

RURAL **HEALTH** WORKSHOP

Community Health Workers in Rural Communities



Speaker

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Meeting Shifting Needs: Community Health Workers in Rural Communities

December 8, 2021



Presentation Overview

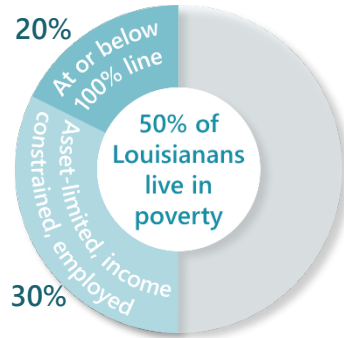
- 1) Pre-COVID-19 – Community HealthWays
- 2) Timeline Interrupted: COVID-19
- 3) CHWs and COVID-19 Response
- 4) The Road Ahead...



Helping to improve the quality of life for Louisiana residents by helping to address individuals' health-related social needs (HRSN) and the community factors that drive them.



Social factors in Louisiana



#1 Childhood poverty

3,059 Homeless

22% Renters spend half of income on rent



16.5% Food insecurity

255K Children food insecure

9.7% Underemployed

48th Median income



#4 Violent crime

#2 Incarceration rate



Louisiana faces significant health challenges

48 th	
49 th	
50 th	Overall health

Louisiana ranks **50th** in overall health
Never ranked above **47th** in 28 years

66 Avoidable hospital visits (per 1,000)

618 Emergency dept. visits (per 1,000)



75.4 Average life expectancy (yrs)

4.3 Fewer African American years of life

#1 Maternal mortality

4:1 Black : White maternal deaths

#4 Infant mortality rate



10 Poor health days per 30 days

#5 Cardiovascular deaths

Why



Community
HEALTHWAYS

?

Problem

Unaddressed social determinants of health precipitates poor health outcomes



Solution

Community Health Workers (CHWs) screen and navigate Parish Health Unit patients to community resources to address social needs



Impact

Cost savings to health system

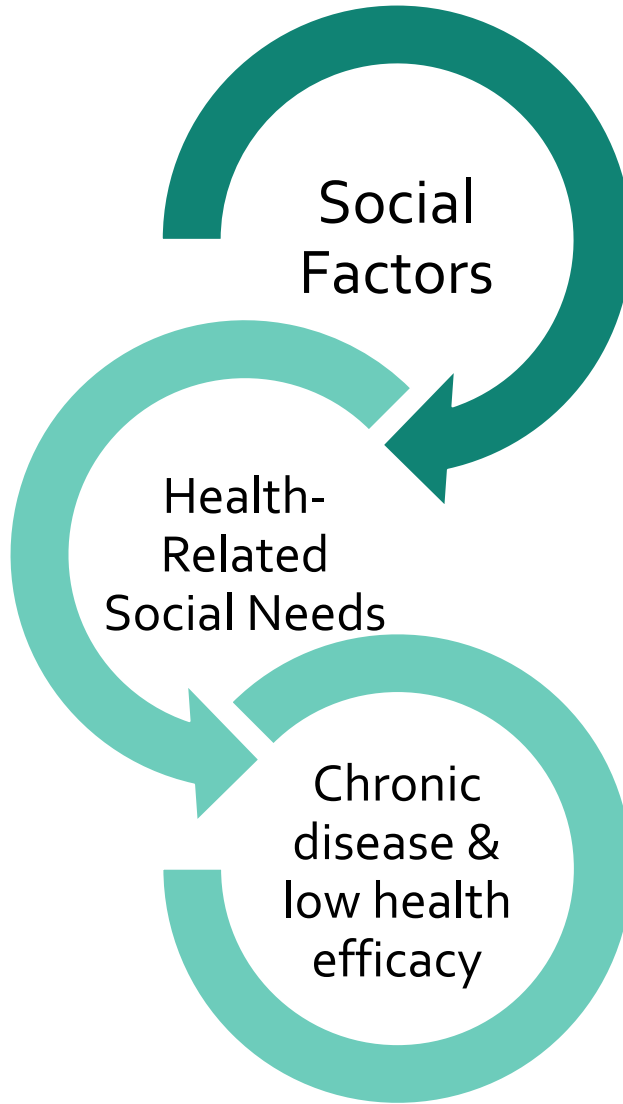
Reduced ED visits

Reduced hospital readmissions

Increase patients' self efficacy



Social factors lead to unmet health-related social needs and drive poor health



Health Related Social Needs ≠ Social Determinants of Health





Community Health Worker Definition

- A **frontline public health worker** who is a **trusted member** of and/or has an **unusually close understanding of the community served**.
- This **trusting relationship** enables the CHW to serve as a **liaison/link** between health/social services and the community to **facilitate access** to services and improve the quality and cultural competence of service delivery.
- The CHW also **builds individual and community capacity** by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.





