

C O M M U N I T Y

W  
O  
L  
C  
E  
S



**Thirteen diverse communities** – or learning laboratories – across the country serve as working centers that sort out what works from what does not in meeting the needs of those who receive inadequate or no health care. These learning laboratories were selected to serve some of the hardest-to-reach populations including those living in poor urban and rural areas, immigrants, Native Americans and the homeless.

This national effort is called **Community Voices: HealthCare for the Underserved**. It is a five-year W. K. Kellogg Foundation Initiative launched in August 1998 to help ensure the survival of safety net providers, institutions available to provide health care services to individuals with no means to pay, and to strengthen community support services given the unlikely prospect of achieving universal health coverage in the next five years.



Building from the community level, the Initiative gives the underserved a "voice" to help make health care access and quality part of the national debate. The underserved includes working poor, individuals or families who receive public assistance, and those who lack any or adequate health insurance.

In this publication, the underserved speak for themselves. These are the "voices" of people who benefited from this Initiative. In all cases, the support and health services people received improved their quality of life, yet many still have unmet health care needs. The "voices" of the underserved are integral to informing policy in communities and at the state and national levels.

# VOICES

Healthcare for the Underserved

More than 41 million Americans lack health insurance, most are from working families.

(2002 U.S. Census Bureau)

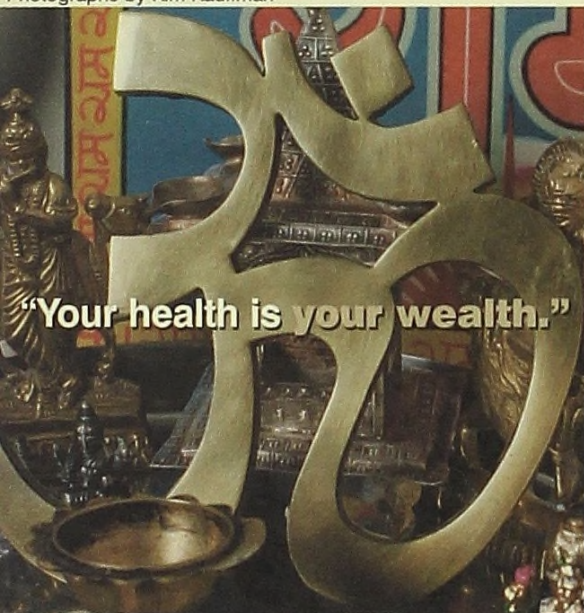
# “Sometimes I feel I am

**Usha Murgai** and her family left India in 1995 so that their children could attend Michigan State University, in East Lansing. But their decision was not without cost. Usha, who has a Ph.D. in nutrition, had to work minimum wage jobs to make ends meet. Her husband, Ramesh, a scientist back in India, took a job in a sewing factory. Neither job offered the family much-needed health insurance.

Always mindful of her health, Usha has tried to eat right, practice yoga, and take care of her dental health. But, she found herself needing dental care and medical attention for headaches. She eventually enrolled in the Community Voices-created Ingham County Health Plan that provides medical access for the uninsured and underinsured. She’s grateful for being able to see a physician who prescribes the right medicines and exercise for her chronic pain.

The Murgai’s sacrifices are starting to pay off. Her son and daughter graduated and now have good jobs with health insurance. Usha is now looking forward to her own future and is working on completing certification to teach high school.

Photographs by Kim Kauffman



**Usha Murgai** and her family moved from their native India to the United States. They took a gamble that left them all



**“No way I’m going for new glasses or a root canal ‘til I get insurance. I can’t afford it. At least now I am secure. If I need to go to a doctor, I can.”**



doing the right thing

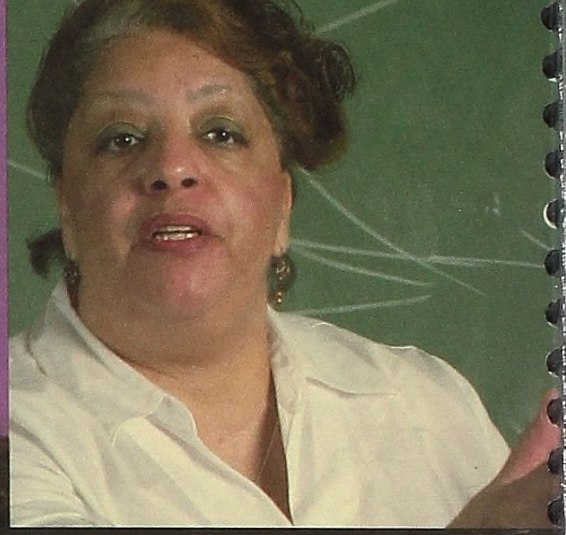
for pain, but it helps if  
a doctor can confirm it and give  
medicine and exercises.”

without health insurance and access to care.



One in five Americans  
ages 18 and older suffer  
from a mental disorder  
in a given year...

(Former U.S. Surgeon General David Satcher, M.D., Ph.D.)



Until she found the Voices of Detroit Initiative, **Mary Bobb-Semple's** prescription costs for depression, hypertension, and degenerative joint disease

**“I paid into the system for a very**

Detroit, Michigan





**“If you don’t have the basics for life – food, shelter, medication, you can’t aspire. And that cheats society, because you can’t contribute...”**



medicines consumed most of her disability check.

Photographs by Kim Kauffman

**long time. If something like this can happen to me, what makes legislators think It can’t happen to them?”**

I was paying \$434 a month for medicine. Medicaid said that if I spent over \$500 a month on health care, they’d pick up the rest. So I went shopping for health care.”

“VODI (Voices of Detroit Initiative) was there for me. Now I pay \$100 for an antidepressant that I’ll never be able to go off, and VODI refills all my other prescriptions,” Mary says.

Divorced, Mary lives with one son, 20 year-old, Nicholas Flowers. She is positive and upbeat about the future. She is halfway toward an interdisciplinary degree at Wayne State University,

**Mary Bobb-Semple** was a nurse for 20 years. She got laid off during a time when three major Detroit hospitals closed. “I had my thyroid taken out just before my health insurance collapsed. Then I broke

my ankle. Life went downhill from there. We got evicted from the home we’d lived in for 17 years. That aggravated my depression,” she recalled.

“My disability comes in at \$951 a month, and

A child who reaches age 21 without smoking, abusing alcohol, or using drugs is virtually certain never to do so.

(Center on Addiction and Substance Abuse at Columbia University)

# “My counselor

**Antoinette Red Woman** had hit rock bottom when she walked into a Denver transient hotel after being raped and brutally beaten. That day, the Denver Health doctor who gave her medical attention asked her a question she says changed her life. “Ever thought about quitting drinking?” he asked. Then, he referred her to Denver Cares, the Denver Health detoxification program and Stout Street Clinic, which serves

Denver’s homeless population.

There, a Denver Health Enrollment Specialist assisted her in applying for a publicly funded health insurance program. At the clinic, Antoinette got lab tests, hormone therapy, and medications for her arthritis and enlarged heart. She also started attending daily group therapy sessions.

Antoinette is making real plans for the first time in years. She wants to earn a degree and start a career making documentaries. Antoinette says that she is living proof that a person can be sober, clean, healthy—and happy.

Denver Health, the Community Voices project, works with clinics like Stout Street to increase enrollment in state funded indigent care programs.



**Antoinette Red Woman** has spent years battling the demons of alcoholism, depression, and homelessness.

**“A year ago  
I was  
drunk, homeless,  
staggering around,  
sick.”**



# helped me

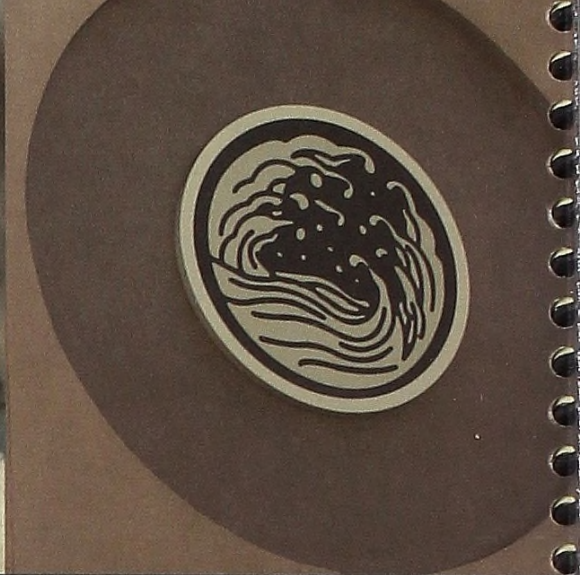
see I'd been medicating my pain and trauma with alcohol

I've  
**come  
full  
circle."**



Photographs by David Harp





Vietnamese immigrant **Tuyet Ho** had never been to a doctor. A routine exam and mammogram uncovered breast cancer.

The average woman age 65 and over lives six years longer than the average man.

(2000 U.S. Census Bureau)

**Tuyet Ho**, her husband, and four children came to California from Viet Nam as political refugees in 1994.

"I never went for a physical exam before 1997. I heard from friends that we should go to Asian Health Services for an exam," she says. One of the tests, a mammogram, uncovered breast cancer.

According to Tuyet, in her culture people don't discuss cancer openly. "In Viet Nam, in the majority of the cases, when you find out you have cancer, it's too late. It's so fortunate that I was diagnosed early." Initially, Tuyet was scared, nervous, confused, and couldn't work. "I thought I might die at any time," she recalls.

Tuyet had a mastectomy and went through aggressive

treatment. During the treatments her medical team also found that she had diabetes, and helped her manage that condition.

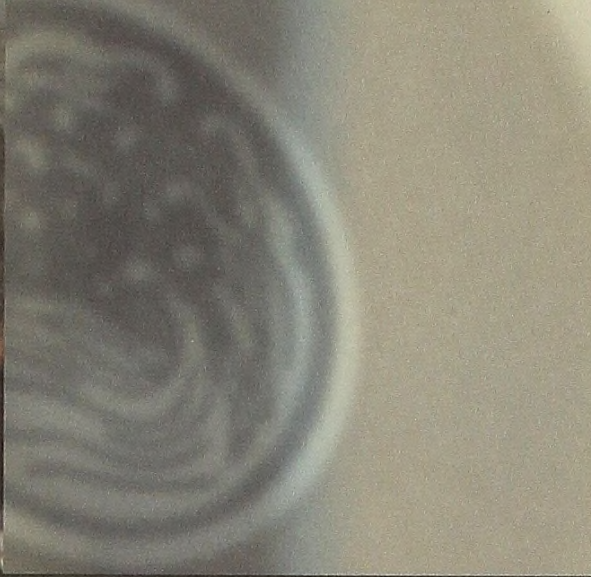
After being cancer free for five years, Tuyet feels that the help she got from Asian Health Services really helped save her life.

Asian Health Services, one of the two lead partners in the Community Voices project, provided Tuyet with interpreters at her appointments. The team also helped her patch together payments for treatments through the County Medical Indigent Services Program and MediCal's breast cancer program.

