



National Community Centers of Excellence in Women's Health

Spring 2005

# Leaders IN THE Community



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## Welcome

Welcome to the first edition of Leaders in the Community, the official newsletter for the National Community Centers of Excellence in Women's Health (CCOE). These community-based organizations, funded by the Department of Health and Human Services Office on Women's Health, integrate, coordinate and strengthen linkages between programs and activities already underway in their communities to enhance services available to women and to reduce fragmentation in women's health services. As you learn more about the Centers, the unique models of care they have implemented

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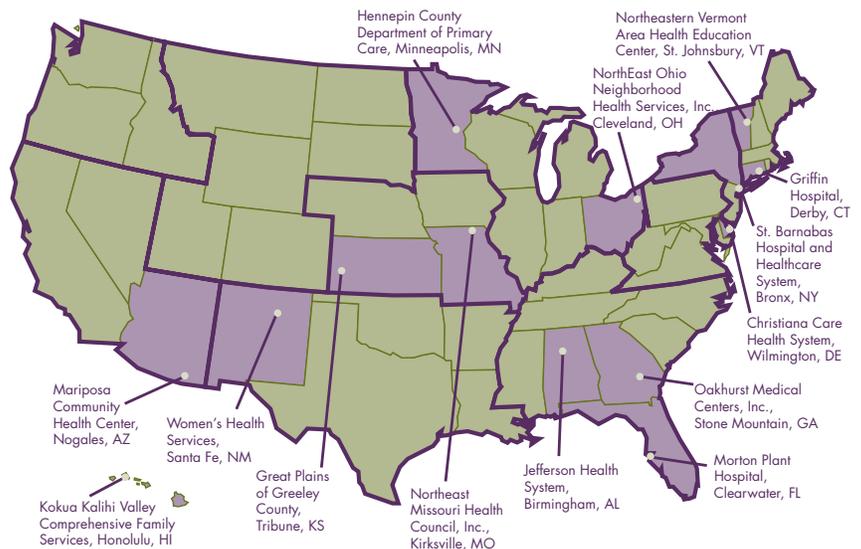
## What is the National Community Center of Excellence in Women's Health (CCOE) Program?

The National Community Centers of Excellence in Women's Health (CCOE) program was implemented by the Office on Women's Health (OWH) within the Department of Health and Human Services (DHHS) in FY 2000. The primary purpose of the CCOE program is to provide funding to existing community-based organizations to enable them to develop models of comprehensive, integrated, multidisciplinary, holistic, age-appropriate preventive care for underserved women of all races across their life span and to replicate these models in other communities and organizations. This program contributes to the Department's efforts to eliminate health disparities due to age, gender, race/ethnicity, education, income, disability, or living in rural localities.

Through the CCOE program, community organizations are partnering to develop innovative, non-fragmented models of care that integrate comprehensive health services with research, training, education, clinical care, technical assistance, and leadership/mentoring activities in the community to advance women's health. These innovative models of care encompass mental, physical, and dental health as well as support and enabling services.

Currently, there are 14 National Community Centers of Excellence in Women's Health in federally qualified health centers, community hospitals, and an area health education center (AHEC) in rural and urban areas throughout the country. A complete roster of CCOEs is on page 2.

### National Community Centers of Excellence in Women's Health (CCOE)



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# Welcome

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for women, the community networks they have created, the resources they have leveraged, the seamless referral systems they have implemented, and much more, you will understand why these organizations have been designated as National Community Centers of Excellence in Women's Health.

The purpose of this newsletter is to introduce you to the Centers, their programs, and their CCOE staff. To date, 14 Centers have been funded. These Centers are housed in community health centers, community health center look-alikes, community hospitals, and an Area Health Education Center. They are in rural and urban areas and serve a diverse population. Their approaches to prevention and the delivery of care to underserved populations are exciting and we want to share them with you to help you enhance the work you do.

Each issue of the newsletter will feature a topic relevant to community-based organizations with examples of how the CCOEs have addressed the issue. It is our hope that this newsletter will offer you practical solutions to challenges you face as you try to deliver quality care to your clients/patients. We hope you find the information and resources within each issue useful for your work.

Sincerely yours,



Wanda K. Jones, Dr.P.H.

Deputy Assistant Secretary for Health  
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# Allies for Quality:

## *Lay Health Workers' Role in Improving Health Care Quality*

### **Introduction**

Historically, all cultures have had systems of natural helpers who provide community members with social support and advice. When these helpers are involved in the field of health, they are often referred to as “lay health workers.” In the last half of the twentieth century, the contributions of lay health workers in the United States have received increased attention, recognition, and credibility.