Connecting people to community resources



Would you like help with:

- Secure housing?
- Lack of transportation?
- Finding a job?
- Paying your utilities?
- Having enough food?
- Seeking counseling?
- Furthering education?

If you do, a program at the St. Landry Parish Health Unit might be able to help.



Community HealthWays links St. Landry Parish residents with a Community Health Worker who can provide one-on-one advice and assistance.

ST. LANDRY PARISH HEALTH UNIT

308 West Bloch Street
Opelousas, LA 70570
Phone: (337) 948-0220



Standardized Screening for Health-Related Social Needs in Clinical Settings

The Accountable Health Communities Screening Tool

Alexander Billioux, MD, DPhil, Centers for Medicare & Medicaid Services;
Katherine Verlander, MPH, Centers for Medicare & Medicaid Services; **Susan Anthony, DrPH**, Centers for Medicare & Medicaid Services;
Dawn Alley, PhD, Centers for Medicare & Medicaid Services
May 30, 2017

The impacts of unmet health-related social needs, such as homelessness, inconsistent access to food, and exposure to violence on health and health care utilization, are well-established. Growing evidence indicates that addressing these

and other needs can help reverse their damaging health effects,

Screening Tools

- CMS “Standardized Screening Tool for Health-Related Social Needs”
 - Developed to identify HRSNs that negatively impact health & healthcare utilization
 - Screen across 5 key domains (interpersonal safety, utility needs, transportation needs, food insecurity, housing instability) in only 10 questions
- Created 2 Tools – Core and Supplemental Screening Tools
 - Conducted by CHWs, RNs, or Nutritionists
 - Core – uses CMS tools
 - Supplemental – added questions about education, employment, family & community support, substance use, mental health & disabilities

**Underlined answer options indicate positive responses for the associated health-related social need.
A value greater than 10 when the numerical values for answers to questions 7-10 are summed
indicates a positive screen for interpersonal safety.**

Housing Instability

1. What is your housing situation today?

I do not have housing (I am staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

I have housing today, but I am worried about losing housing in the future.

I have housing

2. Think about the place you live. Do you have problems with any of the following? (check all that apply)

Bug infestation

Mold

Lead paint or pipes

Inadequate heat

Oven or stove not working

No or not working smoke detectors

Water leaks

None of the above

Food Insecurity

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.

Often true

Sometimes true

Never true

4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

Often true

Sometimes true

Never true

Transportation Needs

5. In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? (Check all that apply)

Yes, it has kept me from medical appointments or getting medications

Yes, it has kept me from non-medical meetings, appointments, work, or getting things that I need

No

Utility Needs

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?

Yes

No

Already shut off

Interpersonal Safety

7. How often does anyone, including family, physically hurt you?

Never (1)

Rarely (2)

Sometimes (3)

Fairly often (4)

Frequently (5)

Measuring Success: *St. Landry Pilot Evaluation*

- **Data Review.**

- Daily
- Weekly
 - ✓ # of clients screened compared to total # of WIC clients
 - ✓ % of clients who scored positive and % who scored negative
 - ✓ Of those who scored positive, # and % who declined initial meeting with CHW.
 - ✓ Of those who declined initial meeting with CHW, is there a trend with WIC staff?
 - ✓ # of clients who opted out after first encounter with CHW.
 - ✓ Of those who opted out after meeting with CHW, is there a trend with CHW staff?
- Monthly: ULL CBIT will run extensive data report. RLT and CHWs will address service gaps and implement process changes as needed.

