

**HEALTHCONNECT IN OUR COMMUNITY:
WHAT DO HEALTH NAVIGATORS, COMMUNITY HEALTH WORKERS,
AND FAMILIES SAY ABOUT THE PROGRAM?**

Focus Group Results

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Introduction and Purpose

This report presents results and analysis from several focus groups the Urban Institute conducted in Miami-Dade County in February 2007 as part of a larger formative evaluation of HealthConnect in Our Community.

HealthConnect in Our Community is one component of a three-part initiative (HealthConnect in Our Schools and HealthConnect in the Early Years being the other two), which together comprise a comprehensive program to address the health and related needs of children in Miami-Dade County. Funded and administered by the Children's Trust, the initiative has just completed its first year. The purpose of the formative evaluation, conducted by the Urban Institute, is to understand how HealthConnect in Our Community has been implemented so far by the six contracted agencies and to inform any necessary program changes for the second year.

The purpose of this report is to present key findings from two focus groups conducted with community health workers and health navigators and from three focus groups conducted with parents of children served by HealthConnect in Our Community. The findings provide insight into the types of activities the frontline workers of HealthConnect in Our Community conduct, what they think about the program to date, what they think is working well, and what challenges they face in performing their jobs. The findings also detail what the intended audience for HealthConnect in Our Community thinks about the program, what community needs the program does and does not address, what people like about the program, and what they think needs to be improved.

Methods

The Urban Institute conducted five focus groups in total. One group was held with community health workers, one with health navigators, and three with families who have used HealthConnect in Our Community services. The research plan including the focus group discussions received prior Urban Institute Institutional Review Board approval.

Supervisors from each of the six agencies contracted under HealthConnect in Our Community assisted with identifying staff to attend the two worker groups. Each agency had at least one health navigator and one community health worker at each session, except for the Sant La Haitian Neighborhood Center, which only employs community health workers, and the Public Health Trust, which only employs health navigators.

A key goal for the focus groups with families was to achieve geographic and ethnic diversity of the participants and to reflect the variety of locations where HealthConnect in Our Community is being implemented. Therefore, we chose to work with three agencies (Community Health of South Dade, Citrus Health Network, and the Sant La Haitian Neighborhood Center) in three different locations (South Dade, Hialeah, and Little Haiti, respectively) and asked for the assistance of community health workers and health navigators at the respective agencies to help with recruitment. Focus groups were held at each of these agencies' sites.

To assist in conducting the focus groups, Spanish-speaking and Creole-speaking translators were hired. The languages spoken at each group were: English, Spanish, and Creole at South Dade; Spanish and English at Hialeah; and Creole and English at Little Haiti.

All focus group discussions were taped and later transcribed for analysis. Urban Institute researchers analyzed the data by following commonly accepted qualitative

research methods (Krueger 1998; Morgan 1997). The lead authors independently reviewed each unabridged transcript and moderator field notes and categorized participants' responses into thematic areas using data collection forms based on questions in the moderators' guides. The analysis then entailed comparing and contrasting the responses within each thematic area, noting and discussing nuances, similarities and differences of opinions, and summarizing the findings by topic area. Finally, relevant quotes were selected according to their frequency, richness, and ability to illustrate key points.

Findings from Focus Groups with Community Health Workers and Health Navigators

This section discusses a variety of aspects related to the roles of HealthConnect in Our Community health workers and health navigators, including where they work, their background and training, the types of people they help and how, the kinds of data they collect, as well as their perspectives of the program and their respective roles.

Where do community health workers and health navigators work and what training prepares them for their role?

For the most part, the different roles of community health workers and health navigators dictate both different work settings and job training, although there are some similarities.

Community health workers reported their primary objective is to cast as wide a net as possible to reach families with children who need help accessing health services, with a secondary focus on assisting them with the insurance application process. As such, community health workers reported conducting office-based administrative duties only about 20 percent of the time, and spending most of their time conducting outreach in the field, at a wide array of community sites, including schools, stores, churches,

laundromats, construction sites, and door-to-door. Community health workers have flexibility in deciding where to conduct outreach, and reported being most productive when given the freedom to move from place-to-place as changing circumstances dictated.

