

# **(CORIC)**

**Community Outreach Referral and Information Center, Inc.**

**A Health Outreach Program for Low Income Communities in  
New York City**

**Project Proposal**

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### EXECUTIVE SUMMARY

Community Outreach Referral and Information Center (CORIC) has as its main objective the improvement of health awareness and access through outreach.

With increased health care spending and diminishing return on the investment, the need for extensive educational health outreach has never been more pronounced. 1995 data for New York City from New York State Department of Health creates an interesting picture (data for New York State in parenthesis):

- ✓ Teenage pregnancy – 134.9/1000 aged 15-19 (90.1)
- ✓ Lung cancer and breast cancer – 44.1/100,000 and 41.9/100,000 (53.9 and 39.8)
- ✓ Alarming high hospitalization rates - drug related - 58.9/10,000 (35.0)
  - A.I.D.S. - 135.4/10,000 (65.9)
  - Tuberculosis – 32.6/10,000 (16.6)
  - Syphilis – 30.7/10,000 (13.8)

With the exception of lung cancer incidence, the rates for New York City far exceeds that for the State.

By addressing inadequacies in health care access, changes in health outcomes can be effected. It is with this firm conviction that CORIC was formed. CORIC is currently operating with limited funding. CORIC has the potential to be so much more to so many people. To expand services, CORIC needs funding. We hope your establishment will consider becoming a partner in this project through complete or partial funding for 2001-2002

CORIC will have emphasis in three main areas:

- Health awareness through media.
- Health awareness through community forums.
- Follow-up and referrals through a 24-hr hotline.

## PROGRAM DESCRIPTION

### The Problem

New York City is one of the major cities for the settlement of new immigrants to the United States. Based on data from the Immigration and Naturalization Service 133,168 immigrants came to New York City in 1996, accounting for about 20% of the United States' 700,000/year immigration. About 42,000 from the English speaking Caribbean alone. With limited knowledge of how to navigate the health care system in America, many immigrants resort to poor quality health services. Quite often they may refrain from seeking preventative care, and resort instead to emergency room services. Emergency room services are usually used for severe symptoms, which usually indicate late stage disease. As migration to the New York Area increase so does the need for health care, preventative health care in particular. There is a chronic need to relieve a health care system bursting at the seams and seeing even further expansion from extensive emergency room usage for advance disease. According to data from the Health Care Financing Administration New York State accounted for about 20% of Medicaid dollars spent in 1996 (\$29.8 billion of a total \$151.8 billion).

Health care epidemics continue to thrive, not because of lack of resources, but due to inefficient utilization. For example, 95% of women whom the New York Breast Cancer Partnerships were designed for are currently not utilizing the service. Childhood immunization is still well below desired levels despite the federal government's investment of \$1 billion in 1996. The number of uninsured children under age 18 rose to 10.6 in 1996, despite the child health initiative, and programs such as Child Health Plus (in existence since 1991).

### CORIC's Objectives:

1. Build bridges between available health services, and people in the community who need these services.
2. Foster community health awareness and preventative health care through community outreach, and electronic media outreach.
3. Act as liaison between community health agencies and newly arriving immigrants in the community.

### Strategies for Achieving Objectives

1. Form partnerships with:
  - ✓ Local, national and international health agencies so that we can begin to bridge some of the existing gaps between the community and available screening and treatment services.
  - ✓ Community groups.
  - ✓ Health outreach organizations.
2. Utilize television, radio, and the Internet to effectively deliver the health message.
3. Assist in the planning and implementation of community health fairs, providing health information and no/low cost screening for community residents.
4. Provide community awareness presentations for community-based organizations such as churches and parent teachers associations.

## **Program Phases**

Phase I – Radio outreach

Phase II – Forming partnerships

Phase III – Community outreach

Phase IV – Television and Internet programs

Phase V – Referral, follow-up, and support services

### **Radio outreach**

CORIC's radio outreach began on October 5, 1997 as part of "CIS Community Talk" which airs 8PM to 10PM Sundays on WRTN 93.5FM. The program, which is sponsored by Caribbean Immigrant Services, targets over 3 million households in the Tri-State (New York, New Jersey, Connecticut) area. Below is a summarized audience profile:

**New York City and Westchester listeners account for 59.4%, 52.4% are male, 66.8% are married, 58.8% are between the ages of 25 and 54, 95.5% listen at home, 35.2% have a family income \$60,000 to \$95,000, and 20.6% have a family income over \$170,000.**

In keeping with our vision of building bridges between access and availability, the 15 minutes health segment brings information from leaders in the health field to the community. The health segment is always first on the program to stress the fact that health comes first at all times. Guests are booked a month in advance, and have so far been very willing to provide their service free of cost because of the mutually beneficial nature of the arrangement. The program has hosted representatives from American Cancer Society's smoking cessation program (Fresh Start), National Cancer Institute's Cancer Information Service, Capcure, Naomi Berrie Diabetes Center, National Black Leadership Initiative on Cancer, and American Heart Association, to name a few.

