



Community Health Workers: Creating Collective Impact for Health Improvement

Promising Practices in Buffalo, New York

By: Renee Cadzow, PhD and Jessica Bauer Walker, BA, CHW

Introduction:

This paper highlights promising practices in the use of Community Health Workers (CHWs) working in various sectors and disciplines, through the lens of a diverse set of organizations in Buffalo, NY. Community Health Workers go by many names, from outreach workers to peer health educators to community organizers. Many of the organizations featured here call their frontline workers something other than “CHWs” (see sidebar), but these people share similar roles and traits. CHWs in our promising practice organizations helped people overcome obstacles by accompanying them through treatment, monitoring needs for food and housing, leading education campaigns, and empowering community members to take charge of their own health and well-being. CHWs were not outside experts or professionals coming in to provide a service TO a person or community, but rather were members of the community, having established relationships of trust WITH those they served, bridging the gap between systems and the community.

The Institute of Medicine has stated: “Public health is what we, as a society, do collectively to assure the conditions for people to be healthy.” CHWs featured here have this holistic conception of health -- working not only in health care, but also with the social determinants that have significant influence on health outcomes; such as poverty, education, and housing. They are tackling root causes of disease in innovative ways, in spheres ranging from health care, affordable and energy efficient housing, community stability, job training, home environment quality, financial skills, healthy eating and opportunities for physical activity, and public education.

The following five organizations are featured here to demonstrate what CHWs do, how their impact is measured, major successes, and recommendations for future evaluation strategies.

Why Were These Organizations Chosen as Promising Practice Sites?

Staff at each of the five featured organizations have received training as Community Health Workers (CHWs) through the Community Health Worker Network of Buffalo. Each addresses health holistically through various “social determinants of health” such as education, housing and community development, jobs and employment, healthy food, public safety, health care and social services, and social and family networks. These organizations see people as their primary asset, and have worked in collaboration with the communities they serve to define needs and to establish participatory, asset-based strategies to address those needs. CHWs at our promising practice sites are empowered as organizers, educators, and leaders in the communities they serve. CHWs help refugees and immigrants navigate a foreign health care system. CHWs work with parents in schools to provide their children with the tools they need to be safe and healthy. CHWs help link homeless people to shelters, food, and affordable, safe housing. CHWs assist communities reclaim their resources and develop the skills to build and repair homes affordably and efficiently. CHWs help residents establish urban gardens to mitigate the limited availability of fresh, affordable produce. Along with the Community Health Worker Network of Buffalo, Jericho Road Community Health Center, Buffalo Schools/Health Related Services, Matt Urban Hope Center, and PUSH Buffalo are highlighted here.

Who are Community Health Workers (CHWs)?

Community Health Workers

Home Visitors

Patient Navigators

Homeless Outreach Workers

Intake Specialists

Case Managers

Interpreters

Community Organizers

Tenant Advocates

Energy Advocates

Workforce Trainers

Parent Facilitators

School Wellness Team

Members

Medical Social Workers

Spiritual Care Providers

Doulas

Featured Promising Practice Sites



The Community Health Worker Network of Buffalo's (CHWNB's) mission is to provide opportunities for the residents of vulnerable neighborhoods to realize their full potential for health and well-being. They achieve this through empowerment and asset-building strategies for individuals and communities, developed and delivered by a diverse collaboration of Community Health Workers, community members, advocates, and other stakeholder groups. The organization provides training and technical assistance, conducts research, policy, and advocacy work, and creates a network for people and organizations from all different sectors, professions, neighborhoods, races, and cultures to come together.



Jericho Road Community Health Center (JRCHC) provides a medical home for refugee and low-income community members in Buffalo, facilitating wellness and self-sufficiency by addressing health, education, and economic barriers. Their programs span a wide spectrum, from mentoring pregnant refugee mothers to helping clients navigate Social Services, from providing interpretation support to modeling parent-child interaction, to showing people how to manage a bank account, to providing support for them as they learn English. They are continually expanding programs to address community needs on many levels.



The students, families, and staff of the Buffalo Public Schools (BPS) face increasing health risks that can affect their health and wellness, academic performance, and ultimately their quality of life and life span. The BPS Health Related Services is committed to providing an environment where students can learn to make healthy choices for lifelong health. Therefore, the purpose of the BPS Wellness Policy is to address health and wellness for each school community in the District.



