

Community Health Workers: Building Capacity and Impacting Policy Through Patient Leadership Development

APHA Annual Meeting

November 6, 2007

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Presentation Overview

- 1) About Asian Health Services (AHS)
- 2) AHS' Community Health Worker model
- 3) Transformation of CHW model
- 4) Establishment of Patient Leadership Councils
- 5) Policy Advocacy
- 6) Successes and Challenges
- 7) Key Strategies to PLC Establishment

Asian Health Services Background

- Health education
- Insurance counseling
- Medical services
- Client advocacy
- Serves 17,000 patients annually



AHS' Community Health Worker Model

- **Piloted early form of CHW model in 1970s**
 - Health educators & health system navigators
 - Mobilized the community
- **Health Disparity approach in 1980s**
 - Focused more on specific diseases, less on advocacy

AHS' Community Health Worker Model

- **Established Community Liaison Unit (CLU) in 2000**
 - Need to develop patient leaders
 - Conducted workshops on patient's rights
- **Re-established linkages with smaller Asian ethnic communities**
- **Community analysis and leadership development model research**

Transforming the CHW Role

- **Health equity framework in 2005:**
 - Began shifting from disease specific approach to community engagement in health care
- **Purpose:**
 - Sustain community involvement and advocacy work as core component of CHW position
 - Establish an infrastructure by which patients could voice their concerns on a political level

Patient Leadership Councils

Goals:

- Improve the health of the Asian immigrant community by developing a partnership with patients and community members
- Identify needs and develop strategies to address these needs
- Implement efforts to improve health and health access

Patient Leadership Councils

Recruitment and Expectations

Membership Criteria:

- Self-identify as member of specific ethnic community
- County resident

Expectations:

- Commit 2-4 hours of service monthly
- Understand AHS services and community resources
- Miss no more than 3 consecutive meetings

Leadership Development

- Understanding and navigating the health care system
- Identification of PLC topic areas
- Community guest speaker presentations



Community Engagement & Policy Advocacy

- **Local Events:**
 - AHS General Membership Meeting
 - Candidate forums
 - Public hearings
 - Voter registration



Community Engagement & Policy Advocacy

Regional & Statewide Events:

- Leadership Exchange
- Joint Press Conference
- Immigrant Lobby Day



Successes

- 1) Establishing multiethnic multilingual leadership development mechanism
- 2) Engaging PLC members and sustaining involvement
- 3) PLC members who have become organizational board members

Challenges

- 1) Recruiting male members
- 2) Sustaining the model on limited resources and capacity
- 3) Providing meaningful engagement reflective of both the community's and each members needs

Key Strategies to PLC Establishment

- **Work with the population where they are**
- **Listen to participants and act on their concerns**
- **Advocate for funding that allows for health equity and community building opportunities**

Key Strategies to PLC Establishment

- **Hire CHWs who are from the community**
 - Build their capacity to do the work
- **Provide space for community members at the leadership table**
- **Make an organizational commitment to advocacy and leadership development**

Conclusion

“The measure of our success is not how many visits we provide, but how much our community understands and asserts its right to health care.”

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