

# Milagrosa Seguinot

President, Community Health Workers Association of Connecticut, Bridgeport



**M**ilagrosa Seguinot's phone rings when people need help.

They call because they have an issue and figure she'll know how to help, or just to update her on how they're doing.

Her trusted role in the community is the result of the years she has spent working in health programs in and around Bridgeport – encouraging parents to get their children vaccinated, helping people sign up for health insurance, connecting clients at food pantries with medical providers. She helps to address the many non-medical issues that can influence people's health (Is their housing stable? Do they have access to transportation? Are they at risk of having their electricity shut off?).

Unofficially, Seguinot's role is to build relationships and ensure that people in her community have someone they can turn to for help, someone who can connect them to the resources and systems that can be vital to their health and well-being.

Officially, she's known as a community health worker – a job that research indicates can help improve health outcomes, lower health care costs, and reduce the wide health disparities that exist between people of color and their white counterparts.

Seguinot likes to say that she was “born being a community health worker.” In Puerto Rico, where Seguinot was born, her mother was always helping others, the person people knew they could come to for advice. When she grew up, Seguinot followed in her footsteps.

Seguinot notes that her job isn't to tell people what to do. Instead, it's to help them identify what they need, connect them to resources, and work with them to develop their own plans.

“We are simply guiding them to get what they need,” she said.

That process can help people realize they have more opportunities than they realized.

“Sometimes people feel like they have no choices, they have no opportunities,” Seguinot said. “When we start talking with them and asking questions, they realize that they have a lot of resources.”



For more information visit: [www.cthealth.org/publication/understanding-community-health-workers/](http://www.cthealth.org/publication/understanding-community-health-workers/)

# Jacqueline Sanchez

Patient Navigator, Project Access-New Haven



**T**he stakes are high for Jacqueline Sanchez's patients: Most have urgent medical needs and no health insurance.

It's Sanchez's job to connect them with donated medical care and help them navigate through health care and social service systems that can confuse even the savviest patients.

There was the man whose foot was so badly infected he couldn't walk. It was becoming difficult for him to work, but he had no insurance and no clear way to get specialty care. Without intervention, his foot would likely need to be amputated.

Instead, Sanchez and her colleagues found a specialist who agreed to see the man and controlled the infection.

Sanchez works at Project Access-New Haven, a nonprofit that has connected more than 2,500 people to medical care since 2010.

Getting patients access to care is just part of their work. They also focus on other barriers that affect patients' health: What happens if treatment gets in the way of a patient's job or caregiving responsibilities? Does a patient have transportation to her appointments? Does she have a safe place to live?

Sanchez's title is lead patient navigator, but it's only a partial description of what she does. She is a troubleshooter, a connector, and a confidant, someone her patients can turn to for help or a sympathetic ear.

"My role really is to be a support for the patient," she said.

Relationships are key.

Sanchez and her colleagues make a point of meeting patients face-to-face and making sure they don't feel rushed. The first meeting is as much about building a relationship as it is about completing a detailed screening to identify health and social needs. The patient navigators are careful

about their tone when asking about sensitive things, such as whether patients need help affording food.

It's about more than being friendly.

"We want them to feel comfortable, because that's the only way we're going to be able to really help," Sanchez said. The navigators' ability to help depends on patients telling them what they need, including things they might not feel comfortable telling a health care provider.

Some patients are reluctant to get a biopsy or to go to a follow-up appointment, worried about the results. The navigators work to reassure them, to let them know they will have support no matter what.

For some patients, getting treatment for a medical condition can create new problems. If chemotherapy leaves them unable to work or requires cutting their hours, for example, their family might struggle to keep up with household bills. The navigators are there for them as new problems arise.

The navigators can't fix everything. They try to connect patients to resources, but some resources are limited, especially affordable housing.

Still, Sanchez takes heart in what she and her colleagues can do, and in what it means for the patients. The man whose foot infection was cured still comes to visit and brings them fruit. Sanchez and her colleagues have received cards saying, "thank you, because you guys saved my life."

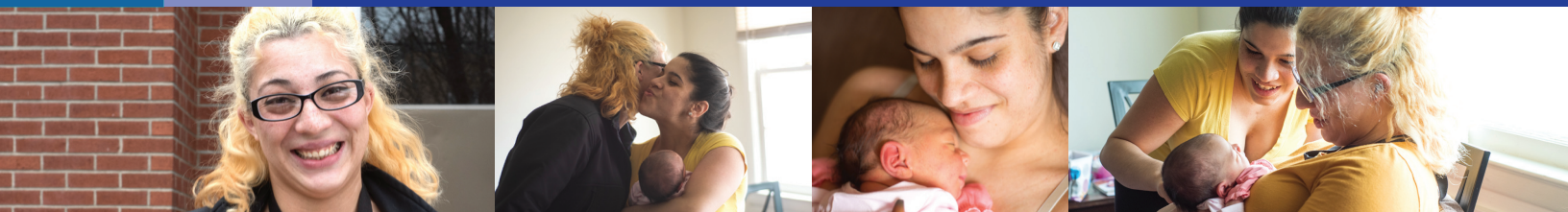
"I see the help that we have been able to bring out in the community," she said.



For more information visit: [www.cthealth.org/publication/understanding-community-health-workers/](http://www.cthealth.org/publication/understanding-community-health-workers/)

# Yaisa Burgos

Breastfeeding Peer Counselor, Hispanic Health Council, Hartford



**T**he new mom was growing frustrated. She had planned to breastfeed her daughter, but she and her baby – born prematurely – were struggling to make it work.

