

Summit National Award Winner

"Health Equity & Access" Award

Recipient: **Carol Lemus, MPH / Lantern Community Services**



On Point: A peer-led outreach effort to increase confidence and uptake of COVID and Influenza Vaccines among homeless and formerly homeless individuals




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Carol Lemus, MPH • Assistant Vice President of Health
Lantern Community Services • New York, NY
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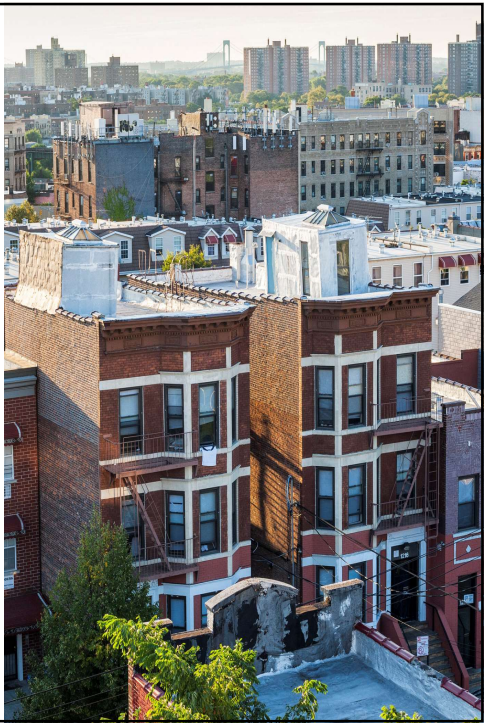
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Mission: To champion the independence and well-being of New Yorkers impacted by or threatened with homelessness.

- Sixteen supportive housing buildings in three New York City Boroughs
 - Four of these buildings are specifically designated to house individuals living with HIV
- Three shelters in two New York City Boroughs
- 2,275 residents
 - Histories of chronic homelessness
 - Facing mental health issues and chronic health problems
 - High prevalence of substance use
 - 13% confirmed HIV+ from among residents not in HASA-funded sites
 - Also includes young adults aging out of the foster care system



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Housing First

Housing First model

- Best way to end homelessness is to give people a stable, affordable home.
- On-site supportive services meet the needs of our residents with dignity and respect.

What is supportive housing?

Permanent affordable housing combined with voluntary and flexible supportive services such as employment assistance, health education and food programs.

What are shelters?

Emergency shelters are often where people experiencing economic shock first turn for support through a wide range of services.



Services

- ❖ **Case Management/Social Work**
- ❖ **Education and Employment**
 - ❖ GED
 - ❖ Vocational Training
 - ❖ Employment readiness
 - ❖ Employment connections/support - IPS
- ❖ **Health**
 - ❖ Peer-driven Programming
 - ❖ COVID/Influenza On Point Program
 - ❖ HIV Testing/Prevention Knowledge = Power Program
 - ❖ Health Education
 - ❖ On-site Access to Community Services
 - ❖ Overdose Prevention
- ❖ **Food and Nutrition**
 - ❖ Healthy Cooking Classes
 - ❖ Food pantry
 - ❖ Fresh Food Box
 - ❖ Meal delivery
- ❖ **Arts and Culture**

Old Health Services Delivery Model

Health and Wellness Coordinators

- ❖ Background in community health, social services
- ❖ Provided health education and informational tabling
- ❖ Charged with outreach and engagement
- ❖ Each HWC provided services to three supportive housing buildings

Challenges

- ❖ Limited presence in each building
- ❖ Difficulties with engagement activities due to limited time
- ❖ Barriers to developing trust and buy-in
- ❖ Low participation in health-related activities

New Health Services Delivery Model

Resident peers providing health-related services

- ❖ Key influencers
 - ❖ Built-in trust and rapport
 - ❖ Aware of specific health challenges of neighbors
 - ❖ Pre-existing relationships
 - ❖ Higher level of buy-in
- ❖ Outreach and engagement
- ❖ Health education
 - ❖ Informational tablings
 - ❖ Door-knocking
 - ❖ Discussion groups
- ❖ Liaise with Community Partners



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What is Peer Support?