The Matt Urban Center's mission is to provide programs that enhance the quality of life, preserve neighborhoods and encourage economic development. The Matt Urban Hope Center (MUHC) assists individuals who are homeless and those at risk of becoming homeless. They respond to the needs of the community by hosting family-focused events, informative workshops, free tax preparation, benefits screening, housing and job assistance, and an urban diner that serves dinner five nights a week.



PUSH (People United for Sustainable Housing) Buffalo was established to create strong neighborhoods with quality affordable housing; decrease the rate of housing abandonment by reclaiming empty houses from neglectful public and private owners and redeveloping them for occupancy by low-income residents; and develop neighborhood leaders capable of gaining community control over the development process and planning for the future of the neighborhood. PUSH offers a wide range of programs and services, by and for their community organizers and members, who work with partners and funders to create access to living wage jobs, quality education, healthcare, and transportation.

Measuring CHW Impact on Various Levels:

Promising practice organizations understood CHW work to have an interdisciplinary approach, positioning people from extremely diverse backgrounds as natural helpers with a high degree of autonomy. Qualities such as trust, care, and connection to the community were seen as vital qualities for CHWs; and much of their value was defined as building relationships with populations who are highest risk and/or hardest to reach. While clear quantitative, predictive outcomes can be difficult to distill in such a framework, there are various ways that CHW organizations are measuring the impact that CHWs and a social determinants of health approach have.

CHW impact in numbers (i.e., counting the services, projects, and people): Each of the organizations count the number of contacts they have with patients, residents, trainees, clients, and other community members. Every service transaction is documented and tracked in electronic databases. Some examples include:

- Doors that have been knocked on
- People that ask for help
- Members the organization has
- Women enrolled in early prenatal care and healthy babies born
- People connected to health insurance and primary care provider
- Children vaccinated
- Increased use of preventative care/better chronic disease management
- Children demonstrating reading and playing with parents
- Patients that learn how to use public transportation
- People obtaining green cards
- People who receive assistance with mail
- Families that receive help with school admissions
- People that receive benefits screening
- People that establish bank accounts (and understand how to use them)
- People attending monthly meetings
- People that receive meals/food
- Students that graduate from school
- Students with increased academic performance
- Students with increased health education knowledge, attitudes, and practices
- Parents that participate in school activities
- Trainees that have completed training program/become employed
- Policies that are passed
- Urban farms that have been established
- Energy audits that have been completed
- Homes that have been weatherized
- Quality affordable housing units that have been renovated/constructed

CHW impact in community building and workforce development: Promising practice organizations know that just because a patient, client, or community resident may have limited formal education, this does not mean that they do not have a role to play in building a strong, healthy community. These organizations recruit directly from the communities they serve - often those who came to the organization as patients, clients, or consumers make the best CHWs. Community members with life and community experience are given job skills training as CHWs, case managers, outreach workers, advocates, construction workers, urban farmers, and community leaders. Not only are they gainfully employed and improving the lives of their own families as result (and reducing reliance on government subsidies), they are also improving their communities – thus reducing the costs associated with crime, drug use, arrests, street violence, evictions, and other problems associated with dilapidated, impoverished, and disempowered communities. Promising practice organizations used CHWs as change agents, and empowered them to make change on an individual and community level.

CHW impact in cost savings: Instead of just treating disease, CHWs implement strategies that prevent people from getting sick in the first place, which saves money down the line. Promising practice organizations and their CHWs know that community prevention efforts are a smart investment, and they support community education programs, safe streets, access to high quality and accessible public transportation and schools, and the ability to obtain healthy meals and fresh fruits and vegetables right in their neighborhood.

If **Jericho Road Community Health Center** used language line services instead of their CHW/Interpretation team, it would cost a great deal more. Additionally, the cultural ambassador role that the CHWs serve contributes to improved health outcomes among the patients, which also saves healthcare/insurance spending. For the CHWs themselves, their value and skill sets are being recognized – this allows JRCHC to provide meaningful and better paying work than could be found in other service sector employment. This allows CHWs to buy homes and contribute to safer neighborhoods and community investment.

In the **Buffalo Public Schools**, advocacy for healthier schools by parent and student CHWs impacts student health outcomes and academic outcomes, which saves time and money for students, parents, teachers, and administrators. A Breakfast in the Classroom initiative has shown a marked decrease in behavior issues and visits to the school nurse in the mornings. Schools actively implementing recess and workforce wellness have reported more focused teaching and learning time and happier students and teachers. Efforts in health education will take time to impact costs, but early indicators reflect a trajectory that will decrease the number of students experiencing obesity, poor mental health, and sexually transmitted illness and pregnancy, and thus save an enormous amount of healthcare spending. Students who are healthy, happy, and safe will be more likely to seek training and education beyond high school, allowing them to contribute meaningfully to a local workforce as well.

