The Impact of a Community Health Worker (CHW) Model in the Aging and Disability Network

Key Takeaways

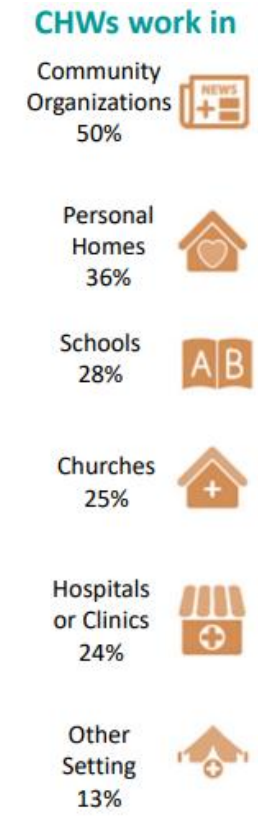
- Learn how and why to consider implementing a CHW model within your agency
- Hear data to support the CHW model's ability to meet unmet community needs
- Ask the panel questions and brainstorm ideas that will work for your community

Department of Health Services Grant

- In 2022 the Centers for Disease Control and Prevention (CDC) provided funds to address health disparities and increase community resilience in the wake of the pandemic.
- COVID-19 vaccine uptake was lower in rural areas where the population is often older. Older adults and people with chronic health conditions were most vulnerable to the disease,
- Wisconsin chose the CHW model of using trusted messengers to reach people.
- We sought aging and disability resource centers (ADRCs) willing to pilot this model.

What is a Community Health Worker (CHW)?

- "...a frontline public health worker who is a trusted member or has a particularly good understanding of the community served."
- The bridge that connects people to care and resources to help them be healthy.
- Community members who have lived experience in overcoming barriers to access, navigating systems, and using resources in the communities they serve.
- Employed by many different organizations like health departments, ADRCs, hospitals, clinics, schools, extension offices, and other community organizations.



What are the responsibilities of CHWs?

- Help people access care and social services.
- Advocate for people and their community.
- Promote resilience in communities statewide.
- Help lower health care costs.

CHW Training from Milwaukee AHEC

- **Virtual Training Program**
  - 15 weekly sessions (one afternoon per week)
  - Online coursework with textbook
  - 6 months 1-on-1 coaching after training is completed
  - Participants receives certificate of completion after final presentation
  - Ongoing continuing education sessions

CHW Training from Milwaukee AHEC

Training program develops core competencies:

- Knowledge of public health
- Behavior change
- Ethics
- Community resources
- Ability to provide health information
- Facilitate groups
- Resolve conflicts
- Motivational interviewing

ADRC of Barron & Rusk Counties

Jennifer Jako, Director

ADRC of Barron & Rusk Counties

- Home Delivered Meal (HDM) Program exploded during the pandemic
- 2018: 55,688
- 2023: 79,567 (43%)
- Opportunity to utilize a CHW to focus on high-risk customers

ADRC of Barron & Rusk Counties

- **High Risk Focus**
- Living alone with memory concerns or no supports
- Couples both living with memory loss
- Recent facility discharge

ADRC of Barron & Rusk Counties

- Data from 82 Customers
- **Memory Screens**
  - completed 69 of 82 (84%), 27 of 69 positive (39%)
- **PHQ-9 Depression Screening**
  - 31 of 82 completed 90 day follow up with 15 of 31 (48%) showing improvement, 15 of 31 (48%) no change, 1 of 31 showing decline (3%)
- **Enhanced DETERMINE Nutrition Assessment**
  - 31 of 82 completed 90 day follow up with 16 of 31 (52%) showing improvement, 13 of 31 (42%) no change, 2 of 31 showing decline (6%)

ADRC of Barron & Rusk Counties

CHW Success Story

I am working with a couple, both in late 80s. They moved to the Chetek area in 2019 from Oregon. They have 2 daughters that live in Oregon. She has dealt with macular degenerative disease for about the last 8 years. She uses a magnifying glass to read. He has been the driver for many years. His health has now taken a decline, and unable to drive. He also is very hard of hearing and was positive on the memory screening. Their only support here also has had declining health. They started on HDMs a few months ago and enjoy the meals. I was able to set them up for transportation to assist with getting groceries in Chetek. I also set up transportation to doctor's appointments in Eau Claire. I have referred her to the Specialist for the Blind Office and to the Low Vision Support Group. I have sent a referral to his provider with the results of his positive memory screening. I have assisted in the role of obtaining a hospital bed for him. And I have referred the couple to our information and assistance (I&A) team to advise on further assistance to meet their needs.