- **Client Pre and Post Assessment:** Initial Action Planning Session and upon *graduation* from Care Connect

- **Client Satisfaction Survey:** Upon *graduation* from CHWays

- **Internal Evaluation**

- Daily Huddles
- Weekly CHW and St Landry PHU Staff Assessments

- ***Community Satisfaction Survey at 3 and 6 months***



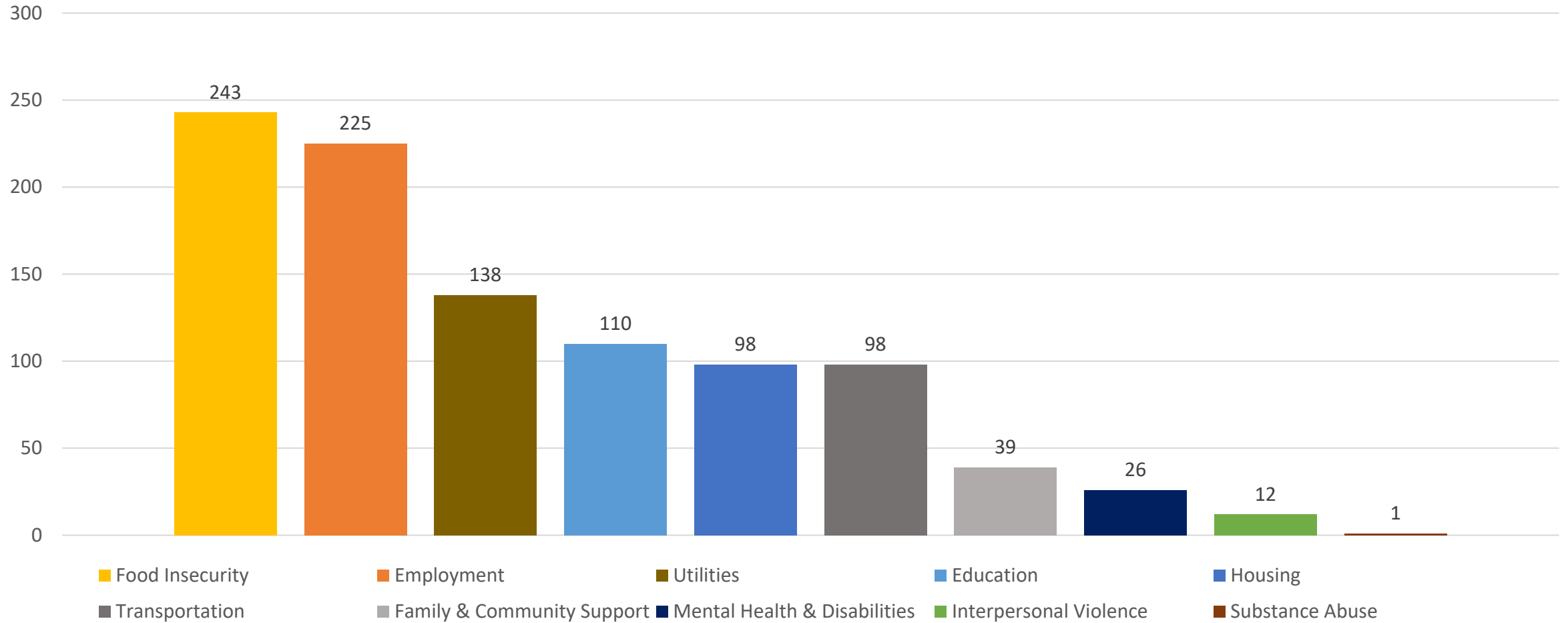
7 Month Pilot – Data

- **1,620 Clients Screened (using “Core Screener”)**
 - 41 % screened positive (660)
 - 53% screened negative (858)
 - 6% refused (102)
- **Of those 42% (660) who screened positive**
 - 224 are active clients
 - 316 have been closed
 - 120 (18%) either unable to reach or refused the program
 - 1239 referrals made
- **Caseload: 60-70 clients per CHW**





Total Referral's By HRSN



Early Wins!



- **Staff Experiences**

- ✓ Staff excited to be able to connect clients to resources
- ✓ Very little time added to the clinic visit.
- ✓ Professional fulfillment. *“Glad to be a part of this.”*
- ✓ PHU is the *“perfect”* place for CHW services. Accessible, non-threatening environment. Trusted resource in the community.
- ✓ Staff in other PHUs requesting access to CHWs.
- ✓ > 1200 referrals made.

