

Community Health Workers

LIVES, STORIES & DREAMS



New York

Florida

Community Health Workers have been called many things through the years, including frontline workers, lay health advisors, and community outreach workers. No matter what their job label, CHWs act as a lifeline, a bridge between healthcare and underserved populations throughout the United States and the world. They are advocates for those who have no voice; they are educators for those who will listen; and they are trusted members of our communities.

Community Health Workers: Lives, Stories & Dreams tells the stories of six CHWs from various cities across the United States. They have improved the health of their communities and empowered individuals to take control of their healthcare needs. Each CHW's story is different, but they reflect the myriad of situations each CHW faces in his or her day-to-day activities. The CHWs' resolve, ingenuity, and dedication are the threads that bind the stories together.





New York





“I want to be
somebody who
can change
something”

Finding Strength Within

ROMELIA

Community Premier Plus: Bronx, NY

In 1992, Shining Path, a Maoist guerrilla force, was terrorizing Peru and tearing apart the country. In the midst of this turmoil, Romelia and her family fled with the hope of a better life in America. They arrived in California to a family who thought they were dead and to a life they did not understand. Romelia, or “Romy,” waitressed and took night classes with the dream of finding a job that would support her parents and sister. This dream, however, was not easily reached as countless interviews ended with rejection.

Discouraged, but not deterred, Romy thought she found salvation in a job-readiness course. But when she arrived to class, she discovered it was a computer literacy course. Romy has extensive technical training from Peru, and she was crestfallen to learn this course would not help her. “I almost left the program, but the teacher kept asking me to stay,” she recounts. Romy quickly took the initiative to help her classmates and guide them through computer programs. “I found that I had strengths I didn’t even know about,” she exclaims with a gleam in her dark brown eyes. “I was empowered, and I wanted to help others find their strengths.”

After the job rejections and the initial disappointment, the instructor offered her a job teaching, which ultimately lead her to Community Premier Plus and her work as a Community Health Worker (CHW). Now she works in high-need communities throughout the Bronx in New York City. “I go into the community making housing calls to help people identify and manage asthma, but there are times when you have to do more,” she explains.

On one such house call, Romy met ‘Marie,’ a 27-year-old Latina who lived with her mother. “My job was to talk to Marie and her family about asthma, but Marie was so depressed and her mother so verbally abusive, that I knew I had to help her,” Romy recounts as her bright smile fades with the memory.

“Community Health Workers give people the tools to be self-sufficient.”

Romy observed that Marie’s eyes never left the floor and that her shoulders slumped under the weight of her mother’s hurtful words. Romy remembers that the mother would say things like, “You are useless and stupid!” Asthma education was pushed aside as Romy sat with Marie to talk about her dreams and wishes. Marie yearned for a job, but she was crippled by the fear of failure. She implored Romy to tell her what to do, but Romy knew Marie had to find her own way.

“I can’t tell people what to do, I can only guide them,” says Romy. “People need to take ownership of their own lives,” she continues. “Community Health Workers give people the tools to be self-sufficient. That’s what my role is,” Romy says earnestly. And that is just what she did with Marie.

Romy still had to make asthma house calls all over the Bronx, but she found the time to meet with Marie often. She created a ‘Strengths Check List’ that highlighted assets such as ‘organized’ and ‘on-time.’ She asked Marie to put a check next to each strength that she possessed. At first Marie didn’t check anything, but by the third month all strengths were checked. “She was no longer looking at the floor. Her eyes were always looking around and you could see the confidence in them,” Romy states with satisfaction. With Romy’s help, Marie got a job as a receptionist and gained the confidence to remove herself from an abusive home environment.

Romy’s work as a CHW has provided many such stories of empowerment, which reflect her own life of trials and triumphs. She has decided firmly to keep working with the community. “A CHW is not just a community member. CHWs are people who want to go to school, to become better. I want to be somebody who can change something,” she exclaims. And from the determined look in her eyes, she will find the strength to move mountains if it will help her community.

