

# Little Sisters of the Assumption: The Shifting Health Landscape and the Non-Profit Organization's Role



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Human Rights and Social Justice Program 2016-17

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# Outline

- Introduce Little Sisters of the Assumption Family Health Service (LSA)
- Delivery System Reform Incentive Program (DSRIP)
  - Overview
  - Partnership with LSA Environmental Health Service
  - Interviews with Community Health Workers
- LSA's Organizational Outcomes Framework
  - Bigger picture
  - LSA's role
- What we learned and Next Steps

# What is Little Sisters of the Assumption Family Health Service?

- Founded in 1958, roots back in mid-19th century France
- Aims to “**strengthen** and **empower** vulnerable families and children by meeting their basic needs for food, healthcare, education and a safe home, in the belief that affirming families in their own dignity improves the entire community.”
- In 2015: 2,300 families, 7,800+ people served\*



\*from 2015 Annual Report

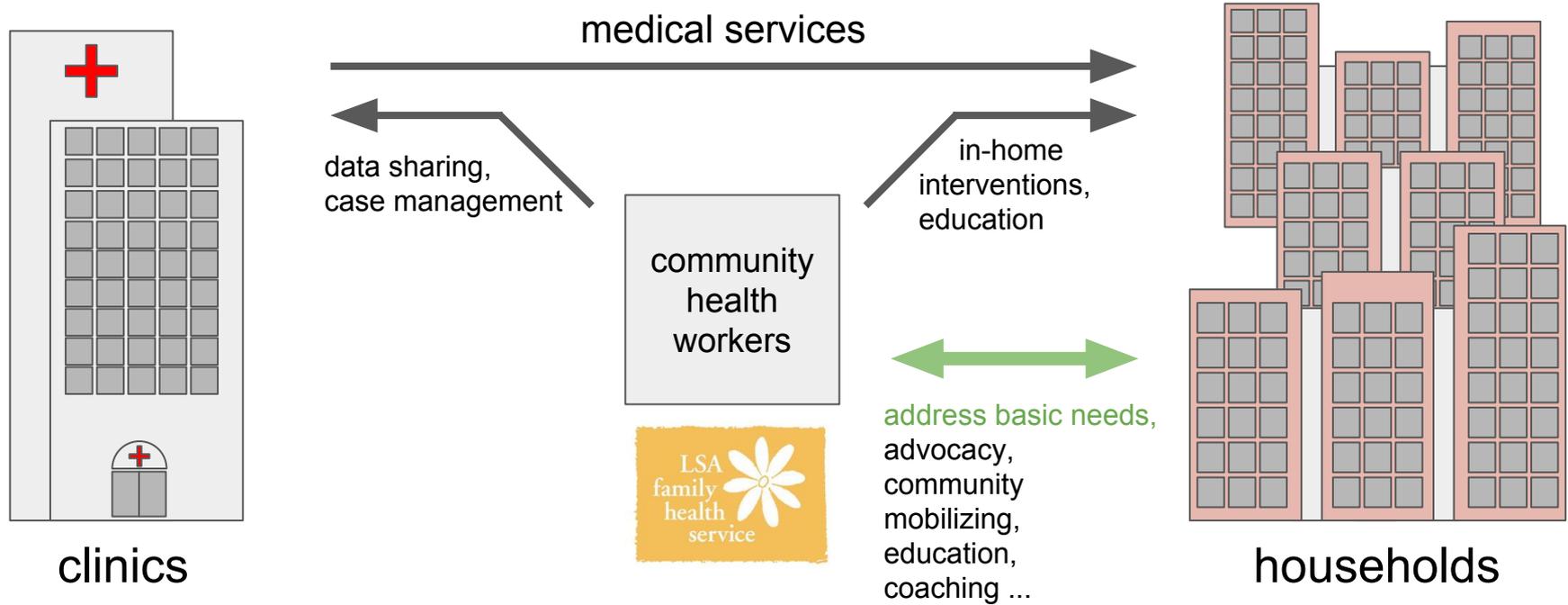
# Environmental Health Services

- High rate of asthma hospitalizations in East Harlem
- LSA Community Health Workers make home visits:
  - Clean asthma triggers
  - Educate families about cleaning and living habits
  - Advocacy with tenants
  - Research
- In 2016, 435 home visits made\*