- **Community**

- ✓ Community partners engaged and excited.
- ✓ Great partnership with Opelousas General Health Foundation.
- ✓ Community agencies and CBOs interested in referring their clients to this program.
- ✓ New program in St. Landry Parish for our clients, Diaper Bank.
- ✓ Donations from non profits for our CHWays clients.

Success Story – *40 year old client*

HRSNs

- Food Insecurity: Hard to feed family of grandmother, mother & 6 children
- Health Insurance: Breast cancer patient, mother & children uninsured

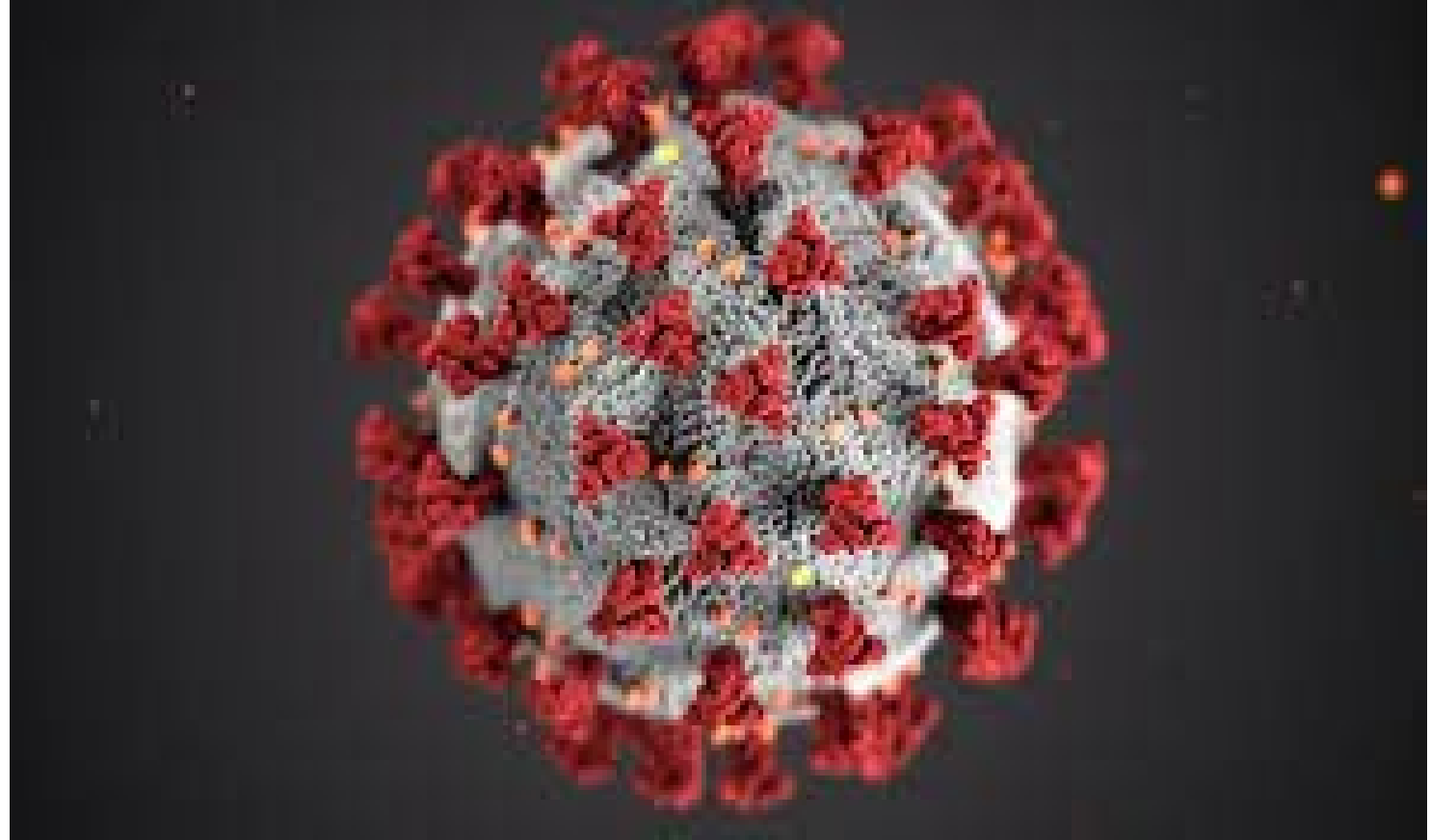
Success!!!

