Empowering communities. Improving systems.

CHS
Center for Human Services
Empowering communities. Improving systems.

2013 ANNUAL REPORT
The year 2013 marked our 45th anniversary. Since 1968, we have been working with communities to meet current challenges and take advantage of future 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. We envision a world where equitable access to these services enables all individuals and communities to determine their own destinies.

Internationally, CHS is working to address child health and other health issues. In Ecuador, we piloted an innovative, evidence-based essential obstetric and newborn care model that the Ministry of Health is scaling up countrywide. In Benin, we are working to improve the delivery of proven, low-cost child health interventions in three health zones. In Niger, we are conducting a quantitative and qualitative study on the expansion of maternal and newborn care improvements to maternal facilities. In Iraq, we are designing and implementing a survey to assess substance abuse.

In the US, CHS is addressing the literacy, linguistic, general education and health-related needs of populations living in low-resource areas in Pennsylvania and New Jersey. This year, we continued to assist women of color living in Cumberland County, NJ, stay in HIV treatment and care; provided English as a second language training for 427 foreign-born adults; led a coalition to help 39 families in Vineland and Bridgeton, NJ, enhance their literacy skills as a means of achieving self-sufficiency; and again provided employment preparation and coordination services for migrant farmworkers with disabilities.

This year marked the end of our Reducing Diabetes Disparities Project, which worked to reduce disparities in health outcomes for people with diabetes in the Hispanic and African-American communities of Cumberland County. This project increased awareness of these disparities, increased screening and identification of individuals living with the disease and improved access to care and resources.

In addition, our longest running program, the High School Equivalency Program (HEP), which operates in York, Lancaster, Adams and Franklin Counties of Pennsylvania, was ranked third in the nation, with a General Education Development (GED) attainment rate of 92%. HEP helps migrant and seasonal farmworkers acquire the GED certificate and successfully transition to the next level of education, vocational training or employment or to the military.

In the next few pages, we share some of our proudest moments and provide an overview of the various programs we managed during 2013.

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. For all of our grant-funded programs, we receive significant contributions of donated goods and services, equipment, space and community volunteers.
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 have been implemented through successive subcontracts with the Vineland Public Schools’ Adult Education Program and the Salem County/Cumberland Adult Basic Services Consortium.

Key activities include:

- Providing instruction in two educational programs 1) English as a second language (ESL) and 2) integrated English literacy and civics,
- Recruiting program participants through community outreach, and

Before receiving ESL instruction, each student is assessed to identify his or her ESL functioning level. When a post-assessment indicates that a student’s ESL functioning level has increased, the student has achieved a level gain or level gains. Forty-nine percent of the first cohort of students tested after receiving 60 hours of instruction achieved level gains. Thirty-five percent of this cohort gained two or more levels.

- Counseling students and assisting them in developing individualized instruction plans and career goals and with exploring their personal interests and skills.

Our program underwent several changes this year to improve classroom standards and performance outcomes. We restructured our classroom schedules and testing timeframes, as well as our staffing plan—requirements for ESL instructors were aligned with new state guidelines. In addition, time is dedicated each day for student/teacher consultation and to work on individualized student goals/plans. Instructors use the Ventures and English No Problem curricula, which align with Equipped for the Future, a national standards-based educational improvement initiative for adult basic education and English language learning.

Funded by NJ Department of Labor and Workforce Development; Consortium Lead Agency, Salem County (NJ) Vocational Technical Schools

An ESL instructor (right) helps students with an assignment in the Bridgeton, NJ, office. Photo by Brian Donnelly.
South Jersey Families Re-Connected Coalition

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 leads a coalition that provides literacy services to families to assist them in moving toward these goals. In addition to leading the coalition, CHS conducts family intake assessments, manages cases, monitors and assesses each family’s progress and provides ESL instruction.

Our activities include providing programs, workshops and classes to support:

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

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

South Jersey Families Re-Connected (SJFRC) participated in the 2013 National Night Out event in Vineland. During this event staff discussed coalition services with adults who stopped by the coalition’s booth, provided a do-it-yourself face painting station and distributed more than 200 backpacks full of school supplies to school-aged children. SJFRC also hosted a trip to the Cape May Zoo for 12 families, accommodating 25 caregivers and 39 children. During the trip, families visited the zoo and participated in a scavenger hunt, giving caregivers opportunities to practice the language and parenting literacy skills they acquired from the program.