**"In Viet Nam,**

**"I thought I might die at any time."**

Oakland, California



Photographs by Steve Huyser-Hornig

**“In my culture,  
people usually  
don’t want others  
to know if they  
have cancer.**

I want

Asian Health Services

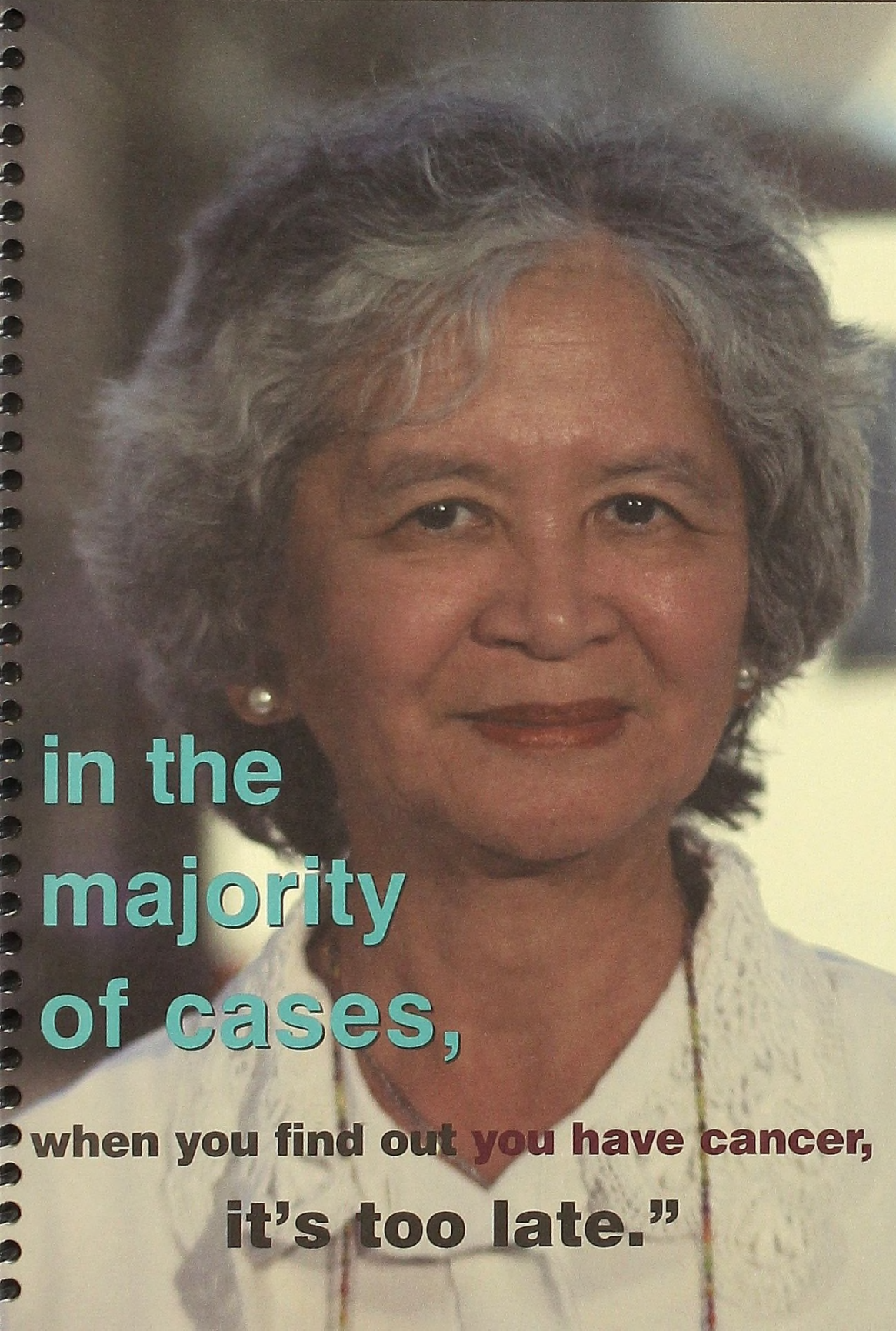
to survive

forever, so it can help

poor people like me.”

**in the  
majority  
of cases,**

**when you find out you have cancer,  
it’s too late.”**



Baltimore, Maryland

African  
American men  
will die, on  
average,  
seven years  
before  
white men.

(Centers for Disease  
Control and Prevention)

“That day,  
when

**I really needed them**  
– the men’s health clinic – I explained

**Ernest Price Sr.** is an ex-offender, with several health problems and has been uninsured for six years. He’s pictured with his granddaughter, Kyasia.

Morgan State  
est. 1867



**Ernest Price Sr.** is confined to his house, the tether on his ankle a constant reminder. "I'm now 53 years old," he says. "And I have been going in and out of prison. I am not happy to say, it took this long to find out and understand that's no place for a human being to be."

While he was in jail, his health problems got worse. Diagnosed with degenerative arthritis at the Baltimore Men's Health Center a few years ago, Ernest recalls he complained about his health problems in jail. "I told them about how my back and neck hurt, but didn't get any help. When I

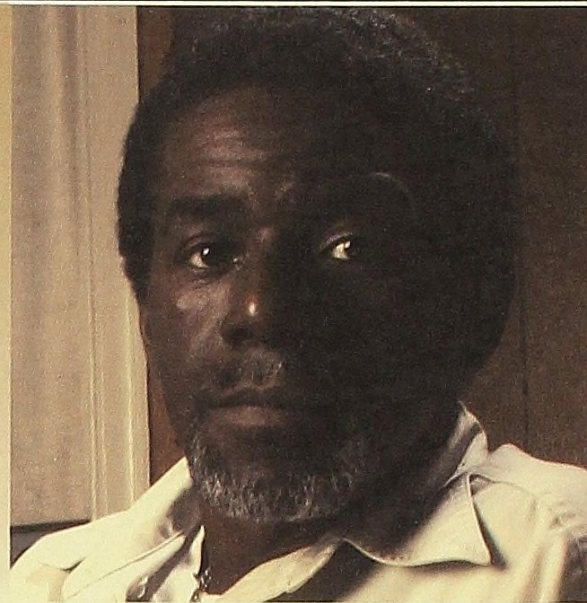
**the problem.**

**I didn't have any money.**

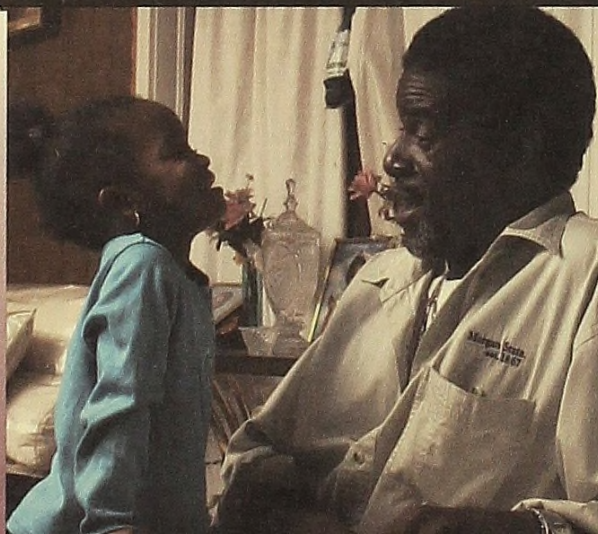
came home, I was swollen on both sides."

Whenever he wasn't in jail, Ernest would go to the clinic for treatment, get a little information, sit, listen and sometimes talk about his life and problems with other men.

Now he is ready to battle his addiction. He talks about the medical staff which helps you with whatever you need for your mind or body, even a job. Part of what makes the clinic special for Ernest is that the staff doesn't ask about your past. And, they know about men's health problems. He says matter-of-factly, "They know exactly how most men think, what they are made of, most of what they do and don't like, and they treated you like a man."



**"That's the only place I'm going. I've been going, and I'm going from now on. I like the atmosphere and I like the medical staff."**



Photographs by David Harp

**They stepped in and gave me my medicine"**



**William McFarling** found himself out of work with no health insurance when he was diagnosed with early stage diabetes. He did not know where to turn for help.



**William McFarling** is determined that history will not repeat itself. Both he and his wife have seen family members lose the battle against diabetes. He was screened for and showed some of the beginning signs of the disease, but was out of work and had no health insurance. The El Paso Diabetes Association connected him with a Community Voices outreach worker who signed him up for the health care services program and helped him find a doctor.

He never had to control his condition with medicine—but he is quick to say that it was because he caught it early and took steps to keep his condition in check. Through the guidance of his Community Voices outreach worker and caregivers, William started exercising and making

some lifestyle changes. He lost 40 pounds and feels that he now has the tools to help manage his health.

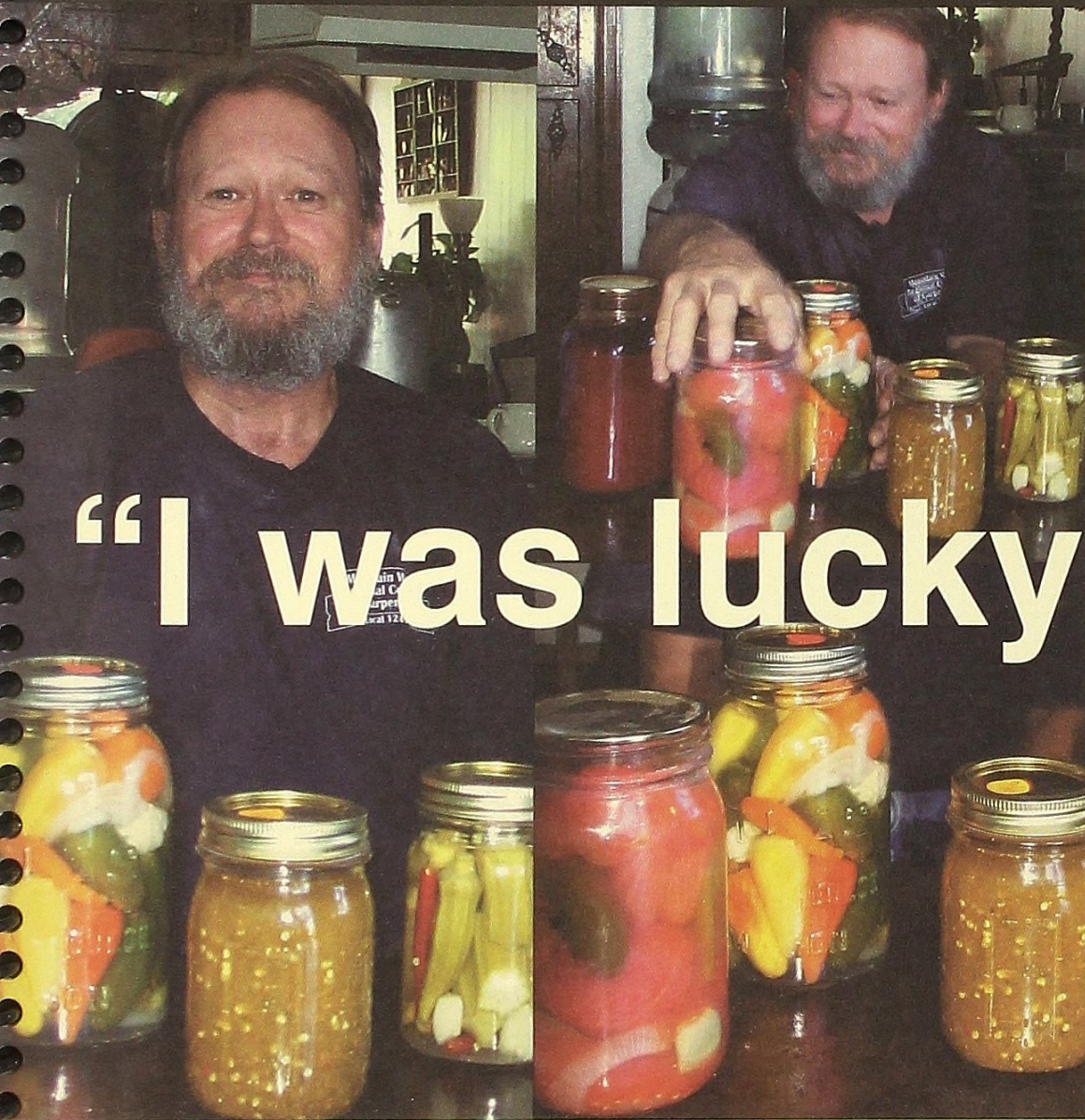
He was fortunate to eventually be able go back to work and get health insurance. He knows that having Community Voices support when he showed early signs of diabetes, made a difference in his life.

