

# Healthcare With Community in Its DNA

A large, diverse crowd of people, seen from an overhead perspective, forms a heart shape. The individuals are of various ages, ethnicities, and are wearing colorful clothing. The heart is centered on the page, and the text is placed within its upper portion. The background is a plain, light-colored surface.

Exploring Montefiore Health  
System's Community Health  
Worker Institute Model



In the Bronx, community ties run deep. The blurred lines of culture, family, and neighborhood infuse every facet of life—3 generations stand behind the counter at its local businesses and bodegas, a patchwork of ethnicities and identities populate its schools, and passions run high at city council meetings and neighborhood block parties alike. Community is at the center of this vibrant borough that is home to 75 different languages spoken loud and proud across its diverse neighborhoods. Therefore, it comes as no surprise that Montefiore Health System, one of the nation’s largest health care networks and the largest employer in Bronx County, is necessarily rooted in community as well.

At the intersection of clinical care and social services resides the [Community Health Worker Institute](#) at Montefiore Health System. The Institute’s team of 25 boots-on-the-ground community health workers look and sound like the patients they support because they have been recruited directly from the communities they serve. However, at the Institute, these community health workers are fully integrated members of the multidisciplinary care team. Through its carefully designed, cost-effective, value-based model of recruitment, training, deployment, and continuous professional development, the Community Health Worker Institute has mobilized a workforce of local community experts that has the potential to change the way health care systems nationwide approach social drivers of health and health equity.

In fact, the Institute—supported by the Community Health Systems Lab at Albert Einstein College of Medicine and embedded within Montefiore’s ambulatory network—has blossomed so well in its first 3 years that in January of 2024, the New York State Department of Health awarded Montefiore \$2 million to grow the program.<sup>1</sup>

*Oncology Issues* shares this inside look at the Community Health Worker Institute’s unique model to educate, train, nurture, and grow community health workers and why cancer programs and practices striving for health equity should pay attention.

### Montefiore Health System

With 10 hospitals and more than 200 outpatient ambulatory care centers, Montefiore Health System cares for approximately 3 million people across the Bronx, Westchester, and the Hudson Valley, an area that prides itself on being home to one of the nation’s most ethnically and culturally diverse populations.<sup>2</sup> This urban catchment



Entrance of Montefiore Medical Group’s Comprehensive Family Care Center, one of Montefiore Health System’s largest primary care sites in the Bronx. (Photo courtesy of Montefiore Health System.)

area also represents one of the most economically challenged counties in the United States, making access to comprehensive, quality health care an arduous undertaking.

However, Montefiore Health System has a long history of providing compassionate care for underserved populations with health equity and social medicine at its core. The Montefiore Home for Chronic Invalids, founded in 1884 by Jewish philanthropists, was created to care for patients with chronic illnesses who could not find care elsewhere. In 1905, Montefiore established one of the country’s first departments of social work to provide psychosocial care for patients, and in 1912, built its first hospital in the Bronx. The 1930s saw Black medical residents accepted at Montefiore, when such integration was highly uncommon, and in 1950, Montefiore established the very first hospital-based Department of Social Medicine in the United States.

Since then, through groundbreaking initiatives like the Dr. Martin Luther King, Jr. Health Center in 1966 (which would bring comprehensive health care to the South Bronx for the first time in 20 years),

establishment of one of the nation's first residency programs in Social Medicine in 1970, and becoming the first hospital to recognize a health care workers union (1199 SEIU), modern-day Montefiore has become synonymous with compassionate care, community service, and innovative health care at its finest.

### **Building the Community Health Worker Institute**

When the team at Montefiore set out to design the Community Health Worker Institute in 2021, unmet social needs in the Bronx were at an all-time high. Emerging from the height of COVID-19, the economic burden on residents was dire and, as a result, there were significant clinical consequences for patients. With extended job loss, record-high levels of debt, and higher prices for most goods and services, daily economic survival became the number 1 priority and for many residents in the Bronx, health care had to take a back seat. Meanwhile, hospital staff shortages were at dangerously high levels and the surge in patients with critical social needs were straining already overwhelmed hospitals and care centers.<sup>3</sup>

During the same interval, the correlation between social drivers of health and health outcomes, particularly for patients living in large, underserved areas, was becoming more evident each day to Montefiore's clinical research team. Social needs such as poor housing quality, food insecurity, and exposure to certain factors that could increase a person's risk for specific disease types (eg, asthma or diabetes) were shown to significantly impact a person's health, particularly as it related to chronic conditions.<sup>4</sup> Researchers were hard at work

identifying how clinical approaches like social risks and social needs identification could mitigate the harmful effects of poverty and material hardships on children's health and development.<sup>5</sup>

