Empowering communities. Improving systems.

CHS
Center for Human Services

Empowering communities. Improving systems.

2014 ANNUAL REPORT
In 2014, the Center for Human Services (CHS) worked diligently to engage members of communities most in need by increasing their access to health and educational services, sharing key health information, and ensuring their retention in healthcare and educational programs. We accomplished these objectives by:

- Training community outreach volunteers to deliver health messages to the Hispanic community in Lancaster, PA;
- Appointing women living with HIV/AIDS as advisors to the Latinas/Ladies Involved in Full Treatment program in Bridgeton, NJ;
- Including High School Equivalency Program graduates to support classroom instruction in Hanover and Lancaster, PA and Bridgeton, NJ;
- Leveraging community resources to improve participant outcomes in Bridgeton, NJ;
- Connecting families to local resources to help them achieve self-sufficiency in Cumberland County, NJ;
- Engaging community health workers to improve child health services in Benin; and
- Training local hospital staff to improve obstetric and newborn care practices in Niger.

CHS is working every day to meet the educational and health needs of our clients, their families, and the communities in which they live by providing them with access to quality services and information to foster self-reliance.

In the next few pages, we share some of our proudest moments and provide an overview of the various programs we managed in 2014.

Barbara N. Turner
President
CHS was established in 1968 and received 501(c)(3) status in 1969.

**Mission**

Working with communities to meet today’s challenges and take advantage of tomorrow’s opportunities by improving the quality of and access to health, educational and social services for those most in need in the US and around the world.

**Vision**

CHS envisions a world in which equitable access to quality health, educational and social services enables all individuals and communities to determine their own destinies.

**Values**

- Placing our clients and their communities at the center of our work;
- Treating all clients and their families with dignity and compassion;
- Respecting diversity of cultures and ideas;
- Working together with clients, partners and funders to achieve shared objectives; and
- Providing quality, innovative services.

For each of our programs, we seek both grant funding and local community and business contributions.
EDUCATION

**Consolidated Adult Basic Skills and Integrated English Literacy and Civics Education**

To support New Jersey in building a stronger workforce to meet the needs of businesses in the state, CHS provides English literacy and civics education to foreign-born adult learners. Instruction focuses on helping students learn in real-life contexts to ensure that they gain the necessary skills to compete in the workplace and exercise their rights and responsibilities as citizens. These efforts are funded by the New Jersey State Department of Labor and Workforce Development through the Cumberland/Salem Regional Consortium.

Key activities include:
- Providing instruction in two tracks: (1) English as a Second Language (ESL) and (2) Integrated English Literacy and Civics Education;
- Counseling students and assisting them in developing individualized instruction plans and career goals and with exploring their personal interests and skills; and
- Integrating guest speaker discussions about educational and skill requirements for specific careers into class instruction.

**Leveraging Community Resources to Improve Participant Outcome**

To help our students learn about career options, CHS invites staff from community-based organizations, health care providers, and social service agencies serving Cumberland County to give presentations. The speakers describe the services their organization provides, the types of jobs performed by their employees, and the educational requirements for acquiring those jobs. Leveraging our partners’ resources not only helps our students learn about available social and health services, they also learn how to prepare for jobs in those fields. These presentations give our students opportunities to speak English with the presenters and practice writing in English by completing the assignment that follows each presentation.
The Pascale Sykes Family Foundation works to promote the integrity, independence, and well-being of the working, low-income, intergenerational family unit. In support of this work, CHS led a coalition that provided literacy services to families to assist them with achieving self-sufficiency. In addition to leading the coalition, CHS conducted family intake assessments, managed cases, monitored and assessed each family’s progress, and provided ESL instruction.

This year, the coalition worked with 39 families whose members set a variety of goals, including acquiring a cosmetology license, becoming homeowners, reducing debt, and improving communication within their family units.

Our activities included providing workshops and classes to support:

- Parenting empowerment;
- Academic enrichment;
- GED completion;
- Financial literacy; and
- ESL and ESL/civics education.

