

Live Healthy Little Havana
Primary Care Action Plan

Section One			
Health Impact Area:	Primary Care		
Desired Population Result:	All residents of Little Havana will have access to primary care services.		
Primary Community Indicator(s): <i>There should be no more than three primary indicators</i>	<ol style="list-style-type: none"> 1. % of Adults with Health Insurance in Miami-Dade County 2. % of Adults with a Usual Source of Healthcare in Miami-Dade County 		
Baseline Curve(s):	<div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> <p>Adults with a Usual Source of Healthcare in Miami-Dade County</p> <p>This indicator shows the percentage of adults that report having one or more persons they think of as their personal doctor or health care provider.</p> </div> <div style="width: 45%;"> <p>Adults with Health Insurance in Miami-Dade County</p> <p>This indicator shows the percentage of adults aged 18-64 years that have any type of health insurance coverage.</p> </div> </div> <div style="text-align: center; margin-top: 10px;"> </div> <p style="text-align: center;">Source: Miami-Dade County Data, Healthy Communities Network, 2013</p> <p style="text-align: center;">NOTE: Little Havana community data not available, using county data</p>		
Indicator Information:	Indicator #	Desired Direction of Change	Data Source for Indicator
	Indicator 1:	Increase	Miami-Dade County Data, Healthy Communities Network
	Indicator 2:	Increase	Miami-Dade County Data, Healthy Communities Network

Live Healthy Little Havana
Primary Care Action Plan

	Indicator 3:	
Other Indicators:		
Is there a data-development agenda for this indicator? If so, please describe:	<ul style="list-style-type: none"> Community level (neighborhood specific) data is needed for the percentage of the elderly, adults, adolescences, and children who are limited in seeking health care. 	
What is the Story Behind the Curve?	<p>Since Little Havana community spans over 5 Miami-Dade County zip codes (33130, 33128, 33135, 33126, & 33125) the borderlines of Little Havana for the Live Healthy initiative is approximately from: North to South border: The Miami River to SW 9th Street (from 12 Ave toward 27th AVE) and SW 11th Street (from 12 Ave toward East I-95 highway); From the East to West: I-95 state highway to 27th AVE. Little Havana is a vibrant community that serves as entry point for many immigrants from Central and South America with a diverse Hispanic culture. It is also home to a large number of older adults primarily of Cuban descent who live on fixed incomes.</p> <p>Little Havana, contains the highest concentration of Hispanics in the City of Miami and has historically served as an initial entry point for immigrants from various countries in Latin America and the Caribbean. Over 92% of Little Havana’s population is Hispanic: approximately 93% of residents speak Spanish, and 55% reported speaking little or no English in the 2000 U.S. Census. While the number of Cuban-descent residents has decreased in the past few decades, immigration from other countries in Latin American, especially from Nicaragua and other Central American countries has increased. The area’s residents are widely considered to be transient due to the instability of their living conditions, often making it difficult to establish ongoing relationships with residents, families, and local service providers. Despite their diverse national origins and day-to-day hardships, most Little Havana residents share cultural, religious, and linguistic ties, as well as a strong commitment to family— although they are often been disconnected from the formal and informal support systems within the community. Resident often link high level of poverty and housing and food insecurities to other risk factors such as high level of daily stress, unhealthy eating habits, fear of crime and criminal activity in the neighborhoods, isolation (i.e. not knowing their neighbor), domestic violence, physical health, mental health, alcohol and substance abuse.</p> <p>Reliable data on access to primary care services for Little Havana residents are not readily available. County-level data collected reported in 2010 via the Florida Behavioral Risk Factor Surveillance System (BRFSS) indicated that 78% of residents had access to a usual source of healthcare. This figure is below the Healthy People 2020 national health target of 83.9 % with access to the usual primary care provider. The BRFSS also found that individuals 18 to 44 were less likely to have insurance coverage (63.7%), and that Hispanics (71.9%) were less likely to report a usual source of primary care than whites (90.2%) and Blacks (79.8%), as well as the overall county rate.</p>	

Live Healthy Little Havana
Primary Care Action Plan

In 2013, the primary care physician ratio was 1,264 to 1 in Miami-Dade, while the national benchmark is 1,067 to 1, indicating a shortfall of at least 200 primary care physicians in Miami-Dade County. This rate is better than the Florida state figure of 1,438 to 1. This data is based on the Health Resources and Services Administration (HRSA) physician data from the American Medical Association master file and on Census Population Estimates (University of Wisconsin Population Health Institute, 2012). According to HRSA Index of Medical Underservice, on a scale from 0 to 100, where 0 represents completely underserved and 100 represents best underserved, Little Havana is ranked 52.4, which designates its residents a Federal Medically Underserved Population (MUP). HRSA's Health Professional Shortage Area (HPSA) index also indicates that **Little Havana is designated a Primary Health Care Shortage Area**. The current scoring methodology for primary care includes four factors: Population-to-Primary Care Physician Ratio, Percent of the Population with Incomes below 100% of the Poverty level, Infant Mortality Rate or Low Birth Weight Rate (whichever scores more highly), and Travel Time or Distance to nearest available source of care (whichever scores more highly). Primary Care HPSAs are based on a physician to population ratio of 1:3,500. Little Havana received a score of 14 out of 25. HPSA scores are used by the National Health Service Corps to determine priorities for assignment of clinicians. The higher the score, the greater the priority. There are 25 primary care HPSAs in Miami-Dade County, and the average score of these is 11 (U.S. DHHS, 2013).

