

## MISSION

# AVERA HEALTH CENTER CREATES CONNECTIONS TO CARE FOR REFUGEES AND IMMIGRANTS

In 2020, the Catholic health ministry was moved to respond to the deaths of George Floyd, Breonna Taylor and Ahmaud Arbery and the disproportionate impact of COVID-19 on racial and ethnic communities through the renewal of our commitment to equity, justice and the dignity of all persons. CHA's Board of Trustees issued a call to the ministry to pledge to confront racism by achieving health equity. CHA then publicly launched the We Are Called initiative to recommit to ending health disparities across our country and to dismantle the systemic racism that remains ever-present in our society.



DENNIS  
GONZALES

At Avera's Community Health Resource Cen-

In the past year, Jill Fisk, CHA's director of mission services, and I have been privileged to visit many CHA members nationwide. One of those visits was to Avera Health in Sioux Falls, South Dakota, where we were given a very warm and hospitable welcome by Mary Hill, chief mission officer, and her dedicated team.

ter, we met with Angela Schoffelman, the center's community program manager; Julie Ward, vice president of diversity, equity & inclusion for Avera McKennan Hospital & University Health Center; and several of the center's community health workers. We were profoundly touched by their stories, passion and mission-centered desire to build right and just relationships with the community they serve. This is a beautiful example of one of the four pillars of the We Are Called initiative. We invite you to hear their story.

## A WELCOMING SPACE TO FIND HELPFUL SUPPORT

JULIE WARD, MSA, and ANGELA SCHOFFELMAN, MBA

Imagine having to suddenly leave your home, country, all of your belongings, most of your family and friends, and everything that is familiar due to war or unrest. You may spend years in a refugee camp before relocating to a country where most people don't look like you or speak your language. The weather, customs and food are unrecognizable, and you have few, if any, resources. Your entire world has been flipped upside down. This is the experience for many immigrants and refugees.

Most will find it surprising that Sioux Falls, South Dakota, with a population of more than 200,000, is home to persons from all over the

globe, including Ethiopia, Mexico, Liberia, Guatemala, South Sudan, Somalia, Ukraine and Eritrea. Avera's Community Health Resource Center, located in the heart of Sioux Falls and adjacent to other nonprofit service providers, is working hard to ease this transition and provide a bridge to health care, employment at Avera and other necessary resources.

Seven community health workers (CHWs) staff the resource center and work directly with immigrants and refugees settled or settling in Sioux Falls. CHWs often do not have formal health care backgrounds but are trusted individuals with lived experience in the communities in which they



Photo by Steve Tappe

Members of the Avera Community Health Resource Center, Avera mission leaders and two of CHA's mission staffers at the resource center in Sioux Falls, South Dakota. The center's work involves linking people to needed care and resources.

serve. The resource center's CHWs came to the United States as immigrants and refugees themselves and were already serving as leaders in their respective communities. Combined, this unique team speaks 17 languages and leverages their experience and expertise to build trust between the health care system and their own communities. "If only I would have had someone to help me like this when I came to the United States, how much easier life would have been!" says Nyareik Choul, a CHW at the resource center.

#### **BEING INTENTIONAL ABOUT BUILDING TRUST**

As Avera's Community Health Resource Center reached its first-year anniversary this past fall, the health system is reflecting on the impact the program has had and the vital services provided by CHWs. In the first year alone, the team recorded more than 1,000 individual encounters with over 250 clients, the impact of which has been profound and, for many, life-changing. Additional points of contact include educational sessions, panel discussions, community and employee presentations and networking. Altogether, this outreach adds up to more than 7,000 encounters in the first year of operation.

The resource center is a unique model and uses a nontraditional approach to leverage the CHW role. While most health system CHWs are

clinic-based, the neighborhood-based resource center is designed to meet persons who are vulnerable where they are most comfortable, giving the CHW team an edge to establish trust. The team was intentional in their efforts to build trust while getting the program started, and devoted ample time visiting local ethnic restaurants and businesses to introduce themselves and share about the services provided at the resource center. Through multiple repeat visits to break down walls, several team members were eventually greeted with smiles and became known as the "Avera ladies." From there, referrals began to pour in before the resource center had even formally opened its doors in November 2022.

#### **BRINGING CLINICAL EDUCATION INTO FAMILIAR LOCATIONS**

Through a series of individual and group encounters, the resource center's CHWs help educate clients and patients on both health care and nonhealth care topics, often in collaboration with Avera care teams, providers and other community partners. Medicaid enrollment, billing issues, insurance coverage, establishing primary care, dispelling myths around important health screenings and assisting with medication access programs are just some of the ways CHWs assist clients and patients at the resource center.

**The team was intentional in their efforts to build trust while getting the program started, and devoted ample time visiting local ethnic restaurants and businesses to introduce themselves and share about the services provided at the resource center.**

Event engagement is another strategy. During Breast Cancer Awareness Month this past October, the Avera Cancer Institute team presented education on breast health, including the importance of mammogram screening and how overall breast health can be different for persons of color. Black women, for example, are more likely to be diagnosed at a younger age with more advanced breast cancer.<sup>1</sup> Last February, the American Heart Association taught attendees about heart health in persons of color and used mannequins to teach hands-only CPR, while nursing students offered blood pressure checks and explained what blood pressure was.

At a recent back-to-school event, the team distributed 50 backpacks and school supplies to children from their own neighborhoods. A community dental partner offered free fluoride treatments and educated families about the importance of limiting kids' screen time on devices, such as tablets, televisions and smartphones. These important events — where the presenter's words are translated at times simultaneously into as many as four different languages by individual interpreters in separate groups — provide critical education to community members who are unlikely to attend an English-only speaking event in an unfamiliar location.

Avera recognizes that achieving health equity requires reaching out beyond hospital or clinic settings, which is why community engagement is an important part of the CHW role at the resource center. CHWs routinely participate in community activities, serve on boards and committees, and speak at community events and on panels, the intent of which is to help educate on the health care barriers experienced by members of our immigrant and refugee communities.

The resource center has also become a popular spot for nursing and medical students in the South Dakota region. The team has hosted several

fourth-year medical students from the University of South Dakota, nursing students from South Dakota State University and a medical Spanish class from the University of Sioux Falls. CHWs work alongside these future health care providers, educating them about the cultural differences they will experience and why it is important to be sensitive to the needs of the diverse populations they will be serving.

**CHANGING LIVES FOR THE BETTER**

While reflecting on the past year is important for planning, leadership at Avera's Community Health Resource Center spends more time looking ahead than behind. Sustainability planning is in full swing, and while storytelling has served as an important communication tool and a way to measure the intrinsic value of the program, measuring financial impact has, so far, been elusive.

At Avera, we believe this program represents one of the best opportunities we have to make a positive impact (on the lives of patients and communities served), close the health equity gap by building trust with vulnerable communities and to help each other gain a higher level of cultural competency. We have witnessed this work absolutely change lives for the better; we've seen it in action, and we are convinced there will be a definable financial impact over time. We are just getting started.

**JULIE WARD** is the vice president of diversity, equity and inclusion at Avera McKennan Hospital & University Health Center. **ANGELA SCHOFFELMAN** is Avera Health's community program manager.

**NOTE**

1. "Race/Ethnicity," Breastcancer.org, September 17, 2020, <https://www.breastcancer.org/risk/risk-factors/race-ethnicity>.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

[www.chausa.org](http://www.chausa.org)

# HEALTH PROGRESS®

---

Reprinted from *Health Progress*, Winter 2024, Vol. 105, No. 1  
Copyright © 2024 by The Catholic Health Association of the United States

---