The range of activities and roles of lay health workers is as diverse as their titles: *promotoras de salud*, community health workers, health advocates, ambassadors, peer health educators, community health aides, health intermediaries, and indigenous health workers. Some reject all attempts at labeling. For the purposes of this issue brief, the term “lay health worker” is meant to include all community-based non-professionals linking consumers to the health care system.

In the United States, the primary role of lay health workers is to fill a gap in the health care system that is particularly acute among underserved communities. Many of the factors that contribute to this gap also affect health care quality. From the perspective of the eight patient and consumer organizations that make up California HealthCare Foundation's Allies for Quality grantees, these factors include the following:

- ▶ Difficulty obtaining health services;
- ▶ Receiving incomplete health information or treatment;
- ▶ Scarcity of culturally relevant and accessible health information;
- ▶ Culturally inappropriate or insensitive provider-patient interactions;
- ▶ Lack of knowledge about self-care practices; and
- ▶ Lack of understanding on the part of providers and the health care system about community health needs.

Lay health workers are uniquely positioned to help fill this gap and provide needed support services, in no small part because they often come from the very communities they serve and share elements of their cultural and linguistic background, economic status, or experience of disease or disability.

### **Overview**

The Allies for Quality grantees are in the unusual and beneficial position of being funded so that their lay health workers can specifically address issues of health care quality. Of the eight grantees, five have implemented programs built around lay health workers. These are the California Black Health Network, the Community Health Worker/*Promotora* Network, the Center for Disability Issues and the Health Professions at Western University of Health Sciences, the Diabetes Prevention and Control Program, and the Women's Information Network Against Breast Cancer. A snapshot of each group's experience in working with lay health workers is provided later in this brief. More information about the grantees can be found on the California HealthCare Foundation's Web site, [www.chcf.org](http://www.chcf.org).

Jointly, the work of the Allies for Quality grantees with lay health workers provides an understanding of how recruiting and training these workers to interact with community members, health care professionals, patients, or people with disabilities enables them to make significant contributions to improving health care quality. The following themes, attributes, and goals characterize their work.

### **Recruiting for Compatibility**

All of the five grantees recruited or engaged lay health workers among people familiar with the specific health condition or community that is the grantee's focus. Because these workers often share a deep under-

standing of beliefs, perceptions, and salient concerns of the populations they work with along with linguistic, cultural, or historical background, they are particularly suited to engage their peers in a culturally appropriate manner. For most groups, this shared base of experience enhances the ability of lay health workers to assess and meet the needs of their various audiences.

### **Developing Health Care Quality Leaders**

All of the five grantees are developing and enhancing leadership skills among their lay health workers using focused, original curricula, training sessions, and various capacity-building opportunities. These curricula impart information about the disease the group is addressing or the environment the community workers are operating in. The training programs teach people how to advocate for health care quality for themselves and their families, then apply their skills to serve a broader community.

### **Empowering Consumers**

One important aspect of the lay health worker approach is the workers' ability to spend a significant amount of time with their audience in individual or small-group settings. Small groups help foster deeper relationships, which can increase consumer trust in the health care system. As the lay health workers use this time to educate and provide emotional support, they are also teaching consumers how to understand their risks for particular health conditions and the appropriate selfhelp measures; navigate the difficulties of the health care system; make use of community resources; and appreciate their rights and responsibilities as patients.

### **Bringing Consumers into the System**

Whereas the standard medical model holds that consumers seek out health professionals, the lay health worker model sometimes reverses this order. Most of the grantees' lay health workers use churches, schools, medical centers, local organizations, and local networks to offer community members the chance to

learn more about the health risks they face and how to use the health care system.

### ***Balancing the Power Dynamic***

A major outcome of this work is that by empowering consumers through knowledge and support, lay health workers are taking a groundbreaking step toward balancing the power dynamic between patients and providers, and between patients and their health care system. The lay health workers of the Diabetes Prevention and Control Program's Diabetes Consumer Action Groups Project, for example, disseminate a "health record card" that helps diabetes patients keep a record of their medical tests and examinations, as well as track the health care they are receiving against evidence-based guidelines for diabetes treatment. The Women's Information Network Against Breast Cancer provides patients with access to information and peer support upon diagnosis, distributing kits that include culturally competent patient education books and videos developed in accordance with evidence-based guidelines.

This work helps to transfer some of the control over the process of health care to the consumer. The resulting increase in self-sufficiency enables people to establish a more productive partnership with their providers, including better use of their health care system and community resources, more effective communication with their health care providers, and taking responsibility for their own care.

### ***Lay Health Workers in Action***

#### ***California Black Health Network***

The California Black Health Network (CBHN) uses lay health workers to reach out to African American communities with information and prevention activities for major health problems, along with discussions of patients' rights and responsibilities within the health care system. At its community-based lectures and workshops on health care quality held in venues such as churches and on college campuses, CBHN recruits potential lay health educators to carry the information to their own communities. Incorporating lay

health workers makes it possible for CBHN to reach the community in its "home territory," geographically, intellectually, and spiritually.