Peer support encompasses a range of activities and interactions between people who share similar experiences of being diagnosed with mental health conditions, substance use disorders, or both. This mutuality, often called “peerness”—between a peer support worker and person in or seeking recovery promotes connection and inspires hope.

Peer support offers a level of acceptance, understanding, and validation not found in many other professional relationships (Mead & McNeil, 2006). By sharing their own lived experience and practical guidance, peer support workers help people to develop their own goals, create strategies for self-empowerment, and take concrete steps towards building fulfilling, self-determined lives for themselves.

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What Does A Peer Support Worker Do?

Peer support workers can help break down barriers of experience and understanding, as well as **power dynamics** that may get in the way of working with other members of the treatment team. The peer support worker's role is to assist people with finding and following their own paths to wellness as they define it, without judgment, expectation, rules, or requirements. In addition to providing the many types of assistance encompassed in the peer support role, they conduct a variety of outreach and engagement activities.



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Benefits of Peer Influencers

- ❖ Improved information flows between the community and service provider (and vice versa)
- ❖ More accurate identification of community needs
- ❖ Improved community engagement
- ❖ Development or improvement of networks of support and mutual reciprocity (social capital), for example by helping to enhance trust and reciprocal relationships
- ❖ Increasing the sense of empowerment among target communities to enable them to change the social, material, cultural, environmental and political factors that affect their lives
- ❖ Improvements in individual- and population-level morbidity and mortality
- ❖ Reduction in health-related risk factors, such as fewer people smoking and more people physically active
- ❖ Enhancement of community well-being
- ❖ **Reduction of health inequalities within and between communities.**



National Institute for Health and Care Excellence (NICE). PH9 Community Engagement Guidance. URL: www.nice.org.uk/guidance/PH9 (accessed 2 February 2014).

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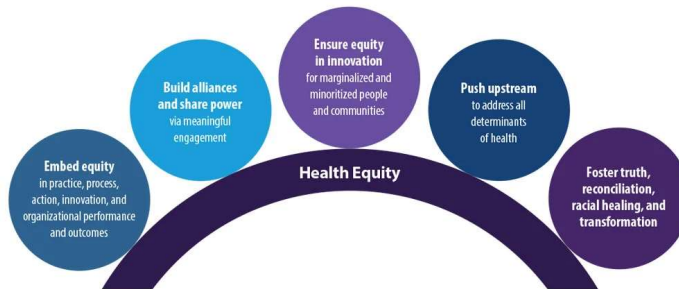
Peers as a Response to Health Inequities

Structural racism permeates the United States healthcare system. An extensive number of studies have shown that **health inequities are at the heart of disparities faced by historically marginalized people of color** and have impacted patients at every step.

During the **COVID-19 pandemic, many of these racial health disparities were brought to light.**



AMA Strategic Approaches to Advance Health Equity



Does Peer Support Make A Difference?

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Emerging research shows that peer support is effective for supporting recovery from behavioral health conditions. Benefits of peer support may include:



Increased self-esteem and confidence
(Davidson, et al., 1999; Salzer, 2002)



Increased sense of control and ability to bring about changes in their lives
(Davidson, et al., 2012)



Raised empowerment scores
(Davidson, et al., 1999; Dumont & Jones, 2002; Ochocka, Nelson, Janzen, & Trainor, 2006; Resnick & Rosenheck, 2008)



Increased sense that treatment is responsive and inclusive of needs
(Davidson, et al., 2012)



Does Peer Support Make A Difference?