El Paso Community Voices is a comprehensive outreach program that serves the needs of the uninsured and underinsured. El Paso's program is the only one of its kind in the city that does not require a social security card or other documentation to assist people in getting much needed care at clinics and other health care facilities.

The health status of an estimated 30 million Americans between ages 18 and 65 could be improved by having regular health insurance.

(2002 Institute of Medicine Report)

**“I can’t control a lot of the things that they say can trigger diabetes,**  
like my genes or my age. **But with the help of Community Voices**  
**and my doctors,** I could control my weight, my diet, and the way I exercised.  
And that made all the difference.”



Photographs by Ron Behrmann

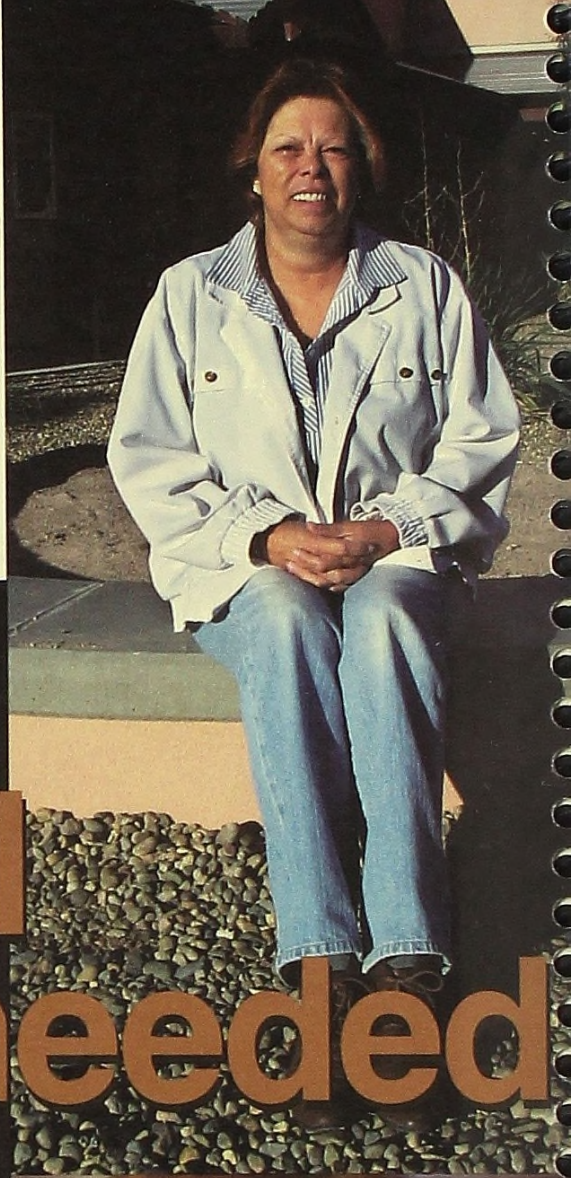
**“I was lucky** that someone  
guided me  
through the  
process. In  
order to get

control of my situation before

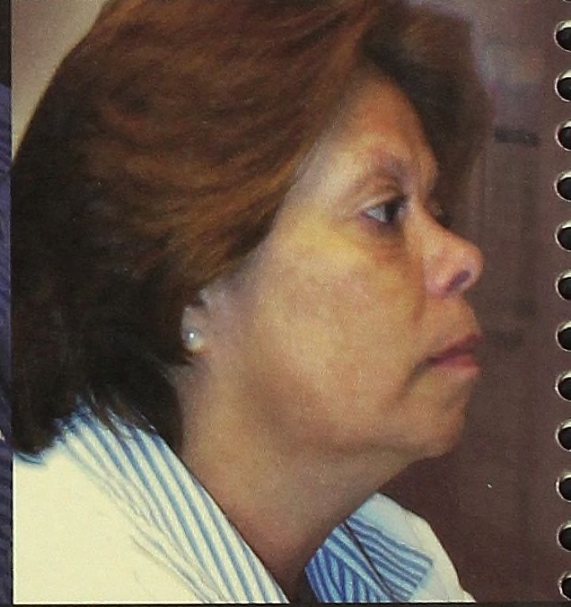
it got out of hand, **I needed**  
**a combination of things.”**

For every adult 19 years or older without medical insurance, there are three without dental insurance.

(Former U.S. Surgeon General David Satcher, M.D., Ph.D.)



“I needed



In addition to being homeless and battling alcoholism, **Pat Marshall** desperately needed dental work.





**“They helped me,  
because I had  
no health care.  
They also helped me  
get a physical and  
a mammogram.”**

**Pat Marshall** came to Health Care for the Homeless as a last resort. After years of alcohol abuse, she had lost everything, but was ready to do the work to build a new life. This wasn't the first time Pat had tried to fix her life. But

Pat says she is determined to change her life. She says that good dental care and the other resources she received at Health Care for the Homeless really helped give her the confidence she needs to go back into the workplace, and to stay sober.

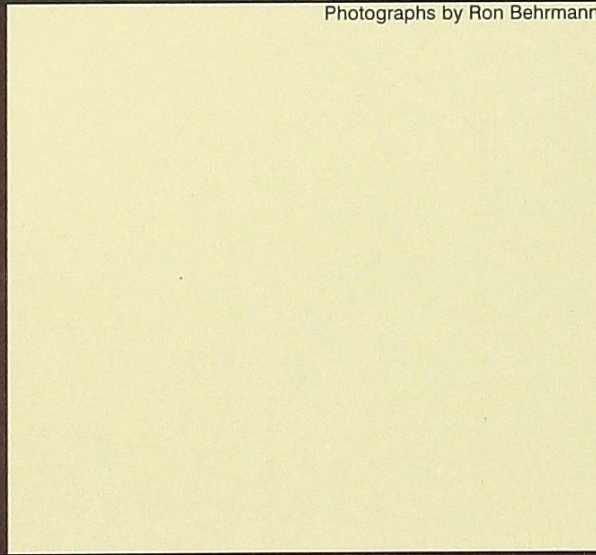
# the dental services.

it was the comprehensive services for homeless women that Health Care for the Homeless offered, that she feels really made the difference. The program offers a host of services including counseling, art therapy, job placement, shelter resources, and the Community Voices co-sponsored dental care clinic where Pat went for care.



Having my  
teeth fixed  
gave me  
**a lot of  
confidence.”**

Photographs by Ron Behrmann



More than 450,000 people in the Miami area lack health insurance, the largest number are immigrants.

(Florida Health Insurance Study of 2000)

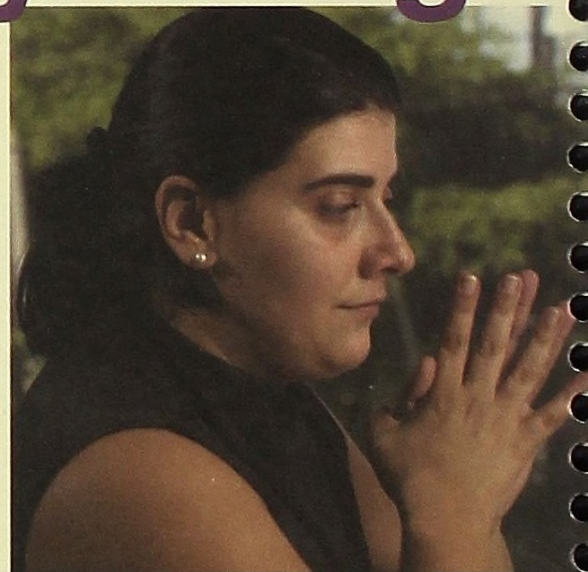
When **Mariana Borges** talks about her time in the United States since arriving from Uruguay, her eyes well up with tears. She came to this country a year ago to seek freedom and opportunity. But language barriers, lack of a community support system, and the other challenges immigrants face have made it difficult for her to achieve her goals.

health care access to the uninsured. With the assistance of Community Voices outreach, Mariana got the medical attention she needed at Penalver Clinic in Miami.

Mariana remains hopeful and optimistic spending her time with friends. She still feels grateful and gives back by volunteering as a *madrina* in the neighborhood where she lives.

