

PASOS Health Connections

An Innovation Station Best Practice

Purpose: This document is intended to support MCH professionals to implement a practice found in Innovation Station. This resource provides the information needed to replicate the practice and is divided into two sections: the first section provides a high-level overview of the practice while the second section describes how to implement the practice. For additional information on any of the content provided below, please reach out to the practice contact located at the bottom of this document.

Section I: Practice Overview

Location:	South Carolina	Title V/MCH Block Grant Measures Addressed
Category:	Best	NPM #4: Breastfeeding NPM #11: Medical Home
Date Submitted:	5/2019	NPM #15: Adequate Insurance Coverage

Practice Description

PASOs was founded in 2005 after research showed that Latino families needed more support and information from a trusted source to address disparities and health inequities, and that our state’s support systems were not prepared to close the gaps. PASOs became a bridge between Latino families and the resources they need, bringing families’ voices forward to speak to the inequities that challenge them, and delivering information to families in a culturally appropriate way.

Purpose

Since 2000 the population of Latinos in South Carolina has grown dramatically with 148% growth from 2000 to 2010. According to US Census data, South Carolina has the third fastest growing Latino population in the country. As of 2014, Hispanic individuals represent 5% of the total population (Pew Research) though researchers know that this number is most likely underestimated due to individuals not being counted due to documentation status, fear, and migrant work. However, there is an increasingly large Latino child population, with Latino children from 0-5 years old accounting for 10% of the 0-5 population, and as high as 25% in some counties (KidsCount).

Unfortunately, resources in our communities have not been able to meet the needs of this growing population, which adversely affects the families’ ability to thrive. It is estimated that 29% of Latinos live below the poverty line, as compared to 17% of the total population of the state. Additionally, 42% of Latino children live below the poverty line—compared to 28% of all SC

children—and 41% live in families with no secure employment. The average household income per week is \$361, which is a household annual income of \$18,772. Up to 92% of participants are uninsured, and most have less than a high school education. Families often experience fear and discrimination due to differing documentation statuses, confusing systems, and fluctuating and often stigmatizing immigration policies. Fewer Latino children are enrolled in early childhood programs than other subgroups, and a lower percentage of Latino children are proficient in reading and math than their white peers (Annie E. Casey Foundation, 2018). Adult individuals frequently do not have health coverage and have difficulty accessing affordable healthcare. Due to lack of capacity of many of our institutions to offer programs and services in Spanish, many Latino families and individuals in our state lack information about caring for their health, how to access services, and available community resources.

Given the unexpectedly rapid increase in this population and the challenges they face, it is necessary to implement culturally-specific, supportive programs and systems that benefit Latino families by building on their strengths. PASOs was founded in 2005 after research showed that Latino families needed more support and information from a trusted source to address disparities and health inequities, and that our state's support systems were not prepared to close the gaps. Simultaneously, health care systems and social service agencies have asked PASOs to help them better understand and reach this growing population in our state. PASOs became a bridge between Latino families and the resources they need, bringing families' voices forward to speak to the inequities that challenge them, and delivering information to families in a culturally appropriate way. During its beginning years, PASOs was focused on perinatal health and primarily served pregnant women and infants. Through the years, and due to the increased trust and reliance the communities we serve began to develop, the PASOs Health Connections model emerged as our flagship program —addressing a full range of life course needs, with children, women and men, along with a focus on systemic inequities.

The PASOs Health Connections model involves PASOs' trained Community Health Workers (CHWs) work closely with members of Latino households including women, men, and children in a variety of settings including clinics and community-based locations. Because they are bilingual and are themselves Latino/a, the CHWs are able to build trust with immigrant families, even those who may otherwise be distrustful of institutions. From that position of trust, the CHW conducts intake screening, which includes health needs as well as social determinants, to determine the needs of the participant or family. Based on this intake, the CHW helps participants select an appropriate goal that works toward addressing the need with their support. Goals might include establish a primary care provider, apply for or renew health insurance including Medicaid, receive a chosen birth control method, learn how to use public transportation to get to work/school/appointments, receive food or clothing, connect with specialty care for a health need, and many more. Depending on the needs of the participant, and their level of urgency, CHWs will first educate them on the issue, inform them of available resources that they are eligible for, and work to refer and connect them with the resources they need to achieve their goal(s). The CHW then follows-up with the participant to determine the outcome of the goal and whether the referrals made were successful.

