



2004

2005

NORTHERN MANHATTAN COMMUNITY VOICES COLLABORATIVE



**NORTHERN MANHATTAN  
COMMUNITY VOICES COLLABORATIVE**

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# 2004

ANNUAL REPORT  
NORTHERN MANHATTAN COMMUNITY VOICES COLLABORATIVE

# 2005

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# Letter from the Director

Dear Friends:

The past year was filled with successes, new partnerships and continued growth for Northern Manhattan Community Voices Collaborative. The Collaborative focused on documenting program outcomes and lessons learned to formulate and steer policy changes that will improve the lives of those who remain misplaced and underserved in the current fragmented system of care. Intertwined with our goals is the promise of a stronger community and a healthier life for current and future generations.

Over the past eight years, Community Voices has developed a far-reaching collaborative structure linking community-based, faith-based organizations, medical and academic institutions, and safety-net providers in northern Manhattan. The initiatives developed by Community Voices have taken hold and are leading to a more coordinated system of care, improved coverage and increased access to care for the uninsured. Our efforts are fostering sustainable community-wide health promotion programs for the most threatening and prevalent diseases in northern Manhattan. We have mobilized community resources to focus attention on the problem of the uninsured, marginally insured, and medically underserved population. The result has been a stronger network of comprehensive health services upon which community residents can rely.

The success of our work is a direct reflection of the commitment and tireless efforts of our partners and the leadership of the Morehouse School of Medicine Center for Primary Care. I am tremendously grateful for the opportunity to work with a dedicated staff and a network of organizations and institutions that are steadfast in improving the healthcare delivery system.

Our journey has been, and will continue to be, challenging and rewarding. I look forward to a dynamic and productive year ahead.

Sincerely,

Jacqueline Martinez, M.P.H.  
Director

# Executive Summary

## **Northern Manhattan Community Voices Collaborative: Sustaining Progress and Informing Policy**

During this past year, Community Voices' efforts to inform and establish policy changes that would sustain progress and continue to improve the safety-net system for the un- and under-insured, have yielded significant achievements and lessons learned.

Throughout the 2004-2005 program year, Community Voices has devoted a core of its efforts on evaluating the impact of the community health worker CHW programs and the care management emergency room reduction program. The evaluation yielded two manuscripts that have been published in the February 2006 issue of the *Journal of Health Care for the Poor and Underserved*. Community Voices has also completed the analysis of the CHW city-wide survey. Key findings have been summarized in this report.

In July 2005, the Aetna Foundation approved the first award for the development of the CHW Institute. The grant is part of the quality of care grant program, which focuses on addressing healthcare disparities and reaching across cultural sensitivities to ensure quality care. Under the stewardship of Alianza, Inc., the primary purpose of the project will be to develop and pilot test a comprehensive health leadership curriculum and conduct evaluations of the existing CHW programs in northern Manhattan. The Aetna grant increases the opportunity to analyze data and document the outcome and financial benefits of CHW programs. The objective is to strategically disseminate the information to inform policy changes that will ultimately integrate the CHW model into the U.S. healthcare system.

Furthermore, Community Voices has made significant progress in moving forward on the mental and oral health policy agenda. Partnering with national and state stakeholders, Community Voices co-sponsored a Mental Health conference in Harlem, New York. With the Northern Manhattan Community Voices policy paper, *Mental Health: the Neglected Epidemic*, as a framework, a post-conference luncheon was organized to convene faith-based professionals, healthcare providers, community leaders, family members and consumers in Harlem to discuss the impact of mental illness on the African American community and to address issues such as isolation, stigma and available mental health resources.

For the oral health initiative, Community Voices has convened oral healthcare providers and community advocates to examine a strategy to address Medicaid utilization in northern Manhattan. Currently, only 20 percent of people covered under Medicaid utilize dental services versus 80 percent who utilize medical services. Plans to conduct a community assessment of barriers to oral healthcare are underway.

Community Voices has been invited to work with the Region 10 (northern Manhattan) Department of Education (DOE) Superintendent to develop a region-wide obesity prevention initiative. The progress of the Healthy Choices initiative has received wide-spread recognition and the DOE administrators acknowledge the value of a behavioral change model within a community-centered and culturally responsive program. This is one step towards our goal to integrate the program within the Region 10 schools.