## “Almost a year ago

Her frustrations mounted when she developed health problems that required seeing a gynecologist. Mariana had no insurance and no job. A friend who is a “*madrina*,” or a community health worker, at the Abriendo Puertas Community Center, enrolled her in the 100% Access to Health Project, a Community Voices-funded program that provides



**Mariana Borges** needed to see a gynecologist about health concerns, but as an immigrant from Uruguay, with no job and no insurance, she had

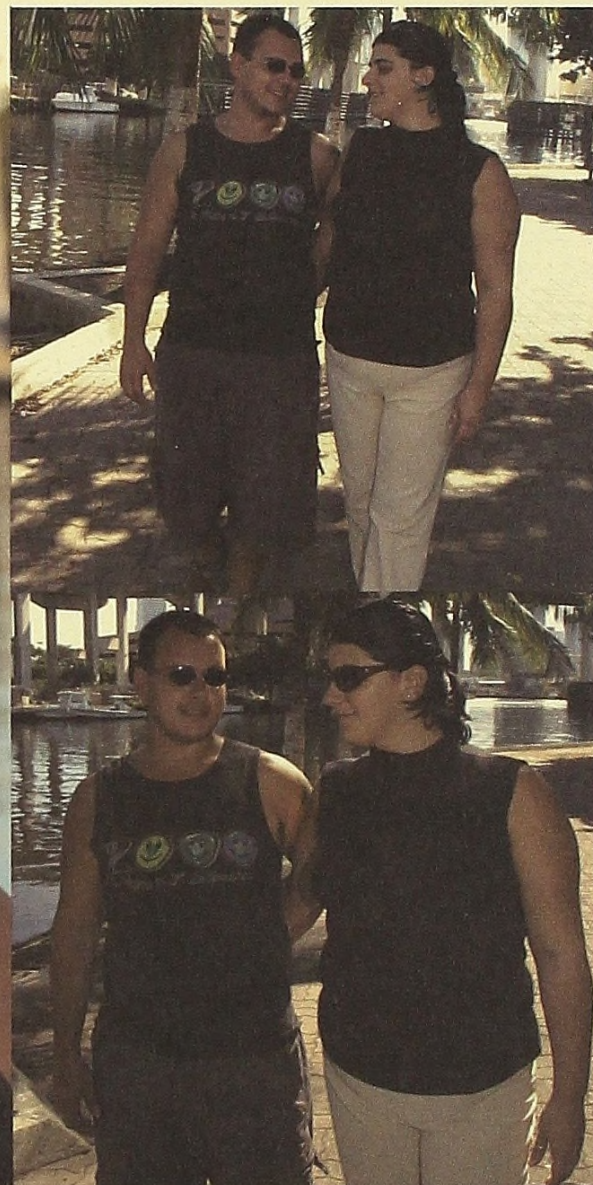
**“I got so much help at the center I decided to give them part of my free hours.”**





“Thanks to  
**Community Voices,**  
I got care and  
did not have  
to have surgery.”

when I first got to this country,  
I desperately needed  
**medical  
attention.”**



no access to care.

Photographs by David Harp





# “I am angry

**Kristy Belt** didn't know where to turn for help with her four-year-old autistic son, Austin.

**that there is no help**

Nebo, West Virginia

West Virginia is among states leading the nation in effective outreach to cover kids in the Children's Health Insurance Program.

(SCHIP Annual Enrollment Report 2001, Centers for Medicare and Medicaid Services)





Photographs by David Harp

# for people who are working and trying to keep their families together without going on welfare.

**Kristy Belt** seems wiser and more mature than her young 23 years. She's had to learn a lot by navigating health care for her son Austin, who was diagnosed with autism two years ago. She says that once she accepted the diagnosis, finding help for her son wasn't easy. Many physicians in the area wouldn't take Austin because he was so young. Others refused to see him because they were not seeing new patients. Kristy felt isolated until she was referred to the Community Voices funded program, Parents as Teachers.

The program trains local mothers to

provide outreach in the community. Once trained, the mothers provide home visits, development assessments, and links to other resources for families like the Belts.

Through the Parents as Teachers and the Head Start programs, Kristy says that Austin has come a long way. His vocabulary and responsiveness has grown considerably since participating in the occupational and speech program that she takes him to a few times a week.

Even though Austin is rallying, Kristy still worries. She is grateful to have the assistance of Karen, her Parents as Teachers worker, as she faces the challenges ahead.

**When my husband is working, we can't get any additional help for Austin. When he is laid off, we can get**

**all kinds of help.**

**It doesn't seem fair."**

**"I was reluctant to admit that he had a disability. I didn't want him to be labeled that way."**



More than  
108 million  
Americans  
lack dental  
insurance.

(Former U.S. Surgeon General  
David Satcher, M.D., Ph.D.)

# “When you don’t have a job,

Eighteen months ago, **Melvin Johnson** returned to the D.C. community where he was raised, looking for a fresh start. He says that getting dental care was at the top of the list of things he needed to get back on his feet. But Melvin didn’t have a job at the time, or health insurance of any kind.

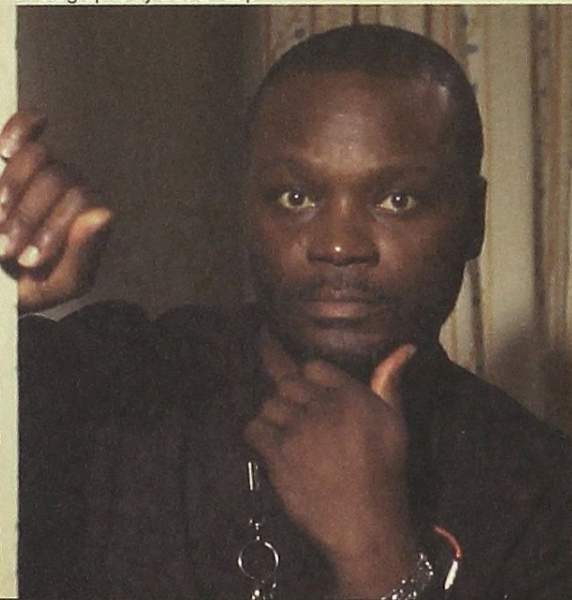
He came to East Capitol Center for Change, a Community Voices-affiliated men’s health project in the heart of D.C. The project makes face-to-face contact with uninsured District residents who qualify for the D.C. Health Care Alliance. Through the project, Melvin found a link to dental and medical services.

He says that the staff at the Center is like family to him. He feels that getting the dental and medical attention he needed helped him get back on his feet. Melvin even got a job at the Center, which also provides family

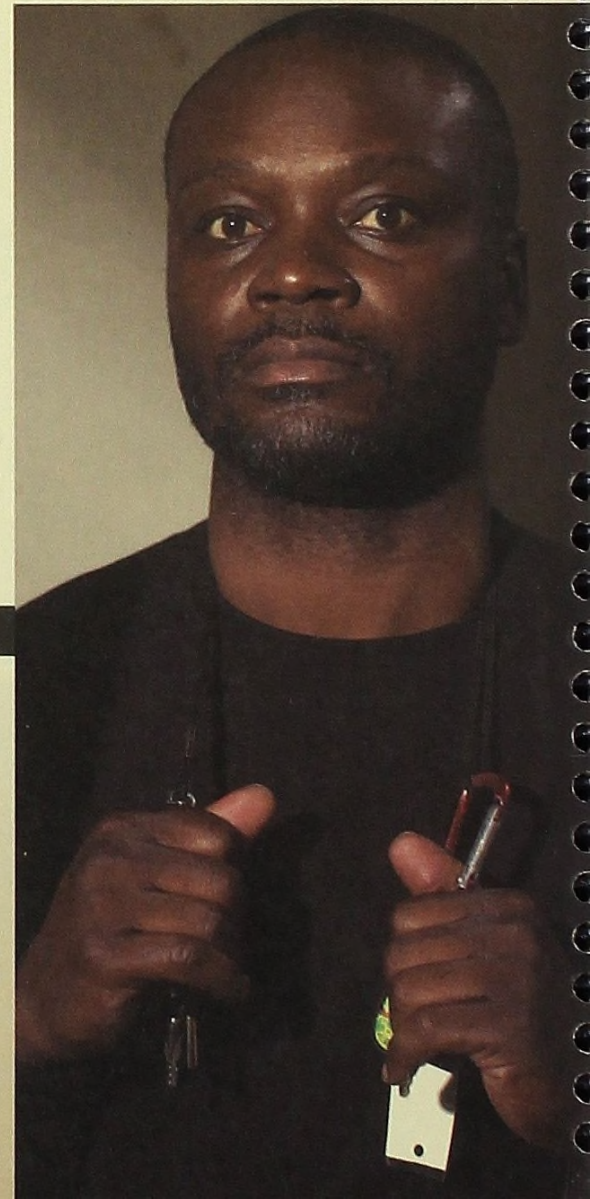
strengthening, youth development, Microsoft certification training, and other career advancement opportunities.

He spends a lot of his workdays now mentoring young boys and providing tutoring services in the Center’s After School program. When he thinks about how far he’s come, and how much he has been able to give back since returning to the neighborhood, he flashes a new healthy smile.

Photographs by David Harp



**Melvin Johnson** badly needed dental care, after many years of going without.



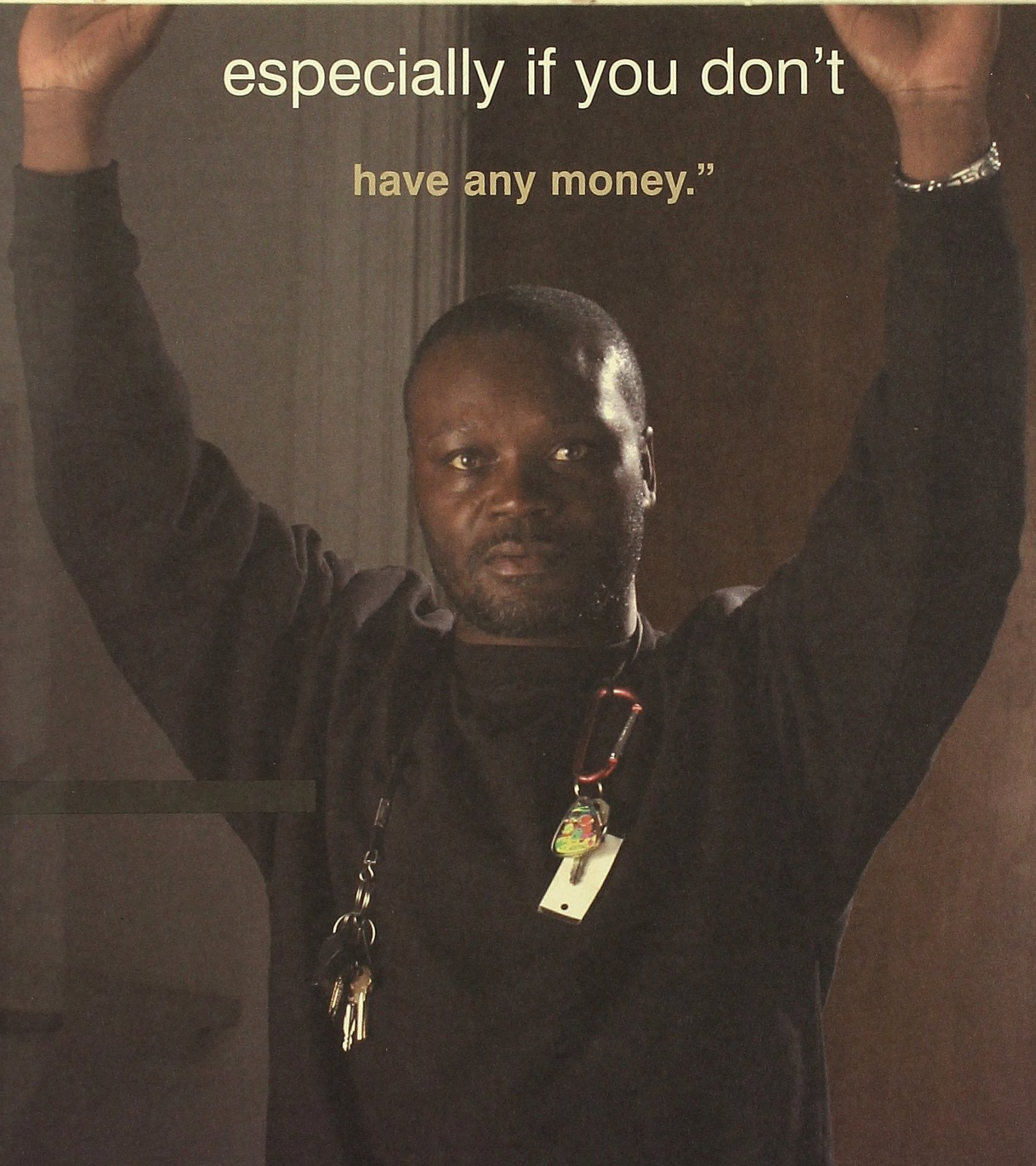
“Getting my teeth  
taken care of  
was really important.  
**I tell kids now  
how important it is  
to take care  
of your health.”**

Washington, D. C.