Funded by the Pascale Sykes Family Foundation

HEALTH EDUCATION

Latinas Involved in Full Treatment (LIFT)

LIFT, a referral network CHS hosts, helps ensure that women of color living with HIV/AIDS in Cumberland County, NJ, have access to and continue to be actively engaged in quality treatment and care. CHS has established a linguistically and culturally appropriate case management system and provides interpreter services for those with limited English proficiency.
Outreach workers identify women living with HIV/AIDS and re-connect them with local services, and our partner, the Migrant Clinicians Network, ensures continuity of care if a participant leaves the area. For many participants, transportation is a major barrier to remaining engaged in HIV/AIDS care.

This year, our case load expanded to 67 women, we aired our first radio novella, and we established a participant advisory group. In addition, we were able to demonstrate the value of our bridge case management services when the Migrant Clinicians Network (MCN) helped two participants to transition/relocate to Puerto Rico and Mexico. Key to this success was the ability to help participants make the change without loosing contact with medical providers and our case management teams.

CHS also hosted two workshops, facilitated by the MCN. The first workshop focused on how CHS could prepare its staff and partners for the inclusion of transgender persons in the LIFT program. The second examined cultural and linguistic deficiencies that affect care-seeking behavior.

Funded by the Health Resources and Services Administration, HIV/AIDS Bureau, Special Projects of National Significance Program

Reducing Diabetes Disparities Project

To support New Jersey’s efforts to reduce, and eventually eliminate, health disparities in the state, this project provides diabetes management services to the African-American, Latino and migrant and seasonal farmworker populations. CHS is working to increase awareness of diabetes disparities and the screening and identification

“It’s easy for me to stay on treatment and go to the doctor every six weeks because I want to live, because I understand how important it is now. I’m no longer ignorant to the information. Now I understand crystal clear what CD4s and viral load mean and what they are doing to my body.”

– LIFT program participant

These game cards are from the “Yo Me Cuido” (I Take Care of Myself) curriculum, which helps women living with HIV/AIDS understand the importance of treatment adherence. CHS Senior Content Associate Luz Amparo Pinzon, PhD, designed the game.
of individuals at risk of diabetes and living with diabetes, and to improve their access to care and resources to improve diabetes management.

Key activities include:

- Administering the American Diabetes Association Risk Tool (ADART).
- Delivering diabetes education and self-care classes,
- Making referrals for eye and foot exams, and
- Providing exercise and nutrition classes.

This year, CHS provided weekly diabetes education classes to individuals who are at risk for diabetes or who had been diagnosed with diabetes. Classes included instruction on diabetes and its risk factors, eye health, foot care, HbA1C testing, immunizations, lipid profile, blood pressure, nutrition education and physical activity. We continued to host the eight-week, evidenced-based program “Taking Control of Your Health.” This curriculum was taught by CHS staff in collaboration with Complete Care Health Network (a federally qualified health clinic). The classes were held in the CHS offices in Vineland and Bridgeton, NJ, with the participation of CHS consumers identified as diabetic and/or at risk. The classes focused on changing life styles and habits, healthy eating habits, portion control, blood sugar testing, exercise and the importance of self-care.

In addition, we continued to host free eye screening on a monthly basis through the New Jersey Commission for the Blind and Visually Impaired. We encouraged all consumer diabetics and those at risk of diabetes to be seen by the eye doctor. In addition to providing access to this free service, the commission provided vouchers that participants could take to Lens Crafters for a free pair of eye glasses.

CHS also hosted a Diabetes Health Fair titled The Path to Health: Preventing & Controlling Diabetes. The fair provided information and
resource persons to provide blood pressure checks, cholesterol and diabetes screenings, eye exams and Zumba instruction. Other topics covered smoking cessation, peripheral vascular disease, and information on diabetes, nutrition, physical activity and exercise. Among those present were health educators from the City of Vineland Department of Health, the nurse educator from CompleteCare, representatives from the commission, the community health educator and nurses from Cooper University Hospital, to name a few.

