- If the health care of men is left un-addressed, the men's health crisis will have a negative impact on the quality of family life among minorities.
- There is a need for policy and systems change to address the needs of the uninsured, especially men of color.
- There is a need for the establishment of more community based clinics for men of color, incorporating community based outreach and care coordination services. This model of care can be replicated.
- Health care systems treating men of color should employ a culturally competent workforce.
- Trust is an important factor in bridging the gap in health disparities.
- Addressing the health issues of men is a critical economic and human investment.

Community Voices—North Carolina



**FirstHealth
Community Voices**

Resource Coordinators at FirstHealth Community Voices

- Located at unique sites (schools, dept of social services, pediatrics practice, outreach office)
- Most are bilingual, understand cultures
- Become navigator for health & human services
- Assist in obtaining resources
 - Enroll in health care coverage
 - Obtain medication
 - Secure transportation
 - Locate food assistance
 - Provide interpretation and translation services



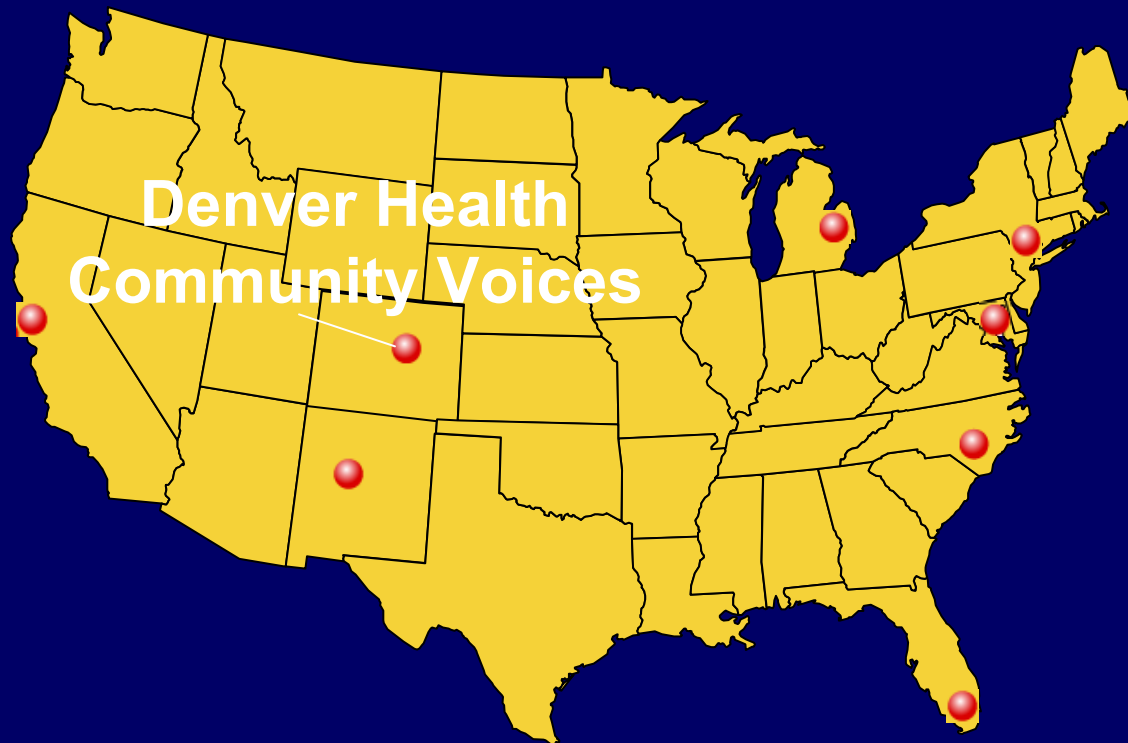
CHW Initiatives: ROI for Department of Social Services

- Language services provided
 - Saved agency an estimated \$61,800 annually
 - 30 minutes average interpretation time per client X \$2.50/minute (cost of contracting language services) X 665 clients = \$49,300
 - 15 documents translated X \$2.50/minute (cost of contracting language services) X 120 minutes per document = \$4,500
- Assistance with Medicaid & NC-CHIP enrollment
 - Increased renewals from 60 to 81% in the first 18 months of the program
 - Cost savings for agency as the renewal process takes 20 minutes compared to 2 hours for reenrollment

CHW Initiatives: ROI for Providers

- Medicaid & NC-CHIP enrollment
 - Newly insured patients reduce uncompensated care
 - $\$1879$ (average Medicaid reimbursement) X 26.6 (average number of new enrollees per month) = $\$50,107$ per month increased reimbursement
- Medication assistance
 - Saves provider staff time by assisting with pharmaceutical assistance paperwork
 - 406 applications per year X 0.5 hours per application X $\$20$ per hour average hourly salary = $\$4,060$ savings in staff salaries annually

Community Voices—Denver





Community Outreach

Desired Program Outcomes

- ◆ Increase Enrollment
- ◆ Increase Access to Health Services
- ◆ Health Promotion/Disease Prevention
- ◆ Increase Denver Health's Presence in the Community



Community Outreach

12 Community Health Advisors (CHAs) and 1 Supervisor

- 4 located in neighborhoods and associated with local FQHCs
- 1 located in immigrant clinic at an FQHC
- 2 Men's Health
- 4 in School Based Health Centers
- 1 Best Babies Perinatal Program



Community Outreach

Selected Program Highlights:

- Evaluation with Goldmine Data Base
- Return on Investment Demonstrated for Facilitated Enrollment and Free Pregnancy Testing Programs