PASOs Health Connections also includes community outreach to meet the population where they are comfortable and in their safe spaces; individual and group education on health and wellness utilizing a culturally tailored curriculum designed by our CHWs; and capacity building work to address systemic issues of access to care and health inequities.

Specifically, the PASOs Health Connections model works to build the capacity of South Carolina's health and social services systems that, at present, are not fully capable of responding to the unique needs of our state's Latino immigrant population. PASOs provides training, organizational assessments, coaching and planning with diverse organizations around the state as well as leadership training for Latino leaders. With PASOs' support, agencies throughout the state are now educating staff, hiring more bilingual support, and adopting more immigrant-friendly policies that help Latino immigrants receive the services and supports they need to help their families thrive. In addition, more Latino leaders have gone on to represent their communities on boards, in organizations and as volunteers. PASOs Health Connections is currently operating in all of PASOs seven regional affiliate sites. Four of the sites are connected to a clinic or health system, with the other three being community-based, with the CHWs working in Latino neighborhoods and with schools with large populations to offer the program.

References:

- Pew Research Center. "Facts on U.S. Latinos, 2015" <https://www.pewhispanic.org/2017/09/18/facts-on-u-s-latinos-trend-data/>. Web. 2017.
- KidsCount Data Center. <https://datacenter.kidscount.org/data#SC/2/0/char/0>. Web. 2019.

Practice Foundation

The foundation of PASOS is the Community Health Worker model. PASOS is also informed by a strengths perspective, and incorporates theories such as the Social Determinants of Health, Social Support Theory, and Empowerment Theory.

The Community Health Worker model is an evidence-based model in which individuals who come from the communities they serve, and/or have exceptionally close relationships with that community, act as bridges between health and social service systems and marginalized communities, helping individuals implement health changes and helping health systems improve.

Social Support Theory: The PASOs model is based on developing a trusting relationship with the families and communities we serve, as a preliminary and essential step. Once the relationship is built, and families feel supported, the PASOs team member can work towards programmatic and other family goals. The CHWs serve as educators and navigators, but also as social and emotional support, using motivational interviewing and other techniques to support the families to achieve their goals.

Social Determinants of Health/Systems Theory: When the PASOs CHWs establish a relationship with a family, an initial intake questionnaire, designed by the CHWs in Spanish, is used to determine not only the family's health needs, but also other social factors or "determinants" impacting their ability to achieve optimal health. Specifically, CHWs work with the families to help them address issues related to food insecurity, access to resources, education, violence and abuse, and others.

Empowerment Theory: The goal of empowerment is to increase the power of individuals, families, and/or communities so they can take control over their environment. By educating families on what they have control over, including aspects of their child's

development and how to advocate for their child’s needs, families can in turn use their power and take more control of their situations.

The Strengths Perspective: The Strengths Perspective draws attention to all the positive attributes and qualities of clients and client systems. When working from a strengths perspective, the focus shifts from problems to capabilities, motivations, goals and resources that an individual or community has to offer. Moreover, the clients’ visions and desires represent the focus of the helping process, more so than one’s own preconceived theories and labels.

Core Components

Core components are those essential practice elements which are observable and measurable.

The goal of the PASOs Health Connections program is to connect Latino families and children with needed health and social service resources. This is done using the Community Health Worker (CHW) model that provides families personalized education, connection to resources, support as they navigate health systems, and follow-up to ensure connection. Each family has different needs and CHWs receive training on various topics to help them navigate or connect them with resources they may need. All education and navigation done with participants is recorded in a web-based data system that allows for reporting of outcomes and community impact.