Despite the designation as a Primary Health Care Shortage Area, there are several locations in and around Little Havana where residents can access primary care services. Little Havana is home to several private health centers such as CAC Health Center, LEON Medical Center as well as Dr. Rafael A. Peñalver Clinic (*part of Jackson health systems*), Care Resources (*Federally Qualified Health Clinic*), UM Pediatric Mobile Unit, and Banyan Health Systems (*Community Health Center*). The nearest free clinic, San Jun Bosco is in the Allapattah neighborhood, just 2 miles to the north of Little Havana. The two closest Hospitals are Jackson Memorial Hospital (0.6 miles north of Little Havana) and Mercy Hospital (2.5 miles south of Little Havana). Camillus Health Center is also located ½ mile east in Downtown Miami. Although these services are available, many community residents are unaware that the services exist or are confused and intimidated with navigating the complex healthcare system. As a result, some health clinics have been operating below capacity, which could threaten future resources for this community.

Miami--Dade is home to more than 160,000 residents who fall in the "coverage gap," which means they are not eligible for Medicaid and they do not earn enough income to qualify for public subsidies that buy health insurance on the health care exchange created under the Affordable Care Act (ACA). Florida legislators' refusal to expand the eligibility criteria for Medicaid as called for under the ACA might cost billions of dollars in lost funding for hospitals that treat many uninsured patients, according to a report released in November 2014 by Florida Legal Services, a nonprofit legal

Live Healthy Little Havana
Primary Care Action Plan

advocate for the poor (Miami Herald, 2014). The financial impact would be felt most acutely by so-called “safety net” hospitals statewide, and in Miami--Dade, particularly by the taxpayer--owned Jackson Health System, according to Florida Legal, which estimated that Jackson could lose more than \$570 million a year (Miami Herald, 2014).

The ACA calls for gradual reductions in federal funding for the Disproportionate Share Hospital (DSH) program that provides funding for state hospitals. In 2014, Florida hospitals will receive almost \$240 million in DSH funding, which the state then distributes according to a formula. Also, a July 2014 agreement between Florida and the Centers for Medicare and Medicaid Services, which administers the health care programs on the federal level, hospitals got the LIP funds. However, the agreement is valid for a year and thus will need to be renegotiated again next year. If state legislators were to accept the government’s offer to spend about \$5 billion a year to expand Medicaid to an estimated 760,000 more Floridians, the new revenue would more than offset the anticipated loss of federal funding for hospitals that treat many uninsured patients, Florida Legal reports (Miami Herald, 2014).

Not surprisingly, a needs assessment conducted as part of the Live Healthy Initiative (n=332), yielded a number of findings related to access to health care services, which suggest a greater disparity in access to healthcare and insurance coverage for adult residents of Little Havana. **Twenty-three percent of respondents said that they did not have any form of health insurance, and 2% said that they were unsure if they had any health insurance.** Whereas participants above the age of 60 were the most likely to have coverage, participants in the 30-39-year-old group had the lowest rates of coverage (40%). Further, individuals who did not have children (85%) were almost twice as likely to have coverage as were parents (45%). **Forty percent of respondents also reported having not been able to receive health care during the past year as a because of cost. Similarly, 38% of respondents were unable to purchase medication during the past year as a due to its cost. Those most likely to report being unable to access health care due to cost were also 30 to 39-year-old respondents.**

When asked about the health provider that they visited the last time they had a health need or concern, **36% said they visited a private doctor and 17% reported visiting a private clinic associated with an insurance plan. Twenty-three percent of respondents said that they visited a community clinic (that serves uninsured residents and/or provides a sliding scale fee), while 13% said they visited an emergency room. Twelve percent of respondents said they were unsure or did not remember and the remaining participants reported the following: 5% -Other; 3% urgent care center; 1% telephone help line; and 1% health fair.**