The tools used by the lay health workers include a "quality kit" developed by CBHN that contains resources on when to seek care; questions to ask providers; and information sheets on heart disease, hypertension, and diabetes. Each person attending an informational session receives a quality kit.

#### ***Community Health Worker/ Promotora Network***

The Community Health Worker/Promotora Network works to obtain recognition for community health workers and link them in a network where they receive support, build leadership skills, learn from each other, and benefit from the advocacy provided by the organization on their behalf. Network members include both volunteer and paid community health workers. Their main roles are to create connections between Latino communities, health agencies, and community-based organizations by addressing informational, cultural, socioeconomic, and linguistic gaps.

The Community Health Worker/Promotora Network has been particularly successful at building the capacity of lay health workers to point out these gaps to local health agencies and community leaders. The network's members, who primarily serve the state's Spanish-speaking community, are removing cultural and linguistic barriers, increasing the trustworthiness of the institutions they represent, and expanding institutions' service delivery to include health education and prevention strategies.

#### ***The Center for Disability Issues and the Health Professions***

The Center for Disability Issues and the Health Professions recruits as "disability educators" people affiliated with Independent Living Centers throughout California. Many are people with disabilities who have firsthand experience interacting with providers as advocates for their own care. The Center

has developed a training curriculum called "Health Savvy" which addresses rights to quality health care for people with disabilities. The goals of the educators are to reduce the level of bias experienced by people with disabilities in the health care setting by training them to expect and ask for quality care. Specifically, the educators assist Independent Living Center clients to identify and select health care providers, maximize time with providers, understand the nature and importance of routine preventive screenings, keep an accurate medical history, and effectively communicate health care needs.

#### ***Diabetes Prevention and Control Program***

The Diabetes Prevention and Control Program's Diabetes Consumer Action Project is teaching people with diabetes to become "diabetes leaders" who train other diabetes patients to be advocates for their own health care and how to receive evidence-based clinical care. One asset of the Diabetes Prevention and Control and Project approach is the intrinsic motivation of people with a condition to help others with the same condition. This situation has increased the success of a volunteer-dependent program with limited resources.

#### ***Women's Information Network Against Breast Cancer***

The Women's Information Network Against Breast Cancer (WIN ABC) works with volunteers who are breast cancer survivors specially recruited from the medical centers in which WIN ABC works. The volunteers are trained to mentor newly diagnosed patients at each center. These peers receive WIN ABC's established "Breast Buddy Breast Care Training Program," which includes discussions and educational materials on breast health; breast cancer diagnosis and treatment; navigating the health care system through enhanced communication skills and informed decision-making; gaining access to evidence-based quality care; psychosocial support and cultural issues; self-care; and educating, motivating, coaching, and supporting patients to advocate for themselves and partner more effectively with their health care team. WIN

ABC has also established breast cancer resource rooms at each medical center.

### Key Issues

Any attempt to develop a lay health worker program must come to grips with some fundamental issues. Chief among these are the challenges involved in monitoring performance, obtaining recognition, and developing an effective training model. The experience of the Allies for Quality grantees illustrates the importance of addressing such factors in designing lay health worker services.

Developing and maintaining a system for following up with both the workers themselves and the community members who attend the educational sessions is crucial to determine how well the program is succeeding. Unless this process is integrated into the framework of the program, it can easily be overlooked. Greater support for such a system would help to reinforce the lessons that lay health workers are trying to

teach, as well as track the impact they are having on the intended community.

Many professional health providers and communities do not fully understand the special knowledge and skills of lay health workers, or the role they can play in expanding access to quality care. Lay health worker programs must commit to obtaining recognition for the value that these workers bring and supporting their integration into provider and community settings. Options include certification programs administered by local agencies and educational centers, as well as promoting the abilities of lay health workers to community groups and decision makers within the health care system and encouraging them to include these workers in program planning.

Consistent training is also a key component of working with and preparing lay health workers. It teaches them to deliver appropriate educational messages that motivate

patients and community members to take care of their health and engage in ensuring access to quality health care in accordance with evidence-based guidelines. Each of the grantee groups either developed or drew upon training programs to orient and equip their lay health workers. While each group's training incorporated health information and tools specific to the disease or condition they addressed, the following topics were common to each group's training program:

- ▶ Patients' rights and responsibilities;
- ▶ Advocating and taking action;
- ▶ Communication skills to improve consumer-provider relationships; and
- ▶ Taking responsibility for one's own health.

Finally, efficient train-the-trainer models can maximize the scarce resources of main program staff and reduce the time required to train lay health workers, particularly in statewide programs that must contend with California's large geographic size and diverse population.