But none of this work was new to Montefiore. In 2018, its interdisciplinary team of researchers and clinicians at the Community Health Systems Lab had already designed a standardized social needs screening program for patients with unmet social needs. What began as a pilot program in 2017 using a 10-item social needs screening tool quickly developed into a large-scale social needs initiative that would lay the groundwork for Montefiore's integration of social care to improve health outcomes.<sup>6</sup> By utilizing the screening assessment for approximately 40,000 to 50,000 patients per year throughout Montefiore's primary care network, the standardized tool soon revealed that approximately 15% to 20% of patients were identified as having at least 1 social need.

Therefore, the question at Montefiore was not whether there were patients with social needs; instead, it became: How can health care teams help these patients in a meaningful way? Hospital staff were inundated, and faculty and leadership knew that clinical care teams could not be asked to do 1 more task. Ultimately, Montefiore decided to rethink its strategy.

Kevin Fiori, MD, MPH, MSc, FAAP, is the director of the Community Health Systems Lab; director of Social Determinants of Health, Office of Community and Population Health; associate professor of Pediatrics and Family and Social Medicine; and director of the Community Health Worker Institute. When he and his team of clinicians and researchers



Dr. Fiori and Renee Whiskey-LaLanne, MPH, MCHES, meet up outside a neighborhood clinic before beginning their appointments with Bronx patients. (Photo by Jason Torres.)

began to conceptualize a model for the Institute, community health workers at nonprofit organizations were already available and hard at work in the Bronx. However, Dr. Fiori and his team recognized that to develop a new level of meaningful support for patients, they had to optimize how this workforce was integrated. They knew that they needed to build the infrastructure to recruit, train, and provide ongoing coaching and supervision to ensure these community health workers could succeed. To develop this infrastructure, which would require the involvement of multiple layers of operational, administrative, and clinical time and investment, they needed buy-in, and they were fortunate to find the necessary support at Montefiore.

“The key to this was buy-in at multiple levels. We had buy-in from leadership at the beginning—and that went all the way to the top. I remember one of my primary mentors, chief medical officer Dr. Andrew Racine, [system senior vice president and chief medical officer at Montefiore Health System and professor of Clinical Pediatrics at Albert Einstein College of Medicine], and I thinking through structurally about how we could do this in a way that it becomes standard of care...so, I didn’t have to ask permission, it was just a matter of asking: What can we [Montefiore Health System] do to support this effort?”

Building the model was an ambitious undertaking and involved multiple hands on deck. With leadership engaged from within the clinical departments, including the Department of Pediatrics, the Department of Family and Social Medicine, and the Department of Obstetrics and Gynecology, critical input from clinical teams, and administrative and IT collaboration to build the needed framework (including the creation of a new department, job descriptions, and new and expanded conduits for screening and communication), the design for the Institute began to take shape, and firmly at its core was the thriving community and resources of the Bronx. Critical conversations took place with 1199 SEIU, the nation’s largest health care union, on how best to support the new workforce, alliances with local organizations were established to create a reservoir of resources to offer real



Dr. Fiori walks with community health workers in the Bronx. (Photo by Jason Torres.)

and sustainable support for patients, and partnerships with philanthropists were fostered to provide seed funding for the Institute.

Renee Whiskey-LaLanne, MPH, MCHES, associate director, Community Health Worker Institute at Montefiore Health System and director, Community Partnerships, Community Health Systems Lab at Albert Einstein College of Medicine explains. “Strategic community partnerships are vital to how we comprehensively address our patients’ social needs...Leveraging the collective resources in our community helps our patients get the services they need and as we look [toward the] long term, we are confident that pathways to sustainable solutions are being created.”

### **A Model for a New Brand of Community Health Worker**

Community health workers—individuals from within a community who provide culturally appropriate health education, resources, and/or services for local community members and who often share the same ethnicity, language, and/or socioeconomic status with the community they serve—are not a novel concept. Nationwide, community health workers (also known as community health representatives, advisors, advocates, or navigators) are typically contracted through community or nonprofit organizations and can be found working with patients where they live, work, play, or worship—and not necessarily in a clinical or hospital setting.

