

Community Health Worker

The Fund for Public Health in New York City, (FPHNYC) is a 501(c) 3 non-profit organization that is dedicated to the advancement of the health and well-being of all New Yorkers. To this end, in partnership with the New York City Department of Health and Mental Hygiene (DOHMH), FPHNYC incubates innovative public health initiatives implemented by DOHMH to advance community health throughout the city. It facilitates partnerships, often new and unconventional, between government and the private sector to develop, test, and launch new initiatives. These collaborations speed the execution of demonstration projects, effect expansion of successful pilot programs, and support rapid implementation to meet the public health needs of individuals, families, and communities across New York City.

PROGRAM OVERVIEW

The Harlem Health Advocacy Partnership (HHAP) is a DOHMH funded community health worker demonstration project aimed at reducing the rates of diabetes, hypertension, and asthma in the East and Central Harlem NYCHA community. HHAP aims to accomplish this by identifying NYCHA residents with any/all of these three chronic illnesses, and helping them better manage their illnesses through:

- One-on-one health coaching sessions
- Individual and group-level educational workshops
- Assistance in acquiring and navigating health insurance
- Referrals to clinical and social support services in the community
- Advocacy and community organizing

This position will be housed within the DOHMH's Center for Health Equity Division. The Center for Health Equity aims to strengthen and amplify the Health Department's work to eliminate health inequities, which are rooted in historical and contemporary injustices and discrimination, including racism. Our four key approaches to advance health equity are as follows:

- 1) **We support the Health Department's internal reform in becoming a racial justice organization.** By naming and addressing racism, and other social, economic, and environmental forces that create health inequities, we develop, implement and provide guidance on health equity training, practice, and policies across the Health Department.
- 2) **We invest in key neighborhoods (place-based).** The health of neighborhoods is a result of historical, political, social, and physical forces. Certain NYC Neighborhoods have been deprived of sufficient resources and attention. In order to "right" this injustice, we have neighborhood offices in areas that bear the highest disease burden; North and Central Brooklyn, the South Bronx, and East and Central Harlem. These are centers of planning and action for community-wide and inter-agency health initiatives.
- 3) **We build partnerships that advance racial and social justice.** Public health has historically been a vehicle to advance social justice. Towards this pursuit, we strategically mobilize tools, resources, and networks to enhance community power and target the factors that socially determine health inequities. We coordinate action with residents, community advocates, community-based organizations, faith-based organizations, businesses, schools and other city agencies.

- 4) **We make injustice visible through data and storytelling.** We develop communication strategies that creatively use data, elevate the stories often untold and unseen, and call attention to racism, and other social injustices, as a root cause of inequities. We track and share results that are meaningful to community partners and that contribute to evidence-informed practices.

POSITION OVERVIEW:

The Community Health Worker will serve as a liaison to residents of 5 East/Central Harlem NYCHA housing developments identified as having high rates of poorly controlled asthma, hypertension and diabetes. Community Health Workers will be trained to provide one-on-one coaching sessions to help resident participants implement realistic and culturally appropriate lifestyle changes. Sessions will be held either at the home or at convenient community settings. With shared life experience, Community Health Workers will serve as role models, educate participants about self-help techniques and self-help group processes, teach effective coping strategies and symptom management skills, assist in clarifying rehabilitation and disease management goals and assist in the development of community support systems and networks. Community Health Workers will also directly impact participants' ability to advocate for appropriate care and healthy neighborhood conditions.

There is potential for this position to transition to DOHMH and therefore candidates must meet DOHMH eligibility requirement including NYC residency.

RESPONSIBILITIES:

- Provide peer health coaching support to chronically ill participants including goal setting, creation of a participant action plan, and reinforcement sessions to help participants achieve their health goals
- Maintain a caseload of approximately 30 participants
- Connect participants to community clinical and social service supports
- Model positive health management behavior
- Occasionally accompany participants to medical and social services visits as needed
- Complete tasks including documentation, coaching and health education and data entry in accordance with organizational guidelines
- Prepare case-related reports including but not limited to: outcomes, successes and challenges.
- Engage in case conferencing with Community Health Worker Supervisor and HHAP Program Director to allow for feedback and collaborative solution planning to improve participant health outcomes
- Communicate health complications and risks to Community Health Worker Supervisor when necessary
- Participate in group advocacy and community mobilization activities of the Community Action Team
- Serve as a positive example and representative of the organization internally and externally

REQUIREMENTS:

- Flexible work schedule, regular evenings and weekends required

- Ability to work independently, be flexible, and handle changing workload with multiple projects and changing priorities
- Working Conditions: 70% Community, 20% Office, 10% Clinical/Social Service Partners
- A strong commitment to engage residents on a personal level and be able to get agreement on future health commitment/goals

QUALIFICATIONS:

- High school diploma or GED
- Bilingual preferred (English/Spanish or English/French) but not required
- East/Central Harlem residents preferred
- NYCHA residents strongly encouraged to apply
- Strong relationship builder with excellent interpersonal and communication skills
- Experience providing coaching, mentoring, adult learning, counseling, outreach, workshop facilitation, and/or group/community presentations preferred
- Experience working with marginalized populations preferred
- Healthcare related experience is a plus
- Knowledge and familiarity with NYCHA systems is a plus
- A commitment to collective action and community organizing

SALARY AND BENEFITS

FPHNYC offers a comprehensive benefits package. The salary range for this position is commensurate with experience and education.

TO APPLY

To apply, send Resume, with Cover Letter, including salary requested and how your experience relates to this position, to publichealthjobs@fphnyc.org indicating “**Community Health Worker_your name**” in subject line.

The Fund for Public Health in New York City is an Equal Opportunity Employer and encourages a diverse pool of candidates to apply.