Practice Activities

Core Component	Activities
Identify families	Conduct outreach, community workshops, clinic “in-reach”
Education/Resource Navigation	Provide individualized, personal education to families about health and related topics. This may be done in clinic, community, or home settings.
Data Entry	Entering all participant information in forms to record education, navigation, activities with participants
Follow Up	Conduct follow up phone calls with participants to ensure connection to resources, if any additional support is needed, etc.

Evidence of Effectiveness (e.g. Evaluation Data)

Evaluation Questions:

- Did the individual, participant education occur in the participant’s preferred setting and language?
- Did the participant get referred to appropriate services for their needs, if applicable?
- Did the participant set a goal(s) achieve it/them? Were barriers overcome?

- What is different about the participant's life now as opposed to prior to working with PASOs?
- What changes to policies and practices did organizations, providers, and systems make as a result of PASOs training, technical assistance, and advocacy related to the PASOs Health Connections model?

Participant Selection Process:

Participants are recruited in various ways depending on the local site. Some sites are based in clinics where families come for their healthcare needs. CHWs speak with families or individual participants in the waiting room, educate them about the program, and may do education about a specific topic with them there or schedule a later time to speak with the participant about their needs. Participants also are enrolled at community outreach events. CHWs go to locations in the community where the Latino population frequents. These locations include churches, stores, community parks, and schools. Additionally, participants that learn about PASOs and participate in a program, workshop, or outreach events often share information with their friends, families, and neighbors in their communities. Word of mouth is another primary recruitment tool that is invaluable in promoting PASOs' programs as trusted sources of information and assistance within Latino communities. New participants frequently share that a friend or neighbor told them about PASOs and where to find Community Health Workers that can be of assistance.

Baseline Values/Characteristics:

The participants served by this model are those who experience barriers to accessing adequate resources for themselves or their children. Nearly all families are Spanish-speaking with Mexico being the country of origin for the majority with Guatemala and Honduras closely following. Families are generally low-income with an average household income of \$22,465. The adults we serve are likely to be uninsured at a rate of 93%. Most children participating in this program are insured by Medicaid.

Outcomes to be measured (short and long term):

The PASOs Health Connections model collects information about the family's experience as they work with a CHW. The types of education provided by the CHW to the participant or family in their language, in a culturally appropriate way is recorded. A primary outcome to be measured is whether the goal chosen at the time of education was successfully achieved with the support of the CHW. Another metric measured is the rate of connection to referrals provided to the family by the CHW. At follow-up, the CHW asks whether the participant connected to their referral and if they need additional support to receive the services or connections needed. Over a longer period of time, systemic changes that have occurred from the capacity building work the CHW has engaged in with providers in order to implement policies and procedures that help improve equity for Latino families.

Data Collection Methods:

All data from participant interactions are recorded in a web-based data system called Apricot. This system allows for easy tracking of individual interactions with both adults and children. For this program, there are several forms used that record the education provided, any referrals made for a specific issue, the goal set with a CHW, and the outcome of the referrals and goals. One of the primary forms used for the PASOs Health Connections program is the Access to Care Pathway. This form is used for any medically related needs including, but not limited to, connection to primary care, connection to first trimester prenatal care, connection to specialty services, assistance with obtaining prescriptions, connection to or renewal of Medicaid or other insurance coverage, connection to dental services, connection to reproductive health methods, and much more.

The other primary form used in this program is the Social Determinants Pathway. This form records education on environmental factors that influence an individual's well-being. These issues are wide ranging and could include assistance with legal, transportation, housing, or education matters. Connection to material resources such as food, clothing, or furniture is also recorded in this form. Additional forms used include the WIC and SNAP pathways which documents the education about the WIC or SNAP programs and the successful connection to WIC or SNAP benefits for eligible child and adult participants.