*Sustaining and  
expanding best  
practices to deliver  
cost-effective and  
quality care*

## Emergency Department Care Management Policy Initiative

The Care Management Emergency Department (ED) diversion initiative, developed through the Community Voices' Healthy Communities Access Program (HCAP) program, was completed in July 2005. In an effort to sustain the Salud A Su Alcance (SASA), ED care management program, Community Voices partners worked arduously to present and disseminate the positive impact and outcome of the three-year initiative as implemented in the New York Presbyterian Hospital (NYPH). The SASA care management team, consisting of Health Priority Specialists that provide telephone case management, a Referral Specialist who facilitates access to all necessary services, and a proprietary software program called the "Event Monitor" that identifies frequent ER users and prompts an email to the Health Priority Specialist, has yielded significant reduction in emergency room use for NYPH for the past three years.

As of September 2004, a modified version of the program has been replicated at the Lincoln Medical Center in the South Bronx, a hospital of the Generations+/Northern Manhattan Health Network. Community Voices is delighted that after two years of working to institutionalize this program into the local healthcare systems, one of the largest public hospital system that aids a highly underserved community has replicated the model to improve the delivery of health services to its constituents. It will begin to institute necessary systems changes to sustain the initiative as part of its service. Throughout the process, one valuable lesson continues to be reinforced—persistence must surpass the lack of organizational, financial or political will to institute positive change. Champions for policy change and improvements must be constantly identified, relationships continuously fostered, and opportunities for new partnerships cultivated.

In addition to efforts to replicate the program, during Year 2 of Phase III, Community Voices worked with New York Presbyterian Hospital to evaluate the outcome of this three-year initiative. The evaluation focused on data collected from the ED diversion program between January 2003 and December



2004 and examined the interventions delivered by the Health Priority Specialist (HPS) and Community Health Worker (CHW). The primary objective of the evaluation was to explore ways in which ED utilization may have been positively impacted by Health Priority Specialist interventions.

Employing the Health Priority Survey Form-v.3.9, developed by NYPH and Community Voices staff for use in this program, data on the demographic, Emergency Department treatment history, level of severity, health insurance, primary care access, health awareness, education and satisfaction, and intervention was collected. The three-month and six-month instruments also included outcome assessments that reviewed emergency and non-emergency department visits as reported by the patient and tracked through the institution's event data tracking system.

As summarized by the evaluation report, between January 2003 and December 2004, 711 patients were identified as frequent flyers through the WEBCIS event monitoring system and were referred to the HPS for further assessment and

intervention. The Health Priority Specialist conducted each of the patient assessments. Of the 711 patients initially identified, 539 (75.8%) were contacted and interviewed for "baseline" assessments.

Among the sample of patients seen at three assessment points, a significant decrease in number of ED visits was observed. The patients in this sample were economically and culturally representative of the urban poor (i.e., non-white, Hispanic or other minorities, and low income). The interventions of the HPS and CHW staff were examined in relationship to ED usage. At the three-month assessment, referral to a primary care provider was significantly associated with ED use. At the six-month assessment, more interactive interventions were associated with decreases in ED use, namely, the provision of health education, teaching the patient how to use the healthcare system, and providing the patient with counseling on social/emotional issues.

The complete report is found in the February edition of the *Journal of Health Care for the Poor and Underserved*

*Formalizing  
a sustainable  
approach to  
increase access  
to care*

## Community Health Workers

Community Voices is committed to the efforts of formally integrating Community Health Workers (CHWs) into the healthcare system. Community Health Workers offer a culturally responsive solution to improve access to care and reduce healthcare disparities in multi-ethnic communities. During Year 1, Community Voices learned of a myriad of efforts initiated in pockets of New York City to organize and strengthen the role of CHWs in the healthcare system. However, a market analysis in New York City had not yet been conducted to assess the current and future needs of the industries in which CHWs are currently or would potentially be employed.

Once Community Voices learned of existing resources and specific gaps in information the following goals were set-forth:

1. Build sustainability for CHW programs
2. Establish a policy and training center for multi-program CHWs in New York City
3. Educate managed care organizations and state Medicaid agencies about CHWs
4. Strengthen coordinated leadership in the CHW field
5. Raise local and national visibility for CHWs

### **Building Sustainability for CHW Programs**

To begin documenting the role of CHWs in our local healthcare systems, Community Voices focused Year 1 on gathering information on CHW programs and initiatives in the New York Metropolitan area. Five-hundred surveys were distributed to organizations, institutions and programs that had hired and/or trained CHWs. The organizations, institutions and programs were identified through the Community Voices collaborative and the New York City Community Health Worker Network. Surveys were completed by 103 individuals representing programs throughout New York City. During Year 2 of Phase III, Community Voices began to perform analyses of the data collected from August 2004-July 2005. The data analysis represents one out of five organizations that received the survey. Of the organizations that identified a borough in New York City, 17 operated in the Bronx, 13 in Brooklyn, 62 in Manhattan, five (5) in Queens and one (1) on Staten Island (n=98). The organizations reported providing services in each of the five boroughs: 52% in the Bronx, 41% in Brooklyn, 70% in Manhattan, 32% in Queens and 17% on Staten Island. Respondents were asked to describe the number of CHWs employed, training and educational trend, and program focus.