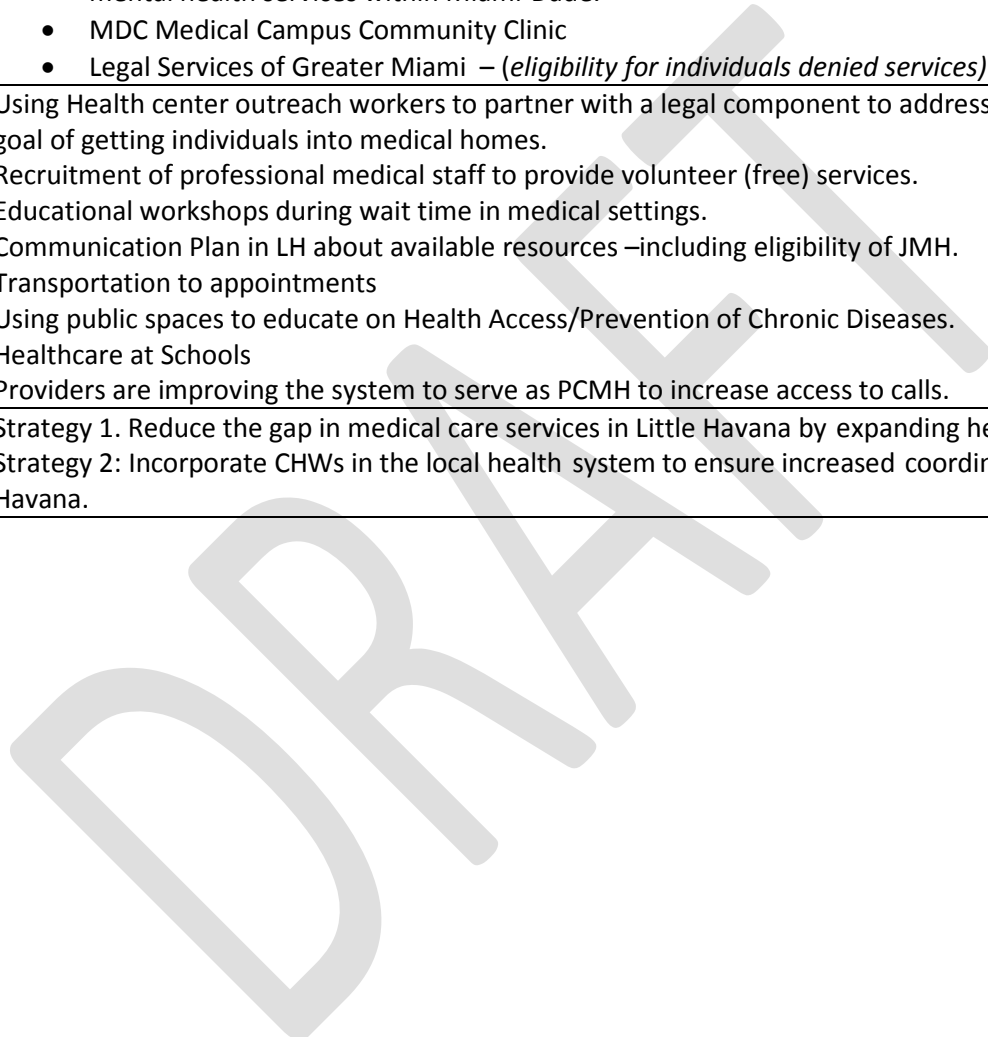
The community residents and stakeholders identified the need for culturally responsive, and linkages to these affordable health care services in the community that seem to be of a shortage at this time. Root causes associated with lack of health care access include but are not limited to poverty, ineligibility for coverage (i.e. public benefits)

Live Healthy Little Havana
Primary Care Action Plan

	<p>and cost of coverage (i.e. affordable insurance, affordability of health care services that are not covered by insurance), level of education and knowledge of how to access care (i.e. free clinics, FQHC). There was also consensus that systemic change and coordination needed to take place further upstream at the Federally Qualified Health Centers (FQHCs), Free Clinics (no cost to patient), Jackson Memorial Hospital Public Health Trust, local Universities and Colleges as well as other non-traditional health-related settings (i.e. childcare centers, social services), and other community stakeholders to ensure that community members get the assistance they need by advocating for these within their community. Many residents find it difficult to navigate the financial classification system at Jackson and would benefit from support from Community Health Worker's (CHWs) that can provide guidance in a culturally competent manner.</p> <p>CHWs have been trained and working in Little Havana since 2007 as a result of the establishment of the ConnectFamilias Partnership. Since the development of the partnership, trained CHWs have worked to link children and adults living in Little Havana served by ConnectFamilias to health care and other needed services. The families served by ConnectFamilias' CHWs have typically reported very low-income levels, lack of work permits, and other social needs affecting their health, including limited accessibility to food and shelter, mental illness, domestic violence, child behavioral issues or other.</p>
<p>Who are the partners who have to play a role in turning the curve?</p>	<ul style="list-style-type: none"> • ConnectFamilias – Care Coordination Teams • UM School of Education researchers - funded to train local clinicians and community-based providers in Little Havana in Motivational Interviewing, SBIRT, and other forms of mental health screening. UM has trained clinical staff in the SBIRT evidence-based intervention at St. John Bosco Clinic (which serves a high proportion of uninsured Little Havana residents) • Pediatric Mobile Clinic (<i>part of UM</i>) • Dr. Rafael A. Peñalver Clinic (<i>part of JMH</i>) • San Juan Bosco Clinic (<i>Free Clinic – located outside of the neighborhood w/ over 80% of patients from LH</i>) • Care Resources (<i>Federally Qualified Clinic in Little Havana</i>) • Banyan Health Systems (<i>Community Health Center</i>) • Jackson Health Systems • UM Nursing students, and <ul style="list-style-type: none"> ▪ Increasing the number of professionals and paraprofessionals in Little Havana trained in health screening* practices and interventions can increase the system's capacity to identify and refer those at risk, who might not otherwise receive a referral for treatment.

