

**HEALTHY CHILDREN. KNOWLEDGEABLE
FAMILIES. STRONG COMMUNITIES.**

One paso (step) at a time.

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Executive Director, PASOs Programs



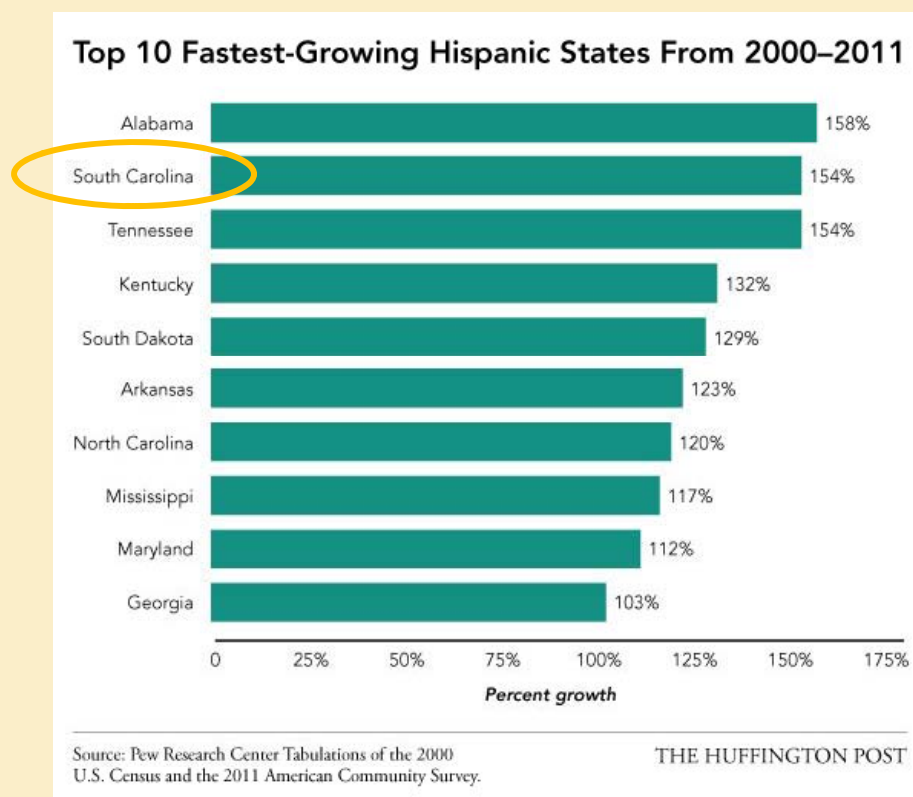
UNIVERSITY OF
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Jenny and Sandra- a CHW and a mother that needed her

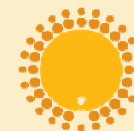


Latinos in South Carolina

The SC Latino Population has increased
154% since the year 2000

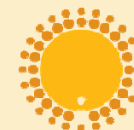


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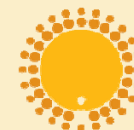
Why are Latino-focused CHWs needed in SC?

- One of the fastest growing Latino populations in the US.
- 1 of every 6 new residents in South Carolina is Latino. 10% of children under 5.
- Latinos are younger, less insured, lower socio-economic status