_Funded by the New Jersey Department of Health and Senior Services, Office of Minority and Multicultural Health_

**Chronic Disease Self-Management Training**

To support New Jersey’s goal of reducing, and eventually eliminating, health disparities in the state, CHS partnered with the Cumberland County Health Department for the 2013 Chronic Disease Self-Management Program, funded by the NJ Department of Health. CHS provided a six-week Tomando Control de su Salud (Taking Control of Your Health) workshop for Spanish-speaking adults age 60 and older.

The Stanford School of Medicine developed the community-based workshops, two-and-a-half-hour sessions given weekly for six weeks for people with different chronic conditions. All workshops are in Spanish.

CHS staff facilitated the workshop, which addressed several topics:

- Healthy eating;
- Exercise for maintaining and improving strength, flexibility and endurance;
- Managing depression;
- Appropriate use of medications;
- Communicating effectively with family, friends and health professionals;
- Relaxation techniques;
- Appropriate use of the health care system;
- How to evaluate new treatments; and
- Better breathing.

_Funded by the New Jersey Department of Health; Lead Agency: Cumberland County Health Department_
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 provides educational, training and advocacy services 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 provide or coordinate the following services:

- Vocational evaluation,
- Counseling,
- Case management,
- Peer mentoring,
- Restorative and rehabilitative services,
- Health and wellness training,
- Assistance with job placement, and
- Retention and transition services.

Funded by the US Department of Education, Office of Special Education and Rehabilitation Services
CHS’s High School Equivalency Program Ranks among Best in the Nation

The CHS High School Equivalency Program (HEP) ranked third in 2013 among all 61 HEP programs nationwide. The US Department of Education’s Office of Migrant Education (OME), which funds HEP, announced the rankings at the Annual Meeting for HEP and College Assistance Migrant Program Directors in Washington, DC, in July.

Since 1981, HEP has helped over 7,000 migrant and seasonal farmworkers 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.

From July 2012 through June 2013, CHS’s HEP served 155 students and achieved a GED attainment rate of 92%; it was the third year in a row the program ranked in the top 10, after ranking fourth last year.

CHS works closely with a network of organizations and higher education institutions to give HEP participants a wide range of services, including job readiness and life skills coaching, parenting and career counseling, health education, instruction in English as a second language, and cultural exchange activities. The program provides services in Adams, York and Lancaster counties and the Kennett Square area of Pennsylvania and the city of Bridgeton, New Jersey. Partners include La Comunidad Hispana, Inc.; Harrisburg Area Community College; and Common Ground on the Hill at McDaniel College.

CHS’s HEP has evolved over its 30 years, raising its success rate by making considerable adjustments, such as offering a flexible open entry/open exit program that allows students to progress at their own pace; providing classes and activities at times that are convenient for students; and replacing professionally trained teachers with former HEP students, anticipating the latter would better understand and, therefore, better serve, the population. The program is reinventing itself again to prepare students for the new GED test, which was released in January 2014.

“For the past 30 years, HEP has assisted participants to gain the academic and life skills necessary to begin career paths and enter post-secondary education. Graduates have gone on to achieve Bachelors, Masters, and doctoral degrees; open businesses; and attain supervisory positions throughout the mid-Atlantic.”

– Grogan Ullah, HEP Project Director

Success Story
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 recently piloted an innovative mobile health (mHealth) application among community health workers (CHWs) and health center staff to improve contraceptive prevalence in Benin’s Toffo and Zè communes. The “Texting for Maternal Wellbeing” pilot equipped seven CHWs and two health center staff (a midwife and a nurse) with mobile phones with an application for data collection and case management.

During the four-month pilot (February–May 2013), 264 women/ couples received family planning counseling. Of these, 225 had their family planning session with a CHW who referred them to a health center to receive a family planning method. Seventy-two of them (or 32% of the smaller number) went to the health center to meet with a health worker, and 68 (or 30%) adopted a family planning method. These findings demonstrate the potential this type of mHealth approach has to significantly improve contraceptive prevalence in the country (see box). The project will share the findings and lessons learned with the Ministry of Health, which will decide whether to expand the activity to other regions.