Knowledge & Power

TANDIA

African Services Committee: New York, NY

Tandia's experiences as a political asylee from the West African country of Mauritania give him special insight into the challenges African and Caribbean immigrants face in the United States. His education in criminology and international criminal justice gives him a unique reason for being a CHW. "I look at Community Health Workers in the context of human rights," he explains. "If people are sick and don't have access to healthcare, why would they bother paying attention to free speech and voting?"

Tandia, like all CHWs, faces many challenges helping people access quality healthcare – challenges that often go beyond funding and geography. Most of the community members with whom Tandia works come from countries with very different administrative systems. They do not understand America's health care system, or they do not trust it. "Many have negative experiences with their systems. It is my job to build confidence and trust in the community and the new system in which they live," he explains. If he doesn't reach out to the community and inform them, they would go without seeking the care they need.

Educational outreach is not the only responsibility that Tandia shoulders. "You must take a multi-dimensional approach to the needs of the community," he explains. Community Health Workers work to strengthen communities and improve the system of care intended to serve them. To this end, Tandia and the African Services Committee work with healthcare providers in New York to foster cultural competency and health literacy. "You can have knowledge and the newest technology, but if you are interacting with some-

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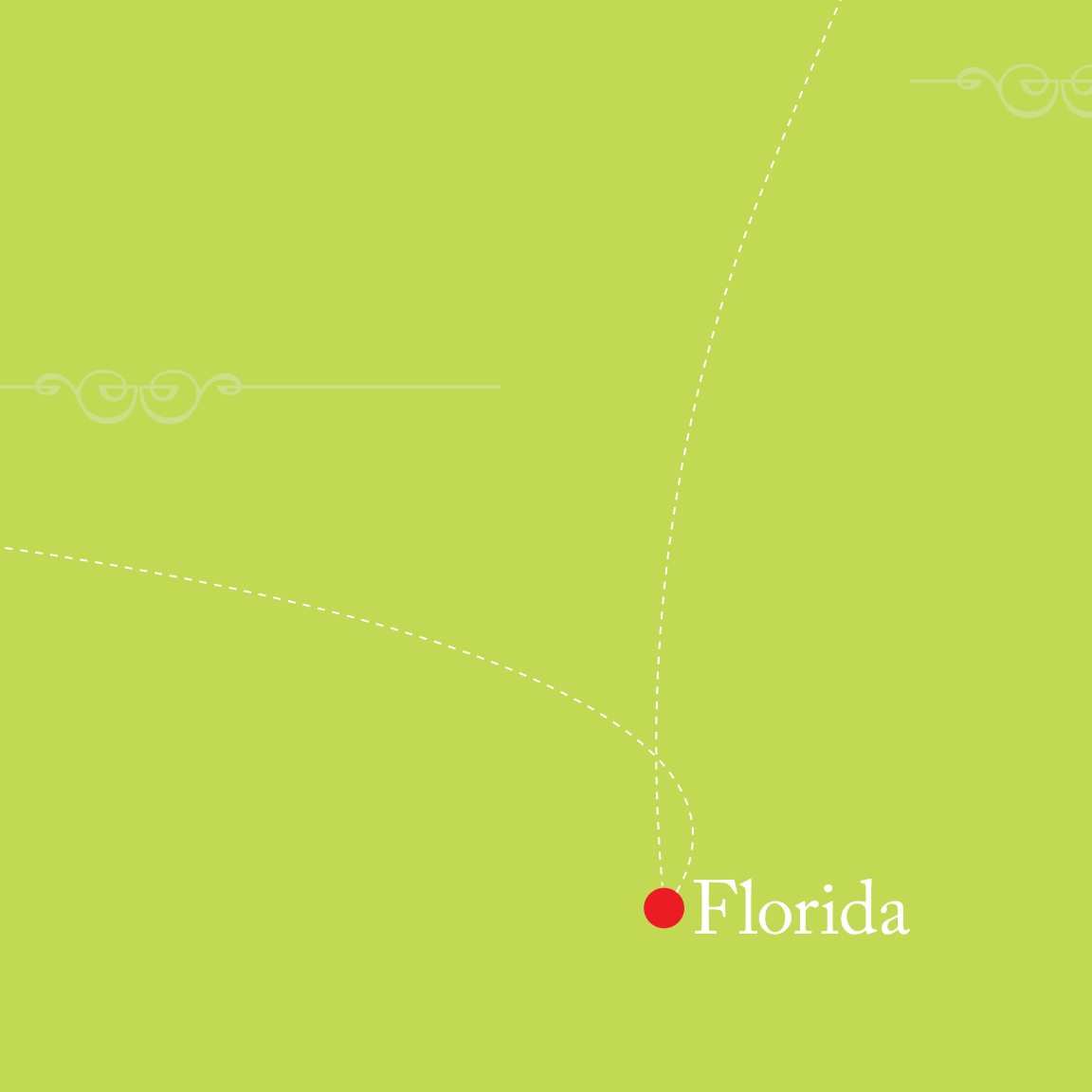
“You are continually learning and going beyond your limits.”