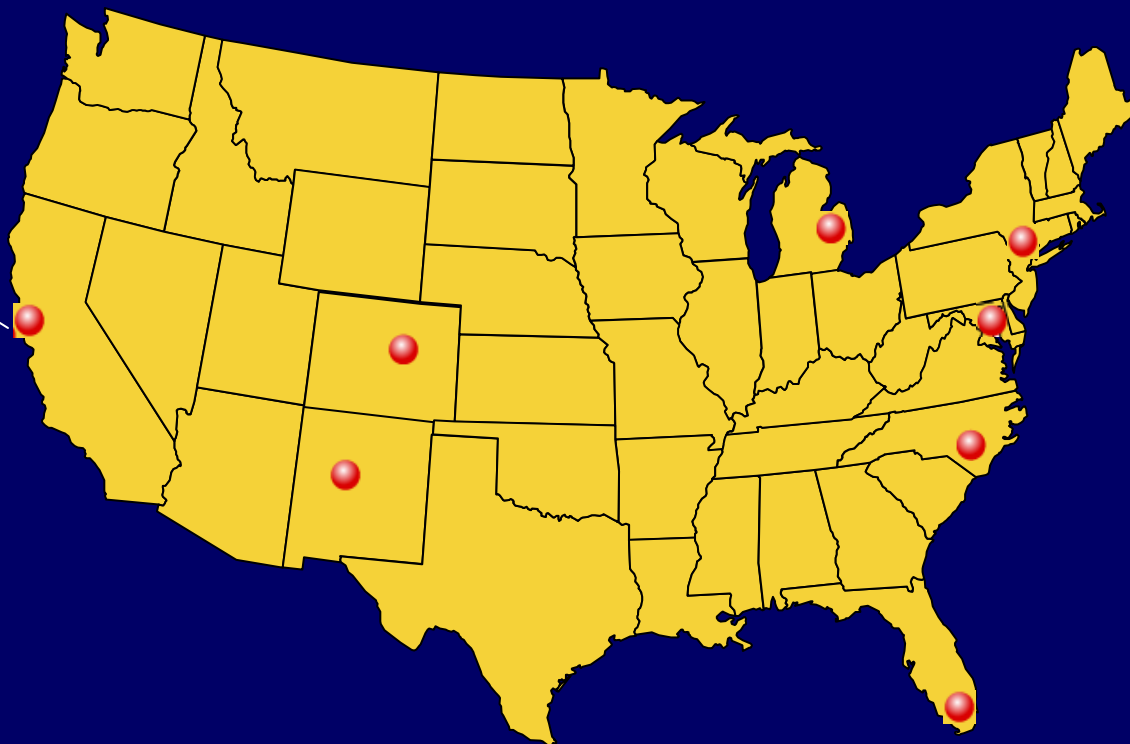
Community Outreach Education and Certification

CHA Certificate Program

- Partnership with Community College of Denver
- 17 credit hours
- 1 semester
- Clinical internship

Community Voices—Oakland

**Community Voices
Oakland**



Community Voices - Oakland

- **Background:**

- CV Oakland is a project of two community health centers, Asian Health Services and La Clínica de La Raza, in partnership with the Alameda Health Consortium (an association of 8 community health centers).
- Primary focus of project is advocating to increase health care access to all residents of Alameda County, California, regardless of immigration status.

- **Summary of work:**

- There are CHWs at both clinical sites providing a wide range of services (e.g. community outreach around health insurance, STD education, tobacco cessation counseling, interpretive services, training promotoras/promotores, etc.).
- CHWs provide culturally appropriate health education through outreach and health fairs, as well as health education to clinic patients.
- At both clinics CHWs are not just health educators but also patient advocates that assist clinical staff when necessary with interpretation services. Their role as an interpreter is particularly critical at Asian Health Services because of the various different Asian languages that are needed by the patients seen at the clinic.

Community Voices – Oakland

Going Beyond Medical Services

- **CHWs at both health centers provide *both* patient inreach and community outreach.**

- **Examples of patient inreach:**
 - tobacco cessation counseling, diabetes management, STD testing/counseling, health insurance counseling, etc.
 - referrals to mental health providers, case management services, etc.
 - running support groups for at risk teens, men, and women.

- **Examples of patient outreach:**
 - health fairs
 - cultural events
 - media advocacy
 - youth organizing
 - outreach to businesses
 - community organizing for safer streets
 - workshops at local community based organizations

Community Voices – Oakland Highlights

- **CHWs at Asian Health Services provide a critical link to various Asian communities within the Oakland area:**
 - CHWs at Asian Health Services are called upon to perform patient satisfaction surveys to improve clinical services.
 - They also organized the yearly patient meetings, where over 300 patients come to voice their concerns and issues.
 - CHWs participate yearly at the State Capital's Immigrant Day by visiting their local representatives.
 - They provide outreach in over 4 (Vietnamese, Korean, Cantonese, Cambodian, and English) languages on health coverage and various health topics.
 - The CHWs work closely with the local ethnic media as a resource.
- **La Clínica de La Raza's CHWs have been training promotoras for the last 6 years in their "La Escuela para Promotores" (School for Health Promoters):**
 - They have done extensive training in Spanish speaking communities and are now looking to expanding the trainings to other immigrant communities in the area.
 - Last year, the "escuela" graduated 6 male promotores. Currently, the men participate and assist in a male support group and do workshops on domestic violence prevention.
 - The women's promotoras last year organized a strike against the Governor's veto of the driver's license bill by encouraging the local businesses to shut down for the whole day.

Community Voices and Community Health Workers



From our Colleagues in Trujillo, Peru...

Citizenship

IS NOT determined by class,
gender, ethnicity or ability...

Being a citizen

is an assertion of equality.

*A wealthy person is neither more
nor less a citizen than a poor
person.*

*A new resident is no less a citizen
than someone with 15
generations of history in a
community.*



Thanks...

Visit our web site at:

www.communityvoices.org