\*data courtesy of Amanda Lopez

# Community Health Workers serve medical and non-medical roles

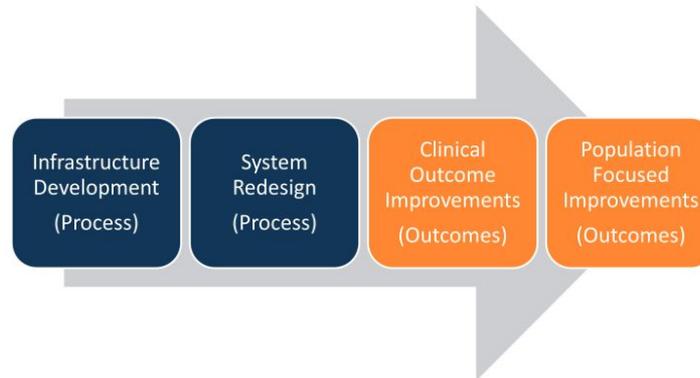


# Delivery System Reform Incentive Program- DSRIP

- In New York State, the goal was to re-invest in the Medicaid program with the target of reducing hospitalization by 25% over 5 years
- Partner PPS (Performing Provider System) with community organizations to reduce hospitalizations via community-oriented services

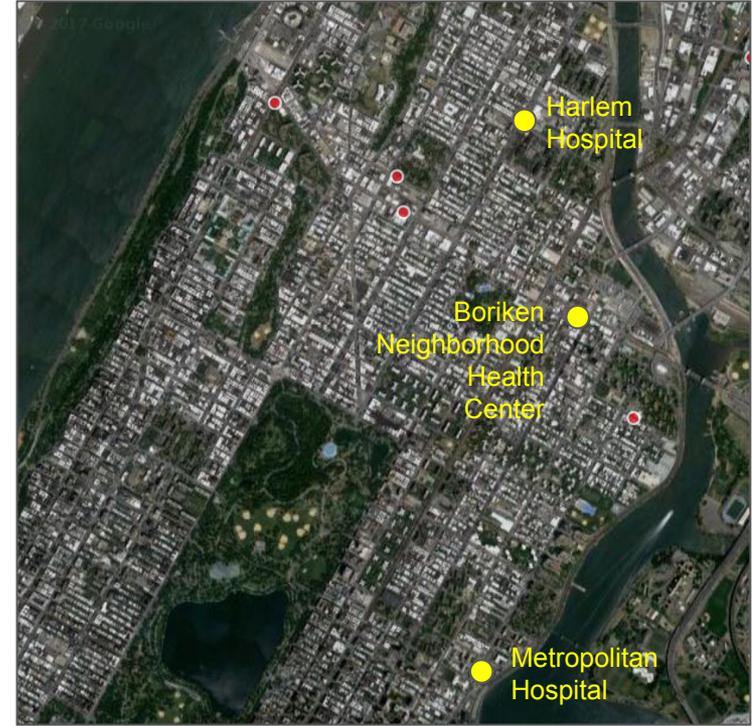
Figure 1

**DSRIP waivers generally focus on 4 main areas with an increasing focus on clinical and population improvements over time.**



# DSRIP and LSA's Environmental Health Services

- PPS: OneCityHealth (NYC HHS)
- Family Asthma Project with LSA's Environmental Health Program to help with asthma reduction via family education and collaboration with medical providers



# Interviews with Community Health Workers

## **Onboarding**

- Complicated employee clearance process at the two hospitals and the community clinic
- Workshop trainings that were redundant from their own experience

## **Cost**

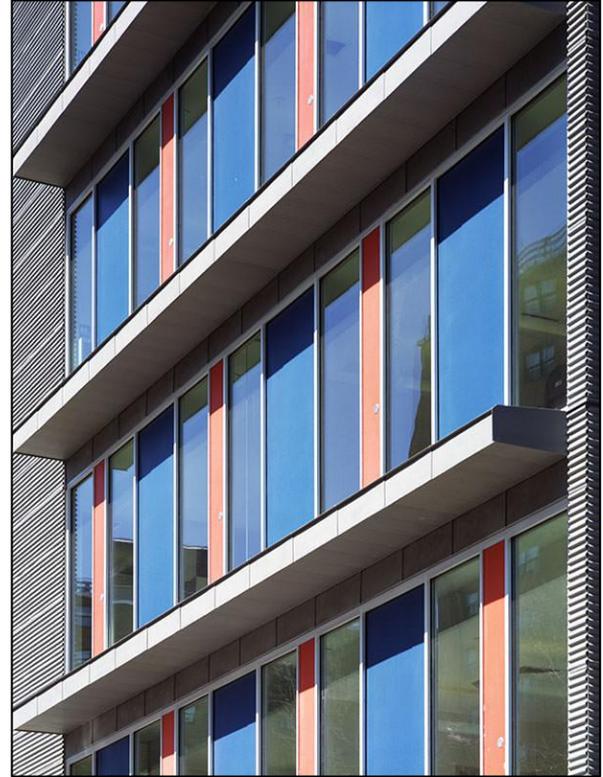
- 1 - 4 months trying to fulfill the clearance process
- Waiting for families at hospitals as a part of their work week

