Transforming Care with Community Connection

Fresno HOPE
PATHWAYS COMMUNITY HUB
OF FCHIP

Impact Summary
Sept 2022 – Aug 2023

“Knowing someone is there for me makes all the difference to me.”

HOPE RESIDENT

In Pursuit of Lasting Care

Friends and Partners,

Fresno HOPE Pathways Community HUB prides itself on implementing evidence-based practices across organizations to achieve sustainable change in health equity and wellbeing. We partner with care coordination agencies (CCAs), county departments, health systems, school districts, and others to achieve improved outcomes for families with health and social needs.

Since our inception in 2017, our mission remains to improve the health of our community by working together with shared purpose and commitment. In partnership with our local Community Health Workers (CHWs), we provide culturally-affirming care and health outcomes to neighborhoods historically lacking in investment and resources.

Our approach centers around a network that prioritizes supportive relationships between the CHWs and the communities they serve to effectively mitigate health disparities.

By diminishing linguistic and cultural barriers through community connection, we establish trust for sustainable, real and lasting solutions.

During the reporting period, Fresno HOPE convened seven Care Coordination Agencies with 35 CHWs to serve the community of Fresno County.

To further our impact, we invite you to join us in dismantling systemic inequities by amplifying community voices to be the driver of their health. Working collectively with the community will create awareness, effect change, and offer solutions within systems to realize a more healthy, equitable, and inclusive Fresno County. Together, we can all become the leading transformative force for health equity.

In Solidarity,

Ashlee Hernandez, MS

Program Director,
Fresno HOPE Pathways
Community HUB

PCHI® Model Certified
Pathways Community HUB Institute®
Level 1
Certification

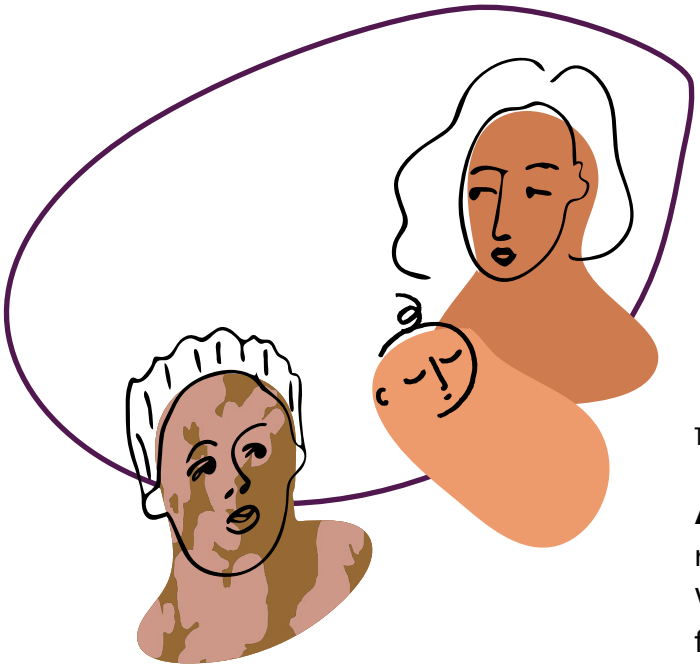
Nationally Certified HUB

Fresno HOPE has achieved a national certification from the Pathways Community HUB Institute Model. The national certification demonstrates Fresno HOPE has achieved the national standards for quality community care coordination services and is committed to pursuing excellence.

Note: the data used in this report was obtained through a HIPAA compliant electronic health record system which collects health information. The demographic data presented includes those who consent to participate in the data collection.

For Community, By Community

The first step to a successful outcome is to identify a primary Community Health Worker who can develop a supportive relationship with the Resident.



“

Mama, all I want is for you to be able to make me warm arroz con pollo again”

ANGELA’S SON

Trigger warning: domestic violence | homelessness | substance abuse

Angela is a mother to four children ages nine months, four, ten, and thirteen years old. When her school-aged children were absent from school, the district connected the family with a Community Health Worker (CHW). The CHW, Andrew, informed the family about Fresno HOPE services and what resources can be provided for her and her family.