one else, you have to take into account their background or your knowledge is useless,” Tandia states passionately. He backs up his fierce statement with a story from his work as a CHW.

Late one afternoon, Tandia received a phone call from a frantic medical team at one of New York’s hospitals. They had an African woman in labor who needed a C-section right away, or she and her baby would die. The husband would not consent to the surgery, and the wife followed his judgment. Neither husband nor wife could speak fluent English, and they were fearful of the procedure. The medical team was desperate for Tandia to explain the procedure and its importance, because they were unable to communicate linguistically and culturally.

As Tandia rushed into the crowded hospital, he saw the nervous husband. Right away he knew where the couple was from, and he had a good idea of the concerns that were withholding consent. He spoke with the husband, explaining what a C-section was and why his wife’s life was in danger. “In their home country, religion is very important. I needed to make a connection between human knowledge and God’s power,” he explained earnestly. Tandia’s cultural sensitivity helped the couple relate to the new medical procedure, and their similar backgrounds helped solidify the trust that began with Tandia’s straight-forward approach. The couple quickly consented to the surgery, and the medical team saved both mother and child.

“This work is very rewarding on an individual and collective level,” Tandia reflects after telling his story. “People count on you – it raises your responsibility. You can’t disappoint them, so you are continually learning and going beyond your limits.” His steadfast dedication to human rights surfaces again as he confidently states, “Community health work constantly provides me with a concrete connection between health and human rights.”



● Florida



Up for a Challenge

TRACY

Human Services Coalition: Miami, FL

Tracy knew nothing about Community Health Workers when she started her administrative job at Human Services Coalition (HSC) in Miami, Florida. “I’ve always loved helping people, but I never thought about it as a career,” she said. Tracy yearned for a job that would fulfill her need to help others, but her first priority was raising her child and caring for her grandmother – the woman who raised her after her mother died at a young age. “I used to listen to the CHWs tell stories, and then I’d tell them what I would have done. But I never thought I’d become a Community Health Worker,” Tracy exclaims. When HSC received a new grant in the beginning of 2006, all Tracy’s talk was put to the test and used on the streets of Miami.

“The first month was so frustrating. I felt like I couldn’t get anything done. But then I took ownership of projects and started making my own decisions in the community,” she states with a confident, strong voice. When HSC allocated various ‘beats’ in the city Tracy was assigned the area of Overtown, the most desolate neighborhood in Miami. “The people there have been promised so much, but they haven’t gotten anything. Plus,” she smiles ruefully with dark eyes shining behind black-rimmed glasses, “I like a challenge.”

Tracy’s first week of community outreach was difficult. No one in Overtown knew her, and no one trusted her. “They have to see me in the community every day or they won’t take me seriously,” she explains. Trust is a big issue with people who have been promised a lot without seeing any changes. And building trust in a system that has disappointed repeatedly is one of the biggest challenges for CHWs throughout the country.

“If I can help one person, I know I’m making a difference.”