At the **Matt Urban Hope Center**, CHWs successfully connecting clients to housing, food, and jobs mean that there are many people who are no longer homeless, going hungry, without work, without healthcare, and at a high risk of injury, illness, and death as a result. Once residents are connected to safe housing, their rates of criminal activity, arrest, injury, and hospitalization decrease significantly. Many service recipients are eventually able to stop receiving government assistance entirely. This saves an enormous amount of taxpayer money.

PUSH CHWs have assisted with the pursuit of funding to weatherize and improve energy efficiency in numerous homes. This provides cost savings for residents' energy (heat) bills and cost savings for the county's heat assistance program (HEAP). PUSH trainees placed in full time employment results in less spending on government income assistance and other subsidies, and increases the dollars going back into local communities and businesses.

(See the CHWNB's *Business Case for Community Health Workers* document for evidence of cost savings from CHW work across the nation).

CHW impact in narrative form: In addition to counting the projects completed, services performed, people who participate, and those who receive training; impact is also measured qualitatively through individual and community level success stories - these narratives speak to lives transformed, policies and systems changed, and communities empowered to speak and act on their own behalf.

“We have found that having staff members who look like, speak the same language, and come from similar cultures as our patients have helped us be very successful in reaching the population we serve.”

– Brett Lawton, JRCHC Director of Clinical Operations

Jericho Road Community Health Center has been so successful using CHWs in a social determinants of health approach reaching out to the refugee community, that non-English speaking patients are showing better health outcomes than English speaking patients (in relation to health care disparities for clinical performance measures they are tracking). One example is the “Priscilla Project”, where pregnant moms receive assistance from a mentor and doula during pregnancy and childbirth. These mothers have had a higher rate of healthy birth weight infants, full-term pregnancies, and increased initiation of and exclusive breastfeeding compared to women who are not enrolled in the program. Mothers have said that the staff at JRCHC “worry a lot about me . . . and call when I needed to be called even when I least expect it.” They also say that the program has helped them to understand basic resources to help them manage their

households and care for their families in regard to cleaning, shopping, nutrition, and understanding and obtaining services such as WIC.

“The impact of parents and students creating a healthier school environment in our District cannot be underestimated. We were able to make significant policy and systems change when we began actively working with parents as full partners.”

-Assunta Ventresca, Director of Health Related Services, BPS

Buffalo Public Schools has been plagued by extremely poor health and academic outcomes for decades. Parents intuitively knew that some of the challenges with students doing well in school were related to their basic health and safety needs. In 2010, a mother/CHW who was the chairwoman of the District Parent Coordinating Council Health Committee stood up at a Board of Education meeting and advocated for a district-wide survey and analysis of youth risk behaviors, knowing that her community-level knowledge would and should be backed up by data - data that she felt would be a call to action to those in a decision making capacity. The statistics that came back were in indeed troubling, reflecting high rates of obesity, sexual health risk factors, poor mental health, and engagement in physical violence. To ensure that the Board of Education would take action to prioritize student health, parents and students actively contributed to the creation of a comprehensive wellness policy, approved by the Board of Education in 2012. Since that time, parent and student CHWs have led the effort to get recess reinstated, advocated for healthier foods in the schools, and pushed the District to meet state standards for physical and health education. They have brought much-needed media attention to these issues, and went so far as to file an appeal to the New York State Education Department regarding the district’s noncompliance with mandated physical education. A current NYS Assembly bill addresses this very issue.

“You made me feel like a human again for the first time in a long time.”

-John, MUHC client

At **Matt Urban Hope Center**, one woman came to the center homeless and addicted. She had been living in abandoned buildings and was engaged in activity on the streets to support her drug habit. She was helped by someone at the center who understood her story, who knew where she had been, and who did not judge her for the state that her life was in or the choices she had made. As this client stabilized, she was offered a job in the center’s Urban Diner. The center director then sent her to attend the Community Health Worker Network’s four-day “core competencies for CHWs training course”, which helped her to build her confidence and skill set, giving her the identity as a CHW. She has taken on increased responsibility at the center, is going to Buffalo State College for a degree, has purchased a car, is taking a home ownership course, and is advocating across the city for more CHWs. She’s not alone. Many clients of the center consistently and reliably continue to come even after they are back on their feet, and most of their CHW/outreach staff have experienced issues such as homelessness, addiction, and domestic violence themselves, giving them a strong connection to and understanding of the population they serve. They are driven to give back and to help people find their way just as they did.