Mother was in PHU and referred her daughter to the program. Mother called client from PHU and had her talk directly with CHW.

She was given information to apply for Medicaid & SNAP, despite not qualifying previously. CHWs ensured they had all proper paperwork and were in contact with both Medicaid & DCFS throughout the application process. The client credits the program with helping her grandchildren get Medicaid & receive SNAP support.

Grandmother believes had they known about the program earlier, her daughter could've had better access to healthcare. Grandmother will remain in contact with CHWs and feels this program was a blessing to her and her family.

Program
Interrupted

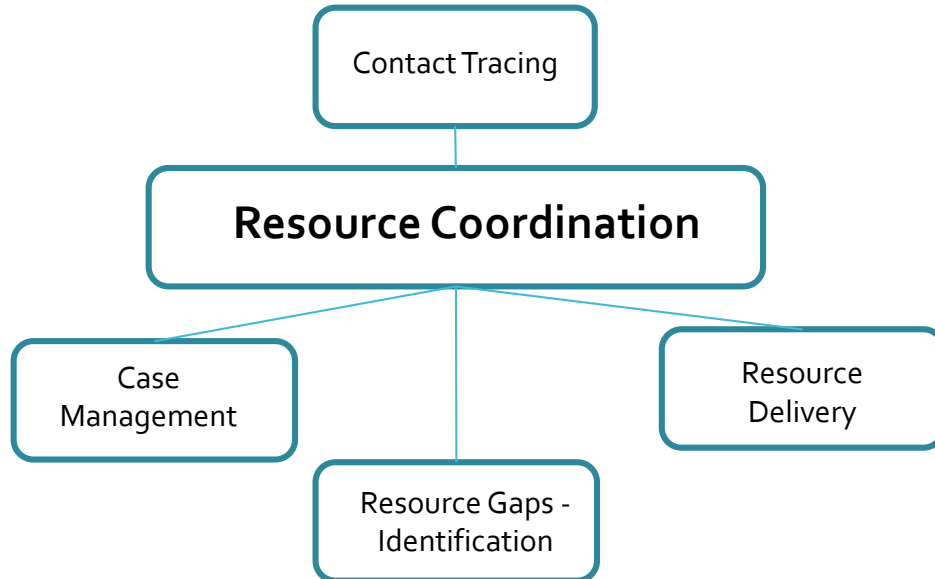


CHWs & COVID-19 Response

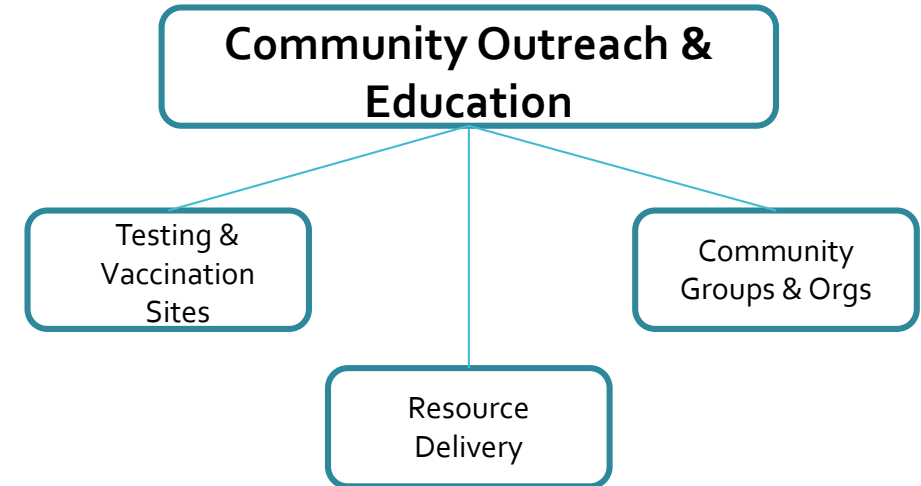
- Identifying a role for CHWs
 - Louisiana CHW Workforce Coalition
 - Advocacy - development of state's contact tracing program
 - Identified gaps in program & role for CHWs
- September 2020
 - Hired 4 CHW Supervisors & 10 CHWs located in all 9 public health regions; St. Landry – 1 CHW Supervisor & 2 CHWs
- CHW Placement
 - 9 Public Health Regions (centralized public health system)
 - Regional public health hubs
 - COVID-19 Case Rates
 - Resource Requests
 - Vaccine efforts - Social Vulnerability Index (SVI)