ADRC of Barron & Rusk Counties

Lessons Learned/Sustainability

- Data indicates benefits of CHW interventions.
- Top resources customers were linked to were transportation, nutrition, in home help resources.
- Surprised at the % of HDM participants having a positive memory screen; screening and supporting customers with follow up to their provider when positive memory screens is important and needed
- CHW position can spend more time following up with customers

ADRC of Dunn County

Tracy Fischer, Director

ADRC of Dunn County

- Connection with Hmong Community was our identified need
- Dunn County is a rural community, with a population of about 46,000 individuals
- Hmong residents make up our largest minority group, about 4% of Dunn County's population

ADRC of Dunn County

- This project takes the most traditional approach of the three ADRC grant projects.
- Alida, our CHW, is of Hmong descent and is bilingual, with connections to the Hmong community
- Strong focus on building community connections for population group and strengthening relationships with ADRC and other county resources

ADRC of Dunn County

Success stories

- Strong family support and connections (complex medical, social, and language-barrier needs)
- Hmong Friendship Group
- Pop-up food pantry
- Use of Hmong elders as resource for other human service areas
- CHW has become resource for area health systems and housing agencies

ADRC of Dunn County

Lessons Learned

- The CHW has been invaluable in complex situations. Having time to spend on these cases is priceless
- We have much to learn and gain from members of the community.
- The program will grow once seeds are planted.
- The right person in the position is key.

ADRC
Aging & Disability Resource Center of Jackson County

ADRC of Jackson County

Lynette Gates, Director

Megan McCormick, Community Health Worker

Referrals

- 2022 referrals, starting in April: 35
- 2023 referrals: 52
- Referral Source:
  - Adult protective services
  - Long-term care
  - Benefits specialist
  - Community members and partners
  - Public health
  - Children and families
  - Behavioral health
  - Ongoing cases

Care Coordination, Case Management and System Navigation

- Participating in limited care coordination and/or case management
- Making referrals and providing follow-up
- Facilitating transportation to services and helping others to address other barriers of service
- Informing people and systems about community assets and challenges
- Social isolation and loneliness
- Assisting with securing a primary care provider

CHW Role

- Participating in limited care coordination and/or case management
- Making referrals and providing follow-up
- Facilitating transportation to services and helping others to address other barriers of service
- Informing people and systems about community assets and challenges
- Social isolation and loneliness
- Assisting with securing a primary care provider
- Advocacy for individuals and communities
- Outreach

Providing Cultural Appropriate Health Education and Information

Conducting health promotion and disease presentation education with ADRC scope of services clients

- Walk with Ease
- Bingocize

Bingocize Success Story

Success Story

- December 2023 – Housing/Homeless

Lessons Learned

- Set Boundaries
  - No personal phone numbers given to clients
  - “Normal” office hours
  - Learning when to “walk away”
- CHW can spend more time following up with customers

GWaar
Greater Wisconsin
Agency on Aging Resources, Inc.

Greater Wisconsin Agency on Aging Resources (GWAAR)

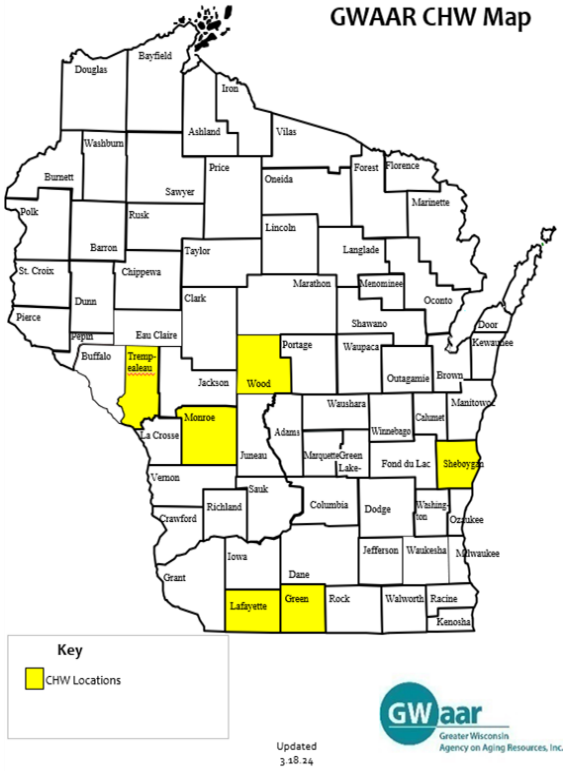
Sky Van Rossum, Special Projects Manager