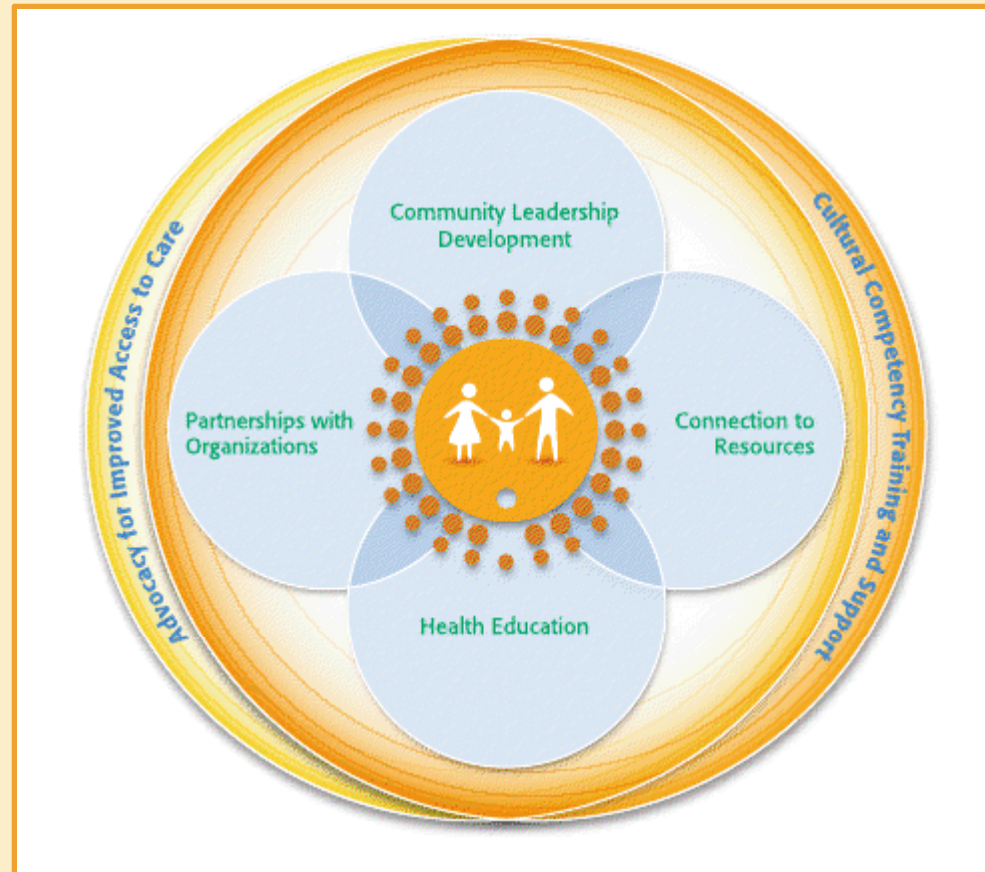


Why are Latino-focused CHWs needed in SC?

- Significant barriers between formal institutions and Latino families, including fear and mistrust
- Traditional health systems were not able to reach them
- Lack of access and trust leads to health disparities and worsened outcomes



PASOs- our story and our Community Health Workers



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What is PASOs?

- PASOs is a community-based organization whose **mission** is *to help the Latino community and service providers work together for strong and healthy families.*
- We respond to the particular needs of the Latino communities and build bridges to the health system



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Community Health Workers:

10 paid staff CHWs



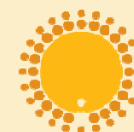
- Trained by PASOs and our partners
- Community education
- Resource navigation, enrollment
- Organizational capacity building
- Partnered with FQHCs, hospitals, pediatrician offices, early childhood programs



Community Health Workers:

55 volunteer and project-specific CHWs (*Promotores*)

- Varied levels of training, English classes
- Stipends for projects, results
- Resource navigation, referrals
- Outreach (neighborhood and radio)
- Beginning to do education, organizational development



CHW Profile

- Recommendation from community leader
- Can connect with a particular community (place based, ethnic/racial)
- Natural “guide” or “go to person”; willingness to learn
- Dedicated to work, able to work on a team



Training curriculum- 8 modules

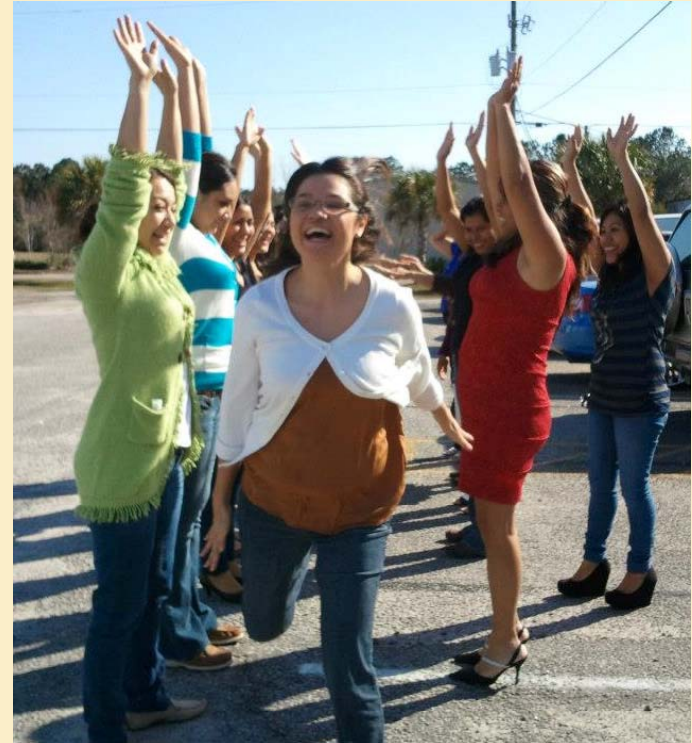
Includes:

- Understanding of role
- Ethics
- Empowerment
- Popular education techniques
- Resources
- Social determinants of health
- Context of immigration
- Health systems
- Communication skills
- Evaluation, data collection
- Advocacy skills
- Technology, basic computer skills
- Mentoring from current CHW



Evaluation

- Knowledge
- Satisfaction
- Skills- observations, quality control
- Activity reports for each activity, with follow-ups (internet based data collection system)



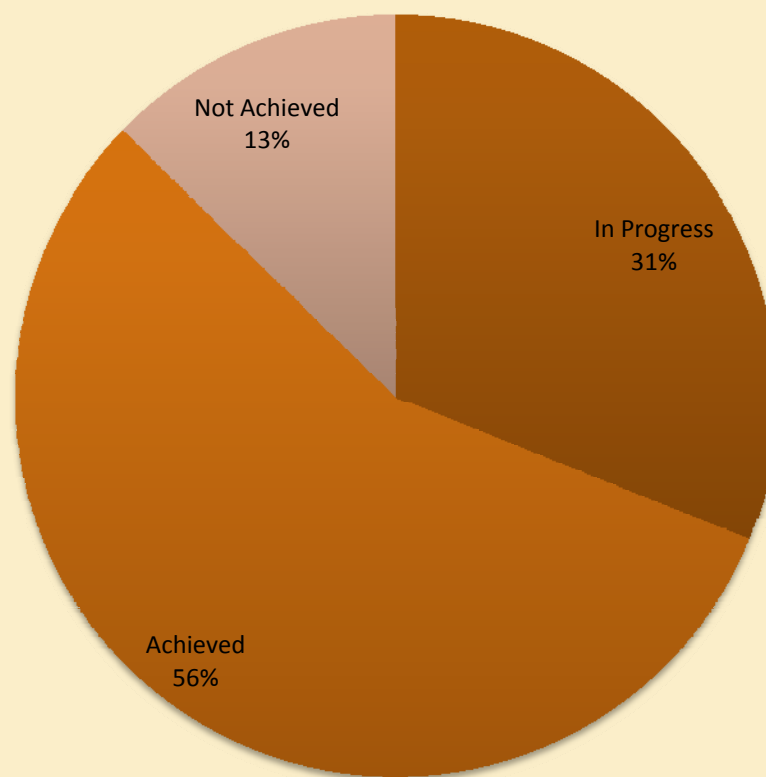
PASOs community-based education sample of results

- 69% learned the meaning of a **medical home**
- 88% identified benefits of utilizing a medical home or urgent care center **over the emergency room**
- 82% improved their knowledge of the benefits of **breastfeeding**
- 88% demonstrated accurate knowledge about **safe sleep** practices for babies
- 86% of participants in the Triple P parenting course **increased their connection to concrete support**, and 78% increased their **knowledge of parenting skills**.

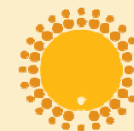


Measurable behavior change goals

Measurable Behavior Change Goals by Status of Achievement 2014, N=283



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Education and behavior goals

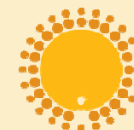
Examples of Behavior Change Goals include:

- Enroll in prenatal care and/or continue regular prenatal appointments.
- Enroll in a medical home.
- Make an appointment for an effective form of birth control.
- Enroll in Medicaid, SNAP, WIC or ACA
- Put your baby to sleep using safe sleep practices.
- Breastfeed your new baby for at least six months.
- Take an HIV/STI test.