## Lessons Learned

Using lay health workers to disseminate culturally competent education and information and address issues of quality of care has been a successful strategy among the Allies for Quality. The following lessons are drawn from their work:

- ▶ Lay health workers quickly gain trust and effectively communicate with their audience because they share key experiences with the community members they serve.
- ▶ As intermediaries between their commu-

nities and health care systems, lay health workers are often an effective resource for culturally relevant and accessible health education and health care quality information as well as a point of access to health care.

- ▶ Lay health workers' position within their communities and health care systems gives them the ability both to make quality issues relevant to their community and help change the health care delivery system to be more responsive to community needs.

- ▶ Lay health workers can be a cost-effective extension of the health care system.

Allies for Quality have shown that lay health workers can successfully engage significant numbers of consumers in increasing knowledge and reducing barriers to health care quality. With the benefit of greater recognition and support for their efforts to assist hard-to-reach clients, lay health workers can increase both access and quality for many consumers. 🌱



## Funding Lay Health Workers

The use of lay health workers offers a cost-effective alternative to employing health care professionals as conduits of education, emotional support, and intervention activities. The health care delivery system and other organizations that benefit from these services need to consider how to fund their work.

Although the funding the Allies for Quality received helped them develop and refine the lay health worker component of their programs, not all of the grantees had sufficient resources to provide stipends or paid positions for these workers. Instead, they relied on the volunteer services of people who, because of their relationship to the intended population

they dealt with, were interested in improving the quality of their own care and that of others in similar situations.

Programs that must rely on volunteer services in this way are less stable and more difficult to sustain over time. Volunteers pursue other interests, new volunteers must be recruited and trained more frequently than paid staff, and program continuity suffers. For a lay health worker program to be most effective, sufficient investment is needed in crucial infrastructure elements, including leadership development, training, evaluation, and stipends to support these workers.

## ACKNOWLEDGMENTS

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## ABOUT THE PROJECT

Allies for Quality: Patient and Consumer Groups Improving Health Care was developed by the California HealthCare Foundation (CHCF) to support and encourage patient and consumer groups' involvement in health care quality issues. CHCF is an independent philanthropy committed to improving California's health care delivery and financing systems. More information about the grantees is available at [www.chcf.org](http://www.chcf.org).

The Allies for Quality Grantees include:

- ▶ California Black Health Network
- ▶ The Diabetes Prevention and Control Program
- ▶ The Center for Disabilities and the Health Professions
- ▶ Community Health Councils, Inc.
- ▶ The Community Health Worker/Promotora Network
- ▶ The Sickle Cell Disease Foundation
- ▶ Women's Health Leadership
- ▶ The Women's Information Network Against Breast Cancer

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# Meet the National Community Centers of Excellence in Women's Health (CCOE)

## Christiana Care Health System

**Setting:** Urban

**Type of Organization:** Hospital

**Populations served:** White (73%), Black (19%), Hispanic (5%), and Other (3%)

**Background:** Selected as a CCOE in 2002, Christiana Care and its community partners work toward a common goal: improving the health status of women by addressing disparities in health care. Christiana Care is one of the nation's largest private health systems and a leading provider of health services to the people of Delaware and neighboring areas of Pennsylvania, Maryland, and New Jersey. The CCOE established at this organization is linking, coordinating, and strengthening women's health services in New Castle County, Delaware.

## Great Plains of Greeley County

**Setting:** Rural

**Type of Organization:** Community Health Center look-alike

**Populations served:** Predominantly White

**Background:** Selected as a CCOE in 2004, Greeley County Health Services is uniquely positioned to serve the needs of underserved, rural women in west central Kansas and eastern Colorado. Named the Healthy Woman Program, the CCOE is designed to bring improved health care services and to provide opportunities for women and young girls to be better informed consumers and to benefit from new leadership roles. The Greeley County CCOE plans to promote leadership and career development opportunities in health care related fields for rural woman. Promoting the success of underserved woman will have long-term positive results for their health care systems and certainly for those who are able to continue their education and enter the health care profession. Greeley County will continue their established outreach activities and networking with the many groups in their communities. They hope to expand these programs through the Healthy Woman Program and provide additional outreach in community health and leadership

for their female population. The Healthy Woman Program will empower rural woman to become better informed health care consumers and challenge them to leadership roles within their communities.