Live Healthy Little Havana
Primary Care Action Plan

	<ul style="list-style-type: none"> • Consortium for a Healthier Miami-Dade, Florida Department of Health in Miami-Dade, and Miami-Dade Health Action Network local strategy is to encourage partners to provide increased education on substance abuse and mental health services within Miami-Dade. • MDC Medical Campus Community Clinic • Legal Services of Greater Miami – (<i>eligibility for individuals denied services</i>)
<p>What works - List of strategies that were considered during the planning period:</p>	<p>Using Health center outreach workers to partner with a legal component to address increase access to care with the goal of getting individuals into medical homes. Recruitment of professional medical staff to provide volunteer (free) services. Educational workshops during wait time in medical settings. Communication Plan in LH about available resources –including eligibility of JMH. Transportation to appointments Using public spaces to educate on Health Access/Prevention of Chronic Diseases. Healthcare at Schools Providers are improving the system to serve as PCMH to increase access to calls.</p>
<p>What do we propose to do to turn the curve?</p>	<p>Strategy 1. Reduce the gap in medical care services in Little Havana by expanding health access points. Strategy 2: Incorporate CHWs in the local health system to ensure increased coordination of safety net system in Little Havana.</p>



Live Healthy Little Havana
Primary Care Action Plan

Section 2: Strategy Detail			
Strategy 1:	Reduce the gap in medical care services in Little Havana through a coordinated linkage network with multiple health access points.		
Source of Strategy <i>(or where has this worked?):</i>	Lessons from Early Medicaid Expansions Under Health Reform: Interviews with Medicaid Officials (Harvard, 2013)	Type of strategy:	<input type="checkbox"/> Policy Change <input checked="" type="checkbox"/> Systems Change <input type="checkbox"/> Environmental Change <input checked="" type="checkbox"/> Programmatic Change
Justify the Selection of this evidence-based strategy	<p>As stated in the Story behind the curve, although there are several sites in and around the Little Havana neighborhood that offer primary care services for those who are un-/under-insured and have the capacity to take on additional patients, residents are often unaware of these services available to them or do not understand how to navigate the complex healthcare system.</p> <p>Rather individuals are underserved or have no insurance, there are several avenues available which include but not limited to: Free Clinics (<i>no cost to patient for individual ineligible for insurance</i>), Jackson Memorial Hospital Public Health Trust (<i>the PHT/JMH currently does not have any required copay for primary care visits for individuals under 100% of the Federal Poverty Line</i>), Local Universities and Colleges (<i>mobile clinics and health clinics</i>), Federally Qualified Health Centers (<i>provides sliding</i></p>		