Prior to meeting, Angela disclosed that she is currently fleeing a domestic violence situation which led her to be unhoused. Angela’s family was immediately placed at a motel.

Angela began to share her story after she welcomed Andrew into their space. Andrew assessed the surroundings and began to build rapport by sitting calmly across Angela and her children on the motel bed. Angela shared

***The case study is based on a combination of several cases to protect resident information and privacy.**

THE IMPACT ON OUR COMMUNITY

2,999

Total screenings

1,636

Total clients

of CHWs speak **more than one language**

of CHWs reside in the **same zip code as the people they serve**

BUILDING FOUNDATIONS

allocation of county funding toward care coordination agencies to **support in workforce development and infrastructure building**

35 additional nationally certified CHWs

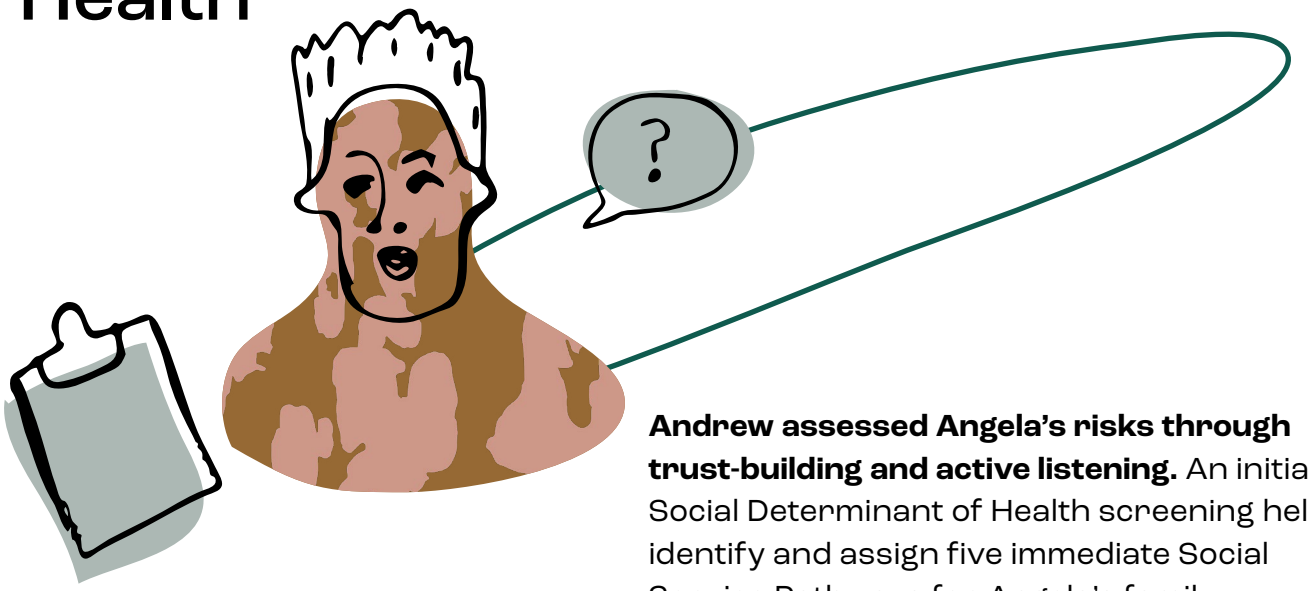
16,500 minutes provided to agencies for Technical Assistance and Quality Improvement

34,400 minutes provided to CHWs for Workforce Development and Training

Based on network-wide data.

Reimagining Pathways to Whole Person & Household Health

Once a relationship between the Community Health Worker and Resident forms, successful outcomes are measured by the Evidence-based Pathways Community HUB Institute™ (PCHI) Model, which helps identify risk factors and barriers that impede the resident's ability to thrive through a whole person, whole household approach.