A major component of Tracy’s job as a CHW – and a building block of trust – is empowering the community with information. “I need to help them be self-sustaining in their health care. They can’t be dependent on me for everything,” Tracy explains in a no-nonsense tone. An example of this attitude is ‘Max,’ an older gentleman with diabetes from Overtown.

Max had suffered with diabetes for many years, but he very seldom received treatment. He was in tremendous pain from the disease and hadn’t seen a doctor in over a year. He came to Tracy for guidance on many occasions. Finally, Tracy asked him why he hadn’t gone to the doctor’s office. Max sheepishly replied that he was afraid of asking dumb questions. He didn’t want to be criticized by the doctors. Tracy was determined to help. She drew on her experience advocating for her grandmother’s declining health, and she set to work increasing Max’s confidence. She spent extra time with Max to make him comfortable advocating for his rights. She pretended to be a doctor who was consulting him on his diabetes complications. They went through the scenario until Max felt comfortable asking questions and making demands without embarrassment. “He became comfortable asking for his own needs. He gained confidence to work with the doctors,” Tracy triumphantly exclaims. She smiles as she continues, “He doesn’t hurt anymore.”

“People in Overtown ask me why I care about helping them. I always tell them, ‘Because I know helping you will help someone else.’” Tracy continues, “If I can help one person, I know I’m making a difference.” She has only been a CHW for six months, and already she is making a difference in the lives of Overtown residents.

From Poverty to Prosperity

KETTELY

Human Service Coalition: Miami, FL

“When I first started as a Community Health Worker, I didn’t like it at all,” Kettely explains with serious light-brown eyes. “But now it is the only job I will ever do,” she continues with a serene smile. “It is an amazing feeling when you help someone.”

Kettely was born in Haiti and moved to the U.S. when she was 15 years old. Her intimate knowledge of Haitian culture is a strong asset to the Haitian communities of Miami. She explains that many Haitians do not see doctors regularly, and they end up in the emergency room when things get really bad. It is her job to connect with people before the crisis emerges and increase knowledge of health insurance options and general health care.

As with many CHWs, Kettely’s job goes beyond one simple responsibility or a single community. When she sees anyone in need, she reaches out to them. “A CHW is someone who looks out for the best interests of lower-income and poor people,” she states. “Helping people doesn’t stop at five o’clock.” It is this dedication that lifted one young woman out of the clutches of despair.

‘Mary’ tragically lost both her parents in a catastrophic roof collapse. At 18 years old, she was left to fend for herself and three younger children. They had no place to live, and Mary was frantic for the safety of her siblings. Kettely instantly knew where to go and what to do. The first step

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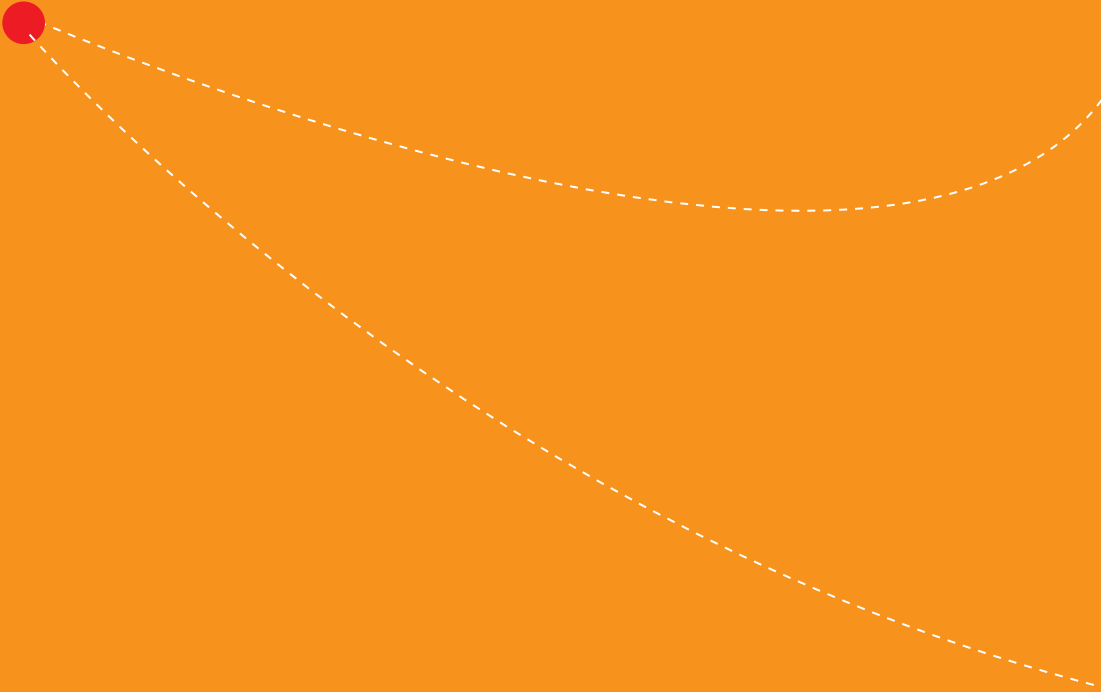
was to get Mary off the streets and into a homeless shelter. She worked with Mary on filling out complicated Social Security Income (SSI) paperwork to help pay for immediate needs like food and clothing.

