

ANNOTATION:

The Community Outreach and Action for Children who are Hispanic (COACH) project addressed the problem of the traditional health delivery system adequately and competently serving children with special health needs who are from culturally diverse communities.

The goals of the project were to increase access to and utilization of health and related services for these children in a Hispanic community in Oregon and to increase the cultural competence of care providers and the service system which serves these children.

The objectives of the project were achieved by building upon existing programs directed by the Title V Oregon Services for Children with Special Health Needs (OSCSHN). A community health worker outreach program based on the Promotora model of working with community members to increase utilization of health services was developed and implemented within the Care Coordination Program and a cultural competence plan was developed in the OSCSHN service delivery system.

COACH brought together families, key persons in the community and expert consultants to bridge the gap between the Hispanic community and the delivery system and to increase cultural competence within that system. As a result more children with special needs from the Hispanic community were referred for and received needed services, families demonstrated an increased ability to access services and manage the care of their child. In addition, access barriers were identified, staff and administrators received training on cultural competency, and action steps are being taken to change the system.

ABSTRACT

Project Title: Community Outreach and Action for Children
who are Hispanic (COACH)

Project Number: 1MCJ41KL01-01-0

Project Director: Catherine A. Renken, RN, MPH

Grantee: Child Development and Rehabilitation Center

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Project Period: October 1, 1996 - September 30, 2000

Total Amount of Grant Awarded: \$200,000.00

PURPOSE OF PROJECT AND RELATIONSHIP TO SSA TITLE V MATERNAL
AND CHILD HEALTH (MCH) PROGRAMS: In Oregon, Hispanic

Americans are among the most rapidly growing segments of
the state's population. Service delivery systems that have
traditionally served communities that were almost entirely
English-speaking are being challenged to adequately and
competently serve the needs of culturally distinct

communities. COACH addressed the CISS/Community
Organization Grants (93.110) priority area by developing
and implementing a service delivery model in an Oregon
county with a high population of families of Hispanic
origin and by increasing the cultural competency within the
service system that provides care for these families.

GOALS AND OBJECTIVES: Project goals and objectives:

1. Increase access to and utilization of appropriate health and related services for CSHN in the Hispanic community in Marion County.
 - a. Bring together key persons to increase inclusion of families of Hispanic origin to the service system for CSHN.
 - b. Develop an outreach program to support families to access specialty health care.
 - c. Evaluate the outreach program.
2. Increase the cultural competence of care providers and the organizational service systems that serve families of Hispanic origin with CSHN. Objectives were:
 - a. Assess current status and develop a cultural competence plan.
 - b. Provide training and technical assistance to providers about the Hispanic culture.
 - c. Evaluate effectiveness of training and technical assistance.

METHODOLOGY: The project has knit together the existing resources for Hispanic CSHN to support families in accessing services. A community health worker program was developed and based on the *Promotora* model of working with community members to increase utilization of health

services. This model was adapted to address the unique needs of the families of CSHN. To promote cultural competence within the service delivery system, COACH drew together key experts to review the status and develop a plan for cultural competence in the OSCSHN components.

EVALUATION: The evaluation plan monitored the activities and outcomes of the project. Established processes included an encounters-based data system, measures of cultural competence self-assessment, training and TA and surveys. Child and parent outcomes were identified and tracked for each child followed through the project. Family satisfaction was evaluated using respectful and responsive practices within the culture while maintaining standards of practice.

RESULTS/OUTCOMES: A successful service delivery model was implemented using a public health nurse and *Promotora* team to help families access services and become as independent as possible in caring for their child with special health needs. As a result, more children have a primary care physician, more children have been referred for further evaluation and recommendations, more children are current with speciality care, more children are involved in recommended intervention programs, and an increased number of families can demonstrate their ability to manage the

care for their child. Referrals from local pediatricians and clinics have been made to COACH indicating an increased awareness of the needs of their Hispanic clients. Also, access barriers to service were identified, staff and administrators received training on cultural competency, and action steps are being taken to change the system.

PUBLICATIONS/PRODUCTS: The project developed education materials for families and providers, a newsletter to foster awareness and knowledge about cultural competency, and documents to assist policy makers identify barriers and address issues in the care of minority children.

DISSEMINATION/UTILIZATION: Information and products have been shared with individuals and groups at the state and regional levels throughout the life of the project.

FUTURE PLANS/FOLLOW UP: The COACH service delivery model has been replicated in two Oregon counties with high Hispanic populations. Staff have been hired and the public health nurse/*Promotora* team has been oriented. Ongoing administration of the model including follow-up and training, has been incorporated into the OSCSHN program. Cultural competency activities and publication of the quarterly newsletter will continue.

TYPE/AMOUNT OF SUPPORT AND RESOURCES NEEDED TO REPLICATE:

This was an ambitious project for the small amount of grant funding. To replicate this project in another setting funding for key personnel is required. More importantly to be successful the project requires staff that choose to be involved because they are so committed to the importance of the work.

KEYWORDS:

Access to Health Care

Children with Special Health Needs

Community Based Health Services

Community Participation

Cultural Sensitivity

Collaboration

Family Support Programs

Hispanics

Home Visiting Services

Paraprofessional

Professional Education in Cultural Sensitivity

Public Health Nurses

Title V Programs