Connecting Families to Local Resources

Because several families needed resources to supplement those they were receiving from SJFRC, the CHS Family Resource Specialist linked them to local agencies and community- and faith-based organizations to access myriad resources, including legal services, housing information, and free and low-cost extracurricular activities for their children.
HEALTH EDUCATION

Tuberculosis Community Outreach Project in Pennsylvania

Immigrants, especially migrant workers, experience some of the highest rates of tuberculosis (TB) in the United States. CHS undertook a targeted, health-education initiative to reduce TB disease among recently arrived Cuban immigrants around the city of Lancaster, Pennsylvania. In keeping with our practice of using audience-centered approaches to reducing health disparities, CHS sought volunteers from the community with previous health training (clinicians, nurses, and allied health professionals) to become Community TB Outreach Volunteers in an effort to support their communities with information about TB risk, services available, and treatment opportunities. In 2014, a total of 1,402 community members were reached with TB-related health-awareness messages during 181 presentations.

Funded by PNC Charitable Trust

Training Community Outreach Volunteers to Deliver Health Messages

CHS has developed Spanish-language TB-awareness messages targeted towards the Cuban and wider Hispanic immigrant community in Lancaster County. The Community TB Outreach Volunteers were trained to deliver messages to the Hispanic community, targeting TB risk factors such as smoking and co-morbidities, TB signs and symptoms, and where and how to access TB diagnostic and treatment services.

A key, unanticipated impact of the project was the strength of the volunteer network created. The volunteers, who themselves have health backgrounds, demonstrated considerable dedication and interest in working further with their communities to support health-promotion projects. Due to their reach and respect within their community, they were able to make significant impact with relatively little investment.
TECHNICAL ASSISTANCE AND TRAINING

Vocational Rehabilitation Service Project for Migratory Agricultural Workers and Seasonal Farmworkers with Disabilities

To support federal efforts to achieve the full integration and participation in society of people with disabilities, CHS has been providing educational, training, and advocacy services since 2001 to migrant and seasonal agricultural workers with disabilities. The project identifies and recruits eligible individuals and helps them and their families attain services like rehabilitation for work-related injuries, career counseling, job training and placement, and occupational-skills training.

Our key activities included providing or coordinating the following services:

- Vocational evaluation
- Counseling
- Case management
- Health and wellness training
- Assistance with job placement
- Job Retention and transition services

Leveraging Community Resources

CHS partnered with government agencies and local organizations, such as the Gloucester County Special School District, Commission for the Blind and Visually Impaired, One Stop Career Center, and Legal Services of New Jersey to help program participants address problems that often prevent them from focusing on their vocational rehabilitation and acquiring new employment. For example, CHS invited representatives from the Gloucester County Special School District to share information about its Migrant Education Program with program participants, many of whom are parents of school-aged children. The Commission for the Blind and Visually Impaired conducted eye health screenings at CHS every month and referred program participants with visual problems for care. Representatives of the local One Stop Career Centers introduced program participants to free job training programs and informed them how to navigate the Career Centers. Legal Services of New Jersey taught program participants about their employers’ responsibility to ensure their health and safety in the workplace.

Funded by the US Department of Education, Office of Special Education and Rehabilitative Services.
Latinas/Ladies Involved in Full Treatment (LIFT)

CHS initiated the Latinas/Ladies Involved in Full Treatment (LIFT) program in 2009 to help women of color in Cumberland County, New Jersey gain access to and retention in HIV/AIDS-related medical care and treatment. Program efforts targeted adult women who knew they were HIV positive, were newly diagnosed, and were either new to HIV medical care, in sporadic care, or lost to care.

One of the LIFT’s highlights was the positive effect the program’s education component, “Yo me cuido, tú te cuidas, nos cuidamos” (“I take care of myself, you take care of yourself, we take care of each other”), had on participants’ HIV/AIDS-related knowledge and attitudes regarding issues that included promoting safer sexual behavior, improving treatment adherence, increasing self-efficacy, and enhancing communication and condom-negotiation skills. The program was both fun and engaging, and results showed increases in HIV knowledge and more positive attitudes about their own HIV-related beliefs and behaviors.