# Community Health Worker's Perspective

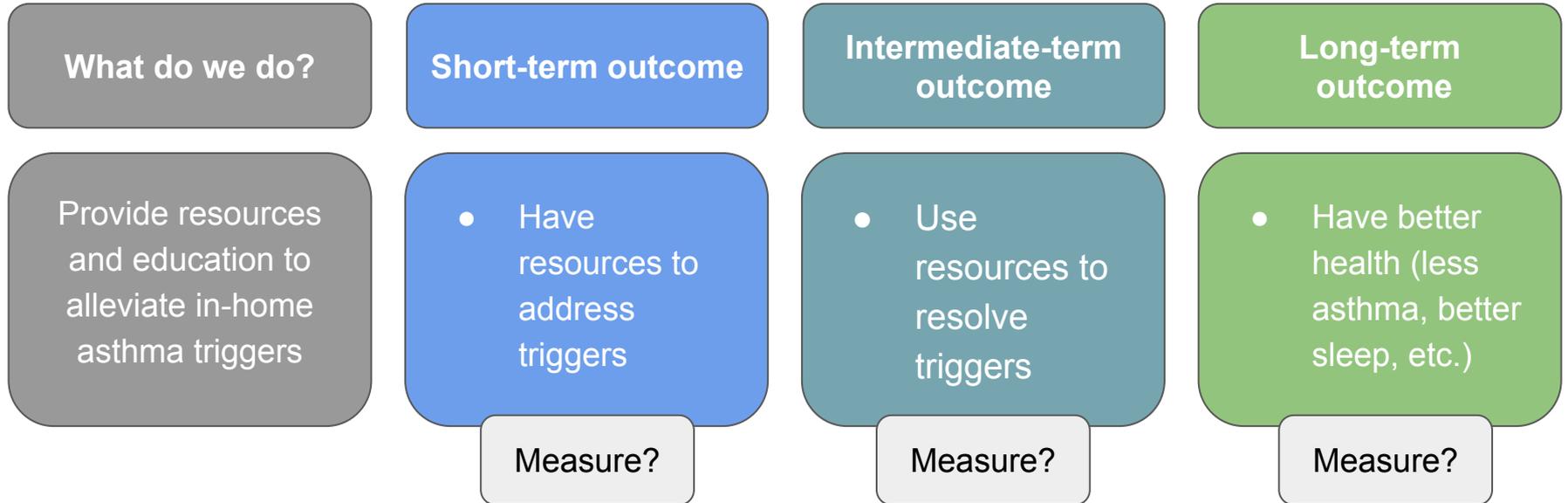
“I feel like I have another job. I feel like I am a full-time community health worker and now a full-time liaison worker in two different institutions so I have to turn on one way in the hospital system and turn off turn back on in another way”

# What does this all mean for LSA?

- Year of difficult constraints, pressure to make financially productive decisions
  - DSRIP costs
- Yet LSA is a mission-driven organization, with deep historical roots and relationships in the community
- How to reconcile?



# Outcomes and Measurement Framework



(example outcomes, not final)

# What we learned and Next Steps

- Community Health Workers are valuable and their roles are constantly being redefined.
- The work of including community organizations in healthcare is difficult in particular for community organizations like LSA.
  - The partnership between OneCityHealth and LSA's Environmental Health Program will continue until 2020 and the outcomes are yet to be known. The costs to community organizations should be considered.
  - While DSRIP continues, LSA is re-committing itself to a mission to serve East Harlem residents with more integrated community health workers which will start with new outcomes framework.

# Many Thanks:

Many, many thanks to Ray Lopez for consistent support and inspiration.

Thank you to all the Community Health Workers and staff at LSA: Nia Jones, Mario Bravo, Sergio Galvez, Rosario Jimenez, Amanda Lopez, and others!

Thank you to our previous dyad members, Lillian Jin and Ivan Marquez, as well as Emma Murphy, for the perspective and mentorship along the way.

Thank you to Ann-Gel and Ray for consistent support of our project!

Questions?