When conducting follow-up, the CHW will return to these forms to record the follow-up interactions as well as to record goal completion and referral success. Community Health Workers also document their community outreach efforts at strategic community locations such as churches, stores, soccer fields, community centers, and more. The number of community members reached in total is recorded, along with the number of individuals who receive specific information such as WIC education, reproductive health information, or folic acid vitamins. Group educational workshops on health topics are also recorded in the data system, noting the number of individuals in attendance, the topic held, and any notes about what worked well or could use improvement for future reference. Additionally, community partners receive education on how to best serve Latino families and receive technical assistance in making organizational changes such as improved cultural competency, increased bilingual staff members, or increased use of bilingual materials. All policy and procedure changes made by partners are recorded to track the improvements made to enhance access for Latino families. Data

Analysis Methods:

Reports are routinely run within the data system to measure the outcomes from the program. The goal and referral success rates are indicators that are used to measure program success. Ideally, 80-90% of goals result in a successful completion with the support of the CHW. Additionally, 75% of individuals who receive a referral are ideally connected to the resource. This quantitative data is captured as well as qualitative data in the form of success stories shared by participants who have seen the positive impacts the program has had on them and their families. The capacity building and technical assistance work conducted with providers and partner organizations is analyzed routinely as well. Both qualitative and quantitative data is measured, with the number of policy and procedure changes that improve equity for Latino families being recorded.

Potential Biases and/or Confounding Factors:

PASOs works in both clinical and community settings. Families are often recruited into the PASOs Health Connections program through CHWs who work in community clinics. For those programs based in clinics, immigrant families that are already connected to a medical home may be more likely to participate in the program than families that are more isolated and not currently receiving medical care. We attempt to ameliorate this limitation through community-based outreach in locations such as churches, schools, and businesses frequented by Latino immigrants with the goal of recruiting families who are otherwise not connected to resources.

In 2018 alone:

5868 participants were supported with resource navigation. Of those, 82% successfully completed their selected goal with the support of the CHW or connected to a needed resource. Specific examples of the resource navigations that happened last year are detailed below:

- 820 adults and 423 children were assisted with applying for or renewing health insurance, including Medicaid

- 366 adults and 468 children were successfully connected primary care providers
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- 157 pregnant mothers enrolled in prenatal care
- 692 participants received personalized education about reproductive health and the contraceptive care methods available to them, with 469 successfully connecting to a method that was right for them
- 766 children and 347 adults successfully connected to WIC benefits
- 628 adults were successfully assisted with social determinants of health issues such as connection to material resources (clothing, food, furniture), assistance with transportation, housing, education, or legal matters

Additionally, 4940 participants were reached at community outreach events at locations that Latino families frequent.

Not only were individual participants assisted, but providers of services who received technical assistance from PASOs to make their services more accessible to Latino families made great progress as well. In 2018, PASOs partnered with over 230 organizations statewide to bring forward the voices of the Latino community and champion practices that make services more accessible to Latino families. There were over 30 documented process or procedure changes implemented by organizations last year. For example, a state agency hired additional bilingual staff members to serve more Latino participants and is seeing greater volumes of Latino participants using their services. Also, a large hospital system changed their policy to allow undocumented patients apply for financial aid that makes services more affordable by allowing a payment plan to be used.

PASOs is also proud to partner with organizations to host *Voces Comunitarias*, an annual event by and for Latino leaders that aims to connect changemakers across the state to discuss empowerment, advocacy, and strategies to improve pertinent issues that affect the lives of South Carolina's Latino population. 83 Latino/a leaders were in attendance in 2018's event and we hope to have over 100 leaders in attendance in 2019.

Community Health Worker trainings are another aspect of the PASOs Health Connections model. PASOs aims to build and support the Community Health Worker workforce and last year 16 new Community Health Workers graduated the program, with the entire current PASOs' staff being supported at two 3-day trainings held in May and October.

Success Stories:

Liliana is a mother of a 9 year old child with disabilities and had just moved to the area. She was unaware of what resources were available to her and what supports she could get her son as well as for herself. Speaking with a CHW, Liliana shared that her son uses a wheelchair and it has been difficult to transport him as they had not been able to obtain a ramp to use to load his wheelchair into their vehicle. Additionally, Liliana expressed concern that she had not been to a doctor herself in many years and had some things she wanted to discuss with a doctor. The CHW listened to her concerns and provided education about the resources available to them. A local organization was able to provide them a ramp for their car at a low cost and Liliana shared how happy she was that they are now able to go places more easily. Additionally, Liliana is now connected to a primary healthcare provider at a location convenient to her home and is glad she has a place she can go for her medical needs.