Andrew assessed Angela's risks through trust-building and active listening. An initial Social Determinant of Health screening helps identify and assign five immediate Social Service Pathways for Angela's family:

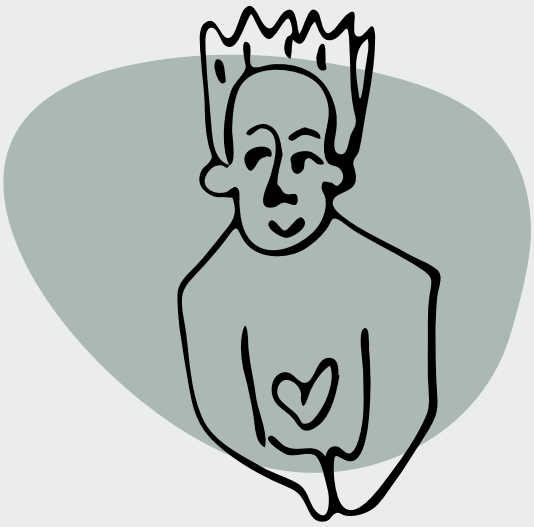
1. **Personal items**
   Clothing, diapers, and hygiene items
2. **Citizenship**
   Birth certificate requirements for Angela's two eldest children
3. **Financial**
   Money to support day-to-day living and child items during the holiday season
4. **Housing**
   Permanent and stable housing is foundational for Angela and her family to thrive
5. **Food Security**
   Accessed adequate food for the entire household

COMMUNITY HEALTH WORKERS IN ACTION

4,825

Resources and services provided

Pathways completed successfully under the PCHI Model



THE AVERAGE IMPACT OF ONE COMMUNITY HEALTH WORKER IN ONE YEAR

15 residents cared for

58 pathways opened

27 home visits

5 months of care per client

Individualized Care Plans for Individual Needs

After each assessment, an individualized Pathways-based care plan is developed to help prioritize residents' unique needs in order to live a full life.

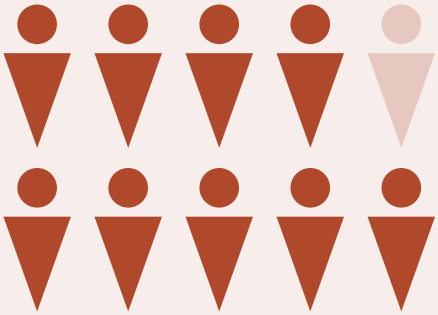
Together with their school district, community resources and other partners, Andrew was able to provide the family with the following:

- **Permanent housing**
- **$600 dollars in gift cards**
- **Hygiene items, clothing and diapers**
- **Food**
- **Culturally-affirming mental health services**
- **Assistance with obtaining the birth certificates for two eldest children to continue path to citizenship**

The top priority of the five categories of needs is meeting the basic needs of the family by providing direct financial assistance.

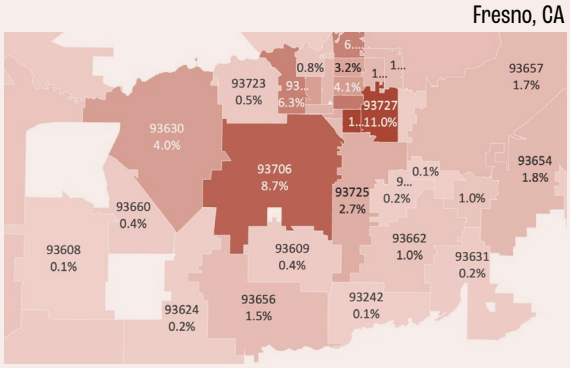
From **short- to long-term solutions**, these pathways help create immediate and lasting solutions for Angela and her family.

DIFFERENT NEEDS FOR DIFFERENT DEMOGRAPHICS

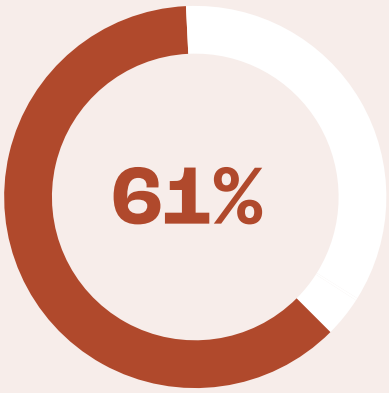


9 out of 10 residents are people of color and half range from ages 26 to 55 years old