The radio program, "CIS Community Talk" has gained tremendous popularity since its September 28, 1997 inception. The program is promoted during all outreach efforts of Caribbean Immigrant Services – churches, community groups, community entertainment events, visitors to CIS's 4 offices, and over our telephone answering service.

CORIC seeks funding to extend the health segment from 15 minutes to half an hour. That additional 15 minutes would enable us to accessorize the segment with giveaways, health advertisements, announcement of upcoming health events, and allow us the opportunity to extend our 'guests list'.

### **Forming partnerships**

Forming partnerships with health care facilities and organizations is critical in enabling CORIC to achieve its main objective of building bridges between access and availability. Working relationships have been established with a number of organizations and facilities in the New York Tri-State area. Included are:

- ✓ Columbia Presbyterian Medical Center (CPMC)
- ✓ American Cancer Society (ACS)
- ✓ New York Breast Cancer Partnerships
- ✓ National Cancer Institute (NCI)

- ✓ Us Too International
- ✓ American Heart Association (AHA)
- ✓ Prevent Blindness America
- ✓ Kings County Hospital Center
- ✓ State University of New York Health Science Center at Brooklyn (SUNY HSCB)
- ✓ Harlem Hospital

We are in the process of establishing official partnerships with Capcure, National Black Leadership Initiative Cancer, and Naomi Berrie Diabetes Center. Other health care establishments have expressed the desire to establish partnerships. These partnerships will seek to not only assist CORIC in bridging the gaps between access and availability, but to provide added funding for CORIC. Funding will take the form of payment for referrals (screening/treatment centers provide fixed payment per person referred by CORIC), and through ‘co-funding’ (the organization/facility applies for funding, and CORIC obtains a mini grant from this funding).

Partnership with health care entities over seas is yet another aspect that will be undertaken in this second phase. In this endeavor adequate funding will enable us to work with the over seas immigration outreach of the Caribbean Immigrant Services, which through partnership with Air Jamaica is currently ongoing. This endeavor will also be facilitated by the formation of partnerships with Tri-State area organizations that currently do health outreach in the Caribbean. This type of collaborative effort will enable CORIC to offer its outreach services to new immigrants.

### Community outreach

CORIC has conducted a few small health forums (20-200 persons) through partnership with community groups, and as part of CIS Youth Core activities.

CORIC is currently looking at the possibility of a joint venture with the State University of New York Health Science Center, Brooklyn (SUNY HSCB). Such a venture would allow health care professionals in training at SUNY HSCB to get hands on experience in the Brooklyn communities served by SUNY HSCB. This will be accomplished by allowing these individuals to give volunteer services to CORIC in exchange for academic credits. Those students in the field of health care management will have the option of attending meetings, thereby taking part in the management of CORIC. In addition, collaboration through a SUNY HSCB operated health care access program would assure continued efficient utilization of the facilities at SUNY HSCB for preventative health care services through referral by CORIC. Such an arrangement would be mutually beneficial for parties concerned.

- ✓ The hospital would reduce the inevitable strain being placed on its emergency room service, not to mention stemming the high cost associated uninsured individuals showing up with late stage disease.
- ✓ The State of New York would profit from the improvements in the health of immigrants and low income Americans. Legislators would be able to redirect savings to other areas of health care. The State’s economy benefits from improvements in the health of the work force. The influx of immigrants into New York City has been vital to maintaining the population of the City with recent waves of residents leaving for Upstate New York, Connecticut and New Jersey.

- ✓ CORIC would benefit from funding (payment of outreach staff) which would position CORIC as a major health organization in the community.
- ✓ The most significant beneficiaries would be the hundreds of thousands of families in the New York Tri-State area who are living with poor health (no formal health care services) due to lack of access.

### Television and Internet

For its final phase, CORIC seeks funding for DEMO, a health issues television program to be aired in the New York Tri-State area, and on CORIC's web site. Currently, CORIC has a page on CIS's web site, with funding CORIC will establish its own web site, dedicated to health issues.

From observing the climate in the field of public health it's assured that media outreach is the direction many health professionals are aiming to stride in. The difference is CORIC has already made strides in this direction, and is committed to fostering added growth in this area.

The sponsor for DEMO will have an open invitation to be part of all our outreach forums, and be named as a sponsor in all literature sent out by CORIC, as well as in every broadcast of DEMO.