“A lot of times we move on, sometimes we go to one shopping center, there’s nothing, and we move to another place and we also do the traditional type of outreach where you meet people anywhere and initiate conversation with them.”

“Each person is assigned to a specific zip code. So we try to work within our zip code targets. But that does not mean we will be exclusively in our zip code.”

Community health workers undergo a 40-hour Community Health Worker Level I Training course, developed by Community Voices and funded by The Children’s Trust, and offered through Miami-Dade College for college credit before they start work.

However, many reported their most effective training occurs in the field, often through pairing with a more experienced community health worker. This on-the-job training is additional to the fieldwork required as part of the Community Health Worker Level I course, and while it is not mandatory, most community health workers have undergone some informal training of this type.

“I think the best experience is out there in the field. Because the class teaches certain things but they don’t prepare you for the reality that was out there.”

In contrast to community health workers, the role of health navigators is to primarily assist families with children in applying for health insurance and to support them in making and keeping doctors’ appointments. Therefore, in addition to the one week of training community health workers receive, health navigators reported having formal training from the Department of Children and Families (DCF) to learn the application procedures for the Department’s various programs¹.

¹ Although reported by health navigators, this is not a Children’s Trust requirement.

“We went to DCF training to understand how to apply for the patients for PPW, which is Medicaid for pregnant women...those training helped us a lot to know what we do for the patient, how to get in the system for things like KidCare.”

“Miami-Dade (training course) just basically taught us not to judge, how to deal with people with different cultures.”

Because of the nature of the health navigator’s role, they spend the majority of their time (described by navigators as roughly 90 percent) at their desks or at on-site health clinics. Health navigators may sometimes go out into communities, but less frequently than community health workers.

“Primarily we’re situated in an office...since you’re dealing with confidential information, you have to lock files...but if there’s any need for outreaching, you would go out of your office...but primarily, 90 percent of the time, we’re in offices.”

How do community health workers and health navigators help children and families and do they help people without children?

Community health workers serve a broad range of functions for a wide variety of people. Participants described their activities as including “educating,” “empowering,” “linking,” “outreach,” and “liaison.”

Community health workers reported their primary role entails informing clients about the full range of health services available to them in the community, and empowering them to seek care.

“Our role is to educate and empower and meet the community needs with the available resources.”

As well as informing clients about the health services they can access in the community, some community health workers also explain their rights as patients.

“One lady I met, she had health care. She was fine and she liked her Medicaid and everything was no problem. But when we begin to talk, and I let her know her rights and the things that she can ask a doctor, she was surprised. So I just educated her (about) what she can get.”

A large proportion of community health workers work involves conducting health education on different preventive health topics, both in one-on-one and group settings. For example, they encourage clients to make more frequent well-health doctor's visits and explain the benefits of early disease detection.

"I see my role as a community health worker to educate the client on different issues... I'm not a healthcare professional, but with the trainings that we go to, we learn the basics of health issues, like say the importance of getting a mammogram."

Through their outreach activities, community health workers will often first identify families' health problems and needs and then link them to appropriate services and clinics, sometimes scheduling appointments on their behalf. As well as medical care, community health workers refer their patients for vision and dental care.

"You are trying to engage the person, talk to them and identify their needs and see how best you can help them... To me, outreach encompasses education, the linkage, the advocacy, everything."

Most community health workers believed they are also qualified to provide advice on a wide range of social services, often a result of prior experience. While they viewed this as a secondary function of their job, people often approach them about a range of social problems, such as how to find subsidized housing and child care, where to get driver's licenses and identification cards, and how to receive financial assistance in paying utility bills. For the community, these broader social needs are often a more urgent concern than accessing health care.

"People come to you, they have problems paying their electricity bill. And we refer them where they can pay their bill. If they have problems for housing, we let them know where they can go for Section 8 Application."

"The people that I interact or engage with (in the community) will tell you bluntly. 'I'm not worried about health care, I need my life saved'."

While some community health workers regarded families with children as the primary focus of their work, others said they divide their attention “fifty-fifty” between assisting families with children and single adults. In general, community health workers do not turn anyone away.

“It’s a mixed [client] group. Fifty-fifty [families with children: single adults], I would say.”

“Even though we focus on children, we have to help anybody who come to us.”