Live Healthy Little Havana
Primary Care Action Plan

		<p><i>scale cost to patients for medical services), Community Health Centers (provides sliding scale cost to patients for medical services), Obama care-ACA (insurance eligibility), Florida Kid Care, etc.</i></p> <p>Likewise, there is capacity through several providers to assist additional patients at their respective health centers. However, Free clinics and mobile units have reported limited capacity as they see uninsured patients. Although Little Havana is a HPSA, there are resources that need to be accessed just outside Little Havana boundaries such as San Juan Bosco, Jackson Hospital and other FQHC's and low cost clinics in immediate/surrounding neighborhoods.</p> <p>Bringing awareness of these services outside of traditional health settings (i.e. childcare centers, social services) can ensure broader outreach to community members. Providing cross training and or access to Community Health Workers throughout the community can provide guidance in a culturally competent manner to help link and navigate the health care system in order to access services based on their individualized need.</p>					
Timeframe	Starting Year :	2015	Setting/Sector	<input checked="" type="checkbox"/> Community	<input checked="" type="checkbox"/> Health		
	Ending Year:	2020		<input checked="" type="checkbox"/> Community Institution/Organization	<input type="checkbox"/> Care Housing	<input checked="" type="checkbox"/> Work Site	<input checked="" type="checkbox"/> Other (Specify):
		<p><input type="checkbox"/> Faith-based</p>					<input type="checkbox"/> School
Community Assets and Opportunities		<p>Community Assets and Opportunities:</p> <ul style="list-style-type: none"> • Pediatric Mobile Clinic (<i>part of UM</i>) • Dr. Rafael A. Peñalver Clinic (<i>part of JMH health systems network</i>) • San Juan Bosco Clinic (<i>Free Clinic</i>) • Care Resources (<i>Federally Qualified Clinic in Little Havana</i>) • Banyan Health Systems (<i>Community Health Center / Look-a-Like FQHC</i>) • Jackson Health Systems • ConnectFamilias – care coordination teams with trained CHW (<i>see LH story</i>) • MDC Medical Campus Community Clinic • MDC Medical Campus – Community Healthy Worker Training • Private Clinics / Medical Offices (i.e. LEON Medical, CAC Clinic, Wellmax, Clinic, etc.) • Catalyst Miami (advocacy training and campaign around health care) 					
Population Focus		Residents of all ages who don't have access to affordable healthcare services (i.e. uninsured, under-insured).					

Live Healthy Little Havana
Primary Care Action Plan

Estimated Direct Reach	1000 individual residents linked to needed services annually	Estimated Indirect Reach	1500 family members of linked individuals
Describe how will the strategy be implemented:	Components include but not limited to: <ul style="list-style-type: none"> • Train Community Health Workers • Deploy Community Health Workers • Expand the network of trained CHWs in Little Havana helping to link residents to care through a coordinated system of care within Little Havana • Data tracking of linkage to care completed 		
Describe any resources that are committed or pending to support to this strategy:	<p>ConnectFamilias Community Health Worker Network in Little Havana (active able to add newly trained CHWs to network)</p> <p>FL Community Health Worker Coalition (works in partnership with ConnectFamilias and also houses an active statewide network that can add the newly trained CHWs to the network)</p>	What additional resources need to be sought?: (Include specific \$ ranges)	<ul style="list-style-type: none"> • Funding to hire 5 part-time CHW employees @ \$10,000/yr. to be distributed over 5 sites to conduct linkage to care throughout the community \$50,000.00 - sites requesting PTE will be required to complete • Design and implement leadership institute series to build the capacity for professionals to work with Community Health Workers (CHWs) and incorporate systems changes to support CHWs in their agencies. estimated funding \$15,000.00 • Design and implement a series of “Know the Law” booster trainings for existing and newly trained Community Health Workers to understand the law and benefits available to residents under the various

Live Healthy Little Havana
Primary Care Action Plan

			health safety net providers and how to access free legal services for residents wrongfully billed or denied care - \$15,000.00
How will the strategy be measured?	How will we measure <u>how much</u> will we do?	# of residents connected to local health care services.	
	How will we measure <u>how well</u> will we do it?	% of residents identified with some health concerns % of residents successfully linked to health services (attended at least initial consultation)	
	How will we know if <u>anyone is better off</u>?	#/% of patients who report accessing quality medical care services #/% of patients who report accessing culturally responsive health care services #/% of patients who report improvements in their health after receiving quality services	

DRAFT

Live Healthy Little Havana
Primary Care Action Plan

<p>Strategy 2:</p>	<p>Incorporate Community Healthy Workers in the local health system to ensure increased coordination of safety net system in Little Havana.</p>		
<p>Source of Strategy <i>(or where has this worked?):</i></p>	<p>The Department of Health and Human Services' Health Disparities Action Plan:</p> <ul style="list-style-type: none"> • Strategy II.B: promote the use of community health workers and Promotoras. <i>While Health Insurance Exchanges and expansions in Medicaid created by the Affordable Care Act offer much promise for racial and ethnic minorities, targeted efforts are necessary to ensure that they are enrolled and receive the health benefits for which they are eligible. Promotoras are individuals who provide health education and support to their community members. Community health workers and Promotoras can provide enrollment assistance and serve as critical liaisons between community members and health and human services organizations.</i> <ul style="list-style-type: none"> ○ Action II.B.1: Increase the use of Promotoras to promote participation in health education, behavioral health education, prevention, and health insurance programs. <i>This initiative includes: establishing a National Steering Committee for Promotoras; developing a national training curriculum and uniform national recognition for them; creating a national database system to facilitate recruitment and track training and certification of Promotoras; and supporting and linking Promotoras' networks across the Nation. As part of ACF's Head Start Program, Promotoras and community health workers can help parents effectively navigate the health care system and manage health care for their children.</i> <p><i>(HHS Strategic Plan for Fiscal Years (FY) 2010-2015)</i></p> <p><u>National-wide examples of CHW implementation:</u> La Clínica, located in Washington, DC, conducts on-site training for CHWs and uses other institutions for support in training on specific topics (e.g., diabetes, hypertension). Because many of its clients and CHWs are recent immigrants,</p>	<p>Type of strategy:</p>	<p><input checked="" type="checkbox"/> Policy Change <input checked="" type="checkbox"/> Systems Change <input type="checkbox"/> Environmental Change <input type="checkbox"/> Programmatic Change</p>