Based on statistics from the New York City Planning Department most recent immigrants to the borough of Brooklyn, New York are from the Caribbean. It is unfortunate that the programming of WRTN does not effectively reach the entire borough of Brooklyn. Also, there are limitations to talk radio, namely the inability to use the power of the visual. DEMO a compact, half hour, weekly health issues television program for the New York Tri-State area will effectively address this deficit. DEMO will be a hip program that will entertain and inform simultaneously. DEMO will feature:

- ✓ Interviews – health professionals, entertainers and athletes with healthy lifestyles.
- ✓ Cooking – healthy eating, dieting tips, etc.
- ✓ 800 number and address for viewer comments.
- ✓ Sponsorship spots to run at least twice during the program.
- ✓ In house health advertisements.
- ✓ Highlight of health professionals at work.
- ✓ Children talking health.
- ✓ Weekly community health forum.
- ✓ Health information running on the screen, health facts at the breaks.

DEMO will complement the radio health segment, as well as bolster our community outreach efforts – one of the plans is to have weekly community health forums, segments of which will be aired on DEMO. Health issues will be fused with art, culture, public interest, economics, and immigration.

### Referral, follow-up, and support services

We realize that to improve screening rates without improving access to treatment and follow-up is a very dangerous proposition. So, in phase V of the program we will place special emphasis on referral, follow-up, and support services. These services will be facilitated by collaborations established in phase II.

## STAFFING

The success of CORIC will be dependent on the extensiveness of the working partnerships formed. So far the health care community has been very responsive, particularly with regards to the use of electronic media.

Initially CORIC will be staffed by 3 permanent full time employees – the Director, an Assistant Director, and a Producer for media programs. The Director and Assistant Director will oversee the general operations of the center:

- ✓ Communicate and network with appropriate health care establishments.
- ✓ Make appropriate referrals and follow-ups to community based medical services, and other community based services (such as stroke clubs, and smoking cessation programs).
- ✓ Plan community forums, and conduct research for media programs.
- ✓ Book guests, arrange cohosting, participate in program design, write scripts, prepare audio/visual presentations.

## Qualifications of project leaders

Director - Sharon Ramsay has a Master of Public Health (MPH) from Columbia University, and several years of experience in public education.

Producer - Gregory Wynter is an electronics engineer and producer of Caribbean Soul, an entertainment program with enormous popularity. The program airs 3 times/week in New York City, airs on the World Wide Web, and is slated to air internationally.

## BUDGET FOR YEAR ONE

### Personnel services

Director of the Health Outreach Center	37,000.00
Assistant Director	25,000.00
Producer of television program	39,000.00
Sub total	101,000.00
Fringe benefits (22%)	22,220.00
Total personnel services	123,220.00

### Non-personnel services

Equipment (leased at \$4,000/month with option to buy at end of lease)	48,000.00
Purchase of 15-minute radio air time (\$200/week)	10,400.00
Purchase of 30-minute television air time (\$250/week)	13,000.00
Telephone and postage	3,600.00
Staff travel	2,200.00
Program and office supplies	6,000.00
Internet services (\$70/month)	840.00
Printing educational materials	24,000.00
Total non-personnel services	108,040.00

<b>Total</b>	<b>231,260.00</b>
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## EVALUATION

On a continuing basis data will be collected on health care inadequacies in the communities we serve. CORIC has started collecting and evaluating data on cancer and HIV incidences. A questionnaire is being designed, which will be used to determine CORIC's impact once the program is fully operational. Measurable data includes, but will not be limited to:

- ✓ Attendance at public forums.
- ✓ Listenership of radio program.
- ✓ Viewership of television program.
- ✓ Visits to website – number of hits.
- ✓ Visits to health care provider – change of frequency.
- ✓ Screening update.
- ✓ Childhood immunization rates.
- ✓ Lifestyle changes – diet, smoking, exercise.

Responses will be collected by the use of questionnaires, and telephone surveys done by zip codes. This evaluation will enable us to attend to deficits within our programs by examining the impact of our services on the general health and behavior participants. Our address, email address, fax and phone numbers will be advertised to enable people to contact us with comments and suggestions – these comments and suggestions will also comprise our ongoing evaluation.

## SUMMARY

The Health Outreach Center is seeking complete or partial funding for 1998-99. Thereafter expenses will be covered by additional sponsorship obtained during the first year of production – fundraising campaign will be ongoing. The option will be open to the initial sponsor to sponsor for more than one year, or to renew sponsorship at the end of the year based on evaluation. An additional forecast is to have DEMO broadcast nationally and internationally, thus efforts will be made in this area during year 1 of production.

Citizenship USA, through the work of community organizations such as Caribbean Immigrant Services Youth Core, resulted in the naturalization of hundreds of thousands of immigrants over the last decade. CORIC, by using similar types of strategies to address access to health care (as outlined in this proposal) can achieve like results.