“We have noted that since the CHWs have begun this work with the phone, there has been greater demand for adopting [a family planning] method. I know it because since the women have been coming, they say that they met the CHW, who told them about [family planning] and asked them to come to the center to see the midwife.”

—Toffo health center midwife

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 potential uses for this data are vast, but specifically the data 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 and other stakeholders for consensus building on policy and programmatic issues to reduce substance 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 to evaluate the 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, a set of preventive measures that raises the survival rates of mothers and newborns.

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

*Funded by the World Health Organization*
Scaling Up: Ecuadorian Ministry of Health Mobilizes Resources to Improve National Maternal and Newborn Care

The Ecuadorian Ministry of Health is scaling up an innovative essential obstetric and newborn care (EONC) model piloted by the EONC Networks Project. The project, funded by the US Agency for International Development (USAID) and managed by CHS, designed and implemented the model in close alliance with the Ministry; USAID; and national and provincial nongovernmental organizations, providers and users.

The model used improvement approaches to implement evidence-based maternal and newborn health interventions, which yielded significant improvements in maternal and newborn health services. As a result, the Ministry issued a national policy mandating the application of the EONC networks approach throughout the country’s health care system. The Ministry also allocated a special budget to the scale-up to ensure sustainability. CHS is supporting scale-up planning and training efforts, as well as the development of the guidelines and tools needed to make the scale-up successful.

The scale-up is part of Ecuador’s maternal and newborn mortality reduction efforts and contributes to the global “Commitment to Child Survival: A Promise Renewed” initiative to reduce deaths among children under five by 2035. The global health community has reduced child mortality by 70 percent over the past 50 years, yet more than 6 million children still die each year before reaching their fifth birthday. Most of these deaths are from preventable causes. “A Promise Renewed” partners, such as USAID, are working to end preventable child deaths using innovative approaches like the EONC networks model.

“Scale-up and sustainability are key outcomes that drive our work. The Ministry’s nationwide expansion of the EONC networks model serves as a strong example of a proven quality improvement approach transitioning from a demonstration in the field to policy implementation and resource mobilization at the national level.”

– CHS President Barbara N. Turner

Success Story
Working across all levels of care, the model focuses on strengthening links between the postnatal health care services provided in homes and communities and those provided through the formal health system. The model targeted the country’s 21 most vulnerable and marginalized communities in Cotopaxi and used proven quality improvement methods, such as the collaborative improvement framework, to improve equitable coverage and quality of EONC services. One key component was making traditional birth attendants, community organizations and other local agents an integral part of the EONC network. These “local experts” worked together to find locally appropriate, evidence-based solutions to rapidly improve service quality and efficiency in their communities.

Initial findings from a project evaluation conducted in the summer of 2013 show that the model contributed to significant improvements in practices to improve the health of mothers and newborns. Quality of services improved nearly universally in project sites. For example, compliance with newborn care standards in facilities rose from 13% to 50%. Exclusive breastfeeding, a practice shown to be essential for good infant health and development, rose from 38% to 51%. Also, more mothers could name neonatal danger signs (from 75% to 97%). Many more women were prepared for birth (57% to 73%), and traditional birth attendants (who provide care for many home births) referred more women with complications to health care facilities (50% to 83%). The percentage of clients who expressed satisfaction with health care services rose from 65% to 98%. The evaluation also found that visits by trained health care providers within the first two days after birth (when babies are most vulnerable) increased dramatically, from 4% to 70%.

“I’m happy to see the Ministry of Health applying this model across the country. It has the potential to save the lives of many mothers and newborns, giving them a chance to survive and thrive.”

– Dr. Jorge Hermida, CHS’s Regional Director for Programs in Latin America and the Caribbean

EONC Project Evaluation Findings, Summer 2013
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 has 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 23, 2014.

**Statement of Financial Activities**  
*(October 1, 2012–September 30, 2013)*

**REVENUE**

Grants and Contracts $2,290,096

**COSTS AND EXPENSES**

Direct Grant/Contract Costs* $1,902,029
Indirect Expenses $443,770

**Total Costs and Expenses** $2,345,799

**NET ASSETS**

Change in Net Assets -$55,703
Net Assets (beginning of year) $138,847

**Net Assets (end of year)** $83,144

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