In terms of how health navigators help families, they primarily help clients submit applications for different health insurance programs they might be eligible for and help link families to appropriate health services. While health navigators receive special training to file Medicaid, Presumptive Eligibility for Pregnant Women, KidCare, and Food Stamp applications, respondents mentioned also assisting with applications for Medicare Prescription Drug Assistance, CareNet, child care subsidies, and Healthy Start. Although health navigators do not determine eligibility, they do more than just file and submit applications. They are closely involved in the follow-up process after applications have been submitted, which can include troubleshooting errors, gathering and submitting supplementary documents, checking application status, and making calls to the client or the relevant applications office when necessary.

“Not only do you have to do the application but you have to send in supporting documents.”

Health navigators defined their role as broader than solely helping families file program applications and connecting them with health services. Rather, health navigators also empower patients to successfully navigate the health care system and link clients to a range of social services including food vouchers, housing, and child care.

“(We) empower people to navigate the system, with HealthConnect, we are like, okay, I’m going to show you how you can get what you need and not be dependent on the system.”

“The main goal is to connect them with a medical home and then provide them social services they need...whether it’s daycare applications or whatever.”

“I had to be an attorney, negotiator, and advocate for the client.”

In this wider role, some health navigators spend time on the phone and online researching programs and finding solutions to address their clients’ needs.

Similar to community health workers, while health navigators are mandated to work with families with children, they do not turn anyone away.

What kinds of data do community health workers and health navigators collect?

Both community health workers and health navigators collect and submit various types and amounts of data, which often differs from agency to agency. All workers first collect data on paper, and then enter it into Excel spreadsheets. Mostly, each community health worker or health navigator is responsible for entering the data into the spreadsheets, except at one location that has a data entry department.

Most community health workers collect data using several of the following instruments: “pre-” and “post-” logs; screening and intake forms; consent forms (one for The Children’s Trust and one for their own agency); referral forms; and a monitoring survey form. In addition, community health workers write quarterly progress reports and collect accounts of success stories. Health navigators also collect a variety of data using several different tools, depending on their agency, which include most of those mentioned by community health workers. Some community health workers expressed frustration with what they feel are unrealistically high targets assigned by their agencies. One participant stated that meeting her quota of 100 referrals per month necessitated

limiting the time she spent with each client to ten or fifteen minutes, and created a high paperwork burden.

“Somebody figured that we could spend only fifteen or ten minutes with a client. Impossible.”

Other respondents added that their targets are inflexible and disregard the differences in demand for health services between communities.

“There are some areas we can make that number, but the demand is not the same in every area.”

There was a consensus among health navigators that excessive paperwork, onerous targets ranging from 30 to 350 referrals a month, and constantly shifting reporting requirements create a stressful environment. However, respondents also reported the job becomes easier over time as they adjust to the data requirements.

“It [data reporting] gets tiresome because things are changing weekly. They have guidelines, new laws, new data.”

“For someone new to the program this will be like trial and error. In the beginning, it was cumbersome. Now, I introduce myself, I start the paperwork, I do the forms and then I go into the system. And once you get the flow going, it’s pretty easy after that.”

Key differences between community health workers and health navigators

Participants saw a clear delineation between the roles of health navigators and community health workers, and reported no tensions between workers; rather, there is good teamwork in place.

Community health workers described the role of health navigators as more clerical, clinic-based, and largely limited to medical issues, with a focus on filling out applications for health services. In contrast, they viewed their own roles as broader and more flexible, in terms of both how and where they help clients.

“[A health navigator is] a person that is housed in the clinic. I feel that the community health worker does the footwork and brings the navigators the information for them to navigate and link them (clients) to the health only.”

“We (community health workers) go out there and we identify the people to see if they have medical needs, then we refer them to the health navigators, and she would navigate them through the system to see if they are eligible for the clinic, whether they eligible for benefits from DCF. We handle all their social services for them.”

Overall, community health workers saw their work as distinct from that of health navigators and believed the two types of workers complement each other and work well as a team.

Health navigators describe the difference between the two roles in terms of location, stating that health navigators work “inside” and community health workers “outside.” Health navigators described community health workers as the first point of contact for families, providing initial assistance before referring clients to health navigators who then provide a more direct link to programs and services than community health workers.