At the Community Health Worker Institute, the approach has been radically different. These community health workers are full-time Montefiore Health System employees—a deliberate and critical distinction that has helped the program overcome previous limitations and inconsistencies in communication, training, and integration with clinical care teams, which are complexities that have often plagued some of the best community-based organizations.

Distinguishing these community health workers further is the comprehensive educational framework in which they are trained and professionally developed. Through a partnership with 1199 SEIU and Hostos Community College, which is 1 of just 2 registered apprenticeship programs through the New York State Department of Labor for community health worker training, the Institute’s community health workers are recruited from within their local communities and earn their apprentice certificates through Hostos, which is accompanied by intensive on-the-job training, supervision, and professional development.

Dr. Fiori, who has firsthand experience with similar training and supervision models from years of clinical work and research across sub-Saharan Africa and through Integrate Health, an international, nongovernmental organization he cofounded focused on health care delivery in Togo, explains.

“We have exceptional talent in the Bronx, and we have been lucky with our recruitment. However, the supervision model for community health workers is critical. It is not the same model we use in other departments; the reason is that this is a very young workforce. They [community health workers] bring tons of valuable community expertise, but for some people, it is their first job. They may not have a lot of professional experience and they need a lot of coaching. If you pair that [community expertise] with a supervision model, you just see better outcomes. I’ve seen it work in Togo, in Guinea, in Ethiopia, and it works here in the Bronx.”

Through a complex framework of standardizations based on the Community Health Systems Lab’s careful research and data on Bronx County residents and their social needs and health care outcomes,<sup>6</sup> the Institute’s education and training curricula, supervision, and professional development are rooted in the community’s needs and guided by local community experts with shared lived experiences (Figure 1).

Because Montefiore is the largest employer in Bronx County, the Institute leverages its existing partnerships with local community groups, community colleges, and high schools to form a talent pool from which they recruit locally. By fostering connections with students, teachers, and professors and taking the time to engage with these students in their neighborhoods and schools, these relationships flourished and the Institute all but stumbled upon a key formula for success.

“Many of our community health workers have shared lived experiences [with our patients], but it is not always that way. We need to do it [recruit locally] deliberately. That is the secret ingredient in the sauce. We can teach lots of people how to navigate the social services sector, but bringing someone in who lives in the neighborhood, who can say ‘Yes, I know what you are talking about and how hard it is to get to that food pantry or why it’s a challenge to get there during rush hour because of the traffic on that street,’—there is a value and rapport that is developed with patients that is so powerful. They bring that expertise to the clinical team and can explain why things are the way that they are to our clinicians,” Dr. Fiori explains.

At the core of the Institute is a complex model of investments and returns—an exchange of time, training, supervision, and manpower

in return for outcomes and data to shape improvements and cost-savings over time. Data meticulously collected and evaluated through the Community Health Systems Lab help evaluate the impact of the Institute’s community health workers; the data are also extrapolated to inform several aspects of the program. Data can highlight the resources that have been the most useful for patients, measure effectiveness of interventions, and even identify the precise areas where community health workers should be deployed, down to the specific zip codes where the greatest need exists.

These data are also tracking medical costs vs cost savings attributable to interventions by community health workers, strengthening the financial case for this model of care. Currently, funding for the Institute is maintained through a combination of sources. While Montefiore has invested significantly in the infrastructure—administrative and operational requirements—the Institute also receives funding through grants and other philanthropy sources to support its community health workers.

However, there is an additional pathway to reimbursement and the Institute is optimistic that this funding source may soon come to fruition for patients who receive its services. In April 2023, the state of New York approved reimbursement for health-related social needs navigation for Medicaid beneficiaries. While reimbursement is currently limited to obstetrics (ie, patients receiving prenatal or postpartum care), there are plans to expand coverage to patients receiving care in other departments.