## Griffin Hospital

**Setting:** Rural suburban mix

**Type of Organization:** Hospital

**Populations served:** White (85.4%), Hispanic (19.7%), and Black (7.1%)

**Background:** Selected as a CCOE in 2002, the National Community Center of Excellence in Women's Health at Griffin is a comprehensive health care program provided by Griffin Hospital, a not-for-profit Plain Tree community hospital located in Derby, Connecticut. Griffin is a very unique medium-sized community facility providing care for approximately 100,000 people who live in six towns, an area known as the Lower Naugatuck Valley. Griffin has a history of women-centered programs and facilities. Among these are the Childbirth Center, designed to offer family-centered maternity care, the Rapid Diagnostic Breast Center, established to ensure that no woman, regardless of age or socioeconomic status, is denied screening mammograms or diagnostic testing for breast cancer, and the Valley Women's Health Initiative, a group comprised of members of the Valley Community working toward a common goal of addressing and improving health for Valley women.

## Hennepin County Department of Primary Care

**Setting:** Urban

**Type of Organization:**

Federally Qualified Health Center

**Populations served:** Black (64%), Asian American (14%), White (9.5%), Unknown (6.5%), Hispanic (5%), and Native American (1%)

**Background:** Selected as a CCOE in 2001, the Hennepin County Department of Primary Care CCOE is taking a holistic approach to women's health by coordinating all aspects of a woman's health throughout

the life span, including addressing socio-economic and cultural influences that often stand in the way of quality health care. Hennepin seeks to increase the women's health knowledge base by identifying research areas that address their health needs and responding to issues of concern to underserved women. Their "members only waiting room" is one example of this effort. Here underserved women can receive extensive individual health assessments and consultations. These women receive a binder with health materials tailored specifically to their needs and a comfortable place to come, sit, and absorb this information. Women can also enjoy healthy snacks, read health education materials, and use the Internet to find additional information.

## Jefferson Health System

**Setting:** Urban

**Type of Organization:** Hospital

**Populations served:** Black (65%), White (20%), and Hispanic (15%)

**Background:** Selected as a CCOE in 2002, the Jefferson Health System Community Center of Excellence in Women's Health is known as Women's HealthLink by the local community. Women's HealthLink is a consortium of leading public sector health care providers and community-based organizations in the greater Birmingham area with the capacity and commitment to integrate, coordinate, and strengthen health services and activities for underserved women in Jefferson County, Alabama. The goal of the program is to streamline patient care and to extend health services to accommodate women throughout their life span.

## Kokua Kalihi Valley Comprehensive Family Services

**Setting:** Urban

**Type of Organization:**

Community Health Center

**Populations served:** Filipino (32%), Samoan (28%), Other Pacific Islander (11%), Hawaiian (9%), Laotian (4%), Vietnamese (2%), Tongan (2%),

Japanese (2%), and Other Asian (2%)

**Background:** Selected as a CCOE in 2002, Kokua Kalihi Valley (KKV) is a community-organized and community-operated non-profit corporation with 30 years of experience in the direct delivery of primary health care to medically underserved individuals and families. KKV's full range of programs include dental, medical, behavioral health, prenatal, family planning, nutrition (WIC), immunization, STD–HIV testing and services, health education, social services, elderly and youth services, transportation, outreach, professional education, and community advocacy. The program is known locally as the Ohana Women's Health and Wellness Program. *Ohana* means family in the Hawaiian language. The name is believed to be friendlier and more inviting to potential clients. KKV delivers culturally competent care through a staff that speaks more than 17 languages and dialects.

### **Mariposa Community Health Center**

**Setting:** Rural

**Type of Organization:**

Community Health Center

**Populations served:** Hispanic (89%) and Other (11%)

**Background:** Selected as a CCOE in 2000, the Mariposa Community Center of Excellence in Women's Health educates the community on women's health issues, increases leadership and learning opportunities for women, and empowers them to be proactive and informed in regards to health and well being by strengthening existing medical and social services programs. The Mariposa CCOE offers support services such as radiology, mammography, sonography, lab testing, pharmacy, and dentistry, as well as educational programs through the Platicamos Salud Division that provides education in nutrition, diabetes, cancer prevention, HIV/AIDS, maternal/child health, KidsCare, tobacco cessation, and others. This CCOE is located on the U.S./Mexico border and is very involved with health care delivery on both sides of the border.

### **Morton Plant Hospital/Turley Family Health Center**

**Setting:** Urban

**Type of Organization:** Hospital

**Populations served:** White (72%), Black (16%), and Hispanic (12%)

**Background:** Selected as a CCOE in 2002, the Morton Plant Hospital CCOE serves as a model resource center to integrate and coordinate available community social and health care services to improve women's access to comprehensive care. It focuses on the needs of underserved women in Pinellas County, Florida, home to an unusually large population of elderly women. This hospital-based CCOE program is located in the Turley Family Health Center, about three miles from the Morton Plant Hospital in Clearwater. In collaboration with their community partners, the center is creating an efficient network of supportive and holistic health care.