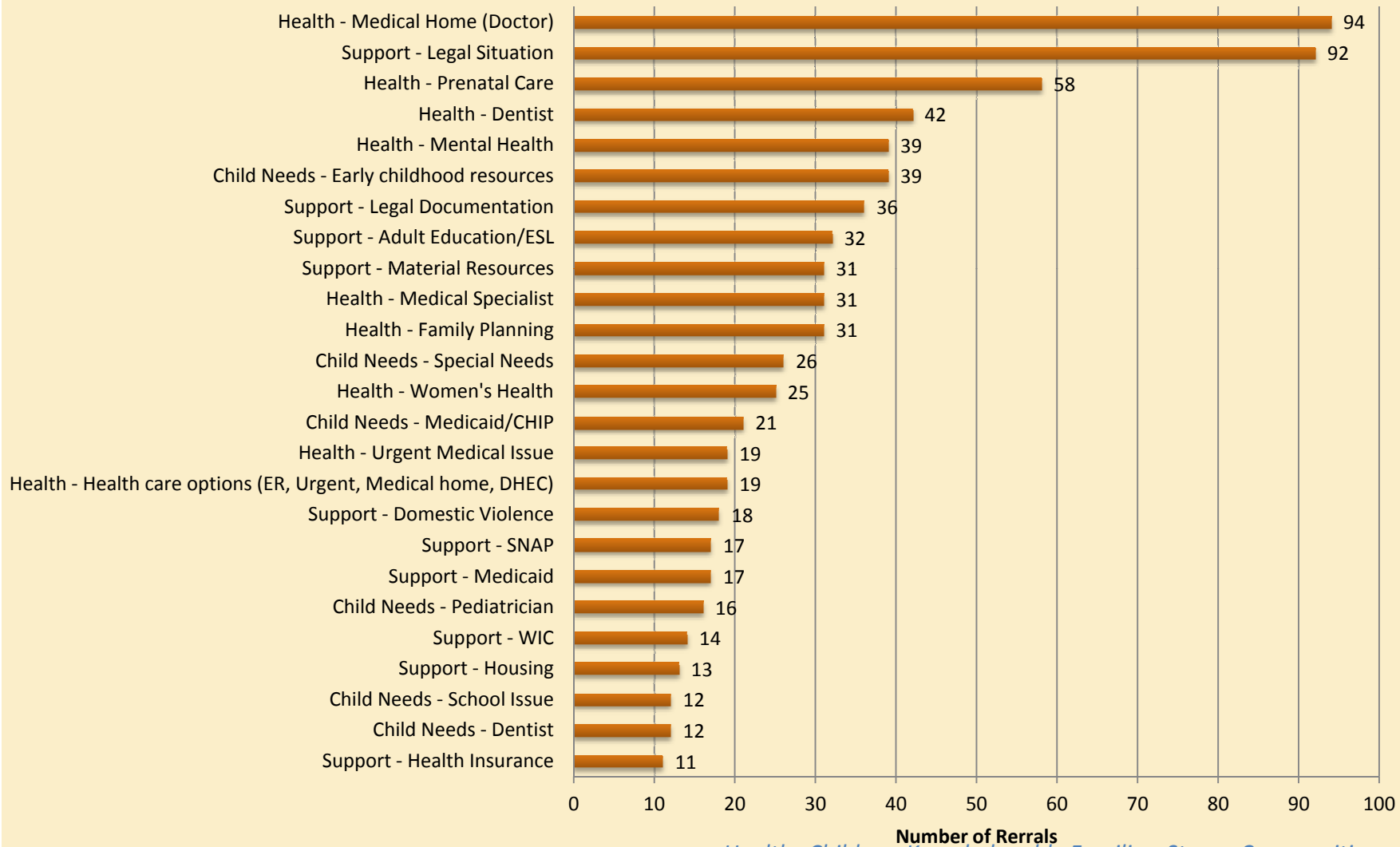
Example of results from education

- **Before** breastfeeding education/support:
42% of mothers indicated that they wanted to exclusively breastfeed their babies
29% planned to breastfeed and give formula
21% were undecided
- **After** the education/support
71% planned to exclusively breastfeed
14% planned to mix breastfeeding and formula
Only 14% planned to exclusively formula feed