“Community health workers go to organizations such as churches, schools. They can just be walking on the street, or supermarket or something, and they pretty much promote and find out what the needs are and they refer that to us. And we in turn, try to get them access to whatever it is they need.”

Similar to community health workers, health navigators reported working well as a team with community health workers. Health navigators described instances where their role may overlap with community health worker tasks; however, they made a general distinction that health navigators take care of issues relating to medical care (appointments and applications) and community health workers manage a client’s social services needs.

“There is some blurriness [in roles], it’s more for the convenience of the patient, but overall we do more of the case management aspect.”

“We take care of all the medical—Food Stamp, Medicaid, everything like that. While the community health workers will take care of anything that is social—housing, daycares—various things.”

While not all agencies have both a health navigator and community health worker, this only seemed problematic in certain work settings. For example, one respondent who worked in a clinic setting without a partnering community health worker reported getting fewer referrals and having more difficulty meeting her targets as a result. However, this is not always the case, and a different health navigator, also working in a clinic setting, reported having plenty of walk-in clients, and not needing referrals from a community health worker to meet her monthly quota.

Community health workers and health navigators are happy with their respective roles and felt the design of the program was ideal, with community health workers establishing first contact in the field through a process of comprehensive outreach, intake and triage, followed by the more in-depth follow-up by health navigators. When discussing the feasibility of integrating the two roles into a single job, most felt that the scope of work would be “too much.” Community health workers, in particular, felt that all the work involved in completing applications would take critical time away from the outreach and education activities they perform.

What do community health workers and health navigators think of HealthConnect in Our Community and the work they do?

There was general consensus among participants of both focus groups that HealthConnect in Our Community is responding to communities’ needs for assistance in accessing and navigating health services. Additionally, although they face constant challenges, job satisfaction among all workers is quite high.

Community health workers responded that they consider their work to be very rewarding, and find particular satisfaction in helping people in the community, educating parents, and empowering individuals and families to seek care. Although they sometimes fall short of their quotas, respondents commented that the quality of the help they provide is more important than the volume.

“Even if I go out in the community for hours and come back with two people that I help, even though I know my supervisor is looking like ‘What?’ Those two people I helped are going to tell somebody... Just knowing that you helped somebody is worthwhile.”

“We’ve changed their life for them. You get a lot of satisfaction from that.”

Health navigators similarly stated that they find their jobs rewarding and important.

“I love the program, I really do. I really like this job because I feel like I am accomplishing something and getting some needs met in the community.”

“I just feel privileged to be able to make somebody’s life better.”

Community health workers and health navigators are often from the communities they serve, are of the same ethnicity as their client base, and speak two or more languages. All participants felt HealthConnect in Our Community responded to the different cultures and ethnicities in the areas where they work.

“This is a culturally competent program.”

Challenges and program recommendations

While both community health workers and health navigators expressed job satisfaction, they also cited a number of challenges associated with the work they perform. As previously mentioned, participants often found the targets and paperwork burdensome and for community health workers, it interfered with their outreach work.

Community health workers at times found it difficult to approach people and gain their trust because of a reluctance to share personal information or the assumption that community health workers are “selling” health insurance; this was particularly problematic when approaching undocumented immigrants.

“I’ve come across undocumented immigrants. They are so afraid to talk to you. You can tell in their eyes. They hide behind closed doors.”

“We deal with the Spanish and immigrant community. The first question they want to know is, can I come to the clinic without being recognized by immigration?”

Community health workers also expressed frustration when unable to help people because of eligibility restrictions to accessing public health insurance, such as immigration status. Another concern involved personal safety when performing home visits or conducting outreach in certain communities. To minimize risk, community health workers reported traveling in pairs.

One unanimous suggestion for improvement among community health workers was better publicity for HealthConnect in Our Community to build name recognition among consumers. They further recommended that administrators standardize data collection forms across agencies and recalibrate targets to make them more flexible and realistic. Community health workers also suggested broadening the role of health navigators to extend beyond health to include social services, since they felt they spent a great deal of their time trying to address these needs.

“When I go out and get the community, I bring it to the navigator who only strictly does health. Then I’m going to have to see to the social needs of that person. But that bogs me down because in the end, I have other people that I could have helped.”

Community health workers also felt the pay discrepancy between their role and health navigators unfair and that they deserved a higher salary.