### **NorthEast Ohio Neighborhood Health Services, Inc.**

**Setting:** Urban

**Type of Organization:**

Community Health Center

**Populations served:** Black (93%) and Other (7%)

**Background:** Selected as a CCOE in 2001, the vision of the NorthEast Ohio Neighborhood Health Service, Inc. (NEON) is that women across the life span will have access to services, tools, and information to live healthy lives regardless of income. NEON works to ensure that underserved women have access to a comprehensive array of health care services. NEON provides comprehensive primary care service to women including pediatrics, adult medicine, family medicine, geriatric medicine, ob/gyn, family planning, mammography, ultrasound, dentistry, optometry, podiatry, and dermatology. These services are supported by nutrition, social work, health education, and outreach services.

### **Northeast Missouri Health Council, Inc.**

**Setting:** Rural

**Type of Organization:**

Community Health Center

**Populations served:** White (90%) and Hispanic (10%)

**Background:** Selected as a CCOE in 2000, the Northeast Missouri Health Council is known as the Women's Care Connection by the local community. The Women's Care Connection addresses women's health from a women-centered, women-friendly, women-relevant, holistic, multidisciplinary, cultural, and community-based perspective. The program assists women in eight Missouri counties, in all stages of life, to access primary health care services, dental, and mental health services that are available within northeast Missouri. The program seeks to provide a seamless referral system utilizing community partners within the area. The core components of the program focus on women's health needs throughout the life span. In addition to the clinical services that are provided, a special focus is on meeting learning needs as well as promoting leadership and research in the area of women's health.

This unique "center without walls" model responds to numerous challenges that women in northeast Missouri face when attempting to access a variety of health, preventative, and social services. Five core partners with a long history of collaboration developed a model for health care delivery that responds to the specific needs of rural northeast Missouri women. These partners include a federally qualified community health center, an osteopathic medical school, a regional mental health organization, a domestic violence prevention organization and shelter, a regional hospital and medical center, and an area health education center.

## Northeastern Vermont Area Health Education Center

**Setting:** Rural

**Type of Organization:** Area Health Education Center (AHEC)

**Population served:** White

**Background:** Selected as a CCOE in 2001, the Northeastern Vermont Area Health Education Center serves geographically dispersed rural communities in the Northeast Kingdom of Vermont. To provide comprehensive services for women, providers in different locations formed a network of clinical care. The Women's Resource Network helps women navigate the system and provides access to needed health care, referrals, and social services, as well as support services such as transportation for women in the service area. This network helps eliminate the barriers preventing underserved women from receiving needed services.

## Oakhurst Medical Centers, Inc.

**Setting:** Urban

**Type of Organization:**

Community Health Center

**Populations served:** Black (86%), Hispanic (7%), White (6%), and Asian (1%)

**Background:** Selected as a CCOE in 2004, Oakhurst Medical Centers' primary goal is to develop a comprehensive and coordinated focus on the health care needs of eligible medically underserved, indigent, refugee, and immigrant women within DeKalb and other surrounding counties within the state of Georgia. Thirty percent of Oakhurst patients are refugee and immigrant women from Africa. To meet the needs of these women, Oakhurst's staff is composed of more than a half dozen nationalities and ethnic groups speaking more than a dozen African and Eastern languages and dialects in addition to French, Italian, and Spanish.

Its goal is to provide a comprehensive women's health center that will address the health care needs of the ethnically and culturally diverse women within the community. It also plans to provide educational opportunities for women to pursue health care careers by providing linkages with community

organizations that will assist with accessing affordable opportunities. Oakhurst's CCOE will offer mentoring/career development opportunities for women in the health care arena to become better parents, leaders and advocates for change within its communities. Oakhurst plans to launch a program that will provide education about opportunities in the health service arena with the goal of upgrading and increasing the number of women health professionals from "at risk" and indigent communities. Also, it plans to increase the outreach efforts in the diverse communities, provide health education to women of all ages, engage them to be proactive about their healthcare and become advocates for their families, friends, and communities.

## St. Barnabas Hospital and Healthcare System

**Setting:** Urban

**Type of Organization:** Hospital

**Populations served:** Black (30%), Hispanic (50%), White (7%), and Other (12%)

**Background:** Selected as a CCOE in 2000, the St. Barnabas National Community Center of Excellence in Women's Health,

along with its team of partners within their consortium, worked collaboratively to develop an integrated, culturally and linguistically sensitive, accessible health services delivery system for women throughout their life span. This CCOE services Latina and Black women living in the Bronx.