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Emerging research shows that peer support is effective for supporting recovery from behavioral health conditions. Benefits of peer support may include:



Increased sense of hope and inspiration
(Davidson, et al., 2006; Ratzlaff, McDiarmid, Marty, & Rupp, 2008)



Increased empathy and acceptance (camaraderie)
(Coatsworth Puspokay, Forchuk, & Warda Griffin, 2006; Davidson, et al., 1999)



Increased engagement in self care and wellness
(Davidson, et al., 2012)

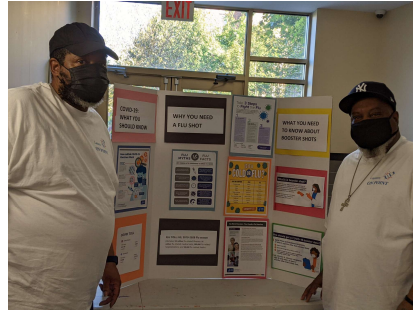


Increased social support and social functioning
(Kurtz, 1990; Nelson, Ochocka, Janzen, & Trainor, 2006; Ochocka et al., 2006; Trainor, Stephens, Boydell, Leff, & Crawford, 1997; Yano, Primavera, & Knight, 2002)



On Point: The Program

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Where We Started

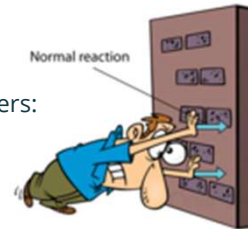
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COVID Vaccination rate was **12%** among tenants.

COVID Vaccination rate was **28%** among staff.

Lack of access to vaccinations due to numerous barriers:

- ❖ Lack of appointments
- ❖ Lack of transportation
- ❖ Difficult system for booking an appointment
 - ❖ High dependence on technology literacy
- ❖ Long waits at vaccination sites



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Vaccine Ambassadors

Tenants (2 per building, total 25)

- ❖ Pro-vaccine
- ❖ Vaccinated
- ❖ No incidents in six months



Outputs

- ❖ 20 contacts per month per building through outreach, tabling and small group presentations
- ❖ Total 750 referrals for COVID/flu vaccine – 24 referrals/building
- ❖ Quarterly meetings with Assistant Vice President of Health
 - ❖ Development of messaging
 - ❖ Support/training updates

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Peer Engagement Specialists

❖ Need for implementation in our shelters

❖ Transitory nature of population

❖ On Point activities carried out by Staff Peer Engagement Specialists with shared lived experience



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VA Advisory Board



Five members from among VA's
Quarterly meetings with Assistant Vice
President of Health

Vetting

- ❖ Evaluation instruments
- ❖ Educational materials developed by VA group

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Outcomes to Date with Peer Model

Key influencers trained

- ❖ 2 Peer Engagement Specialists in 3 shelters
- ❖ 32 Vaccine Ambassadors in 16 supportive housing buildings

3,488 contacts made through September 2022

576 events, including information tables, discussion groups and one-on-one

Monthly COVID vaccination events at all buildings

- ❖ Role of community partners
- ❖ Include Influenza vaccines
- ❖ **806** first vaccines from supportive housing
- ❖ **728** fully vaccinated from supportive housing

403 culturally and linguistically educational materials designed

Vaccination rates dramatically increased for COVID

- ❖ **98%** vaccinated among staff
- ❖ **57%** vaccinated among tenants



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Challenges/Solutions

Recruitment of Vaccine Champions and Vaccine Ambassadors – **DIRECT RECRUITMENT / ONGOING SUPPORT**

- ❖ Pilot program with tenant peers
- ❖ Resistance among staff to take on additional work
- ❖ Hesitancy in approaching neighbors

Environmental challenges – **CREATIVE SOLUTIONS**

- ❖ Rain
- ❖ Mold
- ❖ Infestations

Technology – **TABLETS FOR VAs, VACCINE TRACKERS**

- ❖ Access to zoom for training and meetings
- ❖ Integration of DHS database with ETO

Payment process – **RELOADABLE DEBIT CARDS**

- ❖ No checking accounts
- ❖ Cost of cashing checks




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THANK YOU!



Carol Lemus, MPH
clemus@lanterncommunity.org
 914-222-1360



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