“I think we should get equal salaries. We do the bulk of the work over there, the footwork, the sweat, the hot sun, the rain, everything. And the health navigator gets a lot more money than we do. And they are only doing medical.”

Frustrations expressed by health navigators included the difficulty of processing applications through the system because of poor communication with DCF officials.

“One of the barriers that I find is [poor] communication with DCF and getting into the system and really following through on the services. They keep getting that voicemail over and over and not getting a person.”

Another challenge for health navigators was motivating certain consumers to follow instructions and to do their part in filing applications. Respondents described working with parents who could not get their documentation together, made little effort to follow up on their applications, or returned multiple times with the same problem without following the health navigators’ instructions.

“It’s like going in circles with them. You’ll help them and you’ll give them the services that they need and they’ll call you and say, ‘I tried, but can you do it for me?’ I have certain people who want you to hold their hand and do everything for them... That’s a big barrier.”

Health navigators also found it challenging to keep track of the multiple application forms, eligibility rules, and data logs for the programs they work with, and felt that there was no clear set of guidelines for them to follow.

“Another barrier is the restriction, various logs, applications, and DCF and what not, and each one has a different thing.”

To address these challenges, health navigators recommended establishing better lines of communication and coordination with DCF, more funding, and standardization of rules and regulations. They also echoed the community health workers’ call to allow them to work on a broader range of social services, requesting more contacts and resources to address client needs related to domestic violence, housing, and child care.

Additionally, health navigators suggested establishing a department in their office, or a consistent external contact, to assist with the legal aspects of immigration issues, an area in which they did not feel properly trained.

Findings from Focus Groups with Families served by HealthConnect in Our Community

This section focuses on the results of the three focus groups conducted with families who had been served by the program, including their understanding of what HealthConnect in Our Community is and the services they receive through the program, and their opinions of the assistance they have received.

Do families know about HealthConnect in Our Community?

Most participants had never heard of HealthConnect in Our Community. Participants were familiar with the services provided by their community health worker or health navigator, but identified them with the clinic or community-based organization (CBO) where the focus groups took place, not with the HealthConnect in Our Community program. As such, it is likely that participants answered questions by drawing on their experiences receiving help from their community health worker or health navigator and related services at the clinic or CBO where the worker was based.

“I send so many people here to this service (the CBO location of the focus group), but I didn’t know that the name of the program is HealthConnect.”

“I know you offer help, but I would like to know what other services you offer. I only know about health.”

“I’m not really familiar with it but you know, it has something to do with health.”

“I just did not know the name HealthConnect.”

Participants stated they had heard about the services offered by community health workers or health navigators from a variety of sources including: through word-of-mouth (from friends, family, and neighbors); in public places, such as supermarkets, where community health workers were conducting outreach; and through clinics or CBOs where they usually go for care.

What kinds of services do parents receive from community health workers or health navigators for their children?

Community health workers and health navigators have been providing participants with a wide range of services including social services in addition to health services.

Respondents reported that, besides helping with applications for insurance and making referrals and appointments, HealthConnect in Our Community workers have assisted with immigration applications for family members; furniture and housing; financial recovery after a hurricane; identity theft; domestic violence and child abuse; WIC; Food Stamp; applying for disability; child care; transportation; and vaccinations for school. Because of this wide range of services, many respondents across the three focus group sites referred to their community health worker or health navigator simply as “social workers.”

“I have eight people in my home, they helped me for all of them about their health, my husband, my mother, father, and my four kids, they applied for us for Medicaid.”

“When there were hurricanes, they helped me out financially.”

“If I forgot a document or I was supposed to come that day for an appointment (but forgot with whom) she (the “social worker”) knows who it is, for me and for my kids.”

Participants unanimously agreed the most important help they had received from a community health worker or health navigator was regarding health care, whether that was accessing health insurance, or assistance making and keeping appointments.

Participants reported being able to contact their community health worker or health navigator very easily. Some participants had the worker's business card and most people had their cell phone numbers or could easily contact them at the clinic or CBO. One participant gathers her neighbors and friends together at least once a month and arranges for a community health worker to visit them, to answer their questions or to conduct health education sessions.

"The health workers are very easy to contact and very nice."

"I have her phone number and she is extremely available and helpful when I need to get in contact."