Kettely didn’t stop helping after the SSI paperwork. She helped Mary set up a budget, giving her a crash course in financial management. With Kettely’s help, Mary found a job that provided a steady income and an affordable, safe apartment for the four family members. As Mary began to stand on her own, Kettely enrolled the younger children in Florida Kid Care to ensure proper medical care. “My job is to help people from poverty to prosperity,” Kettely explains in her soft, steady voice. Mary and her siblings are no longer in the shelter. They receive regular medical care, and they have triumphantly emerged from the clutches of poverty and homelessness.

Even though she is able to help people like Mary, Kettely admits there are moments of frustration as a CHW. “There are many times I have to say ‘I can’t help you’ because the people are undocumented. My hands are tied, and I can’t help them,” Kettely explains in a frustrated tone. “But when I can finally help someone and see her stand on her own...,” she trails off with softened eyes and a small, satisfied smile.



California





“Community
Health Workers
understand that
health is holistic.”

More Than Physical

MARICELA

La Clínica de la Raza: Oakland, CA

The remote village of Chavinda in Michoacan, Mexico has no high school and no college. Maricela, a Community Health Worker at La Clínica de la Raza, grew up there and wanted her children to have the education that she couldn't. Fueled by this desire, she came to the United States and settled in Oakland, California. That was 20 years ago, and the 45-year-old Maricela reminisces about her first exposure to community health work.

"I was invited to my neighbor's home to learn how to call 911 and the key English words to say for help," she states. La Clínica encourages its CHWs to hold community health meetings in their own homes. It is a way to proactively inform the Latino community and foster the trust that develops within close-knit communities. Maricela describes her neighbor, "She was a community outreach worker, and I was so impressed with the work. That's when I realized I could be a health promoter!"

Since that fateful day 18 years ago, Maricela has become a health educator in her predominantly Latino community. She primarily works to prevent domestic violence and help families overcome it, which can be very difficult. "Latino women don't go to shelters, they don't understand them. They are afraid of leaving their kids behind and many don't speak English well," Maricela says. She empowers these women by building confidence and by helping them break the circle of violence. As she begins to recount a story of one distressed woman, Maricela's happy voice becomes clouded with sadness.

'Maria' is a Latino woman with three young children and an abusive husband. She had spent years taking physical and verbal abuse. She turned to alcohol as a way to forget her troubles and dull the pain, but nothing seemed to help anymore. Maria knew Maricela from her constant work in the community, and she reached out in desperation. She came to Maricela's office

“She empowers women by building confidence”

and asked her to take care of her children. She confessed that she was going to kill herself because she felt trapped. “I could tell from her voice that she meant it,” Maricela recounts seriously. Maria wanted to leave her children with Maricela. She was scared and hysterical. Maricela remembers trying to convince Maria to stay for the children. “I wouldn’t let her leave and encouraged her to go to our mental health site,” she states.