PASOs as a trusted access point

Referrals for services 2013-2014, N=765

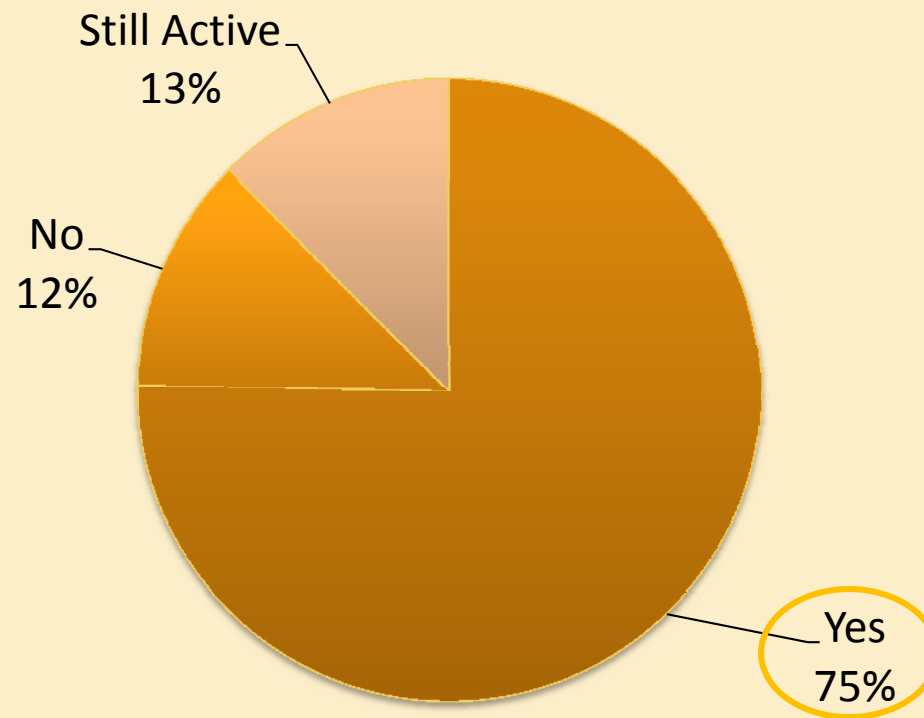


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Connection to a Medical Home