A key barrier to reaching and engaging women in HIV care, as well as LIFT program activities, was stigma. There were a number of different types of stigma—self stigma, felt stigma, enacted stigma—and its impact upon care seeking, retention, and disclosure was the same. To promote community dialogue and conversations about living with HIV/AIDS and HIV treatment, as well as raise awareness about HIV stigma, LIFT staff made a live radio appearance on WMIZ 1270, a local Spanish-language station, in June, 2012, to talk about stigma within the Latino community. Two five-minute Spanish-language radionovelas (the core of this appearance and future programs), adapted from role-model stories included in the “Yo Me Cuido” curriculum about HIV/AIDS and the stigma associated with it, targeted Latino/a listeners in the area. The first novela, “Voy a cuidar mi vida,” (“I’m going to take care of my life”), focuses on an HIV-positive Latina who learns to take care of herself and avoid re-infection. The second, “Me quité un peso de encima, ¡que alivio!” (“I took a weight off my shoulders, what a relief!”), is about a Latina who becomes infected with HIV by her husband as a result of his infidelities. She struggles with informing him about her test results, but ultimately tells him and feels like a weight has been lifted.

By the end of the project, the radionovelas had been aired on two local radio stations—Radio La Brava (WMVB 1440 AM) and Radio La Zeta (WMIZ 1270 AM)—a total of seven times. An hour-long show format was used to air the novelas and allowed time for listeners to call and ask questions. Frequent questions included: “Can someone be re-infected with the HIV virus?” “Can you contract the virus if you use a condom?” and “Where can you go in the area to get tested?”

Encouraging the participation of women living with HIV/AIDS in program development and implementation

An important contributor to LIFT program components were women of color living with HIV, our priority audience. This strategy was used to increase the credibility of the intervention and staff’s understanding of structural and personal barriers to treatment engagement. LIFT employed an Advisory Group (AG), whose input ranged from feedback and recommendations for improvement to various program components, such as case management, network referrals, outreach and recruitment, retention, transfer to bridge case-management services, the “Yo Me Cuido” workshop, house parties, and support groups. On one memorable occasion, AG members participated, along with staff, in National HIV Testing Day with activities that included a community health fair and simultaneous
hours of HIV testing provided by participating HIV/AIDS medical providers. The goal was to promote HIV awareness, reduce HIV-related stigma and provide accurate information about HIV and other health issues. Role-model stories were also derived using input from members of the priority audience. As a result, the stories conveyed a credibility and accuracy of experience greater than they would have if staff had generated the stories. (The purpose of a role model story is to relate the experience of a member of a priority population in changing a designated behavior in such a manner that another member of the same population can identify with the story and begin to change his or her perceptions, beliefs, or attitudes to facilitate a similar behavior change.)

LIFT program direction was also impacted by quality design focus groups conducted with HIV medical care providers. These discussions focused on current efforts to retain women of color living with HIV in care, the exploration of new techniques and practices, and the process needed to make this happen in a resource limited setting such as Cumberland County, NJ. Key takeaways from these discussion included identifying predictors of late linkage to care, factors that impact presentation for care, as well as personal histories that can also impact care-seeking behavior and retention.

The LIFT program, which ended in 2014, was part of the Special Projects of National Significance Enhancing Access to and Retention in Quality HIV/AIDS Care for Women of Color Initiative. In addition, it was one of 11 demonstration sites with a charge to design, implement, and evaluate innovative methods for enhancing access to, and retaining women of color living with HIV/AIDS in, primary medical care and ancillary services.

**CHS’s High School Equivalency Program (HEP)**

**Ranked among the best in the nation**

Starting in 1981 and ending in 2014, the CHS High School Equivalency Program (HEP) helped over 7,000 migrant and seasonal farmworkers in Pennsylvania, New Jersey, and Delaware acquire their general education development (GED) certificates (the equivalent of a high school diploma) and successfully transition to the next level of education, vocational training, employment, or to the military.

The program was funded by the US Department of Education’s Office of Migrant Education (OME). Working with local partners, it not only offered a high school equivalency diploma, it also gave participants the opportunity to engage in individual and/or small group counseling, provided stipends to offset costs, and broadened their experiences by offering them access to cultural activities.

In 2011, HEP served 139 people and achieved a GED attainment rate of 92 percent, ranking the program fourth in the nation. In 2013 HEP ranked third among all 61 HEP programs nationwide. The OME announced the rankings at the Annual Meeting for HEP and College Assistance Migrant Program Directors in Washington, D.C.

History of HEP and how CHS’ program was unique: There are over 40 high school equivalency programs throughout the country, all funded by OME and administered by universities, colleges, and non-profit organizations. In the early years, only a handful of programs struggled to secure adequate funding to meet the national challenge.
The dedication of the staff (employees and consultants) has made this program the success that it is. Most of them have other jobs and are willing to put in long evening hours because they want to help our students.

