CENTER FOR HUMAN SERVICES

2015 ANNUAL REPORT
In 2015, 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.

In the US, we accomplished these objectives by:

- Strengthening New Jersey’s workforce by providing English language and civics education to foreign-born adult learners;
- Building teachers’ skills in Chinese language instruction;
- Conducting needs assessments for migrant education programs in several counties across California;
- Providing tuberculosis prevention education for newly-arrived Cuban immigrants;
- Ensuring access to support services, including vocational evaluation, health and wellness training, and job placement assistance for migrants with disabilities; and
- Creating community-clinical partnerships that link providers, patients, and programs to reduce the impact of diabetes.

Internationally, CHS is:

- Engaging community health workers to improve child health services in Benin;
- Conducting a household survey of substance abuse in Iraq; 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 2015.

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

**Mission**

We work 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
- Providing quality, innovative services

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

Consolidated Adult Basic Skills and Integrated English Literacy and Civics Education

FUNDER Cumberland/Salem Regional Consortium / NJ State Department of Labor and Workforce Development

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.

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 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.

KEY ACTIVITIES

- Providing instruction in two tracks:
  - English as a Second Language (ESL)
  - 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.
- Integrating guest speaker discussions about educational and skill requirements for specific careers into class instruction.

SNAPSHOT OF LITERACY LEVEL GAINS IN 2014

<table>
<thead>
<tr>
<th>Literacy Level at Time of Enrollment</th>
<th>Achieved One or More Level Gains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Literacy (little or no understanding)</td>
<td>72%</td>
</tr>
<tr>
<td>Low Beginning (understanding basic greetings, simple phrases)</td>
<td>100%</td>
</tr>
<tr>
<td>High Beginning (understanding and speaking common words, simple phrases)</td>
<td>78%</td>
</tr>
<tr>
<td>Low Intermediate (understanding and speaking in phrases with familiar vocabulary)</td>
<td>100%</td>
</tr>
<tr>
<td>High Intermediate (understanding and speaking more complex phrases)</td>
<td>100%</td>
</tr>
<tr>
<td>Advanced (understanding and speaking in a variety of contexts)</td>
<td>50%</td>
</tr>
</tbody>
</table>
STARTALK Institute on Integrating Communication and Culture in Chinese Language Program

**FUNDER** National Security Agency

CHS administered this intensive five-week, 90-hour program, designed for instructors of Chinese at the elementary through high school levels at McDaniel College in Westminster, MD. The program provided an innovative, supportive, differentiated, and academically rigorous learning environment to assist teacher-trainees to understand and implement high-yield teaching and learning strategies, helping them to improve their understanding of and ability to integrate the World-Readiness Standards for learning languages.

Comprehensive Needs Assessment Services for Migrant Education Programs

**FUNDER** Santa Clara County Office of Education, Butte County Office of Education, and Delano Joint Union High School District, California

CHS conducted a series of comprehensive needs assessments for migrant education programs in California. While conducting these assessments, CHS provided expertise and support to help guide the collection and analysis of each Migrant Education Program’s student performance data and identified and prioritized local concerns, needs, and possible solutions in order that all migrant children may effectively participate in school and meet high academic performance standards.

Tuberculosis Community Outreach Project in Pennsylvania

**FUNDER** PNC Charitable Trust

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.

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

FUNDER US Department of Education, Office of Special Education and Rehabilitative Services

To support federal efforts to achieve full integration and participation in society of people with disabilities, CHS provided educational, training, and advocacy services from 2010 to 2015 to migrant and seasonal farmworkers (MSFWs) with disabilities in New Jersey.

During the course of the project, CHS enrolled and served 118 MSFWs, placed 59 in jobs and helped 57 remain employed for 90 days or more. While working to gain better employment, many program participants learned to manage their work-limiting condition(s), increased their English-language proficiency, and prepared for the General Education Diploma (GED), while others achieved a GED and accessed vocational programs. Fifty percent of the MSFWs who enrolled and received services were placed in jobs, and 96.6 percent retained their jobs for 90 or more days.

The majority of CHS’ program participants migrated from Mexico to Southern New Jersey, but many were from Honduras, El Salvador, Puerto Rico, and Haiti. The most commonly reported injuries and illnesses that proved disabling for MSFWs included: diabetes, fractured bones, chronic pain, and depression. However, the majority of program participants had more than one injury or disease that prevented them from working and had academic and vocational needs that required substantial case management.