"I call her and she'll tell me what to do."

Community health workers and health navigators seem to be helping children and their parents equally; some participants responded that the assistance provided by their community health worker or health navigator is mostly for children, whereas others said parents also receive help.

"For big families with sick parents, like me."

"Mostly for the kids."

"Fifty: fifty."

"For the whole family."

How do parents perceive the differences between community health workers and health navigators?

Parents were generally unaware of the difference between community health workers and health navigators. Many people said the same worker helped them with everything, and often referred to this person as "social worker." However, a couple of respondents stated

the community health worker made medical appointments for them while the health navigator helped them with a wider range of social needs.

“There’s a difference. My health worker helps me out with appointments with the kids and all that, and my health navigator, she helps me out with my problems, if I need anything, or I’m short on paying bills.”

“My health worker helps with the appointments and the navigator, broader things.”

A discussion of possible improvements to HealthConnect in Our Community at one focus group location led participants to recommend the program have just one type of worker who can assist families with all their needs.

“Maybe assign one individual, like one social worker to each person who needs the help with housing, all those things, like they know about all the different programs that people can benefit from.”

“Like you don’t need to go to one person for transportation, one person for Medicaid, one person for...”

“A person that’s trained to do all the different programs that a person can benefit from.”

Do community health workers and health navigators provide culturally competent services?

Participants unanimously felt the services they receive from their community health worker or health navigator are culturally competent. Almost all participants said they can get access to staff who speak their language—usually Spanish or Creole—and that there are no feelings of cultural tension.

“They’ve all been sensitive to the culture.”

“She says that their workers are very compassionate and have been able to understand the culture and the language as well.” [Translator]

However, while unrelated to their community health worker or health navigator, some Haitian respondents perceived negative treatment at some clinics in the form of longer

waits because of their ethnicity. While the majority thought the situation was improving, others felt discrimination still persisted.

“Now it’s much, much better because there are so many Haitians and centers who are there for you like a backup. You’ve got somebody you can call...that can represent you...I experienced that a long time ago, you go, they don’t treat you, you see the Spanish go before you or things like that. But now our eyes are open, we know our rights.”

“She says when she goes to (specifies clinic) she don’t get no help. Everybody speaks English.” [Translator]

Similarly, several Hispanic respondents reported receiving rude treatment while trying to check the status of Medicaid application, which they thought may have been motivated by their ethnicity.

Is the help families receive from community health workers or health navigators making a difference and how satisfied are families with the assistance?

Respondents from every focus group spoke about a strong and urgent need for health insurance and services for both adults and children in their communities. Participants reported high rates of diabetes, blood pressure, glaucoma, and prostate problems among adults in their community. Several recent and expectant mothers spoke about the importance of affordable care for themselves and their children. And at every focus group participants reported a wide range of social as well as medical needs, including housing, residency/immigration issues, and food aid. Although there are many divergent needs to address, which are often outside the scope of HealthConnect in Our Community, participants gave many examples where the assistance provided by their community health worker or health navigator succeeded in meeting some of these needs.

“Before I paid 95 dollars for my mother to go to consultation, now I pay 15.”

“When you come here and you have pregnancy, they try to help you with Medicaid, for a pregnant woman it is really wonderful.”

“Every day they take care of me. My mother and my father just come in from Haiti and I come here and they help me for hospital, I pay only fifteen dollars for checkup, no pay for medication, they help me for my teeth.”

With respect to the help they received, when asked if they were satisfied participants unanimously answered “yes.” They said their community health worker or health navigator was knowledgeable, helpful, easy to contact, and consistent in following up with their progress. All participants said they would refer friends to the community health worker or health navigator (or the clinic or CBO where they are located).

“I know many people have problems and I always refer them to come here, to receive the services they want.”

However, consumers did express dissatisfaction with various broader problems in their communities’ systems of care. Long transportation time, lack of access to parental health care coverage, and barriers to access to certain clinics and services were mentioned. One respondent expressed the need for more access to specific health clinics, while another said she did not receive the help she needed in getting psychological health services for her son. Generally, these consumers’ negative comments were related to broader system limitations facing the uninsured rather than specific issues within the mandate of the HealthConnect in Our Community program. A complaint raised by participants that relates more directly to the program concerned referrals to clinics that they perceived as too expensive. Participants wondered why they could not be referred to clinics with a sliding fee scale instead.