“We meet people where they are at, and engage them to be co-producers with us in the transformation.”

- Rahwa Ghirmatzion, Development Director, PUSH

Many of **PUSH’s** staff are residents of and from the West Side. One of their community organizers (and now trained as a CHW) was a resident whose door PUSH staff knocked on during a campaign to ensure National Fuel was accountable for the community reinvestment it was required to make. She was experiencing high gas bills, taking care of her grandchildren (two of whom were infants) when her gas was turned off. She not only became a PUSH member and paid her \$5 dollar annual membership fee, but became one of the most active community members on this issue, and

worked tirelessly with the organizing team. The community campaign she helped to spearhead yielded more than 30 million dollars going to the State Energy authority, and those dollars are now being spent on weatherization programs throughout the state. PUSH Buffalo weatherized 80 qualifying homes for free, and over 300 through the incentive program throughout Erie County. Additionally, PUSH placed 23 trainees for full time employment in that sector. This PUSH member/CHW has now joined PUSH's organizing team as staff, and has been a strong voice for PUSH and the community for the past 3 years.

"This training and becoming part of the network has changed how I see myself and the world around me. I understand so many things I didn't before. I was helping people, but I never really saw the value in what I was doing. Now I know that I am a CHW, and working with other CHWs, I can change my community!"

-Tasha, a CHW after attending a CHWNB four day training

The **Community Health Worker Network of Buffalo** was developed as frontline workers and stakeholders came together in the areas of health care, public health, housing, education, environment, food access, and social services; with the intent to empower community members to define their own challenges and opportunities and take action to self-determine their future. Founded by a group of concerned and diverse citizens in 2009 - representing various sectors, residents and professionals; and across neighborhoods, races, and cultures - the CHWNB has trained and mobilized several hundred CHWs and CHW stakeholders in various organizations and initiatives working in the social determinants of health, including those at these "promising practice" sites. The CHWNB has utilized a core competencies approach to provide basic but meaningful knowledge, skills, and practices that empower neighborhood residents, community associations and organizations, and other groups to organize and plan around their assets in a framework of strengths-based approaches and asset-based community development. In doing such, they have supported collaboration amongst CHWs and CHW organizations that were previously unorganized and unknown to each other. The CHWNB has also addressed systemic and root cause issues that can help or hinder a healthy, educated, thriving population, researching and advocating for policy and systems change in areas such as making Buffalo Public Schools healthier and safer and universal healthcare.

Common Barriers for Buffalo CHW Organizations

CHWs and these promising practice organizations are making strides in changing the lives of individuals and families, and improving social determinants of health in the Buffalo community. However, there remain many challenges and barriers to doing the work and getting support for CHWs in a social determinants of health framework. Below are some such barriers that many organizations expressed.

Community work is difficult: First and foremost, these promising practice organizations are deeply embedded in the communities they serve. On a daily basis they have direct interaction with the myriad issues experienced by a city that has been labeled as troubled, economically depressed, and segregated. The work getting to the root cause of these issues is extremely complex and difficult. The Buffalo-Niagara region has extremely high rates of racial and economic segregation, and almost half of the city's children live in poverty, which is concentrated on the East and West Sides where these CHWs and promising practice sites work. CHWs are the frontline workers who are at the epicenter of all this. They themselves are often managing serious life challenges and competing demands, often struggling to support their own families and battle personal health and safety issues alongside those they serve. CHWs meet people where they are at, and the job is often a way of life. Those they serve have access to their cell phone numbers, and see them where they live, shop, their kids go to school or play, etc. The intensity and demands of this sort of work, coupled with low or no pay and/or job instability can lead to high rates of stress and burnout for CHWs and others working in their organizations.

Obtaining adequate financial resources: Despite the calls for collaboration among policy makers and funders, systems and financial capital still operate in silos. The vast majority of funding for health improvement in Buffalo and the United States continues to go to healthcare, despite research that shows that a social determinants of health approach would have better outcomes, and that preventative, community-based services are more cost effective in improving public health. Unlike other frontline workers who may be reimbursable (i.e., medical assistants, home health aides), or structured into government budgets (i.e., social services workers), most CHWs are funded by short-term grants, and these positions often do not pay well and are not sustainable.