## Summary of key findings from the CHW analysis

### Number of Workers:

One program reported having no CHWs and one organization had missing data in this category. Of the 101 organizations that did report, 16 organizations reported having 4 CHWs and 16 organizations reported 5 CHWs. There were 14 organizations that reported having 3 CHWs, 11 with 2 CHWs, 8 organizations reported having 6 CHWs, and another 8 organizations reported having 1 CHW each. One organization reported having 100 CHW and another organization reported having 60 CHWs. The remaining organizations reported between 7 and 45 CHWs. The average number of CHWs reported was 8.39.

### Employment Status of CHWs:

Full-time employment of CHWs was reported by 89 organizations. Of those with full-time CHWs, 64 organizations (72%) had between 1 and 5 full-time CHWs. One organization reported having 30 full-time CHWs, and another 3 organizations reported having more than 30 full-time CHWs. Part-time employment was reported by only 22 organizations. Of these, 6 reported 1 CHW, 4 reported 5 CHWs, 3 reported 4, 3 reported 2, 2 reported 6, 1 reported 7 and 1 reported 95.

### Volunteer CHWs :

Only 9 organizations reported volunteer CHWs. Of these, 3 reported 1, 2 reported 6, 1 reported 2, 1 reported 8, 1 reported 25 and 1 reported 60.

### Length of Employment:

The majority (62%) of the CHWs had been with the organizations between one and five years. Only 36% of the CHWs had been with an organization more than five years, and 2% had been with an organization less than one year.

### Educational Requirement:

A minimum high school requirement for CHWs was reported by 76 (74%) of the organizations and 38 (37%) of the organizations had a college requirement for CHWs.

### Training & Work Experience:

The majority of the organizations had no requirement for prior CHW training (66%). Conversely, the majority of the organizations did require prior work experience for their CHWs (63%). The vast majority of the organizations provided training for CHWs (80%).

### Program Focus:

These organizations provide a diverse array of services to a variety of populations: 38% target prenatal/newborns; 60% serve children; 51% serve youth 11-18, 82% serve adults and 45% serve seniors. All programs serve females and 89% serve adult males.

The purpose of this survey project is to raise awareness and understanding of the number, role, scope of work and qualifications of CHW programs in New York City. The second phase of this project is to conduct a series of focus groups and CHW employer interviews to gather detailed information regarding the profile of CHWs in New York City. The survey data, focus group and employer interviews will be incorporated into a policy report targeted to legislators and funders on the status of training and employment of community health workers in the city of New York.

Community Voices has already been able to use this information to make a significant contribution to the HRSA-Funded National Workforce Study. Community Voices will continue to share the data collected from the CV-survey with program staff at the State University of New York at Albany. The

HRSA Health Workforce Study is a cooperative state/federal partnership that examines the geographic distribution and related health workforce issues across health professions disciplines. One of the goals is to provide research addressing health workforce issues including community health workers at the state level. The data collected for this study will be potentially useful to Community Voices in order to answer policy questions for state agencies, legislatures and health profession education and training programs for CHWs.

A comprehensive report of the impact of the Community Voices-CHW programs submitted to the *Journal of Health Care for the Poor and Underserved*. The report, "The Impact of Community Health Worker Training and Programs in New York City", provides an assessment of the impact of three major



community health worker training programs launched through Northern Manhattan Community Voices Collaborative: Facilitated Enrollment, Immunization Promotion and Asthma Management. Descriptive and qualitative data was examined to demonstrate the extent and impact of the training programs on CHWs, their organizations and the community residents.

Among the data collected and examined, there were 1,359 training session evaluations and 1,032 completed pre and post tests of changes in health promotion competency between 2000 and 2005. The report also includes results from qualitative interviews conducted to assess the attributes of the work that attracted community members to the role of CHWs, determine the adequacy of the training as defined by the CHW, and identify the most satisfying aspects of the work. A total of 132 interviews were conducted by trained staff as part of the annual review and feedback process.

