

Integrated Health Outreach System (IHOS) Project

Project Summary & Goals

The project employed a community health development strategy aimed at increasing the capacity of local organizations and communities to more effectively impact the health of their populations. During phase one of the project, local community health workers (CHWs) called *promotores* were trained and employed through a network of multiple agencies and worked within communities located in the *colonias*, where clinical staff were stationed as “outposts” of state and federally funded community health centers. This strategy focused on reducing “health isolation” by directly or indirectly increasing access to health care and human services, and improving the health status of the residents of the *colonias* by:

- Building community capacity for collaborative health improvement
- Expanding the *promotora* capacity
- Developing and sustaining an integrated health system
- Health education programs
- Improving transportation, and
- Increasing service coordination

At the beginning of phase two, the project underwent a strategic planning process resulting in the restructuring of the project so that a steering committee comprised of staff and project *promotores* facilitate the two committee health partnerships located in the project areas. This restructuring also resulted in a new model that housed all project *promotores* under one entity (CCHD) in an effort to: 1) standardize training, responsibilities, and roles of *promotores*; 2) increase efficiency; and 3) eliminate gaps in services/duplication of effort. This model utilized *promotores* as facilitators of the community partnerships and actively engages community residents in designing and implementing strategies to improve health status and quality of life. The intent of this restructuring is to develop a broader, stronger, *promotora* infrastructure that seeks to: 1) reduce the substantial burden of preventable adverse health effects and reduce healthcare costs; 2) increase utilization of local providers and establish medical homes; and 3) provide residents with assistance and referrals to health and human services agencies. Another component of this phase two strategy is to train the *promotores* to conduct case-finding and triage services in multiple settings to assist colonia residents in navigating the healthcare delivery system, which will occur year two and three of phase two.

Principal Investigator

James N. Burdine, Dr.P.H.

Project Dates

2001-2007

Communities Involved

Colonias in Alton and San Carlos (Hidalgo County)

Funders

Robert Wood Johnson Foundation
Health Resources and Services Administration

Partners

Nuestra Clínica del Valle
Migrant Health Promotion

Outcomes

- The project had several impacts. At the Colonia resident level, some folks have new access to services and improved health status. At the community level there are new resources there and there is a clear improvement in a sense of accessing resources that should be available to them. While there remains a very real sense of concern about deportation, the residents have learned that they can get some things accomplished by working together. Further, there is now a set of *promotoras* who have greatly benefited from the training they received, but more importantly, by the substantial paradigm shift that occurred when they were exposed to community health development constructs. The *promotoras* have discovered that they can accomplish a lot more than the provision of a linkage to the residents of the Colonias. Finally, at the organizational level, while it is difficult to sustain, some of the partner organizations have learned the benefits of collaborating rather than competing for common resources.