Live Healthy Little Havana
Primary Care Action Plan

	<p>La Clínica conducts training in Spanish. Training includes basic information about health disparities and social and mental health as well as basic health education information (e.g., on nutrition and exercise). La Clínica also facilitates monthly training for all CHWs. <i>(Technical Assistance Guide for States Implementing Community Health Worker Strategies, 2014)</i></p> <p>The Baylor Health Care System employs CHWs trained under the Texas CHW certification process. Texas holds a 160-hour certification program through its state health department, which provides prospective CHWs with skills related to patient navigation, community resources, and communication. This training can be augmented with education on diabetes or other chronic diseases (50 hours). Additionally, certification requires continuing education of at least 20 hours every two years, which helps with staff development, the professionalization of the CHW, and receipt of buy-in from physicians. Furthermore, additional training increases the opportunity for CHWs to network and share experiences. <i>(Technical Assistance Guide for States Implementing Community Health Worker Strategies, 2014)</i></p> <p><u>State-wide efforts:</u></p> <p>The Florida Certification Board (FCB):</p> <p>Has established the Certified Community Health Worker (CCHW) designation is an entry-level credential for front-line health workers who, by virtue of their trusted status in the community, serve as a liaison, link and intermediary between health services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. Examples of job titles that are considered to be Community Health Worker positions include but are not limited to promotores(as) de Salud; Community Health Educator; Health Communicator; Outreach Worker; or Health Advocate. The CCHW credential is open for grandfathering from January 1, 2015, through December 31, 2015. The purpose of a grandfathering period is to provide current practitioners with the opportunity to earn certification without taking additional training or the written exam.</p> <p>http://flcertificationboard.org/certifications/certified-community-health-worker-cchw/</p>		
--	---	--	--

Live Healthy Little Havana
Primary Care Action Plan

	<p>Local example: In 2009, ConnectFamilias was selected as one of a 16 innovative practice models as part of the Community Defined Evidence Project (CDEP), funded by the Substance Abuse & Mental Health Services Administration, U.S. Department of Health and Human Services and the Annie E. Casey Foundation. The ConnectFamilias partnership model was selected because of its successful service delivery integration including Community Health Workers and high participation from residents. The CDEP, conducted by University of South Florida researchers, identified the core elements of culturally relevant practices which have shown promise and local success in addressing ongoing health and behavioral health disparities in Hispanic/Latino populations nationwide. In 2013 The Children’s Trust recognized ConnectFamilias as a Champion for Children for their success in linking families and their children to needed services including but not limited to health care services, mental health services, public benefits, educational and workforce training to prevent child maltreatment and address the social determinates of health and other risk factors. In 2014 ConnectFamilias was selected as one of three pilot sites nationally to serve as a Demonstration Project to Build Diabetes Prevention Capacity in Hispanic/Latino Organizations, a National Diabetes Education Project a program of the National Institute of Health (NIH) and the Center for Disease Control and Prevention (CDC). The selection was in part largely due to ConnectFamilias past success in working with Community Health Workers / Promotores de salud <i>(see Justification section)</i></p>		
<p>Justify the Selection of this evidence-based strategy</p>	<p>A number of studies demonstrate the value of Community Health Workers (CHWs) to improve health care outcomes and reduce costs (Rosenthal et al., 2010). This evidence supports state initiatives to incorporate CHWs into the health care delivery system. As the states examine strategies to improve health outcomes, reduce healthcare costs, and reduce health inequities, they can consider using law as a tool to establish sustainable CHW programs, to include creating supportive infrastructure, addressing professional identity, and developing workforce and financing mechanisms. Additional samples of other communities in the nation have also been successful in the use of CHW’s. La Clínica del Pueblo and The Baylor Health Care System are examples of where this strategy has worked any may provide guidance for CHW training.</p> <p>In its first National Study on Latino Health Risks and Causes of Death, the CDC recommended that doctors and other healthcare providers the usage of community health workers to ensure a greater number of Latinos feel comfortable accessing health services in their native language and to work with these populations to educate them on free or low-cost services. The CDC advises that these health workers, known as Promotores de Salud (“health promoters” in</p>		