## Women's Health Services

**Setting:** Urban

**Type of Organization:** Health Center

**Populations served:** White (59%), Hispanic (40%), and Native American (1%)

**Background:** Selected as a CCOE in 2001, the Santa Fe CCOE was established to serve as a unique and identifiable central coordinating point and resource center to bring the efforts of service providers, clinicians, researchers, consumers, and the government together to improve the health of women throughout northern New Mexico. The purpose of the Santa Fe CCOE is to eliminate health inequalities among segments of the population, including inequalities that occur due to gender, race, or ethnicity, education or income, disability, geographic location, or age. 🌱



## Lay Health Workers: Vital Members of the CCOE Team

The lead newsletter article –*Allies for Quality: Lay Health Workers' Role in Improving Health Care Quality*—describes the important role lay health workers play in the programs operated by the Allies for Quality grantees. Several of the National Community Centers of Excellence in Women's Health (CCOEs) include lay health workers as vital members of the CCOE team.

### Recruitment

Several strategies have been employed to identify and recruit lay health workers from the communities served by the CCOEs. The Mariposa Community Health Center CCOE has a strong volunteer program and, as part of the enrollment process for the CCOE, they have developed an empowerment curriculum for women. These two programs serve as the primary venue for the identification and recruitment of lay health workers who are referred to as *promotoras de salud* in this border health community.

The Northeastern Vermont Area Health Education Center CCOE, located in a very rural community, advertised to fill their lay health worker positions. These lay health workers, referred to as community health workers, assist CCOE patients and navigate this regional model of care that uses a closely monitored system of referrals to provide comprehensive, integrated, multidisciplinary care to women in this rural community. Using a resource directory compiled by the CCOE, the community health workers assist CCOE clients with everything from medical, dental, and mental health services to enabling services such as transportation.

The St. Barnabas Hospital and Healthcare System CCOE recruited their lay health workers, referred to as peer educators, from the service delivery community of the parent and partner organizations. It appears that each strategy is effective for identifying women who can be trained to be outstanding lay health workers.

### Training

The CCOEs have also used varied approaches to train lay health workers—5-day intensive training with one day follow-up or booster trainings, 1 to 1 1/2 day trainings spread over several weeks, and train-the-trainer. The CCOEs have developed their own training curricula to insure cultural and linguistic relevance to the communities they serve supplemented with training programs established by the parent organization. Training curricula developed by other organizations on specific topics may also be used to enhance the training provided to lay health workers. Training sessions are lead by guest lecturers or by the CCOE professional staff. The aim of the training is to empower the lay health worker with knowledge about the health system, diseases, the resources available in the community, and skills needed to access these services. This knowledge helps the lay health worker emerge as leaders in their community and effective advocates for the women of the community and their families. The Mariposa CCOE Empowerment curriculum is available at the [www.4woman.gov](http://www.4woman.gov) website or from the Mariposa Community Health Center.

### Recognition

Within the St. Barnabas Hospital and Healthcare System CCOE each peer receives a hospital identification card and is required to wear white tops and dark bottoms and a program issued gray blazer. This uniform and official hospital identification legitimizes the Peer core both, within St. Barnabas' structure and in the community.

### Support to Medical Staff

At the Northeastern Vermont Area Health Education Center CCOE, patients have appreciated the convenience of meeting with a community health worker at the same time they are visiting their provider. Community health workers have been able to accompany women, if they request it, to their appointments. There was a wonderful success story recently of a woman who had been diagnosed with fibromyalgia. She was afraid and confused, and did not want to see her doctor. The community health worker was able to talk with her, provide easy to read materials about fibromyalgia, and go with her to see her practitioner. The woman is now taking medication and beginning to improve her quality of life. 🍀



# highlights & EVENTS

In an effort to empower the community to improve their health through lifestyle change and a better understanding of the health care system, **Kokua Kalibi Valley Comprehensive Family Services**

(KKV) started 'Health Talks' in January of 2003 as part of the Ohana Women's Health and Wellness Program. These groups started as four separate groups. Each group met once a month. They were divided by language to better facilitate open discussion. The groups were English, Samoan, Filipino, and Chuukese speaking. The English group was discontinued after about six months due to lack of participation. The other three groups have been ongoing for two years now. These groups meet and talk about health topics determined by both group interest and by known needs in the community, exercise, and have a healthy snack. The discussion topics range from health concerns like cardiovascular disease to personal financial management. 🌱

The **CCOE at Griffin Hospital** launched a new program/pilot study to examine the effects of interactive workshops coupled with peer-to-peer support on the adoption of healthy behaviors in women including the reduction of fat intake and an increase in physical activity. The program, *Health Matters for Women*, kicked off in February 2005 and will run through April 2005. Sessions are held weekly, and women were asked to complete standardized assessments to track their progress. Additionally, as part of the Heart Truth campaign, the CCOE at Griffin is assisting in developing professional training materials, specifically interactive Web-based modules to assist health professionals acquire the skills needed to better treat heart disease in women. 🌱