**Figure 1. Community Health Worker Institute Social Service Integration Model**

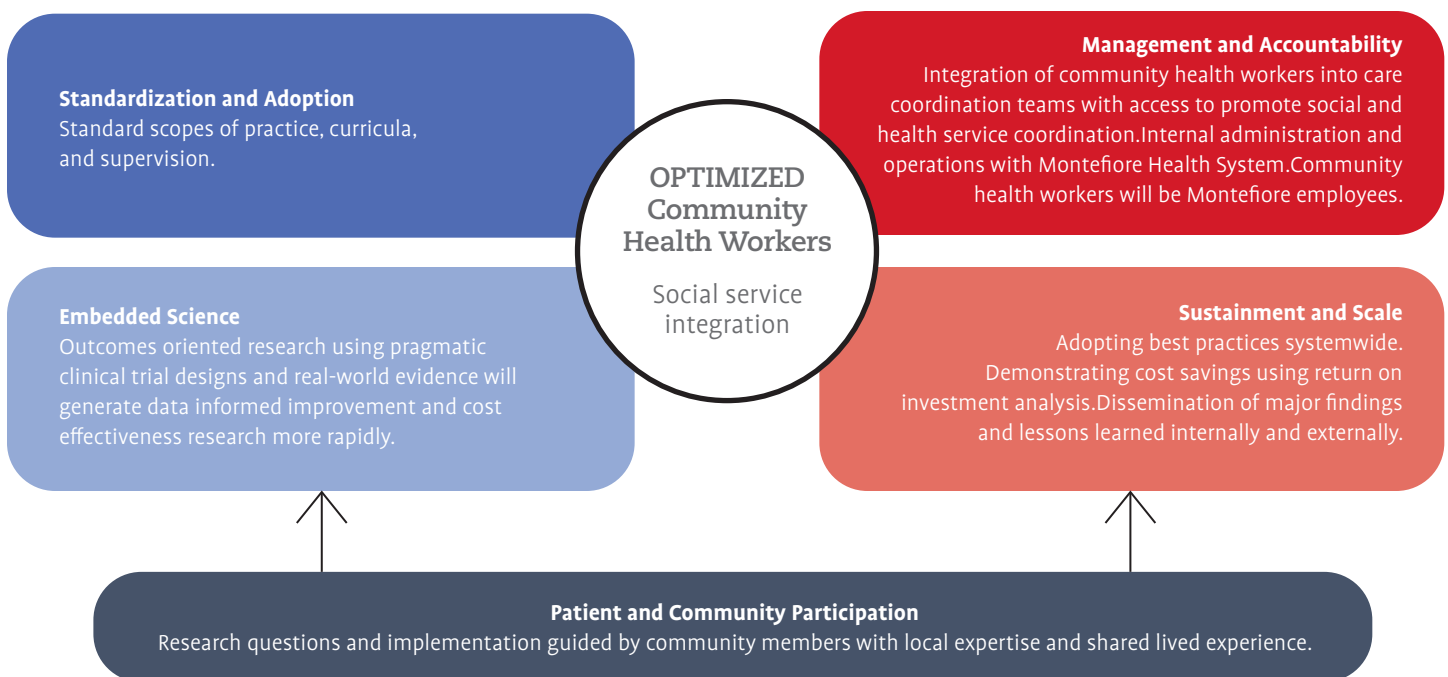


FIGURE 1 REPRODUCED WITH PERMISSION FROM THE COMMUNITY HEALTH WORKER INSTITUTE AT MONTEFIORE HEALTH SYSTEM.

In November 2023, the Centers for Medicare & Medicaid Services (CMS) issued a final rule that pays for patient navigation and navigation-related services effective January 1, 2024.<sup>7</sup> To do so, the agency created new codes to reimburse for support services that assist patients with health-related social barriers that interfere with treatment adherence for cancer and other serious illnesses:<sup>8</sup>

- Social determinants of health risk assessment
- Community health integration service coordination responsive to social determinants of health assessment
- Principal illness navigation services to help patients complete a treatment plan for a serious condition expected to last at least 3 months
- Principal illness navigation-peer support that aligns with rigorous training, primarily for behavioral health support, such as peer-led mental health and substance use programs.

Services that are necessary to improve adherence to treatment plans, which are typically provided by oncology patient navigators and community health workers, are now reimbursable as principal illness navigation services. The rule provides several examples of qualifying activities, including provision and facilitation of:<sup>7,9</sup>

- Person-centered assessments, which involve assessing how social determinants of health might affect a person's health care adherence and outcomes
- Patient-driven goals of care
- Care planning
- Care coordination
- Communication, including in-system navigation and coordination of community-based care
- Health education
- Coaching and mentoring to support patient self-advocacy
- Collection of health outcomes data.

For a comprehensive description of these codes, how to use them, who can perform services, and next steps for the field, please refer to the 2024 *Oncology Issues* article authored by Pratt-Chapman et al.<sup>8</sup>

In addition, in January 2024 CMS approved New York's Section 1115 demonstration amendment, which includes a series of actions designed to advance health equity and provide increased access to primary and behavioral care, housing and nutritional support services, and programs aimed at addressing health-related social needs for underserved communities.<sup>10</sup> Conversations are also taking place with managed care partners on how the Institute's services can become a reimbursable service, and the Institute's data and research will serve to strengthen nationwide efforts to make the case for reimbursement of social needs navigation and support.