The analysis of the data shows that across all organizations and program foci, 1,504 CHW's have been trained since 2000. The majority (98%) of those trained have been women, predominately between 20-29 years old. Most have been Latino (67%) and the balance African American. Seventy-three percent live in the community, the rest live primarily in nearby neighborhoods in the Bronx. The CHWs work at 52 different programs or locations. The programs include: child care centers, Head Start programs, parenting programs, foster care prevention programs, Healthy Start, Healthy Families, community advocacy programs, housing advocacy, environmental justice and advocacy, immigrant rights advocacy, community school, teen advocacy programs, welfare to work programs, health advocacy programs, facilitated enrollment programs for health insurance, WIC programs and teen parenting programs. On average, the collaborative trains 251 CHW's per year, and in any given year, there are 450 CHWs working within their organizations to promote improvements in health regarding one of the three health problem foci.

Between 2000 and 2005, CHWs have facilitated health improvements for over 40,654 persons. The vast majority has benefited by obtaining health insurance (29,732), and over 10,000 have participated in programs to improve their children's health. The immunization program has already brought enrolled children's immunization rate up to 80%, closing the gap with national immunization rates.

In addition, the in-depth feedback interviews conducted with CHW's show that most of the trainees (97%) felt that the training had prepared them to do their jobs, and virtually all (98%) had used skills learned in their training in their work. Almost all of those interviewed (94%) felt that training had enabled them to be comfortable in accomplishing the tasks for which they were trained. The most important aspect of the training used in work was the ability to respond to specific health questions (40%), communication skills (15%), and skills of working with families (13%).

Overall, the analysis of the data demonstrate that, in northern Manhattan, the strategy of training CHWs to work within community organizations has been effective in reaching out to the thousands of community residents living on the periphery of the healthcare system, who otherwise would have little or no access to its benefits. The impact of their work in the community attests to their ability to communicate effectively with others about healthcare options, and thereby enable many more families to take charge of key areas of their healthcare, such as obtaining health insurance or basic primary care services.

The findings of this report strengthen the case for policy that would integrate Community Health Worker training and programs into the healthcare system in order to reduce health disparities and increase access to care in low-income communities. Equipped with the necessary skills and engaged in multi-service community-based organizations, CHWs can effectively transform the healthcare system.

“Between 2000 and 2005, CHWs have facilitated health improvements for over 40,654 persons.”

### **Establishing a Policy and Training Center for Multi-program CHWs in New York**

During the first year of Phase III, Community Voices, under the leadership of Alianza, Inc., completed the planning phase to develop the Community Health Worker Institute of New York City.

The purpose of the Community Health Worker Institute is to serve as an entity solely focused on strengthening and formalizing the CHW field as part of the healthcare system.

Throughout the process of planning and seeking funds, Community Voices has galvanized support from a myriad of organizations, institutions, and programs and strengthened the network of

partners that will continue to work collectively in the implementation phase of the CHW Institute. In addition, several proposals for funding were submitted on behalf of Alianza, Inc.

In July 2005, the Aetna Foundation approved the first award for the development of the CHW Institute. The grant is part of the quality of care grant program, which also focuses on addressing healthcare disparities and reaching across cultural sensitivities to ensure quality care. Under the stewardship of Alianza, Inc., the primary purpose of the project will be to conduct evaluations of the existing CHW programs in northern Manhattan as well as develop and pilot test a comprehensive health leadership curriculum. A major accomplishment of this Aetna initia-



tive will be to fill the void of evaluation data that exist for CHW programs in New York City. As it relates to the CHW Institute, it will allow the Community Voices partners to begin building a research/policy repository for the CHW field.

### **Raising Local and National Visibility for CHWs and Disseminating the Accomplishments of CV-CHWs Programs**

In March 2005, the Center for Sustainable Health Outreach held a national conference to educate and exchange information on the challenges faced by community health workers as they strive to meet the demands of a changing healthcare system and increasingly diverse population. On behalf of the National Community Voices Initiative, Northern Manhattan Community Voices presented the accomplishments and best-models of CHW programs of the eight CV learning laboratories. The conference was attended by over 300 CHWs, policy makers and program developers from across the nation, and Puerto Rico.