CV19 Community Health Worker Roles

PRIMARY



SECONDARY



Communication

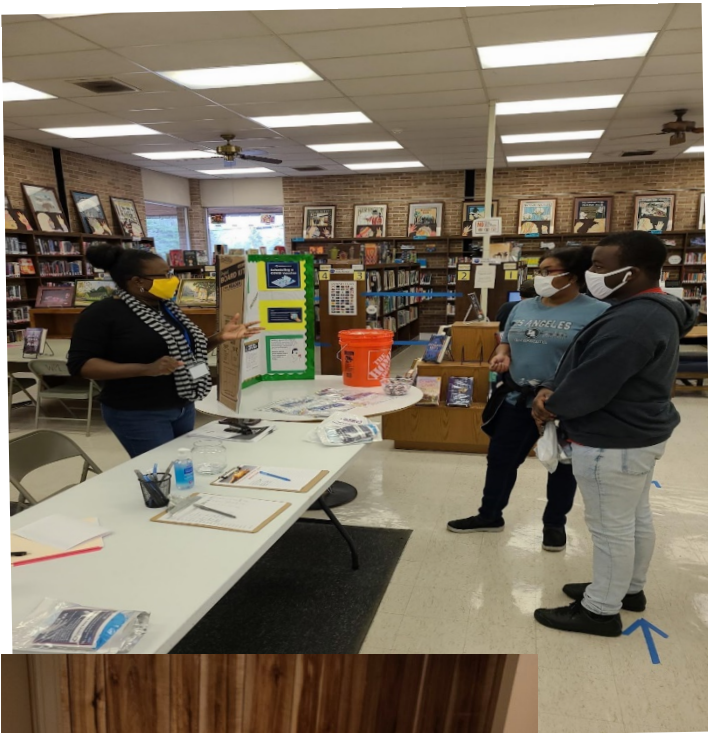
- CHW Huddles: TBD
- Resource Coordination POC: Regional RC Supervisor Counterpart (weekly check-ins)
- Regional POC: Regional COVID Coordinator (regular check-ins)

Partners

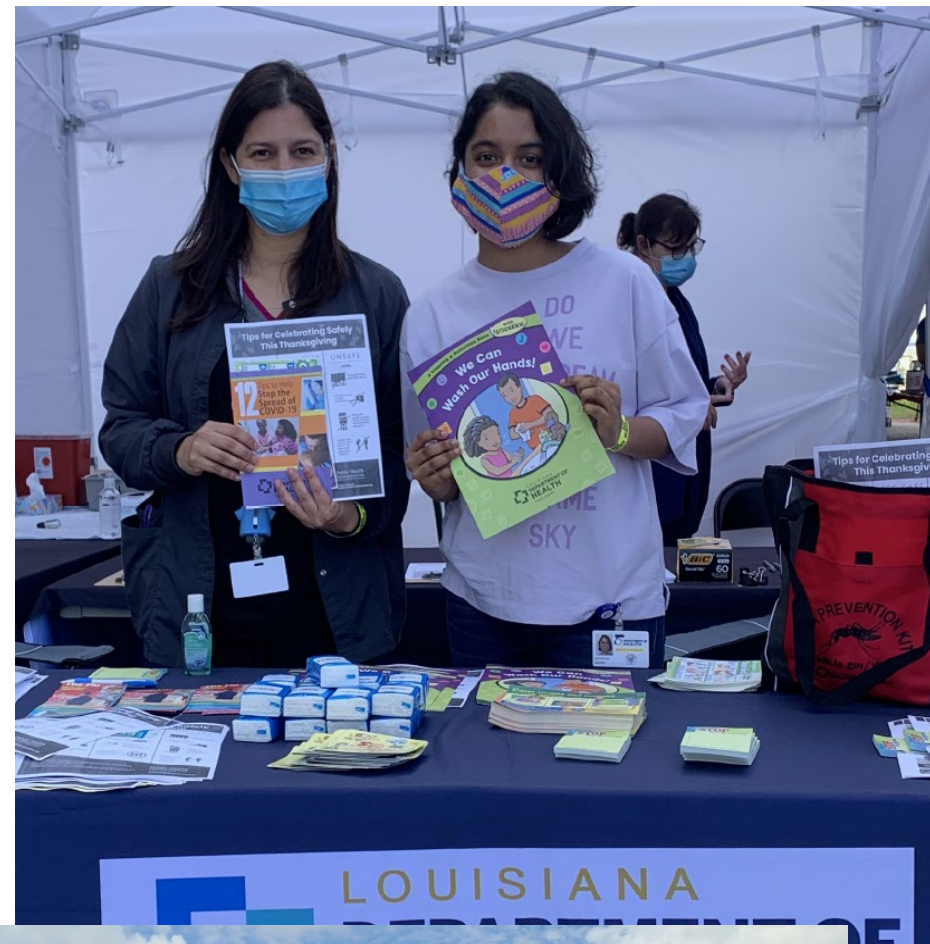
- VOA – Resource Coordination
- LACHON and LSUHSC – Community Health Worker Institute – Training & Technical Assistance
- City of New Orleans/Resilience Force CHWs
- SELAHEC