Rosario is a young mother who learned about PASOs at a community outreach event. She learned about PASOs' programs and received information on reproductive health at the event. With three children and no desire to have more, she was interested in obtaining a birth control method, but was unsure what her options were and what they would cost. Rosario scheduled a later time to meet with a CHW to further discuss her options where she received personalized education, learned about the birth control methods available to her and that she could receive them free or low-cost at her local health department. Rosario was navigated through the appointment process and successfully had her appointment where she received the method of her choice. The CHW followed up with her to ensure she was satisfied with her choice and to offer any follow-up support. Rosario expressed her thanks to PASOs for helping her navigate her options and to provide her the education she needed to make the best decision for her.

Alfonsa is a 45 year old woman who received a diagnosis from her healthcare provider that required a surgery. When she went to her appointment at the hospital, she was informed she would have to pay \$9000, half of the total cost of the surgery, in order to be eligible for the surgery. Frightened and disheartened, Alfonsa contacted a PASOs CHW and shared her situation. The CHW was able to advocate with Alfonsa to make the surgery more affordable. Her bill was reduced as she did not have health insurance, and she is now on an affordable payment plan. Alfonsa was so thankful to PASOs for helping her when she needed it most and was able to have a successful surgery. She is now back to work, able to better support her family.

Replication

The PASOs Health Connections model has been replicated to 6 additional sites since its beginnings. There are now 7 regional sites throughout South Carolina that implement the PASOs Health Connections model. As each site has been added and the program implemented, PASOs has seen the same results from each -- Community Health Workers have a unique ability to bridge the gap between Latino communities and service providers. Across all sites, there is a consistent success rate for referral and goal achievement between 83 and 87 percent. Certainly some sites have more participant volume than others, but the quantitative as well as qualitative data demonstrates positive outcomes. The flexibility of the PASOs Health Connections model allows for adaptation to each site. Some may be housed within health clinics, whereas others are within the general community. All replications of this model have been successful.

Section II: Practice Implementation

Internal Capacity

At minimum, one CHW is needed to implement this program to serve Latino families. Some sites have one CHW and other sites have up to four. Sites with more than one CHW have a program coordinator that helps guide the site's activities, priorities, partnerships, and supports CHWs in their daily work.

PASOs Central Office is also an integral part to the model. The Director of Programs directly supports the Program Coordinator and/or CHW with personal coaching and mentoring and support in all aspects of the program, including working with any host agency liaisons at clinics. The Evaluation and Quality Coordinator at Central Office also supports with all data entry, evaluation, and reporting needs. All CHWs will be trained by the Evaluation and Quality Coordinator during their orientation process. The Training Manager is responsible for providing the CHW orientation and training to all new CHWs, and provide ongoing training as needed. Additional administrative staff also works at Central Office to ensure smooth coordination of site activities.

The unique organizational structure of having a Central Office support multiple affiliate sites throughout the state has allowed for each site to receive personalized support based on their local site’s needs. The CHWs receive dual support, both from central office and their host site liaison which help ensure that they are well-prepared to serve families.

Collaboration/Partners

PASOs Community Health Workers (CHWs) are at the forefront of development and implementation of PASOs Health Connections. PASOs was founded by a bilingual, bicultural CHW and has consistently worked closely with our team of CHWs, who deeply understand their communities and advocate for programmatic and organizational decisions that best incorporate the strengths and experiences of South Carolina’s Latino population in order to meet community needs. Our CHWs have written our health education curriculum, are involved in most programmatic decisions, and work with our central office to design a local strategic plan to meet the needs they see in their local communities. PASOs’ Executive Director is currently on the statewide leadership team for the Alliance for a Healthier South Carolina, a coalition of more than 50 executive leaders from diverse organizations across the state working together to ensure that all people in South Carolina have the opportunity to have healthier bodies, minds, and communities while reducing the future cost of care. PASOs is also part of the leadership team for the newly formed statewide Child Wellbeing Coalition. Local PASOs’ programs have a robust network of partners, including schools, churches, libraries, health departments, nonprofits, hospitals and health centers. PASOs throughout the state works closely with partner organizations in order to advocate for needed systems changes, improve access to health care and social services, and assist organizations in offering more culturally appropriate care.