Northern Manhattan Community Voices also co-sponsored OUTREACH NYC-2005, the 4th Annual Conference and Educational Exposition of CHWs in New York City. In September 20, 2005, the Health Profession Pioneers: Changing the Face of Healthcare conference gathered over 150 CHWs from the five boroughs in New York City, New Jersey, Massachusetts, St. Lucia and Florida to discuss opportunities for educational advancement, promote leadership in the CHW field, examine the progress of CHW programs, share ideas and explore new ways of meeting the health needs of a multi-cultural society. The invited plenary speaker, Fernando Ferrer, former Bronx-Borough president and 2005 Democratic Candidate for New York City Mayor, delivered a thoughtful introduction of the critical role of CHWs in New York City's healthcare delivery system. Other guest speakers included Harris K. Lampert, President and CEO of Community Premier Plus and Chairperson of New York State Coalition of PrePaid Health Services Plan, Cheryl Hall,

Director, US-Caribbean HIV/AIDS Initiative, and Dr. Laurie Sherwen, Dean of the Hunter College School of the Health Professions.

As part of the objective to move forward the national policy agenda for the integration of CHWs into the healthcare system, Northern Manhattan Community Voices has begun to coordinate a CV-CHW National Symposium. The CV-CHW symposium will be funded by the national Community Voices initiative and will be organized in partnership with the Georgetown University Harrison Law Center and National Conference of State Legislators. The goals of the symposium include defining the policy agenda to promote the integration of CHWs in the healthcare industry, raising awareness of the impact CHWs have made across the country in various urban and rural settings, and increasing visibility for Community Voices' efforts to address the healthcare of the underserved.

*Preserving and  
strengthening safety net  
in northern Manhattan*

*Healthcare coverage,  
mental health, and oral  
health services*

## Health Insurance

The communities of northern Manhattan and the Bronx face multiple barriers to fully accessing quality healthcare. This is in part due to high rates of uninsured people. One of the goals of the Northern Manhattan Community Voices Collaborative is to increase enrollment of children and families in Medicaid, Child Health Plus and Family Health Plus Insurance and to develop affordable insurance options for the working poor.

During the national Cover the Uninsured Week (CTUW), Community Voices spearheaded a local advocacy campaign to raise state and city-wide attention to the 2.2 million uninsured New Yorkers. On May 4, 2005, in partnership with Community Premier Plus, and Generations+/Northern Manhattan Health Network (Gen+), CV hosted an insurance enrollment drive and had an informational booth on best practices to reduce the rank of the uninsured, highlighting the achievements of initiatives such as Facilitated Enrollment.

Gen+ is the largest network within New York City's Health and Hospitals Corporation (HHC), the municipality's public hospital system.

### **The HITE Network: Using Technology To Navigate The System**

In addition to the advocacy campaign, on May 5, 2005, during Cover the Uninsured Week, Community Voices officially launched the Health Information Tool for Empowerment (HITE)—the first and only online directory that connects uninsured and under-insured New Yorkers with available resources. With a click of the mouse, HITE provides users with information about thousands of free and low-cost programs and services. Additionally, HITE has an eligibility calculator that quickly determines if a person is likely to qualify for one of New York State's public health insurance programs. In partnership with the Greater New York Hospital Association, Community Voices gathered information on over 300 resources



for un- and under-insured residents in northern Manhattan. The resources' locations concentrate in the geographic location of Washington Heights, Inwood and Harlem.

The May 5, 2005 Community Voices launch of HITE took place at the Northern Manhattan Improvement Corporation (NMIC). For 25 years NMIC's social service department has provided case management, referrals and social services to formerly homeless families relocating to permanent housing, residents of Washington Heights and Inwood, families with children with lead paint poisoning and victims

of domestic violence. HITE will strengthen the role of social service providers at NMIC. During the remaining week of CTUW, trainings were conducted at Alianza, Inc. and Northern Manhattan Perinatal Partnerships. To date, over 150 social service and healthcare providers have been trained.

The focus for CV during Year 3 will be the evaluation of HITE. In partnership with the New York Academy of Medicine, the evaluation instruments have been developed to measure the impact and outcome of integrating the HITE network in community-based healthcare systems.



## Mental Health

During Year 2 of Phase III, Community Voices has focused on resources that address the recommendations of the CV policy paper, *Mental Health: the Neglected Epidemic*. The report, which was created through a series of focus groups and roundtable discussions with consumers, providers and advocates of mental health services, highlights the issues and challenges faced by community providers and consumers. During Phase II of CV, the results and recommendations were shared with over 80 policy makers, consumers and key stakeholders. A Strategic Planning Committee was composed to develop interventions for the challenges outlined in the paper. The unprecedented joint effort has led to several beneficial initiatives in northern Manhattan. They include: (1) the strengthening of the Northern Manhattan Mental Health Council; (2) the integration of psychiatric services into the New York Presbyterian Hospital's seven primary care neighborhood facilities; (3) enhanced cooperation and improved working relations between institutional providers and community-based organizations offering supportive mental health services. During the 2004-2005 program year, Community Voices re-convened key partners and identified new state and national stakeholders to assess opportunities to implement step-wise initiatives to address the policy recommendations in the CV report and to continue to raise state and national awareness of the mental health service needs of northern Manhattan.