– Grogan Ullah, HEP Director

CHS differentiated its program by being innovative in three ways:

1. It was the first of its kind in the East. Until that time, all other programs were based in the West, Texas, and Puerto Rico. (There are still only three HEP programs on the East Coast.)

2. It was the first fully non-residential program focused on adult farmworkers.

3. It was the first program that offered GED classes in Spanish.

Including HEP graduates to support classroom instruction

The program evolved substantially over its 30-year history, raising its success rate by making considerable adjustments, such as replacing professionally trained teachers with former HEP students, anticipating that the latter would better understand and, therefore, better serve the population. “This became a key component of the program,” said Grogan Ullah, HEP’s Project Director since 1997. “It allowed us to build a ladder of success at the same time that we were empowering the community to find solutions to its issues in its own way.”

HEP also empowers students by offering opportunities for promotion to positions of responsibility within the program. “HEP gave me the opportunity to get a job,” says Rocio Garcia, a former HEP student who now serves as a HEP team leader and administrator in CHS’s Bridgeton, NJ, office. “If it weren’t for the program, I don’t think I would have gotten my GED. I don’t think I would have the type of job I have right now.”

For HEP staff, many of whom are also HEP graduates, success can be measured, in part, by the appreciation they get from the community for their hard work. “We have the satisfaction of serving the community,” says Torres, “and when we see the result and the gratitude of the people—when they come back and say thank you for all that you are doing here—it feels good.”

Funded by the US Department of Education, Office of Migrant Education

“HEP on the East Coast served an essential purpose of being a transition for the hard-working young men and women who had immigrated to the US, had joined the farmworker labor force, and were looking to establish themselves in their new land. It enhanced their self-worth and helped to integrate them into society.”

– Gerardo Martinez-Freyssinier, HEP Project Director, 1984–1995

“HEP on the East Coast served an essential purpose of being a transition for the hard-working young men and women who had immigrated to the US, had joined the farmworker labor force, and were looking to establish themselves in their new land. It enhanced their self-worth and helped to integrate them into society.”

– Gerardo Martinez-Freyssinier, HEP Project Director, 1984–1995
MATERNAL, NEWBORN AND CHILD HEALTH

Partnership for Community Management of Child Health (*Partenariat pour la Prise en Charge Communautaire de la Santé Infantile [Prise-C]*)

CHS is working with local partner Centre d’Expertise et d’Ingenierie Durable (CEID) to strengthen and accelerate the delivery of proven, low-cost child health interventions in three health zones in two Beninese departments (Zou-Collines and Atlantique). The project is developing, testing, and implementing innovative strategies to strengthen the health system workforce and community health systems. The project team is exploring the effects of financial and non-financial incentives in enhancing the performance, engagement, and retention of community health workers providing child health services. The project will annually reach an estimated 145,000 children under five years of age.

Key activities for this project include:

- Promoting healthy communities by liaising with community leaders to develop action plans that not only guide community-based activities, but also enable measuring progress;
- Promoting the renewal of memberships in community-based health insurance schemes (“mutuelles”) to distribute the cost of health care among mutual participants;
- Enhancing the knowledge and skills of health provider teams through training and supportive supervision;
- Providing supervision and on-the-job tutoring/coaching to community health workers to improve community-based management of childhood illness and healthy behaviors;
- Implementing a community-level improvement collaborative to improve community health workers’ performance and retention;
- Improving processes and tools to reinforce the referral and counter-referral system; and
- Developing, testing, and implementing cell phone technologies for communication between community health workers and their supervisors to improve performance, engagement, and patient outcomes.

*Funded by the US Agency for International Development*
RESEARCH AND EVALUATION

Department of State Survey of Substance Abuse in Iraq

CHS and the University of California-Los Angeles are working closely with the Iraqi Ministry of Health, the Iraqi Society for Addiction Medicine, the Iraqi Community Epidemiology Work Group, and other stakeholders at national and local levels to design and implement a survey to assess substance abuse in Iraq.

The study’s main objectives are to:

- Compile demographic data on the incidence of licit and illicit drug use;
- Identify factors that contribute to drug and alcohol abuse;
- Identify emerging trends and patterns of drug use;
- Identify social disincentives to acknowledging drug use; and
- Identify the national drug use prevalence rate for the country and each governorate.