“It was really complicated for her because she was getting different plans from everyone she was talking to,” said Yaisa Burgos, a breastfeeding peer counselor who worked with the mom in the hospital.

Burgos took a different approach. Instead of giving the woman another set of instructions, she listened, hearing her out and empathizing. Then Burgos talked about things the mom might try, things that worked when Burgos breastfed her own son. A few days later, Burgos and her supervisor visited the woman and her baby at home to see how they were doing.

Burgos is part of a team of peer counselors in the Hispanic Health Council’s Breastfeeding Heritage and Pride program, a successful model that relies on women who have breastfed their own children to provide support and assistance to new moms. They deliver free prenatal education to low-income pregnant women at Hartford Hospital and Saint Francis Hospital and Medical Center, and visit new mothers in the hospital after delivery and later, if needed, at home.

They provide reassurance – yes, those changes to your breasts are normal; no, don’t hesitate to call if you need anything – and help when moms struggle.

“I always try to explain to moms, we can have all the education, but it’s really a hands-on kind of experience,” Burgos said. “Breastfeeding is not something that’s super simple to do. A little bit of support definitely goes a long way.”

Evidence suggests that the support works. Studies of the Hartford-based program found that mothers who received peer counseling were significantly more likely to continue breastfeeding compared to women who did not receive peer counseling.<sup>21, 22</sup>

What makes the model effective? Burgos points to the personal relationships the peer counselors build with moms. Some clients feel intimidated by medical professionals,

worried they’re doing something wrong. In Burgos, they see someone more like them.

“I can relate to a lot of the things you have going on,” she said. “You live in the inner city? I live in the inner city.”

She’s seen new moms tell their doctors that everything is going great with breastfeeding – then tell her they desperately need help.

“We get to see them in their element,” she said. “I don’t have a problem going to their house and sitting on the floor because they’ve got clothes on the couch, and I’m not going to sit there and judge them.”

Home visits can have other advantages; Burgos or her colleagues sometimes notice other needs the family has, and connect them to other programs that help.

Burgos often draws from her own experiences. “Yeah, I know that feeling,” she might tell a woman with older children who worries she won’t have time to breastfeed her newborn.

In fact, Burgos got to know the breastfeeding program as a client. A mother of five, she wanted to breastfeed her older children, but felt lost and eventually gave up.

It was different when her youngest son was born three years ago. In the hospital after delivery, breastfeeding was painful and she thought about giving up. Instead, she got a visit from Bethany Salguero, a peer counselor from the Breastfeeding Heritage and Pride program.

“Just having that support, it changed the course of everything for me,” Burgos said. “I wasn’t alone in it.”



**Connecticut Health**  
FOUNDATION  
*Changing Systems, Improving Lives.*

**For more information visit: [www.cthealth.org/publication/understanding-community-health-workers/](http://www.cthealth.org/publication/understanding-community-health-workers/)**

# Loretta D. Lloyd-Ebron

SNAP Grant Coordinator and Community Health Worker Instructor  
Housatonic Community College, Bridgeport



Helping people always came naturally to Loretta D. Lloyd-Ebron. From a young age, she'd volunteer for food and clothing drives. If she heard about a new program or resource, she'd make a point of telling those in her neighborhood who could benefit. People came to her if they had trouble paying the electric bill or their rent; she'd listen and try to find a solution.

Years later, those attributes led her to a job at Optimus Health Care, a community health center in Bridgeport. She worked with pregnant women, helping them through their pregnancies and teaching skills for keeping their newborns safe and healthy.

Later, she became a school-based outreach worker, teaching students about safety and helping parents build skills. She helped families sign up for health insurance and nutrition assistance, and made sure students went to the school-based health center when they needed it.

Today she teaches community health workers at Housatonic Community College, where she also serves as a community health worker of sorts, connecting students to resources ranging from transportation and food pantries to tutoring and counseling.

Lloyd-Ebron makes a point of familiarizing herself with the programs she refers people to so she can understand and experience the entire process, seeing firsthand any snags they might face.

To her, it's part of what makes community health workers unique.

"Your life skills, that's the key," she said. "A community health worker brings to the table these tidbits, these pearls of wisdom that they've obtained through their own life's journey, hardships, struggles and issues."

"We are from the community and we meet the community where they are," she added.

Sometimes, she said, community health workers are able to elicit information from people that other health professionals might not.

"We just listen. We have time," she said. "We have time to sit and draw out some of the things that are really, really bothering an individual."

That can have a powerful effect on how community health workers work with people, ensuring the advice they give is grounded in what matters to the patient.

"We listen to the stories of their family, their grandkids, and we take and absorb all of that and try to make sure we include it," she said. Instead of telling an older patient she needs to exercise, Lloyd-Ebron might say, "Your grandson's been coming around. Maybe you can go walking with him."

The time community health workers spend listening, and the trust they build, can give them insight into why a person is having trouble staying healthy or following the doctor's advice. They might learn a person can't afford medication or struggles to understand his care plan – something that might not come up during an office visit with the doctor.

"The providers are essential, but they need to be able to do their job. They need to be able to assess the person, give them the services that they need, see them in that 15 to 20-minute gap and be able to say, 'I'll see you next time, let's go over how you're doing,'" Lloyd-Ebron said. "The community health worker could help convey that flux in the middle."



For more information visit: [www.cthealth.org/publication/understanding-community-health-workers/](http://www.cthealth.org/publication/understanding-community-health-workers/)