Synthesis and Conclusions

From our focus groups with consumers and workers, it is clear community health workers and health navigators are working hard to meet critical needs in the Miami-Dade County community. These needs are broad, and include the need for information about health

services and how to access them, better health practices, and ways of paying for health services. Focus group results suggest that prior to this assistance these families often had unmet needs for health services. Families who attended the focus groups were unanimous in their appreciation for the services they had received.

Health navigators and community health workers are often from the communities they serve and have a strong understanding of their cultural needs. In this respect, they are responsive to the ethnic, racial, and cultural diversity represented in Miami-Dade County. Health navigators and community health workers work well together and have considerable job satisfaction, even though they are often exposed to challenges beyond their mandate under HealthConnect in Our Community.

However, findings suggest that the benefits felt by families cannot easily be attributed to the HealthConnect in Our Community program because of the universal lack of recognition of the program across all focus groups. Undoubtedly, the funding provided by the program is an important resource helping community health workers and health navigators undertake their work, but as a new program, name and branding recognition is not likely to be very high.

Based on the current findings, there are several programmatic areas where HealthConnect in Our Community might be improved as it moves into its second year of implementation.

- As families were not familiar with the name or branding of the program, more extensive marketing will be needed to build the program's "brand recognition" in the community.
- Families served by the program approach health navigators and community health workers with a multitude of problems and requests, many not health-related, but which are difficult to turn away. Health navigators and community health workers must tread carefully to gain and retain the trust of community members and

turning away requests for help or information could derail efforts to engage families within the health system. Better referral systems or printed information to give to families who approach them about non-health-related problems may help. Consideration might also be given to what the roles of community health workers and health navigators have traditionally encompassed and whether their roles as defined in HealthConnect in Our Community are too narrow.

- Similarly, health navigators and community health workers are sometimes approached by childless adults. This issue stems from the structural problems facing the county and state with respect to high uninsured rates and a lack of programs to meet the needs of single adults. While this problem is beyond the mandate of the Children's Trust, a system of referral could be made available for health navigators and community health workers to use. It is important to note that workers often view any assistance they give to childless adults as a secondary focus; that is, health navigators and community health workers mostly understand who their potential client group is and target their efforts accordingly.
- Health navigators and community health workers are clear about their roles and responsibilities and complement each other well. However, in some locations where there are only health navigators or community health workers, consideration might be given to either broadening their roles or employing the respective counterpart. For example, a health navigator noted she sometimes needed to conduct outreach to meet her quota of insurance applications as she lacked a community health worker who could refer clients to her. Similarly, participants at one non-clinic based focus group site without health navigators complained of being referred to clinics that were too expensive, or where they could not get appointments. Instead of hiring health navigators to work with the community health workers at this site, a referral system to health navigators at other, close by contractors might work.
- The Children's Trust may have more work to do in standardizing data collection and reporting across contracted agencies. Workers consistently identified different types of reports and different methods for collecting and submitting data with some efforts seeming duplicative. Improved and more consistent data reporting standards would help HealthConnect in Our Community more efficiently measure and report on its activities, and potentially free-up additional work hours among community health workers and health navigators to serve the target population.
- Similarly, workers expressed a clear need to revisit productivity and contact quotas set in the first year of the program by contractors. Most workers thought they were unrealistically high, given the extensive needs of the families served, and sometimes caused workers to feel pressured into reducing the amount of time they spent with any one family.
- Administrators might also revisit salary scales being paid community health workers *vis a vis* health navigators. From our focus groups, it is clear that the two

types of workers possess very distinct skill sets and work responsibilities. However, it is not necessarily clear that one deserves significantly higher pay than the other except for the differing education levels. Health navigators must learn the complex eligibility rules and application procedures of the various DCF programs, and deserve the appropriate compensation. However, community health workers typically work in a riskier environment, must deal with a wider range of social and health needs, and must be incredibly flexible in executing their outreach so as to maximize productivity, activities also deserving appropriate compensation. It is beyond the scope of this evaluation to assess the adequacy of pay for these two worker classification; however, we can observe that this is an area of tension between the workers and, thus, deserves careful consideration.

References

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