Training

- Community Health Worker Core Competency
- Resource Coordinator Training
- LEO Trainings



“a frontline public health worker who is a trusted member of and/or has an unusually understanding of the community served”



CHW Lead Outreach Activities

- Outreach to apartment complexes, barbershops, convenience stores, churches, Facebook groups
- Presentations to coalitions to raise awareness of CHW community presence and public health COVID-19 efforts
- Multi-lingual outreach materials
- Resource donations from local businesses – cleaning supplies and PPE
- Establishment of food pantries in churches
- Resource deliveries
- Vaccine registration assistance in libraries
- Follow-up with cases to check-in and make sure they're doing well
- Help with applying for rental assistance

Start Date
1/29/2021

End date
10/25/2021

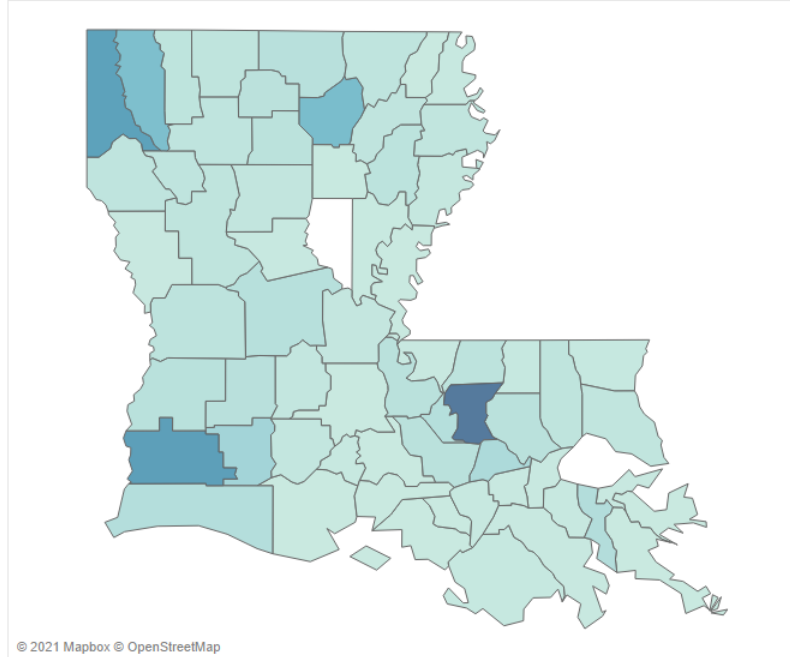
CHW Manager Name
All

CHW User Name
All

Resource Type
All

Task Status
All

Number of CHW Tasks by Parish



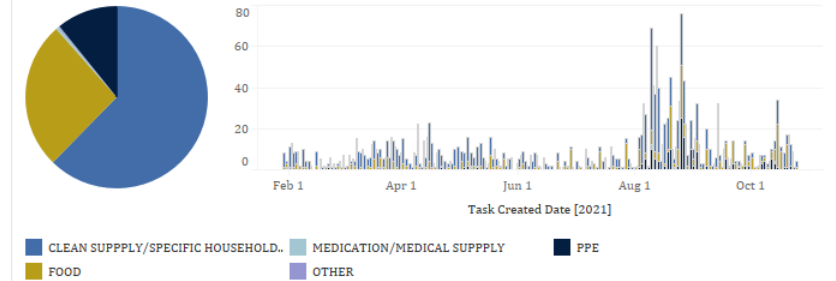
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Resource Requests without Assigned Tasks

Total Number of Resource Requests with Assigned Task: **2,096**
Percent of Resource Requests with Assigned Task Compared to Total Requests: **100.00%**

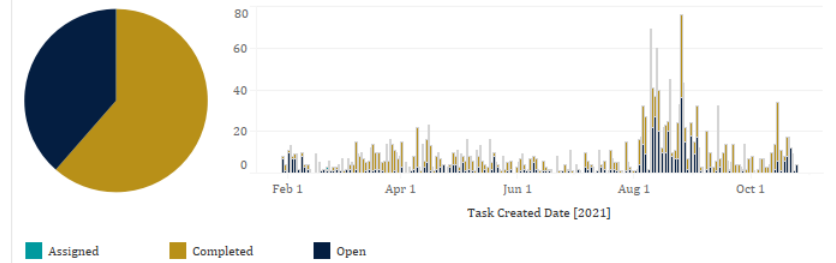
CHW Tasks by Resource Type

Total Tasks: **2,188** Average Number of Tasks Daily: **1**



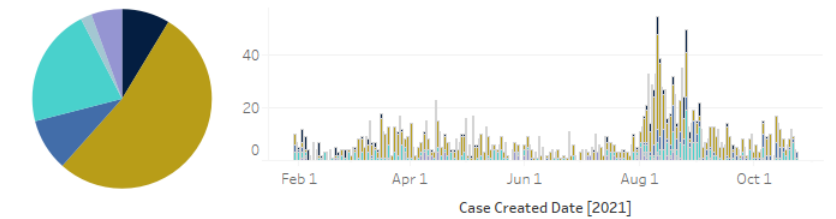
CHW Tasks by Task Status

Total Tasks: **2,480** Average Number of Tasks Daily: **1**



Resource Requests by Status

Total Requests: **2,350** Average Number of Daily Requests: **9**



Resource Request Status

- Cannot be Met
- Met
- Not Met
- Partially Met
- Resource Declined
- Resource met by community referral