Live Healthy Little Havana
Primary Care Action Plan

Spanish), should use the resources at their disposal to talk to community members about health risks and preventive services. This recommendation goes hand in hand with recommendations brought forth by community stakeholders in Little Havana who point to the use of CHWs (i.e. promotores de salud /health promoters) as trusted members of the community which enables CHWs to serve as a bridge between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. CHWs also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy. In addition, CHWs educate health care providers and administrators about the community's health needs and the cultural relevance of interventions by helping these providers and the managers of health care systems build their cultural competence and strengthen communication skills. Using their unique position, skills, and an expanded knowledge base, CHWs can help reduce system costs for health care by linking patients to community resources and helping patients avoid unnecessary hospitalizations and other forms of more expensive care as they help improve outcomes for community members

The goals of the NIH, CDC Demonstration Project to Build Diabetes Prevention Capacity in Hispanic/Latino Organizations is to 1) Test the utility of an intervention using the Road to Health Toolkit (RTHT) to build the capacity of community-based organizations (CBOs) who are interested in implementing a lifestyle behavior change intervention 2) Increase the capacity of selected CBOs to implement recognized lifestyle behavior change interventions with Hispanic Latino adults 3) Increase the skills of CBO management/leadership staff and promotores de salud to provide diabetes prevention lifestyle classes to Hispanic/Latino community members. All three sites reported that the use of CHWs increased access to health education, retention and average 80% rate of completion due to the participant's relationship with CHWs, who they viewed as non-threatening and peers. Preliminary findings show the incorporation of lifestyle changes in over 85% of those completing the series of workshops. An additional benefit was that in all three sites across the country participants expanded their social networks resulting in the encouragement and support among group members and increased physical activity even after the workshops had been completed.

On January 1, 2015, the state of Florida approved and initiated a process for certification of CHWs which includes a "grand-parenting" opportunity for existing CHWs that can demonstrate training and experience per state guidelines to receive certification without submitting to additional training or examination. Despite this milestone, there is not a formally recognized course of study.

While Florida currently has an active and engaged community of CHWs, we do not currently have laws defining a CHW or a regulatory structure for integrating CHWs into state healthcare delivery systems, to provide guidance

Live Healthy Little Havana
Primary Care Action Plan

for healthcare billing to support and sustain the work of CHWs statewide. Two bills regarding CHWs were introduced in the 2015 legislative session: HB 285 sponsored by Rep. Narain, and SB 482 sponsored by Sen. Braynon. Both bills died in committee during the highly contested session which revolved around the expansion of Medicare. There will be another chance in the 2016 session. In current practice, CHW employers and not-for-profit organizations (i.e., community-based organizations) regulate the CHW community through their hiring decisions (for both paid and volunteer positions)

The U.S. Supreme Court's historic 5-4 decision on Thursday, June 25, 2015 upholding the constitutionality of the Affordable Care Act will require a majority of Floridians to acquire insurance and open the way for nearly 4 million uninsured residents to get coverage. The ruling pressures Florida officials, who led opposition to the law, to scramble to implement it. But the court's rejection of a provision to force states to expand Medicaid also gives Florida officials a chance to opt out, potentially leaving many low-income people without affordable coverage. The ruling reduces the pressure on state leaders to create a state exchange to cover the 1.3 million low- and middle-income Floridians who now rely on the federal program for health insurance. But it leaves unanswered the question of how Florida will handle the loss of \$400 million federal Low-Income Pool money used to reimburse hospitals and health care providers who provide charity care to the uninsured. But thousands of low-income adults who would be eligible for Medicaid under expansion remain in the "coverage gap." (<http://www.miamiherald.com/news/health-care/article25529461>)

The recent U.S. Supreme Court's decision upholding the constitutionality of the Affordable Care Act subsidies for insurance purchased on the federal exchange reinforces the legitimacy of the law and protects health insurance for 1.3 million low and middle-income Floridians. However, Florida's refusal to expand Medicaid remains a problem and leaves almost 800,000 low-income Floridians in the "coverage gap". Continued advocacy and education around the coverage gap will be needed, and residents and stakeholders will need to be educated as the State of Florida, and Miami-Dade County figure out how to address the coverage gap. When asked residents and stakeholders alike said they would be willing to tell their story and advocate for a solution, however, many also felt that they need to learn more about how to advocate for change and how their voice could be heard.