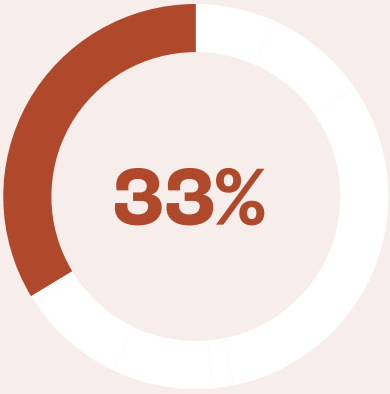
Fresno, CA



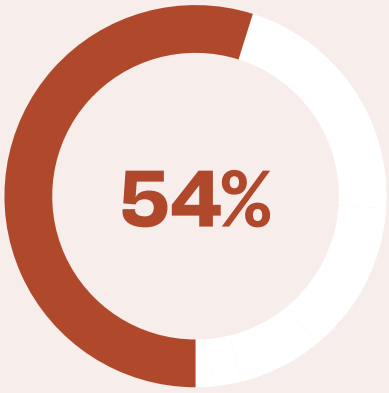
8.7% live in zip code 93706



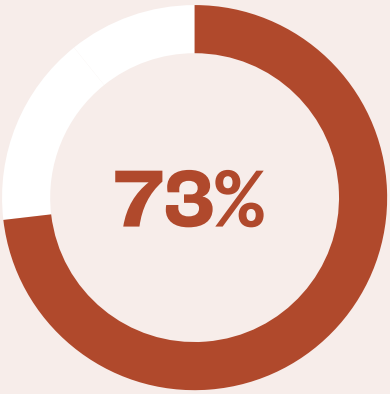
of all **enrolled clients identified as female**