During the five-year period of performance, CHS offered a range of services and employed a case manager to help program participants navigate and utilize the health, educational, employment, and social service systems in Southern New Jersey to facilitate their vocational rehabilitation.

Educational Services: CHS offered English as a Second Language, GED preparation, and computer classes to participants in the MSFW program to help them attain skills needed to facilitate their transition to jobs with higher levels of responsibility and pay and other educational opportunities. CHS also implemented Plazas Comunitarias, funded by the Mexican Consulate of Philadelphia, which helped prepare Mexican farmworkers and their families earn the Secondary Education Diploma from Mexico. Additionally, with funding from the Mexican government, CHS offered stipends, through the IME Becas program, to program participants from Mexico who were enrolled in educational or vocational courses.

Health Services: When CHS learned that several program participants were diagnosed with diabetes, it provided them with access to the Tomando Control de Tu Salud, (Taking Control of Your Health), a chronic disease self-management class, diabetes education, fitness, and nutrition classes. Additionally, CHS made all participants aware of its HIV prevention program and program to help women of color who are living with HIV/AIDS connect to and stay in quality HIV/AIDS care.
Diabetes Resources Coordination Center (DRCC)

**FUNDER** New Jersey Department of Health, Diabetes Prevention and Control Program

Among New Jersey’s 21 counties, Cumberland is ranked 21st, Gloucester is ranked 16th, and Salem is ranked 18th for overall health. According to the Centers for Disease Control and Prevention, these three counties are among those in New Jersey with the highest incidence of diagnosed diabetes in adults. These data show a need for increasing awareness of and access to diabetes self-management education (DSME) programs and diabetes prevention programs (DPPs) in the three counties.

As the Diabetes Resources Coordination Center (DRCC) for Cumberland, Gloucester, and Salem Counties, CHS is creating community-clinical partnerships that link providers, patients, and programs as a way to reduce the impact of diabetes in this region. These partnerships facilitate increased access to, referrals for, and use of American Diabetes Association-recognized and American Association of Diabetes Educators-accredited diabetes self-management programs and CDC-recognized programs for the prevention of Type 2 diabetes. Our three-pronged approach to creating these community-clinical partnerships includes health communications, provider engagement, and program promotion.
**MATERNAL, NEWBORN & CHILD HEALTH**

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

**FUNDER** US Agency for International Development

CHS is working with local partner 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**

- 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.
Results of this survey indicate that tobacco use is a significant public health problem in Iraq. Current alcohol use is reported in 6.7% of males, and the average number of drinks on a day of drinking was reported at 6 drinks per day. Drug use is reported at low levels; however, the self-report data in this survey likely suffers from under-reporting concerning the licit and illicit drug categories, particularly in highly religious areas and in areas with serious security problems. The fact that the vast majority of drugs tests were negative for illicit drugs supports the perception from the self-report that the use of illicit drugs in Iraq is much lower than in other countries in the region, such as Iran and Afghanistan.

The information collected in this first Iraq National Household Survey of Alcohol and Drug Use (INHSAD) suggests that the drug problem in Iraq is still in a gestational phase. With conditions of economic distress, social chaos, violence, and generally stressful environment, as well as escalating drug trafficking and availability, it is highly probably that Iraq is at very high risk for the emergence of a substantial societal problem with licit and illicit drugs. A set of recommendations are given in areas of policy development, future alcohol and drug monitoring activities, capacity-building, and practice development.
National Symposium to Announce the Results of the National Household Survey of Suicide in Iraq
Niger Implementation Science Study

FUNDER World Health Organization

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, 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.
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 2014, 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 29, 2016.

### STATEMENT OF FINANCIAL ACTIVITIES
October 1, 2014 – September 30, 2015

**REVENUE**

Grants and Contracts $1,499,203

**COSTS AND EXPENSES**

Direct Grant/Contract Costs* $1,236,676
Indirect Expenses $247,727
Total Costs and Expenses $1,484,403

**NET ASSETS**

Change in Net Assets $14,800
Net Assets (beginning of year) $51,634
Net Assets (end of year) $66,434

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