The **CCOE at Griffin Hospital** continues to work with the Robert Wood Johnson (RWJ) Clinical Scholars Program (one of only three programs in the country funded with a budget at about \$10 million each) at Yale University to offer research mentoring opportunities to clinical scholars. 🌱

In 2004, the **Mariposa CCOE** participated in the U.S./Mexico Border Bi-National Health Fair. The entire staff of Platicamos Salud, the Health Promotion Department of Mariposa Community Health Center, participated in the fair distributing health information as well as providing health screenings (cholesterol & glucose) to the fairgoers. The Fair began early with a kick-off ceremony at the U.S./Mexico borderline. The U.S. Secretary of Health and Human Services, Tommy Thompson, was present as well as his Mexican counterpart, Julio Franck. Both officials visited our health center and Secretary Thompson presented our CEO, James Welden, with funds to build a satellite clinic in a neighboring community. In total, approximately 750 people attended the fair on the U.S. side. 🌱

In 2004, the **NorthEast Ohio CCOE** received funding for a new initiative entitled Women of Wellness or "WOW!" The WOW! Program is a Health Resources and Services Administration, Maternal and Child Health Bureau funded program. The program is an outgrowth of NCOE's effort to reduce obesity, cardiovascular disease, and diabetes through its CCOE program and its involvement with the Health Disparities Collaborative program. The "WOW!" Program is designed for mothers and daughters as a comprehensive, holistic program to promote and empower African American women in achieving and maintaining a healthy weight. 🌱

In 2004, **NorthPoint Health and Wellness** established "Step To It Northside," a positive community program in North Minneapolis. It is a weekly community walking group, originally for older adults, but now a multigenerational activity. It's made up of many community stakeholders: community leaders, politicians, community-based organizations, residents,

community businesses, and local government organizations. 🌱

In 2004, **Jefferson Health System CCOE** was awarded \$65,000 by the Alabama affiliate of the

Susan G. Komen Breast Cancer Foundation to implement a Breast Health Program at Cooper Green Hospital. This program is based on the case manager model and enrolled over 350 women into the Alabama Breast and Cervical Cancer Early Detection Program in approximately six months. Compliance for screening mammograms in this program was approximately 90%, which is remarkable compared to the baseline compliance rate of 60%. An abstract has been submitted for presentation at the Susan G. Komen Foundation National Meeting. The Jefferson Health System CCOE successfully competed for additional funding (\$70,000) from the Susan G. Komen Foundation to support Phase II of its breast health initiative. Phase II of the initiative involves the replication of the intervention at community-based clinics in Jefferson County. Data from these studies will be used to develop a countywide breast health initiative. 🌱

In 2005, the City of Kirksville signed a proclamation declaring February 4 as "Wear Red Day." Kirksville, the home of the **Northeast Missouri Health Council CCOE**, had four restaurants offering a 15 percent discount to anyone wearing red that ate lunch between the hours of 11:00am and 1:00pm. Additionally, many businesses/organizations promoted "National Wear Red Day" and encouraged their employees to wear red on February 4. 🌱

In 2005, the **Northeastern Vermont Area Health Education Center CCOE** hosted a variety of programs planned for women in the community. These activities included a Women's Health Fair, Celebrating Healthy Lifestyles for Women Seminar, Celebrating Your Life – Mindfulness Training and Stress Awareness Seminar, and Outdoor Walking Program. 🌱



National Community  
Centers of Excellence in  
Women's Health

**Office on Women's Health**  
**Department of Health and Human Services**  
**National Community Centers of Excellence**  
**in Women's Health**  
[www.4woman.gov/owh/CCOE](http://www.4woman.gov/owh/CCOE)

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## Professional Milestones

In 2004, *Turley Family Health Center* received a 2004 National Partnership for Immunization (NPI) Excellence in Immunization Award. 🍷

It is with great pleasure that we welcome and introduce the following new *Program Coordinators* to the CCOE team:

- ▶ *Pam Cosby, NorthPoint Health and Wellness CCOE, Minnesota:* Ms. Cosby earned a Masters of Arts in Public Administration from Hamline University. Her background includes being a Senior Health Specialist, Program Manager, and Program Director for various organizations within the Minneapolis area.
- ▶ *Veronique Desautels, Morton Plant Hospital CCOE, Florida:* Ms. Desautels

is a Certified Health Education Specialist (C.H.E.S.) who has earned a Bachelor of Science in Health Science Education from the University of Florida. Her experience includes health education with the Morton Plant Health System, health promotion with the Pinellas County Health Department, and customer service with the Eckerd Drug Company.

- ▶ *Patrycia Sanchez, Women's Health Services CCOE, New Mexico:* Ms. Sanchez earned a Bachelor of Arts in Liberal Arts from the University of San Francisco. Her experience includes health care administration, human resources administration, and program design, quality management and strategic planning. 🍷

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