Difficulty Measuring Less Tangible Outcomes: Some of the ways CHWs contribute to their team are less measurable, and difficult to capture as they are preventative, i.e., avoiding medical care expenses. Most organizations also have difficulty quantifying the relationship building that is integral to the CHW approach. Although there is a strong research base showing that social connectivity and strong neighborhoods are vital to healthy communities, it can be complicated to measure the indirect impact that efforts have towards neighborhood revitalization, and the impact that the decrease of disinvestment and increase in investment by the residents has had on neighborhoods. Additionally, changing lives and communities in sustainable ways takes time - often 3 to 5 years before there are significant improvements. Often, CHWs and promising practice organizations aren't able to show efficacy while they are working on engagement, education, and organizing; which makes their impact difficult to see for long periods of their work.

Lack of comprehensive systems for capturing both quantitative and qualitative data: Having an easy-to-navigate and comprehensive electronic database allows organizations to calculate and demonstrate impact to funders, community stakeholders, employers, and policy makers. While healthcare organizations are working on building this infrastructure, most community organizations do not have the time, resources, or expertise to manage this sort of system. Better data tracking would enable organizations to more easily demonstrate their results, and thereby secure more funding to sustain and increase reach; and to affect policies related to health, housing, food, neighborhood zoning, etc. which will further facilitate the work that CHWs do.

Recommendations

Given the impact that CHWs and organizations that address social determinants of health are having, below are some ways decision makers at an institutional and systems level, policy makers, and investors can support the full potential of CHWs and promising practice organizations like the ones featured in this paper.

Utilize CHWs as leaders in organizations and systems change efforts: CHWs are critically positioned to bridge gaps - between systems and the community, between professionals and community residents, between racial, language, and cultural groups, and between sectors. In this way, CHWs are key informants and tremendous assets for projects, programs, and policies that are aimed at building community capacity. Understanding that the community has knowledge, skills, assets, and capacities which is just as critical as professional and academic experts is necessary for designing micro and macro level strategies to address holistic solutions for improving community health. CHWs are not only capable of navigating community members through programs and services, they are often the informal leaders in the communities they serve, and trusted educators, organizers, and mobilizers as such.

Develop varied tools for measuring impact: Measuring the social and collective impact of CHWs and organizations addressing social determinants of health requires thoughtful, multifaceted, and strategic analysis of data. Investing the time and providing tools, technical assistance, and personnel that is usable to community organizations (and doesn't create an undue burden) is necessary to support such an effort. Government and institutional systems could support collection of the number and types of service transactions conducted by CHWs and/or an organization, and compared it to:

- Annual dollars spent on government subsidies for healthcare, food, childcare, and housing. These costs decrease when people are connected to healthcare providers, job training, jobs, and education opportunities.
- Annual dollars spent on issues related to homeless people (arrests, evictions, emergency department visits) etc. These costs decrease when people are connected to safe, affordable homes.
- Annual dollars spent on issues related to neighborhood crime/gang activity. These costs decrease when people feel a sense of connectedness to their community, their neighbors, and feel like they can do something to help others in need.

Prioritize public health infrastructure and link it to population health: The more people that use trained CHWs to address the social determinants of health, the more we will see population health improve in the region. Decision-makers and investors need to be able to “think big” to tackle these challenges. With an increasingly mobilized community of CHWs and supportive stakeholders, we can measure impact on a large, longitudinal scale with questions like:

- Does poverty rate go down?
- Is more affordable housing available?
- Is energy more efficient and affordable?
- Has neighborhood crime decreased?
- Are more students staying in school?
- Are more students graduating from high school?
- Are families transitioning from government assistance to self-sufficiency?
- Has there been a decrease in chronically homeless on street?
- Has there been an increase in annual household income (living wage)?
- Are refugees/immigrants becoming self-sufficient after resettlement in the United States?

Conclusion

We are encouraged by the organizations featured here, and the many people in our community who are of and from the neighborhoods hit hardest by economic, health, and education disparities who are part of a growing movement of Community Health Workers. Issues that are seen as intractable such as poverty, inequity and the poor return on investment in systems of healthcare and education, are not impossible to address. Change happens when community members who are bearing the brunt of these problems work together, and receive support from those with institutional power and resources. We encourage people at all levels to make a serious effort to support the efforts of communities who are addressing root causes of disease, and who are helping mobilize action toward improved community health based on their intimate knowledge of the needs, and the assets they possess to help and act as change agents. When we begin to work across multiple spheres and with multiple organizations, as community members, CHWs- as representatives of not-for profit organizations, business and government leaders -as investors and policy makers; we will begin to move the mark on the health of our community and nation.

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