**you can't get a doctor or dentist—**

**especially if you don't  
have any money.”**





“I  
couldn't get  
any

**Alejandrina Maldonado** developed pain because of undiagnosed kidney stones. She lost her

help.”

Hospital  
emergency  
rooms serve  
as the primary  
source of  
care for one  
out of six  
people who  
lack health  
insurance.

(Coverage Matters,  
Institute of Medicine  
2001 Report)

Montgomery, North Carolina







Each unnecessary emergency room visit could save \$650.

(2002 Oregon Primary Care Association)

job and her ability to pay for care because of her condition.

Photographs by David Harp

**“I had been going to doctors, telling them about my kidney problems, but nobody wanted to**

Unable to keep a job because of absenteeism caused by her chronic pain,

**Alejandrina Maldonado** couldn't get Medicaid assistance, or access medical attention because she was not a documented citizen. Eventually her condition worsened, and she ended up, like many who don't have a doctor, in the hospital emergency room. It was there that she was enrolled in FirstConnection, a Community Voices funded pilot program. FirstConnection provides desperately-

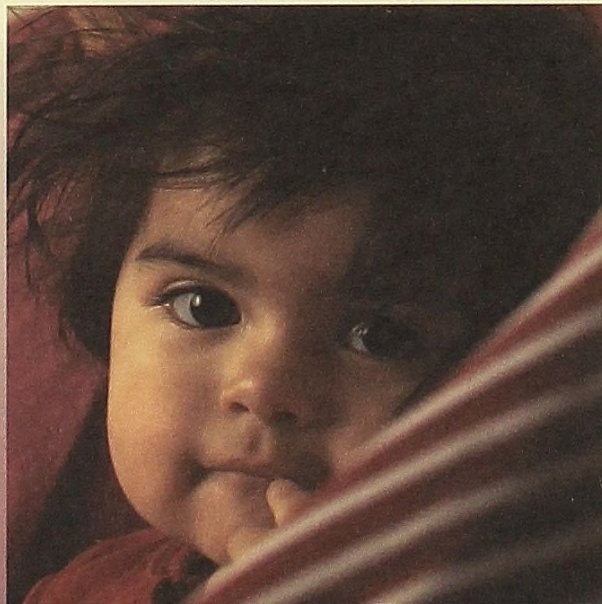
**do anything**

needed access to care, including prevention and prescription coverage for 200 patients living in Montgomery County, North Carolina.

Since getting medical attention, Alejandrina has given birth to a daughter who is now 18 months old, and is back at work. She proudly holds out her hands to show the stain from the dyes she works with in her new job as a seamstress in a factory. She is happy with the way her life is going now.

**for me.**

I didn't have insurance or the money for the surgery.”



A recent survey found that eligible, but uninsured children are seven times as likely not to get needed care as those with health insurance.

(2001 National Survey of American Families, The Urban Institute)

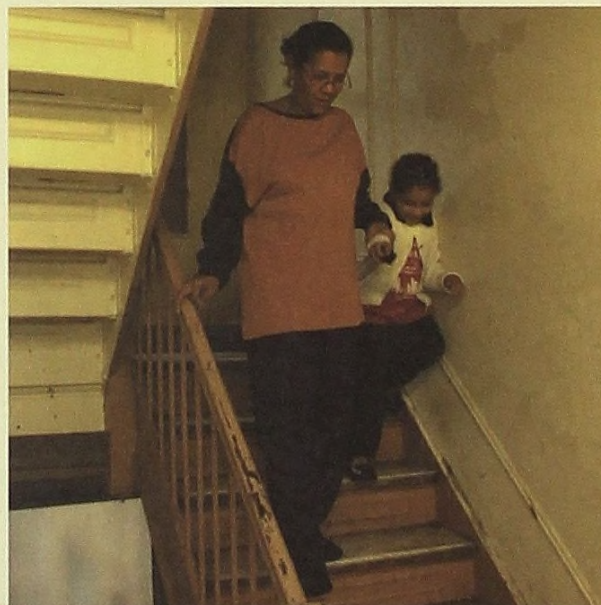


**Isabel De Jesus** is retired after many years of hard work. She never expected that the small apartment in New York would also house her granddaughter, Lydia, who is now four years old. But last year, Isabel got custody of the child, who was living with her mother in Alaska. The geographic challenges of trying to set up the move were complicated enough, but since Isabel doesn't speak English, and

the lack of understanding of the legal and health care systems made Isabel's work even more difficult.

Then outreach workers at Alianza Dominicana, part of the Community Voices collaborative in New York City, helped Isabel enroll the little girl in Medicaid. The outreach workers acted as interpreters, and helped her fill out the necessary forms. Isabel says they were key in getting the needed medical and dental assistance for Lydia.

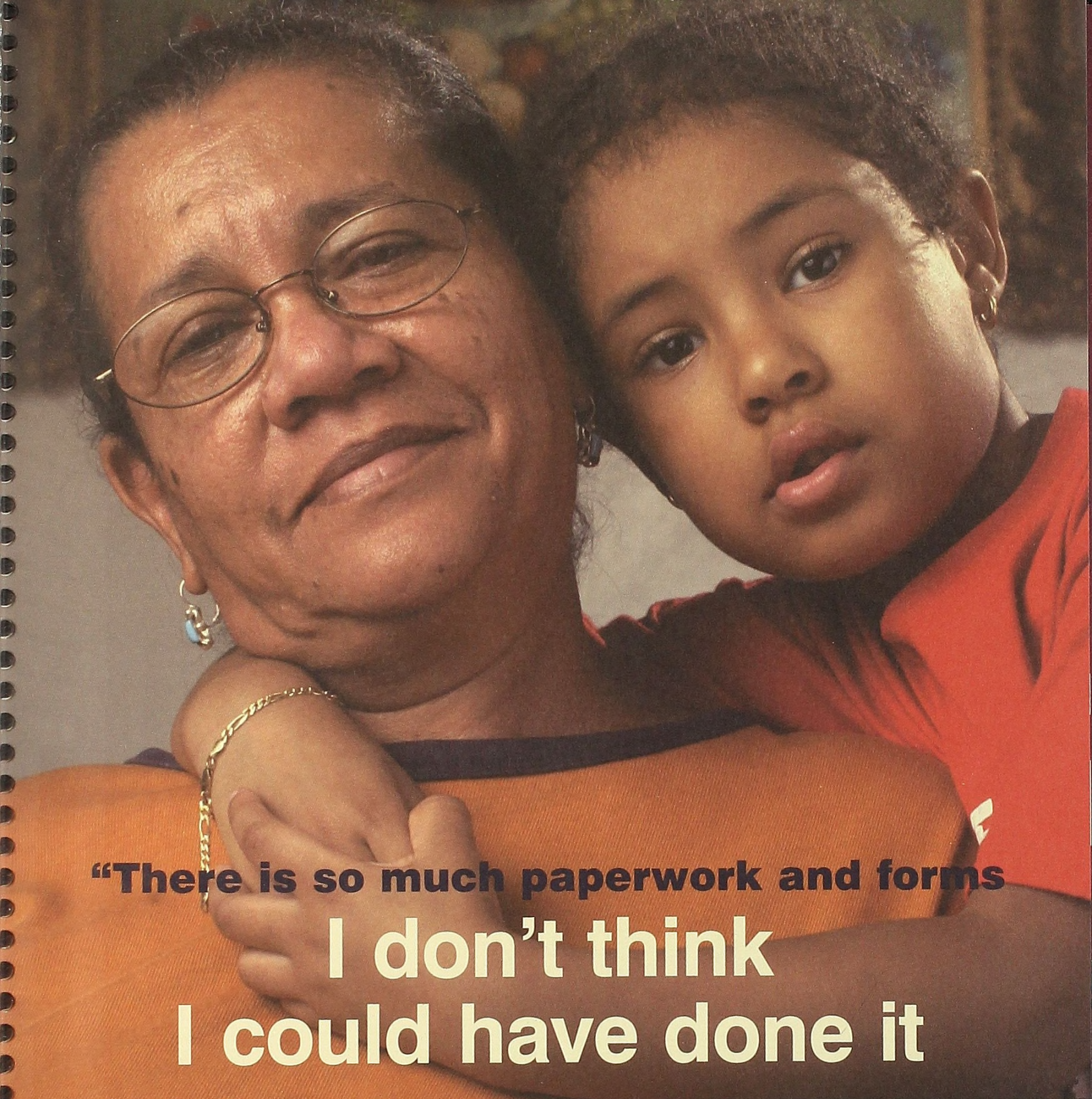
Thanks to the determined work of the outreach staff at the center that serves hundreds of Dominican Republic immigrants who live in New York, Isabel and her granddaughter have settled into everyday life.



It wasn't until Dominican Republic native **Isabel De Jesus**, who doesn't speak English, gained custody of her young granddaughter that she

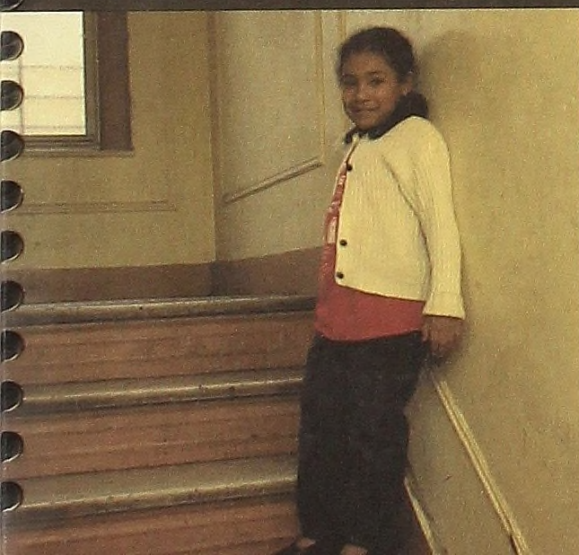
**“It was very hard to do everything that needed to be done to get custody of my granddaughter. Especially since she was in Alaska.”**





**“There is so much paperwork and forms  
I don’t think  
I could have done it**

needed someone to help her navigate and receive the various New York health and social services.