have **no formal education**



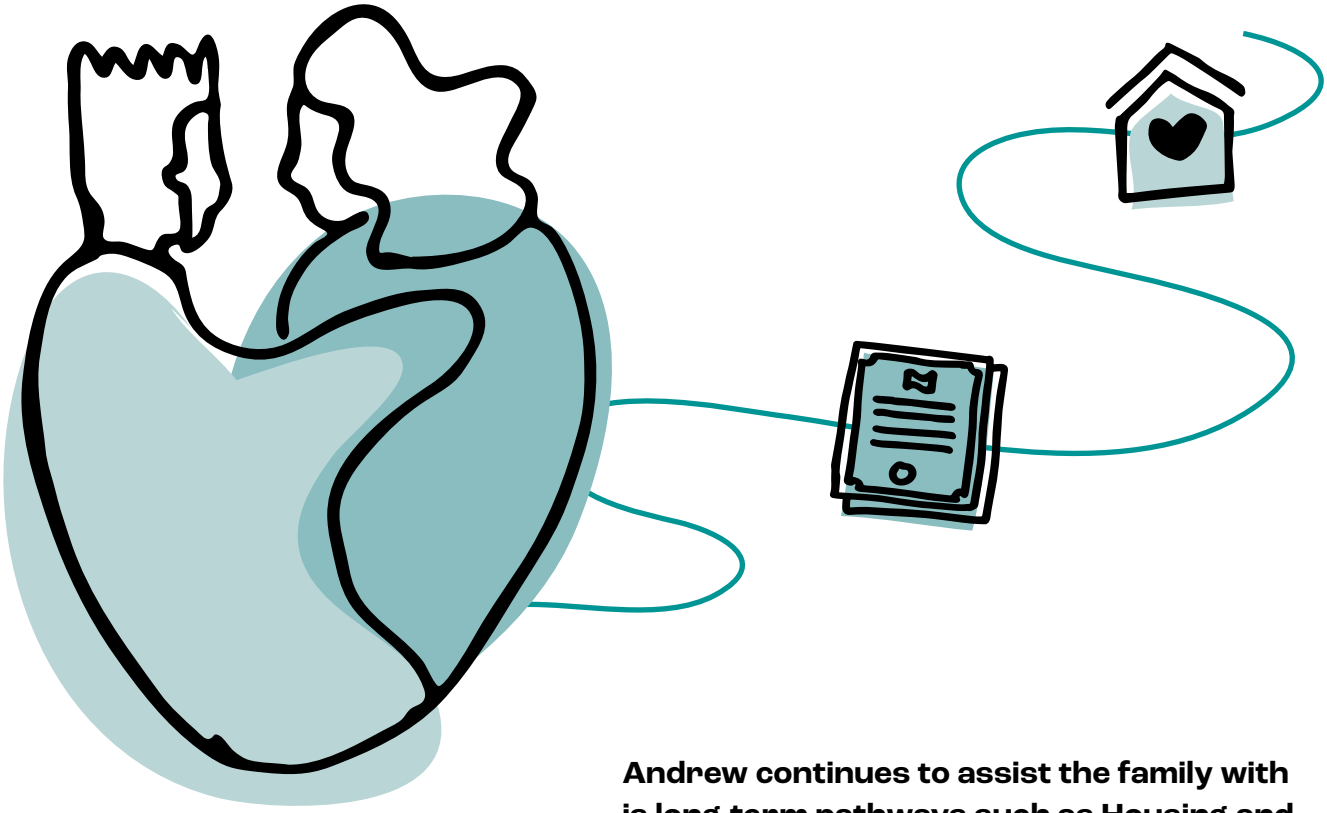
has **$0-$10k household income**



are **unemployed**

Long-term Outcomes Completes a Pathway

As a care plan is completed over time and Pathways are closed, barriers can be identified in the community service structure both at the individual and population level. Pathways not completed are also documented. The community can use this information to assess gaps in services and address these issues on a policy level.



Andrew continues to assist the family with is long-term pathways such as Housing and Citizenship. He works consistently to get Angela and her children safe and stable affordable housing permanently. A local resource will support with a full year rent payment to allow Angela time to stabilize her family. Angela is connected resources for housing and down payment assistance to get her family their own place to call home and stabilize the children to increase their attendance in grade school.

BEHIND THE NUMBERS

13,824

Needs met

Top Needs Met by Case

3,433

Social Service Referral
Confirmation of items and services received, connection to urgent resources or services, confirmed attendance at the service.

Top categories: translation, personal items, utilities, financial assistance, legal services

1,470

Health Education
Resident demonstrates understanding of learning materials.

Top categories: stress, sun exposure, adult and child nutrition, COVID-19 Vaccine, employment

192

Medical Referral
Confirmed appointment kept with Resident.

Top categories: primary care, mental health services, dental services, vision services, labs

128

Food Security
No problems, or anxiety about, consistently accessing adequate food for the past 30 days.

123

Employment
Resident is still working 30 days from the date of hire.

88

Transportation
Household member(s) had no problems, or anxiety about, consistently using transportation for the past 30 days.

83

Immunization Referrals
Provider, pharmacist, or clinic confirms that Resident's immunizations received and are up to date.

Help us grow our reach and connect our community to their needs for whole, healthy lives.

Visit the HOPE website to support our work and your community

Read and share the full one-year Impact Data Report to expand our outreach

Donate

Sign up for newsletter

Follow us on social media

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fchip.org/transform

You can always email us directly at **admin@fresnohope.org**.

The impact on our community would not be possible without the support of our 2022 – 2023 partners and funders.

Funding Investor

HEALTHY FRESNO COUNTY
Better Together

CULTIVA *La* SALUD

African American Coalition
FRESNO COVID-19 EQUITY PROJECT

EPU
Exceptional Parents Unlimited

FRESNO INTERDENOMINATIONAL REFUGEE MINISTRIES

THE FRESNO CENTER

VCB

CENTRO LA FAMILIA
ADVOCACY SERVICES
NEIGHBORHOOD RESOURCE CENTER

Thank you!

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“Data collection showcases CHW’s commitment and positive impact, particularly in bridging language barriers and advocating passionately for their Residents. The HOPE program reaffirms the value and effectiveness of CHW’s work, promoting a sense of pride in the services we provide to the most underserved in our community.”

CHW SUPERVISOR

HEALTH. OUTREACH. PREVENTION. EQUITY.

Fresno HOPE (Health, Outreach, Prevention, Equity) seeks to identify specific health inequities and provide sustainable, long-term health outcomes.

Get Connected

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Support results-based, people-first work.

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