References:

<http://www.asph.sc.edu/cli/documents/PerinatalCare.pdf>

Practice Cost

Budget			
Activity/Item	Brief Description	Quantity	Total
CHW Salary	Cost per CHW in pilot implementation site. May vary depending on education and experience level	1	\$36,204

CHW Fringe Benefits	Using central office fringe rate (may differ by host agency)	1	\$23,083
Phone		1	\$1,320
Printing		1	\$250
Contractual Services (Database)		1	\$500
Office Supplies		1	\$3000
Travel		1	\$800
Total Amount:			\$65,157

Practice Timeline

Practice Timeline				
Phase	Description of Activity	Date/Timeframe	# of hours needed to complete/oversee activity	Person(s) Responsible
Planning/ Pre-implementation	Recruitment	2-4 months	20	Director of Programs Host site liaison
	Hiring	2-4 weeks	10	Director of Programs Host site liaison
Implementation	Training/Orientation	1 month	20-40	Director of Programs Evaluation and Quality Coordinator Training Manager
Sustainability	Monthly Coaching Meetings	Every month	1 hour	Director of Programs
	Data entry support	As needed	As needed	Evaluation and Quality Coordinator
	Grant Writing	As needed	As needed	Central Office
	Contracts with external organizations interested in program implementation	As needed	As needed	Central Office

Resources Provided

Website: www.scpasos.org

Lessons Learned

PASOs is committed to continuous review of program practices and outcomes in order to ensure the best quality programs are delivered to our participants. Program data is reviewed weekly, monthly, quarterly, and annually to identify trends, strengths, as well as weaknesses that can be improved.

All programs have a quality control checklist that ensures fidelity to the PASOs Health Connections model. Upon hire and completion of training, all Community Health Workers will be observed in their role and the checklist will be used to verify all aspects of the model are addressed adequately. Regular monthly communication between Program Coordinators and the PASOs Director of Programs occur in order to have constant insight into activities with the community and whether any adjustments should be made. All Community Health Workers and other team members working on the PASOs Health Connections program meet annually for a program meeting to discuss the work in their sites, share ideas that might benefit other team members, and refine model components to ensure high quality and cultural specificity. Additionally, regular meetings with partners and host agencies where program activities are conducted allow for feedback and insights into what is going well and what might be improved.

Data from PASOs' web-based data collection system called Apricot is the primary source of quality controls. PASOs' evaluation system allows us to easily run reports on all indicators and outcomes, providing a clear picture of our work and its impact in South Carolina. Additionally, the Evaluation and Quality Coordinator provides monthly reports on progress toward deliverables that the Director of Programs uses to inform her monthly coaching meetings with each site. Both staff members regularly hold site visits in the field with each site to offer support and mentorship as well as to ensure progress toward all deliverables.

The evolution of the PASOs Health Connection program itself demonstrates a commitment to quality. The program began in a single site, working with pregnant mothers who wanted more education on how to have a healthy pregnancy and raise happy, healthy children. After initial expansion and piloting of the program in a larger capacity and in more sites, results were reviewed and necessary modifications were made. Another site began implementing the program and after a period of time, the two sites compared their programs and supported each other to make the changes needed to best serve participants. Additionally, a process map and logic model was created that serves as a guide for all current and future sites that will be implementing the PASOs Health Connections model.

Throughout the journey of growing and expanding the model to multiple sites in the state, there have been many lessons learned. Perhaps the most critical lesson has been that the model cannot be rushed and does take time. CHWs are working intensively with participants and are often addressing multiple needs, while coordinating referrals with external agencies that have their own processes, and both change and empowerment take time.

Next Steps

PASOs is always open to potential expansion at other sites. Please contact us to learn more and to explore potential collaboration to serve Latino families and children!

Practice Contact Information

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