**without  
the people at  
Alianza  
Dominicana.”**



## Policy Implications

Policy issues related to the Initiative's project goals of sustaining the safety net and expanding coverage for uninsured and underinsured individuals and families are being identified, examined, studied, and articulated in communities, in state legislative bodies, and in Washington by both regulators and members of Congress.

C O M M



U N I T Y

# Voices

## Outcomes Models for Community Voices include:

- Increasing access to community health services for the underserved and uninsured focusing on primary care and prevention.
- Preserving and strengthening community health services while communities work to build a healthier environment for all.
- Changing community health delivery systems to foster more cost-effective, high-quality care.
- Establishing community models of best practices providing different approaches and strategies other communities can select from and adapt to their own unique circumstances.

Health Care for the Underserved

## Prescription Coverage

Prescription drugs are an increasingly important part of today's health care system. With about half of all prescription drugs paid for out-of-pocket, many people, especially older Americans, struggle to afford drugs that can often cost more than \$1,000 a year. The lack of a Medicare prescription drug benefit, limited insurance coverage for prescriptions, and poor access to medications force many to make hard choices between paying other living expenses and getting their prescriptions filled.

**Outcomes:** As Congress continues to grapple with how to provide a Medicare prescription drug benefit, Community Voices sites are giving immediate relief to the high cost of medicines by expanding drug assistance programs.

## Mental Health

Medical science has made tremendous strides in treating mental health, yet policies to provide quality access to mental health services have failed to keep pace with this progress. The majority of Americans do not have adequate health care coverage. If they face a serious mental illness like depression, schizophrenia, or bipolar disorder, the problem is compounded. While more than one-third of states have passed mental health parity laws to provide equal insurance coverage for mental illness, these efforts are often weak and hard to enforce due to the lack of federal regulation of the insurance industry. Adequate mental health services are often hard to find in many communities and providers too often lack cultural competence for today's diverse society.

**Outcomes:** Community Voices is working at the national and state levels to better inform the policy debate on the important issue of insurance parity for mental health. Individual sites are working to integrate mental health into a more comprehensive system of primary care.

## Access to Care

More than 41 million Americans lack any form of health insurance and millions more do not have adequate insurance coverage for primary care, preventive services, dental care, and mental health. Many rely on community clinics, religious and charity care, and other safety net services that are stretched too thin. There is a wide range of barriers for people who remain outside a difficult to navigate health system. Inadequate transportation, the lack of culturally sensitive providers, limited health services in communities where people live, rural access issues, and a host of other social and economic obstacles contribute to people putting off health care until the pain is too great and the disease too far along.

**Outcomes:** Community Voices sites are leading the way to help enroll people in existing programs like the State Children's Health Insurance Program (CHIP). Innovative health plans are being developed to put quality, affordable coverage in reach of more people.

## Substance Abuse

Substance abuse disorders levy a high toll on the lives of Americans and society. While tobacco, alcohol abuse, and illicit drugs extract a high cost to individuals, families, and society, treatment options are often too few and far between. With substance abuse disorders responsible for more than half a million deaths each year, more can and must be done. Policies are needed to ensure the availability of treatment programs, to target high-risk populations, and to identify behavior that often leads to substance abuse problems.

**Outcomes:** In partnership with the American Legacy Foundation, Community Voices sites are providing life-saving smoking cessation programs to people who have few resources to help quit smoking. Counseling and other efforts are aimed at stopping drug and alcohol abuse and preventing high-risk individuals from becoming addicted.

## Outreach

Despite serious effort to increase health care access, large numbers of people lack important relationships with doctors, nurses, and other health providers. Innovative strategies can be developed to bridge this gap and bring more people into the health system.

Enrollment rates and outreach workers at the community level are demonstrating that language, cultural, economic, and other barriers can be overcome to bring people closer to available help. By working to bring people into an organized system of care, greater strides can be made to provide preventive care aimed at keeping people healthy.

**Outcomes:** Innovative models, including those developed in the home countries of many U.S. immigrants, are working to bring more people into quality health care programs through the use of community-based outreach workers or promotoras.

## Case Management

Uninsured Americans are often forced to rely on the hospital emergency room as their only form of health care. They frequently never see the same provider twice, and only seek services when their health is in danger. Case management can assist these patients in navigating the health care system and reducing the need for emergency room visits. By working one-on-one with a patient, a case manager can identify that individual's health needs. By focusing on the many social and economic factors affecting a patient's health, case managers can make important connections to needed public services and other avenues of help.

**Outcomes:** Community Voices collaborations are demonstrating that health care is more than just a visit to the doctor. Case managers are helping people improve their quality of life with a range of activities from writing resumés so they can get better jobs, to eliminating secondhand smoke in the homes of asthma patients.

## Men's Health

There is a health care crisis affecting men of color. On average, men die before women. Compared to white men, they have a far greater chance of diabetes, high blood pressure, heart disease, AIDS, and many other illnesses. A range of strategies can help improve the health of men. Expanding health insurance coverage and fully opening the health care system to men of color, increasing community-based screening and outreach services, and building a culturally competent health workforce are among key steps that can be taken.

**Outcomes:** Community Voices was one of the first groups to begin calling national attention to this crisis. Solutions, including the development of clinics designed especially for low-income men, and outreach programs to bring more men into primary care settings, show that men's health can be improved.

## Older Women's Health

Older women are more likely to suffer from a chronic illness than any segment of the population. They face special health needs that are often complicated by a lifetime of issues that bring them into care. Older black women were born into a nation that was still segregated and presented little educational, economic, and other social advancement. Many older immigrants face language and cultural barriers when seeking care. For many widows, emotional and financial strains can make the health system appear more of a burden to overcome than a place for care. With fewer than 9,000 qualified physicians in geriatrics, improving training, especially for the rapidly growing black and Hispanic older populations, is a critical step in ensuring quality care.

**Outcomes:** Important services, such as prescription access programs, are being put in place to provide needed medicines for many older women. A greater shift in better management of chronic illnesses, common in the growing older population, is improving the quality of care.

## Oral Health

There is a silent epidemic of oral health disease affecting the U.S. From being the number one pediatric illness to the fact that one-third of all older Americans are toothless, means there are gaps to be filled. Improved services to children and adolescents through Medicaid and the State Children's Health Insurance Program are needed. Innovative community-based oral health services can help bring providers into areas where few, if any, dentists exist. Services for older people, where dental care is not provided under Medicare, are needed.

**Outcomes:** Recent legislation signed into law by President George W. Bush, one of the few health improvements made in the last two years, provides needed resources to fill some important oral health gaps. At the community level, an emphasis is being placed on putting more dentists where they are needed most.

Community Voices collects and disseminates a wide range of information on these and other topics.

Policy briefs and real-life examples can be found by visiting:

[www.communityvoices.org](http://www.communityvoices.org)



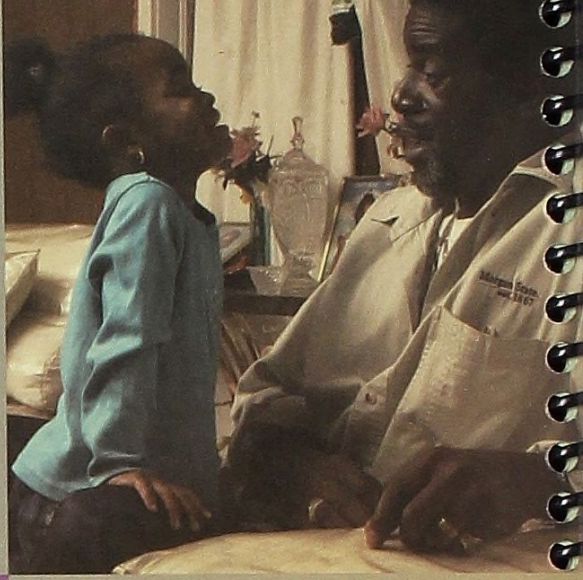
### **Baltimore, Maryland**

**Contact: (410) 396-4387**

Baltimore Community Voices, partnering with the Baltimore City Health Department, serves Sandtown-Winchester, a 72-block community of 10,500 residents, most of whom are African American. The program is targeting improved coverage and access to health care in a community with high rates of unemployment, substance abuse, and uninsured or underinsured people.

In April 2000, the Men's Health Center, the nation's first full-time, full-service primary care facility for uninsured men ages 19 to 64, was opened. The Center has provided care to more than 7,000 patients, seeing an average of 25 to 30 patients daily.

Baltimore Community Voices also was instrumental in the formation of the Maryland Citizens' Health Initiative Education Fund, which has released the "Health Care for All" proposal to provide health insurance to the approximately 600,000 uninsured people in the state.



### **Alameda County/Oakland, California**

**Contact: (510) 633-6292**

Asian Health Services and La Clinica de La Raza, two established Alameda County community health centers, are taking the lead in Oakland Community Voices for immigrant health.

The residents of Oakland and surrounding areas include large African American, Asian, and Latino populations. Among these are dozens of ethnic groups representing Korean, Vietnamese, Chinese, Filipino, Mexican, Central American, and other immigrants. Of the county's 140,000 uninsured, 53 percent are immigrants.

Working with its partners, including the Alameda Alliance for Health, a local nonprofit, managed care plan, Oakland Community Voices also developed Alliance Family Care, a subsidized, affordable health care coverage product that serves more than 8,000 uninsured residents, regardless of their immigration status. Families pay monthly premiums based on their income and receive medical, dental, prescription, mental health, family planning, chiropractic, acupuncture, and maternity care services through Alliance Family Care. <http://www.ahschc.org/defaultothers.htm>



### **Detroit, Michigan**

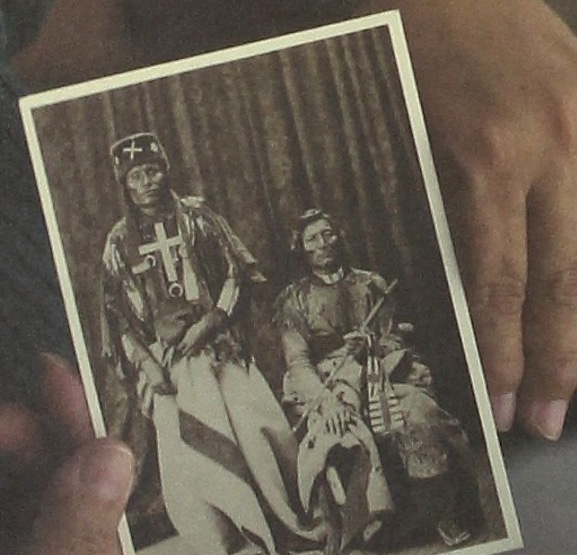
**Contact: (313) 832-4246**

The Voices of Detroit Initiative (VODI) was formed as a collaborative partnership among the city of Detroit Health Department, Detroit Medical Center, Henry Ford Health System, and St. John Health System.