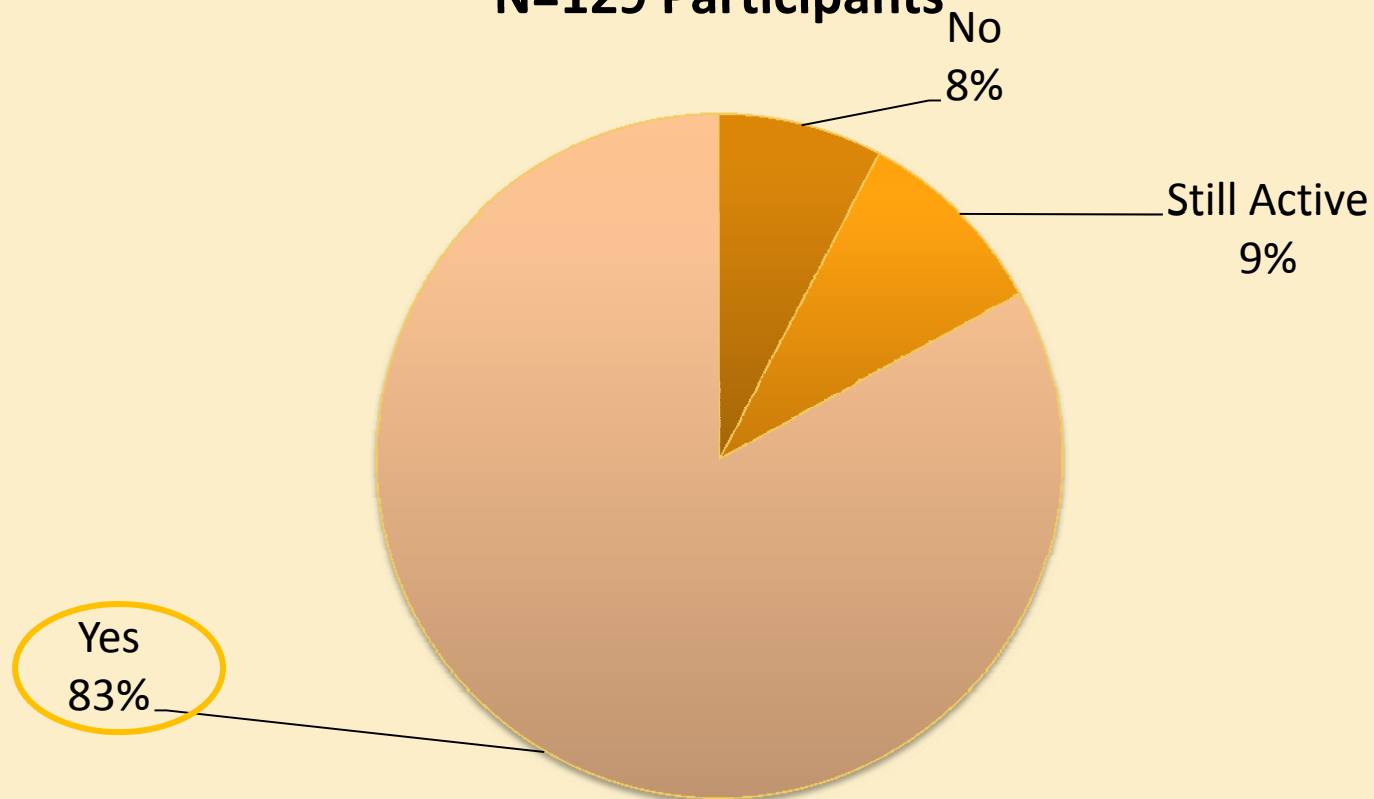
**Connection to primary care, all PASOs sites
N=280 participants**



Connection to prenatal care

Connection to prenatal Care, all PASOs sites

N=129 Participants



Increasing Access to Care

924 encounters with organizations to improve access to culturally and linguistically appropriate care and services



Radio dramas



<http://youtu.be/5AhLbhsp3D8>



For our successful CHW program- What does it take?

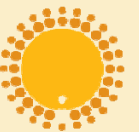
- The right PEOPLE to be CHWs
- Good training that MIRRORS their work in the community
- MENTORSHIP opportunities
- TIME to support their growth/development
- A SYSTEM that supports their work
- Sustainable FUNDING sources
- Participation in POLICY



State policy and regulations- South Carolina's journey



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State policy and regulations- South Carolina's journey

- Medicaid expansion not chosen in SC; still had commitments under ACA
- Committed to goal of reaching underserved populations, addressing social determinants
- “It's not only having an insurance card that makes access possible”-supportive DHHS leadership



The impetus

- Health Access at the Right Time- statewide collaborative to identify alternative providers (policy makers and CBOs, AHEC, others)
- CVS Minute Clinics, telemedicine, school based health clinics
- Realized to reach the hardest-to-reach, needed Community Health Workers



State policy and regulations- South Carolina's journey

- Currently 14 CHWs embedded in clinics-working on expansion
- Developing payment model to keep CHWs in the communities they serve (CBOs as providers?)
- Developing state plan document- for DHHS and CHWs throughout state
- Working towards a CHW Association to represent needs of CHWs and provide continuing education



Lessons learned

- Supportive, proactive leadership makes the difference
- Crucial to have expertise at the table
- Importance of defining CHW role and scope
- Need to educate stakeholders involved when implementing (supervisors, clinics, policymakers, funders)



Lessons learned

- Need to hire the right person for the job
- Provision of education that mirrors CHWs work crucial yet challenging
- Critical to connect health systems and communities



Lessons learned

- Struggle between clinical model and community-based model can slow down the process and needs to be talked through
- Prevention is a key asset of what CHWs can offer



The role of policy makers

Support a robust CHW program by:

- Bringing together funding agencies towards alignment
- Consulting experts from community-based organizations, universities and other states
- Educate health system on social determinants and role of CHWs in addressing them
- Support prevention models, concepts
- Being open to different models, out-of-the-box thinking



Contact information

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