Through the course of meeting with the state and national stakeholders, Community Voices began to plan a conference with the National Alliance of the Mentally Ill (NAMI) of New York City Metro. The primary purpose of the conference was to convene faith-based professionals, healthcare providers, community leaders, family members and consumers in Harlem to discuss the impact mental illness has on the African American community and to address issues such as isolation, stigma and limited financial resources and the dichotomy between spiritual healing and psychiatric care.

The secondary purpose of the conference was to collectively examine the role of providers, faith and community leaders and consumers in establishing sustainable solutions to the growing mental health needs of the Harlem community. This event, entitled “Heal the Mind, Restore the Spirit: Mental Health Recognition and Recovery in the African-American Community,” was held at the Abyssinian Baptist Church. With over 200 community members and providers in attendance, the conference was a clear indication that the mental health needs are at the forefront of critical issues facing Harlem. The speakers included, Terrie Williams, founder and president of The Terrie Williams Agency, co-founder of The Stay Strong Foundation; Carlton Whitmore, Senior Coordinator of the New York City Department of Health and Mental Hygiene Office of Consumer Affairs; Reverend Cheryl Anthony Mobley, Founder and CEO of Judah International Christian Center, Inc.; and Dr. Altha Stewart, President of the American Psychiatric Foundation, and co-chair of the Steering Committee to Reduce Disparities in Access to Psychiatric Care.

A post-conference luncheon was organized by Community Voices to facilitate a candid discussion with community leaders, clergy and medical professionals on how to address the mounting issues surrounding mental illness in the community.

In preparation for the luncheon, Community Voices engaged the participation of faith-based leaders in assessing the availability of mental health resources and identifying the structure of the mental healthcare system in northern Manhattan. By the time CV had the luncheon, participants were personally aware of the available resources, pressing issues and gaps in services that needed to be addressed.

Both events were well attended, productive and revealing. The need to address the issues at hand became critically important and urgent in light of the recent tragic aftermath of Hurricane Katrina. Community and faith-based leaders were

particularly concerned about the capacity of their own community to deal with the breakdown of the ‘so-called’ institutional structures that serve low-income communities. The issues that were of utmost important to the participants of the conference were the likely consequences affecting the most vulnerable, and already undeserved, pockets of populations in their neighborhood living with mental illness. There was an underlying urgency among the leaders to collectively prepare and strengthen the internal framework of the Harlem community. The participants of the luncheon specifically requested that a follow-up meeting be scheduled to continue the discussion of identifying and securing the resources that would allow them to effectively respond to the immediate, as well as the unforeseen, mental health needs of community residents.

The success of the event was largely due to the candidness of the participants. All were willing to express the varied ways in which mental illness has impacted their lives, either directly or indirectly. As attendees shared their own experiences, one issue continued to surface - stigma. The other emerging issue was the unmet needs of the clergy. They shared their own experiences of the affect of mental illness - either within their congregations or inside their family settings. Clergy in Harlem discussed their growing burden as the frontline workers for family, friends and congregants, who are, as described by participants, in need of more in-depth and professional mental health services.

In 2006, Community Voices will continue to implement follow-up activities to further the policy agenda set-forth in the CV Mental Health report (details of the action plan are included in the “Future Plans” section of this report).

## Oral Health

Community Voices has partnered with Columbia University College of Dental Medicine to implement a community-wide assessment of utilization trends of oral health services in northern Manhattan. The objective of the assessment is to identify perceived oral health needs and barriers to dental services from providers and consumers in Washington Heights. In addition, using national and state data sets, Community Voices will work towards assessing Medicaid utilization rates, types of visits, and services covered for New York City residents.

To date, using NHANES III and the National Health Interview Survey, a survey instrument has been designed and field tested. During the planning phase, three first year dental students also conducted a community ethnographic assessment of business organizations and social settings in order to effectively identify a convenient survey sample. The students completed the project as part of a Center for the Health of Urban Minorities (CHUM) internship program that seeks to increase the number of under-represented minorities in health disparities research. During the fall of 2005, Community Voices began conducting the survey. The staff expects to start analyzing data by the spring of 2006. The results of the survey will be used to inform organizational and public policy. As specific barriers to adult oral healthcare are identified, Community Voices will work with the College of Dental Medicine, one of the main providers of oral healthcare in northern Manhattan, to institute necessary systems change to increase access to care.