VODI has developed a "virtual system" of care for uninsured city residents. VODI partners are creating medical homes for the uninsured, tracking system use, and expanding care options for Detroit's underserved. More than 7,600 people are enrolled in the VODI system – and over 70 percent of these are working people with no other access to health coverage.

Working to restore a network of basic medical centers available to underserved segments of the community, VODI operates the Community Health and Social Services Center Midtown, the first of six planned clinics hoping to serve 4,000 patients each year.

## **C O M M U N I T Y V O I C E S**



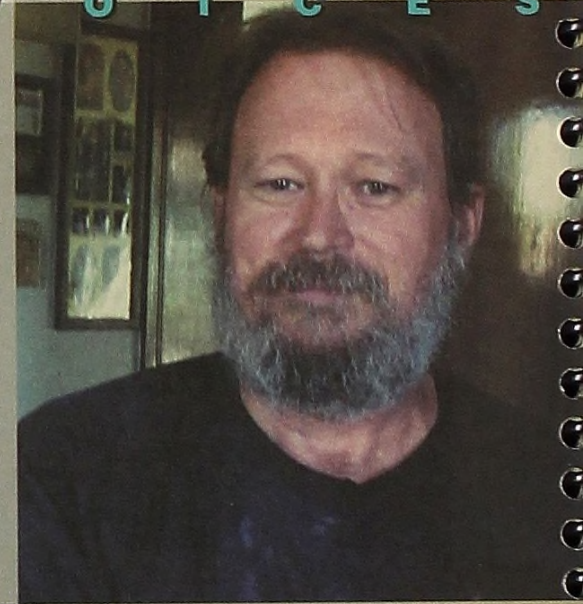
### **Denver, Colorado**

**Contact: (303) 436-4071**

Denver Health, a public hospital system, serves about 160,000 people a year – a quarter of Denver's population. Most low-income clients have scant or no health insurance. Denver Health Community Voices focuses on community outreach, facilitated enrollment, and case management.

The Community Voices outreach program at Denver Health operates with 17 Community Health Advisors (CHA). The advisors serve as Denver Health ambassadors to Asian, African American, Hispanic, Native American, and other hard-to-reach neighborhoods.

Additionally, more than 30 enrollment specialists, housed in local schools, libraries, and clinics help screen and enroll people into public insurance programs, such as Medicaid and Child Health Plan Plus. In 1999, Denver Health Community Voices enrolled 51,513 individuals in publicly funded health programs. In 2001, that number grew to 85,851 enrollees and in 2002 there were 109,183 individuals enrolled. <http://www.denverhealth.org/>



### **Albuquerque, New Mexico**

**Contact: (505) 272-4590**

The University of New Mexico (UNM) Health Sciences Center, the largest integrated health care treatment and education complex in the state, is the lead partner of Community Voices New Mexico. Community Voices New Mexico is committed to improving the health of the community, healing and caring for the diverse people of New Mexico.

Community Voices targets New Mexico's underserved urban and rural residents, addressing disparities driven by geographic size, location of services, and limited resources. In Bernalillo County, more than 15,000 uninsured residents have been enrolled in the UNM Care Plan, a primary care network. This plan ensures access to an apparently "seamless" system of care. A similar system is in place for Rio Arriba county. Six more counties are being added to the program over the next three years. <http://hsc.unm.edu/som/outreach/CVNM/cvnm.html>



### **El Paso, Texas**

**Contact: (915) 545-4810**

Community Voices El Paso is a partnership of 24 organizations and institutions, including providers and community groups working with the growing population along the U.S.-Mexico border. Community Voices El Paso addresses health care and access issues facing the uninsured, the medically underserved, and the bi-national workers who routinely travel across the border.

Community Voices El Paso initially worked to identify options for expanding coverage and care by gathering information, developing a managed care plan, and conducting focus groups to identify community perceptions of the most pressing health issues.

The project uses a multi-tiered strategy to focus local energy and resources on outreach and enrollment. The El Paso Primary Health Plan was opened to enrollment in spring 2001. Since that time, it has enrolled approximately 7,000 uninsured people.



## Lansing/Ingham County, Michigan

Contact: (517) 887-4311

Led by the Ingham County Health Department, Ingham County Community Voices is a partnership of 18 community-based organizations, public school districts, police departments, and health systems. The centerpiece of Ingham Community Voices is a process to involve health care purchasers, providers, insurers, and consumers in developing recommendations for an organized system of care for the uninsured in Michigan's state capital.

Ingham Community Voices helped develop the widely acclaimed Ingham Health Plan (IHP), a benefit plan for low-income, uninsured people. By enrolling more than 15,000 people, the plan has reduced the number of people without health insurance in the region by half. IHP provides primary and specialty care, prescription drugs, and other services for uninsured people earning less than 250 percent of the federal poverty level. <http://www.cacvoices.org/>



## Washington, DC

Contact: (202) 442-9335

The Washington, D.C. Department of Health is home for the District of Columbia Community Voices Collaborative. The initiative of health care providers and community organizations provides health care to more than 81,000 uninsured and underinsured residents.

D.C. Community Voices has been instrumental in the development and nurturing of a public-private partnership to expand access to care for uninsured residents.

The Department of Health's D.C. HealthCare Alliance has created a community provider network linking three hospitals, six public health clinics, and nearly 750 primary care providers and specialists. Through outreach and provider collaboration across the community, more than 26,000 low-income people are enrolled in the program.

The Community Voices Collaborative of the District of Columbia, through the D.C. Department of Health, developed CHAT (Consumer Health Access Teams) to conduct outreach and enrollment in the D.C. HealthCare Alliance program for eligible low-income residents.

Dental care is now available at day care centers and Head Start sites. A state-of-the-art oral health care facility on wheels, DentCare's Mobile Dental Van is equipped with x-ray, two dental chairs, and space for one-on-one patient instruction.

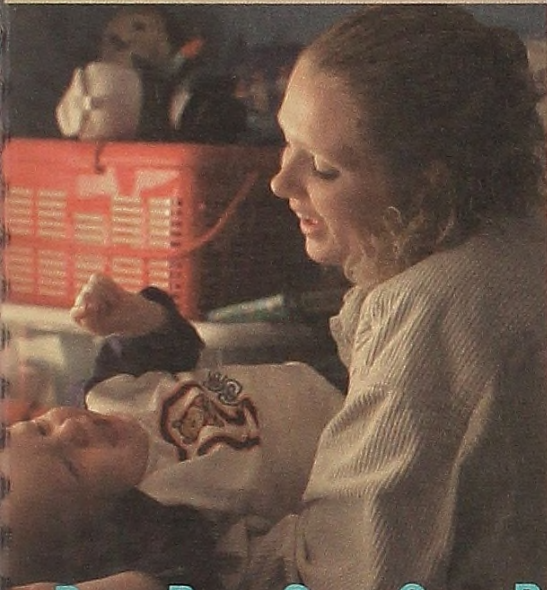
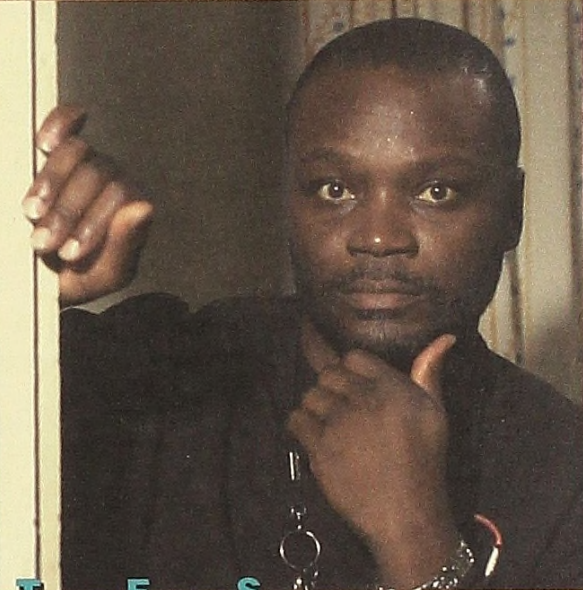
## West Virginia

Contact: (304) 558-0530

The West Virginia Higher Education Policy Commission, Office of Health Sciences, the Governor's Cabinet on Children and Families, the LifeBridge, Inc., and the Regional Family Resource Network are the four lead agencies of the West Virginia Community Voices project. The project focuses on rural populations and Medicaid recipients, and their access to preventive and primary care.

These underserved and uninsured reside in Boone, Clay, Kanawha, and Putnam counties—where much of the population lives in rural areas with poor roads and no public transportation. West Virginia Community Voices worked to expand Boone County public transportation in order to make health care more accessible. More than 90 passengers weekly now use this system.

Ninety-three percent of all eligible children in West Virginia—20,088—are enrolled in the West Virginia Children's Health Insurance Program. This highest in the nation number resulted from strong Community Voices outreach and enrollment efforts. <http://www.wvvoices.org/>



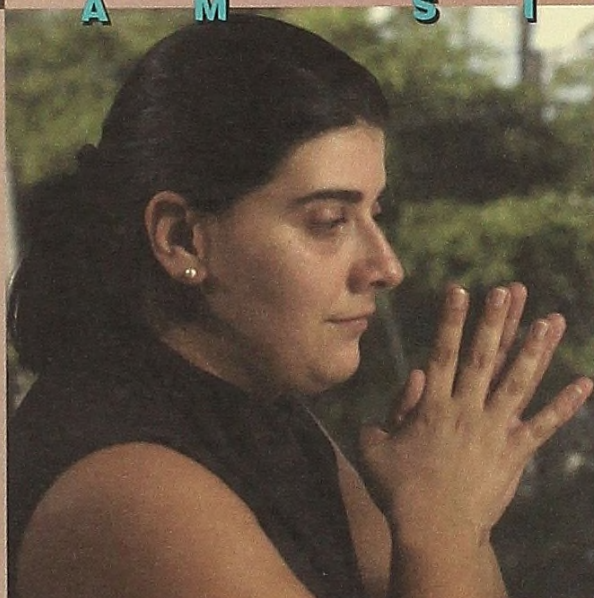
# P R O G R A M S I T E S

## Miami, Florida

Contact: (305) 374-1065

Community Voices Miami is built on the commitment and knowledge of three experienced core partners—Camillus House, Inc., a homeless shelter and clinic serving Miami-Dade's most vulnerable; RAND, a respected research organization; and United Way of Miami-Dade, a conduit to local community-based organizations addressing the needs of underserved people.

