

Enrolling Families in Public Programs

Sponsor: Citrus Valley Health Partners

Location: Los Angeles County, CA

Citrus Valley Health Partners (CVHP) is a health system in eastern Los Angeles County with two acute care hospitals and two affiliate health care facilities. CVHP has attracted national recognition in recent years for its strong commitment to meaningful community engagement and its strategic use of charitable resources to build upon existing community assets.

CVHP's exemplary record in community service has three essential elements: effective program activities, visionary leadership, and the development of institutional systems that reinforce positive practices. Years of field observations suggest that weakness in any of these areas will likely result in the deterioration of organizational commitment.

Under the leadership of a senior vice president, CVHP formed a Community Outreach department in the mid-90s with three primary goals: to build meaningful relationships with diverse community stakeholders, to facilitate leadership development that produces sustainable partnerships, and to provide funding and assistance to community stakeholders. Resources and program activities are carefully targeted to address disproportionate unmet health needs in low-income communities with ethnically and culturally diverse populations.

Establishment of a series of Family Resource Centers is one of the major programs initiated and supported by CVHP. This initiative is an outcome of extensive outreach and ongoing relationship building to build trust and reduce competition among hospitals and among community-based organizations. There are currently six family resource centers. Each is located in a low-income neighborhood and has the central goal of strengthening local support systems. These centers rely heavily upon resident volunteers, with support from hospital and community-based organization staff. Many volunteers serve formal roles as community health outreach workers. Each center serves as the central hub for multiple projects. Sites include local schools, a converted senior center, a Healthy Start clinic, a city building, and a county public health clinic. Two of the centers have become formal nonprofit organizations. To date, CVHP has provided funding and assistance for over 100 projects at the centers. Some of the assistance has been to engage other stakeholders. None of the funding or programs has resulted in an expansion of existing CVHP services. Yet this investment in community building has produced an array of positive results.

Like many California hospitals, CVHP began the new millennium with an array of financial challenges associated with increased expenses and lower reimbursements from public and private sector payers. Consistent with a long-term commitment to meaningful engagement with community stakeholders, CVHP representatives shared this information with community members. One of the potential impacts discussed was a reduction in CVHP contributions to community programs.

Community members responded by asking what they could do to help. In the course of discussions, it was noted that outreach efforts to recruit local residents for health insurance through MediCal (Medicaid) and Healthy Families (California's version of the federal CHIP program) had been relatively unsuccessful. The net effect was that CVHP

and other providers experienced increased financial demands for providing high cost, charity medical care for illnesses that could have been prevented through timely access to primary care services covered under these programs.

Outreach workers from the Family Resource Centers were given approximate locations for patients who had indicated “self-pay” for services (e.g., 1700 block of Aszusa Boulevard). This data was plotted into a computer geographic information system, and the workers conducted door-to-door outreach in neighborhoods with high concentrations of people who met this criteria. Residents were given information on all local providers, assistance with eligibility information for enrollment in public programs, and linkages to local health improvement initiatives. The impact has been an increase in enrollment, increased revenue for CVHP and other providers, and increased access to quality care for low-income residents.

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