CHW Contact Tracing Dashboard

The Road Ahead

- Hiring 16 additional CHWs to assist with COVID-19 response efforts – 31 CHWs located in public health offices statewide
 - Placement in rural areas
- Expanding scope of CHW to include Community HealthWays HRSN program in all regions of the state.
- Plan to accept referrals from healthcare providers & community organizations.
- Awarded CDC CHW COVID Response Grant
 - Support CHW Workforce Development
 - Expand workforce
 - Communications
 - Community HealthWays Program
 - Program Evaluation
- Louisiana Medicaid Reimbursement for CHWs – January 2022

Louisiana Medicaid & CHWs

- Intends to add coverage on January 1, 2022
- Worked with stakeholders (e.g., LaCHON) in developing a feasible policy
- Reimbursable CHW services to be provided by CHWs working with a clinic, health center, or other organization that sees Medicaid-insured patients
- Currently working on a State Plan Amendment for RHCs and FQHCs to be reimbursed above negotiated PPS for CHW services
- Medicaid support will likely supplement (not replace) CHW work already happening in Louisiana, often at CBOs and non-profits
- Stay tuned! When the policy and reimbursement details are finalized and approved Medicaid will share the news with stakeholders!

Thank you!

- Office of Public Health Community Health Workers
- LACHON – Louisiana Community Health Outreach Network
- Louisiana Community Health Worker Institute – LSU Health Sciences Center New Orleans
- Office of Public Health – COVID-19 Contact Tracing Team
- Volunteers of America Southeast Louisiana
- Louisiana CHW Workforce Committee

RURAL HEALTH WORKSHOP

Questions?





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Thank you for joining us!