On the plus side, CHW's can ensure that residents know how to enroll in medical coverage, access free legal services if they have been wrongfully denied coverage or access care through the safety net such as free clinics for those that are ineligible for traditional insurance coverage. CHWs also provide linkage to care across the safety net including but not limited to, FQHC's and JMH's Public Health Trust. Additionally, the PHT/ JMH currently does not have any required copay for primary care visits for individuals under 100% of the FPL; however, individuals need to be educated on JMH's

Live Healthy Little Havana
Primary Care Action Plan

		<p>financial classification process. Many local residents find it difficult to navigate the financial classification system would benefit from assistance from CHW's that can provide guidance in a culturally competent manner.</p> <p>In addition to medical needs, CHW's can address other critical and urgent needs and can also connect residents to other resources such as food banks, legal services, social work and other supportive services that will assist in either increasing household income or other resources in order to increase the likelihood that the household will access primary care.</p>				
Timeframe	Starting Year:	2015	Setting/Sector	<input checked="" type="checkbox"/> Community	<input checked="" type="checkbox"/> Health Care	<input checked="" type="checkbox"/> Work Site
	Ending Year:	2020		<input checked="" type="checkbox"/> Community Institution/Organization	<input checked="" type="checkbox"/> Housing	<input checked="" type="checkbox"/> Other (Specify): Public spaces and local business
Community Assets and Opportunities		<p>CHWs have been trained and working in Little Havana since 2007 as a result of the establishment of the ConnectFamilias Partnership. Since the development of the partnership, trained CHWs have worked to link children and adults living in Little Havana served by ConnectFamilias to health care and other needed services. The families served by ConnectFamilias' CHWs have typically reported very low income levels, lack of work permits, and a number of more serious needs, including limited access to food and shelter, mental illness, domestic violence, and/or serious child behavioral issues. ConnectFamilias has received recognition for its ability to successfully link families to needed services.</p> <p>The Florida Community Health Worker Coalition is a non-profit 501 (c)3 organization dedicated to the support and promotion of the CHW profession in Florida. Its goal is to foster information sharing, training, policy and network opportunities for the expansion of CHWs throughout Florida.</p> <p>The Miami-Dade Health Action Network (MD-HAN), is a multi-sector cross collaborative serving as the Neutral convening platform to address issues regarding the promotion of an integrated safety-net system and access to health care in Miami-Dade County. Administered by the Health Council of South Florida, the MD-HAN maintains a CHW/Peer Navigator Work Group that focuses on aligning with and supporting county-level activities related to CHWs with the statewide Florida CHW Coalition, particularly the certification of CHWs at the national level.</p>				
Population Focus		Residents of all ages who don't have access to affordable healthcare services (i.e. uninsured, under-insured).				
Estimated Direct Reach		1200 individual residents linked to needed services annually.	Estimated Indirect Reach	3600 family members of linked individuals per year.		
Describe how will the strategy be implemented:		Components include but not limited to: Training Component:				

Live Healthy Little Havana
Primary Care Action Plan

	<ul style="list-style-type: none"> Those trained as Community Health Workers will master the following competency areas when working with the community to assist them in accessing care. <ul style="list-style-type: none"> Provide guidance in a culturally competent manner Services available (<i>as described in justification section</i>) Navigation of services (<i>e.g. Requirements, necessary paperwork if any, follow-up process -scheduling</i>) Communication and Education Identifying resources and linkage to care Advocacy or legal barriers to positive health outcomes (i.e.: housing, public benefits, etc.) Foundations of Health Professional Responsibility How to implement linkages into the organization’s service delivery model and operations. <p>Advocacy: join forces with like-minded existing advocacy groups (i.e. FL CHW Coalition, MDC-Med, MD-HAN, etc.) who have a shared agenda for collective impact. The partnership will be aimed to educate city, county and state legislators on the role of CHWs in promoting Health equity, the need for laws or a regulatory structure for integrating CHWs into state healthcare delivery systems, in order to provide guidance for healthcare billing to support and sustain the work of CHWs.</p>		
<p>Describe any resources that are committed or pending to support to this strategy:</p>	<p>Miami –Dade College Medical Campus, CHW Training Grant funding from HRSA</p> <p>Various advocacy groups including but not limited to FL CHW Coalition, MD HAN, Catalyst Miami, NCLR, Hispanic Chamber of Commerce, Greater Miami Chamber</p>	<p>What additional resources need to be sought?: (Include specific \$ ranges)</p>	<p>Resident leadership/ advocacy training (<i>across all strategies that require advocacy</i>) up to 30, 0000 across strategies.</p> <p>Community Educational /advocacy campaign materials design, printing and online estimated at (<i>across all strategies that require advocacy or community education</i>) 60,000.00</p>
<p>How will the strategy be measured?</p>	<p>How will we measure <u>how much</u> will we do?</p>	<p># of trained CHW’s working in Little Havana # of residents served by Little Havana CHWs # of residents linked to primary care services by CHW’s. # of locations where CHW’s are trained and working # of systems trained for organization’s capacity for implementation.</p>	

Live Healthy Little Havana
Primary Care Action Plan

	<p>How will we measure <u>how well</u> will we do it?</p>	<p>% of trained CHW's that have been trained for the delivery of primary care services referrals % of residents successfully linked to services via CHW's</p>
	<p>How will we know if <u>anyone is better off?</u></p>	<p>#/% of patients who report access to primary care services via CHW's. #/% of patients who report improvements after receiving primary care services via CHW's</p>

DRAFT