## Responding to Community Needs

Northern Manhattan Community Voices Collaborative has continued to implement and work towards expanding initiatives to reduce the burden of chronic illness by developing sustainable community-based prevention programs.

One of the initiatives that Community Voices has been able to sustain is the Healthy Choices program. The program seeks to increase community awareness of culturally relevant nutrition and exercise/activity information. The program informs policy that can curve the dramatic increase of obesity with long-term sustainable changes in the schools.

To engage the participation of parents, teachers and school administrators, the Community Voices Healthy Choices committee implemented a six to eight week comprehensive nutrition course for parents and staff of the school. As of June 2004, the program had enlisted 50 parents and staff—40 of them completed the course and received a certificate of completion from Cornell Cooperative Extension, the organization that facilitated the classes. In 2005, in partnership with Salsa Moves, a professional Salsa instruction organization, Community Voices was able to offer a 45-minute dance class immediately following the nutrition workshop. Coupling the nutrition classes with culturally relevant physical activity classes has been instrumental in reinforcing the message of healthy lifestyle behavioral changes and offering options that are accessible and achievable in the existing social and environment construct.

In the spring term of 2005 eight participants completed the Healthy Choices workshops. During the second half of the spring term, Community Voices coordinated a second series of evening classes, offering the nutrition workshop combined with the 45 minutes of active dancing through salsa classes. Eighteen parents completed the course. In sum, over 60 parents completed the Healthy Choices series this year.

This Community Voices initiative continues to be one of the most successful programs. It has filled an existing gap in the northern Manhattan community. With limited locations to exercise, lack of culturally relevant nutrition information, and a desire to learn about health, this program has offered a refuge of hope to community residents. Community Voices has tracked the success of the program through the evaluation forms of the nutrition class and informal interviews with the participants. The program has continued to attract more attention from other schools. Community Voices has received request from two additional local elementary schools to replicate the program at their sites.

The third component of the Healthy Choices intervention is the integration of the adolescent-tailored nutrition curriculum developed by Community Voices. Considering the staggering rate of obesity and childhood Type II diabetes in northern Manhattan, the curriculum offers accurate and present-day health education that is interactive and family oriented. In addition, based on informal interviews with program participants the Healthy Choices intervention demonstrates



that partnering youth-centered education and parent education yields better results for behavioral changes in dieting and exercise in the household.

Throughout Year 3, Community Voices will work closely with Harlem Hospital and the Superintendent's office to integrate the program within the Region 10 schools.

The Northern Manhattan Community Voices Collaborative Smoking Cessation Project completed its fourth and final year of implementation. The Community Voices - Legacy Smoking Cessation initiative achieved numerous accomplishments. There are now three clinics in northern Manhattan offering smoking cessation services. These include Columbia University's College of Dental Medicine clinic, the Thelma C. Davidson Adair Medical/Dental Center, and the New York Presbyterian Hospital Ambulatory Care Network: Denny Farrell Community Health Center. Each of these clinics is a replicate of the clinical model to treat 'hard-core' smokers that was established at Columbia University's College of Dental Medicine. To

program at other sites, Community Voices - Legacy program offers continuing education seminars for providers at multiple community health centers. Practitioners from six other ambulatory care networks have participated in these educational seminars. Over the course of the four years, CV has provided cessation services to over 300 patients. For the youth component 18 youth organizations participated in the program. The youth groups developed and implemented 17 anti-smoking marketing campaign projects throughout the Washington Heights and Harlem projects. The age-appropriate and culturally responsive projects have been created, implemented and now established as part of the host organization and the youth groups have made plans to continue sharing the message with the larger community. This program has tremendously strengthened the leadership capacity of youth across the Harlem and Washington Heights community. Over 200 youth have participated in peer-led smoking-prevention projects.

## FUTURE PLANS

During this next year, Community Voices will focus on furthering the efforts of the mental health initiative. Specifically, CV will continue to re-convene stakeholders and funders to implement step wise initiatives to address the recommendations in the CV policy paper. The community and faith-based leaders that participated in the September mental health luncheon have expressed their commitment to respond to the urgent mental health needs of the Harlem community and are determine to partner with national and state leadership to address the gaps in services.