### **Mechanics of the Institute**

Social needs screening by the Community Health Worker Institute begins during a routine clinical visit. When patients visit a Montefiore primary care or family medicine physician or are scheduled for their annual physical, they are provided with a 10-item screening questionnaire either via the health system's electronic health record portal or at the time of check-in (if they have not completed a screening within the past 12 months). Providers review the results of the screening



Top: Former community health worker Damaris Flores at one of Montefiore's primary care locations; Bottom: Flores meets with a Bronx resident to go over transportation options for medical appointments. (Photos by Jason Torres.)

in the patient's chart and if a patient is identified for any social needs, clinicians probe further to inquire if the patient would like assistance. At times, patients may decline support if they are already receiving assistance through a social worker, a local church, or other channel. However, fewer than 1% of patients decline completing the screening questionnaire. In fact, most patients understand the purpose and limitations of the assistance being offered; they understand that social needs impact their health, and the overwhelming patient response has been very positive.

Dr. Fiori explains: "My favorite part of the week is when I get to go to the [Community Health Worker Institute's] Friday meeting when all the community health workers come together and talk about their work. It is amazing what they [the patients] tell us and very different than what our clinical teams assume. They [patients] will say things like 'I know you're not a miracle worker and your team can't find me a really nice 3-bedroom apartment with a nice view, but it matters to me that you asked.'"

On average, 1 community health worker at the Institute can assist approximately 350 families per year. One referral to the Institute can generate about 10 to 11 patient visits, according to the complexity of cases (eg, housing issues would necessitate more visits than food insecurity). Each referral begins with an initial meeting, where com-

munity health workers conduct a more comprehensive assessment to explore needs identified during the screening and create an action plan. However, every effort is made to provide patients with resources at the first meeting. Thereafter, follow-up meetings take place approximately every 2 weeks.

The range of social needs that the community health workers tackle are vast, however, through key partnerships with community leaders and local advocacy groups, real solutions have become possible. Whiskey-LaLanne shares several examples. “Community partners like the New York Legal Assistance Group work directly with our community health workers to support patients with complex housing situations that may require legal assistance, including helping our patients with housing court cases. We are working with New York City Housing Preservation and Development when our patients have hazardous health conditions in their home, such as persistent mold or lack of heat and hot water. Our community health workers are referring patients with cancer diagnoses to organizations like [CancerCare](#) and the [American Cancer Society](#) to assist with financial costs associated with cancer care like copays, personal needs, and even pet care services while seeking treatment—not to mention [the] support groups and counseling that supplement the efforts that our colleagues in the Montefiore Einstein Comprehensive Cancer Center deliver to help manage the emotional strain of cancer diagnoses and care.”


Between August 2022 and January 2024, approximately 7288 patients and families have been referred to the Institute. Of the families who received services, 92% report progress on their social need after working with a community health worker. Yet, the Institute has plans to increase this number, with a goal of reaching approximately 9000 patients and families annually.

### Looking Ahead

The Community Health Worker Institute, now in its third year, is already looking ahead at ways to replicate what it has done in the Bronx and develop and adapt best practices for other settings. This growth includes expansion to other divisions within Montefiore beyond primary care, such as OB-GYN clinics, the pediatric hematology/oncology unit at the Children’s Hospital at Montefiore, and adult inpatient units at 3 of Montefiore’s Bronx hospital campuses. Since Montefiore also serves Westchester County and the Hudson Valley, the Institute aims to develop models for these areas, as well as a roadmap for health systems nationwide.

With the newly awarded funding through the New York State Department of Health, the Community Health Worker Institute also has plans to expand its education and supervision model to create a new, sustainable career pathway for community health workers. Its current core education hours will increase to 160 hours of education (from its current 80 hours of education) and approximately 2000 hours of supervision, a full year of supervised practical experience. The grant will also enable the Institute to increase its workforce from 24 to 40 community health workers and compensate workers during the 4-week job training period.

Montefiore’s Community Health Worker Institute is strategically positioned to dramatically improve social needs care for patients and families and to provide a growing and sustainable health career pathway for community health workers nationwide. Its lessons

learned, unique framework of standardization, and best practices embedded in science serve as a paradigm for innovative health care with community at its core. 

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