During the first half of 2014, CHS developed the survey methodology and trained staff in how to conduct interviews and enter the data. Project staff then conducted the surveys in all 18 Iraqi governorates, finalized data entry and validation, and conducted in-depth interviews with selected subjects.

Preliminary results of the survey show that the majority of substance abusers are male, young (18–34), employed, and have a secondary education. Nearly 40% of those individuals use tobacco and about 12% use alcohol. A small percentage uses other substances, such as amphetamines, cannabis, and opiates.

As of December 2014, 3,200 records had been collected. Further data analysis and recommendations are in progress.

Next steps include using the evidence provided by the current survey to assist the government of Iraq in developing a national, inter-ministerial, multi-disciplinary substance abuse strategy. The final strategy will outline a timeline for implementation that will further the government’s efforts in:

- Enhancing involvement of communities, families, and consumers;
- Ensuring effective country-specific strategies and policies;
- Advancing human resource development;
- Promoting inter-ministerial and inter-sectorial linkages;
- Supporting evidence-based research;
- Strengthening leadership and political commitment; and
- Scaling up integration of substance abuse services into the health care system.

The data collected from these surveys will assist policymakers and treatment providers in designing appropriate interventions and will provide a more comprehensive profile of substance abuse patterns. The survey results will be fed back to the Ministry of Health and other stakeholders for consensus building on policy and programmatic issues to reduce substance abuse.

Substance abuse in Iraq is part of a global trend that must be approached with global and international solutions. CHS staff are working to integrate substance abuse strategies into general health system improvement initiatives and build partnerships among key stakeholders. We are
treating this issue as a public health threat through health promotion and prevention efforts, including educating the public about prescription drug abuse.

Funded by the US State Department’s Bureau of International Narcotics and Law Enforcement Affairs

Niger Implementation Science Study

CHS is partnering with Niger’s Ministry of Health (MOH) to evaluate the overall effectiveness and cost-effectiveness of expanding a proven maternal and newborn care improvement approach to 218 public maternity hospitals, 95% of such facilities in the country. The approach modifies best practices identified by quality improvement teams from 51 maternity hospitals. The teams shared experiences and worked together to improve services related to essential obstetric and newborn care through a set of preventive measures that raises the survival rates of mothers and newborns.

The project provides training and supervision to hospital staff and focuses on:

- Active management of the third stage of labor, a set of clinical measures to prevent and treat postpartum hemorrhage, or excessive bleeding after childbirth. Postpartum hemorrhage is the leading cause of maternal deaths;
- Detection and management of eclampsia/pre-eclampsia, a life-threatening pregnancy complication caused by high blood pressure; and
- Essential newborn care.

CHS and the MOH are conducting this quantitative and qualitative study under the WHO’s Implementation Research Platform.

Funded by the World Health Organization
CHS has an established set of provisional rates for indirect costs under a Negotiated Indirect Cost Rate Agreement (NICRA) with the US Agency for International Development. This rate is audited by the US Government (by DCAA) and applies across government grants. CHS also participates in an independent audit report, conducted annually, as well as an audit to meet the requirements of the US Office of Management and Budget Circular A-133, Audits of States, Local Government, and Non Profits. For fiscal year 2013, these independent audits were completed by Rubino & Company, Chartered, 6905 Rockledge Drive, Suite 700, Bethesda, MD 20817.

The following financial information summary is taken from the independent audit report by Rubino & Company, dated January 20, 2015.

**Statement of Financial Activities**

*(October 1, 2013–September 30, 2014)*

**REVENUE**

Grants and Contracts $2,263,964

**COSTS AND EXPENSES**

Direct Grant/Contract Costs* $1,890,486
Indirect Expenses $404,988
Total Costs and Expenses $2,295,474

**NET ASSETS**

Change in Net Assets -$31,510
Net Assets (beginning of year) $83,144
Net Assets (end of year) $51,634

* Salaries and other direct costs are included in this figure.
**Board of Directors**

Melvyn J. Estrin (Chairman of the Board)
Brandon J. Estrin
Laurence D. Rosoff
Suellen Estrin

**Officers: (Non-voting)**

Barbara N. Turner (President)
Richard R. Casciano (Treasurer/CFO)
Jay S. Wechsler (Vice President)