Angie Sullivan, Older Americans Act Consultant—Health Promotion and Disease Prevention

Background

GWAAR currently employees 5 CHWs with funding from CDC 2109 - DHS Chronic Disease Prevention Program.

- Penny Paulson - ADRC of Trempealeau County
- Sarah Wheeler - YMCA of Wood County
- Cristy Alvarado - University of Wisconsin Madison Division of Extension (Green and Lafayette Cos.)
- Stephanie Haas - ADRC of Monroe County
- Shelline Scarborough - ADRC of Sheboygan County



Why?

- Older Americans Act Services
- Identity and fill gaps of services
- Proactive not reactive

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Agency on Aging Resources, Inc.

Priority for Title III Services

"Greatest social need" is defined in law as need caused by noneconomic factors, which include physical and mental disabilities; language barriers; and cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that restricts the ability of an individual to perform normal daily tasks or threatens the capacity of the individual to live independently.

"Greatest economic need" is defined as having an income at or below the official poverty level.

Older Americans Act, as amended through P.L. 116–131, enacted March 25, 2020.

Data - Community Engagement Log

Hosted 424 events, including 213 in the last 6 months

- Healthy IDEAS
- StrongBodies - Sp
- Bingocize
- Stepping On
- Dementia Live
- WeCope
- Walk With Ease
- Community Cafes - Veterans
- Health Fairs

Data - Community Engagement Log

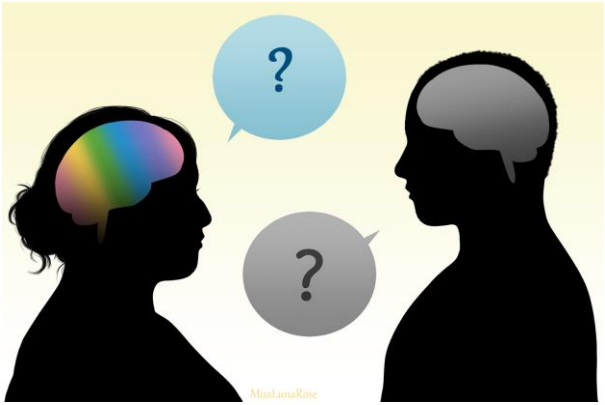
207 clients, including 103 in the last 6 months

- Housing
- Government and legal assistance
- Transportation
- Mental Health
- Food Insecurity




Data - Community Engagement Log

- **1557** contact events, including **832** over the past 6 months
- **Trainings/Meetings:**
  - Care Transition Intervention (CTI)
  - Community Health Record Training
  - Refugee & Immigrant Community Navigator Training
  - Motivational Interviewing
  - Health for Immigrants
  - CHW empowerment meetings
  - Monthly CHW sharing calls
  - Health Coach



Stories

Lessons Learned

Hiring the right person

- Find the active community member
- The recognized go to connection
- Lived experience = success
- Look for the person who is a relationship builder first and a fixer second

On-boarding

- Be patient
- Foster broad engagement, allow struggle, encourage exploration
- Give them time to unravel the knot of your communities needs
- Challenge them to use their knowledge and experience with "How can we…?"
- Champion their work

Communication

- Multiple oversight organizations can be good but challenging
- Importance of education and training
  - Boundaries
  - Self-care
- Build a strong network with other CHWs and supervisors
- Share the challenges and success
- Guide them to look for opportunities offered by the barriers. Barriers are opportunities for solutions.

Questions?

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