Concurrently, Community Voices will continue to work with the Center for Community Health Partnerships (CCHP) to develop community-based mental health programs and establish culturally responsive services. Specifically, CV will work with CCHP to increase the capacity of the Thelma C. Davidson Medical and Dental Center to address the identified mental health needs of the Harlem community.

In partnership with Harlem Hospital, Community Voices will continue to work towards implementing the region-wide obesity prevention program and evaluate the impact of the intervention. Community Voices will examine if this program has been successfully adopted into the school system and identify the complex policy issues integrating the program. Community Voices proposes to use the Healthy Choices model and the data collected in Year 3 to develop a manuscript to publish in a peer-review journal. The data will also be used to inform other members of the New York State Department of Education to promote the institutionalization of the obesity prevention initiative within the New York City school system.

In following-up with Year 2, CV will complete the assessment of barriers to oral healthcare in northern Manhattan. In addition to the population survey, Community Voices will identify and interview oral health providers to further assess perceived barriers to care. Based on the results, a report will be prepared and results will be shared with key stakeholders at the local and state level. Community Voices will work with Columbia University College of Dental Medicine to identify organizational policy changes that can be made to further increase access to oral healthcare for the adult and elderly population in northern Manhattan. Furthermore, CV will work with CCHP and Columbia University Mailman School of Public Health to identify potential funding opportunities to conduct an assessment of the financial cost for a national adult oral healthcare benefit under Medicaid.

Throughout the 2005-2006 program year, Community Voices will continue to work towards the establishment of the New York City Community Health Worker (CHW) Institute. To this end, CV will work with Alianza, Inc. to implement the work plan of the Aetna Quality of Care grant. Community Voices will identify a local evaluator to begin conducting the outcome and impact analysis of the CHW programs and curriculum. In addition, CV's local evaluator will complete the city-wide CHW employment and training assessment. To move forward on the national CHW policy agenda, Northern Manhattan Community Voices will continue the work with the Georgetown University Harrison Law Center and National Academy for State Health Policy to organize a symposium with CV and CHW leadership and key policy makers.

The plans for Community Voices 2005-2006 are very ambitious. However, past years have shown that by working with committed partners and identifying the most effective and strategic venues for collaboration much can be achieved. Community Voices will confidently move forward with great expectations that these efforts will accomplish the mission to inform the policies that can sustain an equitable and accessible system of healthcare for all.

# Community Voices Partners

Abyssinian Baptist Church  
Agenda for Children Tomorrow (ACT)  
Alianza, Inc.  
Bloomingdale Family Program, Inc.  
Canaan Salem Senior Services Center  
Columbia University  
Center for Population and Family Health  
Central Baptist Church  
Children's Aid Society  
City Harvest, Inc.  
Community Health Worker Network of New York City  
Columbia University School of Nursing  
Columbia University, College of Dental Medicine  
Community Association of Progressive Dominicans  
Community Board 9  
Community Board 10  
Community Board 12  
Community DentCare Network  
Community League of West 159th Street  
Community Life Center, Inc.  
Community Premier Plus  
Dominican Women's Development Center  
Fort George Community Enrichment Center  
Generations+/Northern Manhattan Health Network  
Graham Windham  
Greater New York Hospital Association  
Harlem Alliance For The Mentally Ill  
Harlem Children's Zone TRUCE  
Harlem Congregations for Community Improvement  
Harlem Health Promotion Center  
Harlem Hospital Center  
Heilbrunn Center for Population and Family Health  
Heritage Health Care  
Inwood Community Services  
Isabella Geriatric Center  
Isabella Home Care  
Lincoln Medical Center  
Mannie L. Wilson Towers  
Morningside Area Alliance  
National Alliance for the Mentally Ill of  
New York City Metro  
New York Presbyterian Hospital  
New York City Department of Health  
New York City Department of Education Region 10  
New York Presbyterian Hospital  
New York Presbyterian Hospital Ambulatory Care Network  
North General Hospital  
Northern Manhattan Improvement Corporation  
Northern Manhattan Perinatal Partnership  
Renaissance Health Care Network  
William F. Ryan Community Health Center  
Safe Horizon  
The Bridge Inc.  
The Institute for Urban Family Health  
The Valley, Inc.  
Thelma C. Davidson Adair Medical/Dental Center  
Vision for Health Consortium  
Washington Heights Business Improvement District  
West Harlem Environmental Action (WEACT)  
Weston United

Community Voices will confidently move forward with great expectations that these efforts will accomplish the mission to inform the policies that can sustain an equitable and accessible system of healthcare for all.



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