Maricela worked tirelessly to keep Maria from succumbing to fear and depression. She and other staff at La Clínica helped Maria rebuild her shattered confidence. But, as with many CHWs, Maricela’s work was not limited to one problem. Maria still had to find a way to control her drinking problem, and Maricela helped her overcome that obstacle with counseling and support. Over time, Maria and her family stopped the abuse with culturally sensitive, family-oriented counseling. Together, she and her husband have found a way to build a healthy family.

Maria is now a co-facilitator for La Clínica, and she spreads her message of hope to the Latino communities in Oakland. “Now she shows people that they can face their problems and overcome them,” Maricela’s voice brightens again with this statement. “When I see that I can help people, when their self-esteem goes up and they feel very good...then I see that what I’m doing makes sense,” Maricela exclaims. “Community Health Workers understand that health is holistic. It’s not just physical, but mental and spiritual too.”

Maricela plans to continue her vocation as a Community Health Worker. She also plans to go back to school to compliment all the trainings she has completed during her years as a CHW. “I am so happy to be working here,” she declares. “This is my life!”

A Lifetime of Support

KIM DUNG

Asian Health Services: Oakland, CA

The Americans pulled out of Vietnam in 1975, and Kim Dung realized her home was no longer safe. “My husband was a military helicopter pilot during the war and our lives were in danger,” she recounts. Kim Dung, her husband, and their two small children made the harrowing journey to the United States that year, unsure of what their new home would be like. A host family tried to help them settle in California, but it was a difficult transition.

Now 57 years old, Kim Dung can still remember what it was like to be a refugee in a new country. No one could help her get health coverage for her children, and she had to pay out of pocket for the delivery of her third child. While at a community clinic with her children, someone told her about a free child health program called Women, Infants and Children (WIC). After enrolling her children, she rushed back to her apartment complex and told every mother about this little-known program. She even dragged some women down to the clinic to sign up. “That’s when I realized this was what I wanted to do for the rest of my life,” Kim Dung states in her ever calm and even voice. “My friends wanted me to continue the hi-tech career I had in Vietnam, but I told them there was more to life than money,” she says with a chuckle.

That was well over 20 years ago, and Kim Dung has been a tireless champion of healthcare for the underserved ever since. “I love my job,” she states in a matter-of-fact voice. “I know all the problems that refugees

“...there was more
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*“we should share our
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face, and I can help them,” she continues. She can help people like ‘Jane,’ an older Vietnamese woman who had to face the horrors of breast cancer compounded by poverty and no health insurance. Jane reached out to Kim Dung and Asian Health Services – both trusted in the Asian community – in desperate need of medical help.

Jane could not navigate the complicated paperwork associated with insurance, but Kim Dung’s healthcare savvy enabled a quick enrollment in a program ensuring good medical care. Soon Jane was receiving treatment for the aggressive cancer, but Kim Dung’s work was not over yet. Jane spoke very little English, and Kim Dung could not be with her at every chemotherapy or consultation. Medical treatment can be unnerving, but when you don’t understand instructions and procedures, it can be terrifying. Kim Dung drew on her community ties, a key resource for CHWs, to find a volunteer translator. “She got her treatment, and now she is a board member at Asian Health Services and advocates for cancer patients,” Kim Dung states with a satisfied lilt in her voice.

Kim Dung has spent over 20 years empowering people like Jane, and she has no intention of stopping. She will soon retire from formal CHW work, but her retirement will be anything but conventional. Kim Dung explains, “My husband and I are going back to Vietnam for three or four months a year to do healthcare volunteer work outside the big cities.” She continues, “We are very lucky here, and we should share our luck with others.”



NORTHERN MANHATTAN COMMUNITY VOICES COLLABORATIVE

Center for Community Health
Partnerships
100 Haven Avenue, Suite 27C
New York, NY 10032

Tel. 212.304.7030

Fax. 212.544.1905

www.communityvoicesny.org

California



**NORTHERN MANHATTAN
COMMUNITY VOICES COLLABORATIVE**

Tel. 212.304.7030 • Fax. 212.544.1905
www.communityvoicesny.org