Community Voices Miami established a Multi-Agency Consortium comprised of health care providers, consumers, community-based organizations, advocates, educators, business leaders, and researchers to guide the development of an action plan for Miami-Dade County. The Miami Action Plan (MAP) for Access to Health Care was created based on the Consortium's recommendations. The MAP for Access to Health Care, released in October 2002, addresses health care barriers and provides the framework for an integrated health care delivery system that will provide access to quality health care for all. <http://www.communityvoicesmiami.org/>



## Sacramento, California

Contact: (916) 929-9761

The California Rural Indian Health Board (CRIHB), Inc. is the Community Voices grantee increasing the availability of health care services to Native Americans in rural California.

CRIHB's target population is the 42,000 American Indians spanning the large state. Of this group, 29,493 are active Indian users of participating CRIHB member tribal health programs. CRIHB services approximately 50 percent of all the American Indian people in rural California who receive Indian Health Service (IHS) funded health care services. Almost one-half are under the age of 19.

At the center of CRIHB efforts is the creation of Turtle Health Plan, the first statewide, managed care organization created by and for American Indians. Twenty-one Indian health programs in 36 counties, representing 69 tribal governments, have committed to the Turtle Health Plan. <http://www.crihb.org/>

## North Carolina (Select rural counties)

Contact: (910) 215-1922

FirstHealth of the Carolinas, Inc., a private, not-for-profit health care network serving 16 counties in North Carolina is the focal point of FirstHealth Community Voices. The site includes hospitals, family care centers, school-based clinics, community health, patient transportation, health and fitness centers, and other services.

FirstHealth Community Voices established a regional Community Health Board to guide overall project efforts. FirstConnection, a pilot program addressing the health care needs of the uninsured, has provided case management, health education, and direct care to 45 people in the program's three target counties.

To address the oral health needs of the uninsured, FirstHealth dental care centers in three counties are expanding services to children and informing practice, health professions training, and policy options. Three FirstHealth dental clinics serve more than 7,000 children—close to 60 percent of the underserved target population. <http://www.firsthealth.org/>

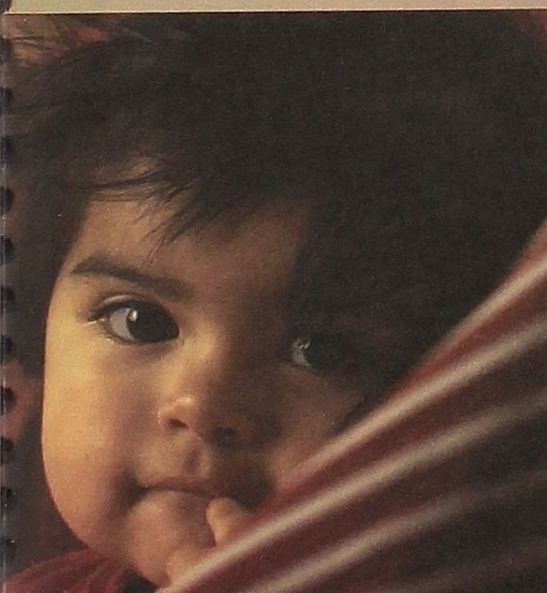
## Northern Manhattan, New York

Contact: (212) 304-7032

The Northern Manhattan Community Voices is a collaborative, formed by Columbia University School of Dental and Oral Surgery, Harlem Hospital Center, and Alianza Dominicana, that addresses the health barriers, such as lack of insurance, language barriers, and cultural perceptions.

Serving Harlem and the Washington Heights-Inwood communities, the collaborative trains community health outreach workers to enroll residents in Medicaid and Child Health Plus, New York's expanded insurance program for children.

In 2000, outreach workers at the Alianza Dominicana generated successful insurance applications for 315 families. Additionally, more than 11,000 people in Northern Manhattan have been enrolled in care programs. This includes more than 3,600 families who received disaster relief after the September 11, 2001 attack.





# What Can You Do?

Check with local community leaders, health care providers, state and national representatives, and the projects featured in this book to learn how you can help find solutions to the challenges of providing affordable health care to the uninsured and underinsured.

[www.communityvoices.org](http://www.communityvoices.org)

# Acknowledgements

**Special thanks to all of the people involved in the interviews which may include those not published in this book.**

**Lansing, MI:** Melany Mack, Usha Murgai, Carolyn Eskes

**Detroit, MI:** Lucille Smith, Rita Canty, Mary Bobb-Semple, Ethel Hunt

**Denver, CO:** Liz Whitley, Benny Samuels, Antoinette Red Woman, Cecilia Apodaca, Wildene Rednest, Doris White Bull

**Sacramento, CA:** Andy Anderson, Molin Malicay, Verna Smith, Joe Becerra

**Oakland, CA:** Deborah Zahn, Luella Penserga, Sherry Hirota, Tuyet Ho, Mi Sook Kim

**Baltimore, MD:** Jayne Matthews, Sherry Adeyemi, Dawn LaFors, Nicole Rolley, Ernest Price Sr., Tavares White

**El Paso, TX:** Rebeca Ramos, Jessica Salas-Martinez, Alfonso Urquidi, William McFarling, Maria Anchondo, Victor Gomez, Steve Gonzales, Sabrina Gonzales, Charles Shannon

**Albuquerque, NM:** Wayne Powell, Pat Marshall

**Pinehurst, NC:** Lisa Hartsock, Melissa Feder, Alejandrina Maldonado, Sharon Fields, Marcia Odgen

**Charleston, WV:** Anne Durham, Nancy Tolliver, Kristy Belt, Bonnie Jarrell

**Miami, FL:** Leda Perez, Jessica Perlmutter, Rosa Pizzi, Velgicka Vega, Mariana Borges, Jose Greer

**Washington, DC:** Judith Johnson, Shannon Rice, Melvin Johnson, Jermaine Malloy

**New York, NY:** Sandra Harris, Kiki Mwaria, Gina Arias, Francenia Graham, Isabel De Jesus, Burnitta Gadson

**The following firms and individuals contributed to the production of this publication.**

## Writing

Joan Huyser-Honig, Grand Rapids, MI  
Andrea King Collier, Lansing, MI  
Paul Delponte, Washington, DC

## Graphic Design

Ben Graham Group, Inc., Lansing, MI

## Photography

Ron Behrmann, Albuquerque, NM  
David Harp, Baltimore, MD  
Steve Huyser-Honig, Grand Rapids, MI  
Kim Kauffman, Lansing, MI

## Printing

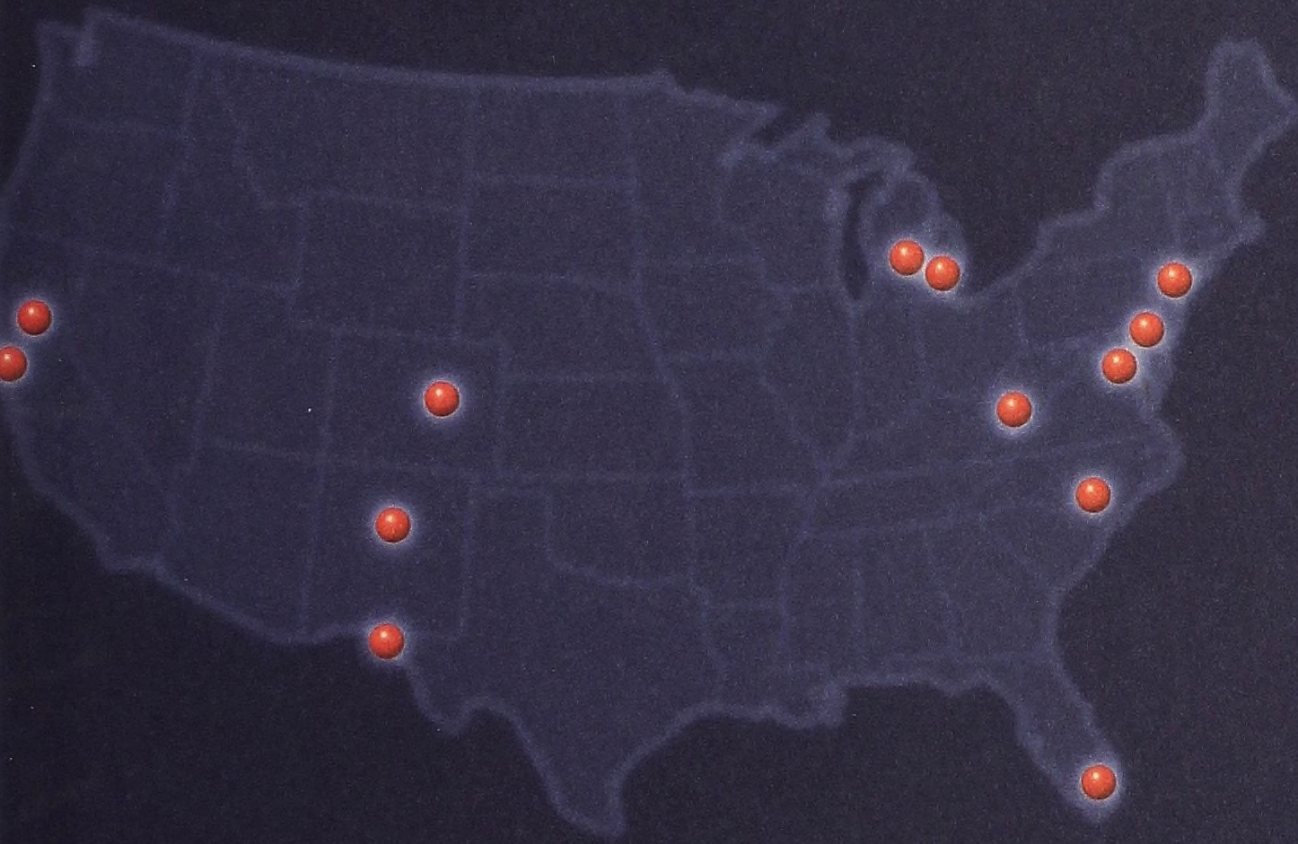
Delta Printing Company, Lansing, MI

# Community Voices

HEALTHCARE FOR THE UNDERSERVED

- **Alameda County/Oakland, California**
- **Albuquerque, New Mexico**
- **Baltimore, Maryland**
- **Denver, Colorado**
- **Detroit, Michigan**
- **El Paso, Texas**
- **Lansing/Ingham County, Michigan**
- **Miami, Florida**
- **North Carolina (select rural counties)**
- **Northern Manhattan, New York**
- **Sacramento, California**
- **Washington, DC**
- **West Virginia**

P R O G R A M   S I T E S



**W.K. KELLOGG  
FOUNDATION**

One Michigan  
Avenue East  
Battle Creek, MI  
49017-4058  
USA  
269-968-1611  
TDD on site  
Telex: 4953028  
Facsimile: 269-968-0413  
Internet: <http://www.wkcf.org>

CVHCU4074  
Item# 460  
0303-5M/DPC  
Printed on Recycled Paper



**W.K. KELLOGG  
FOUNDATION**

[www.wkkf.org](http://www.wkkf.org)