The Use of Community Health Workers in SDOH Screening

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Housekeeping

- All participants muted upon entry
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email

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National Center for Health in Public Housing (NCHPH)

- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.
- The National Center for Health in Public Housing (NCHPH) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Partner (NTTAP) for $2,006,400 and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

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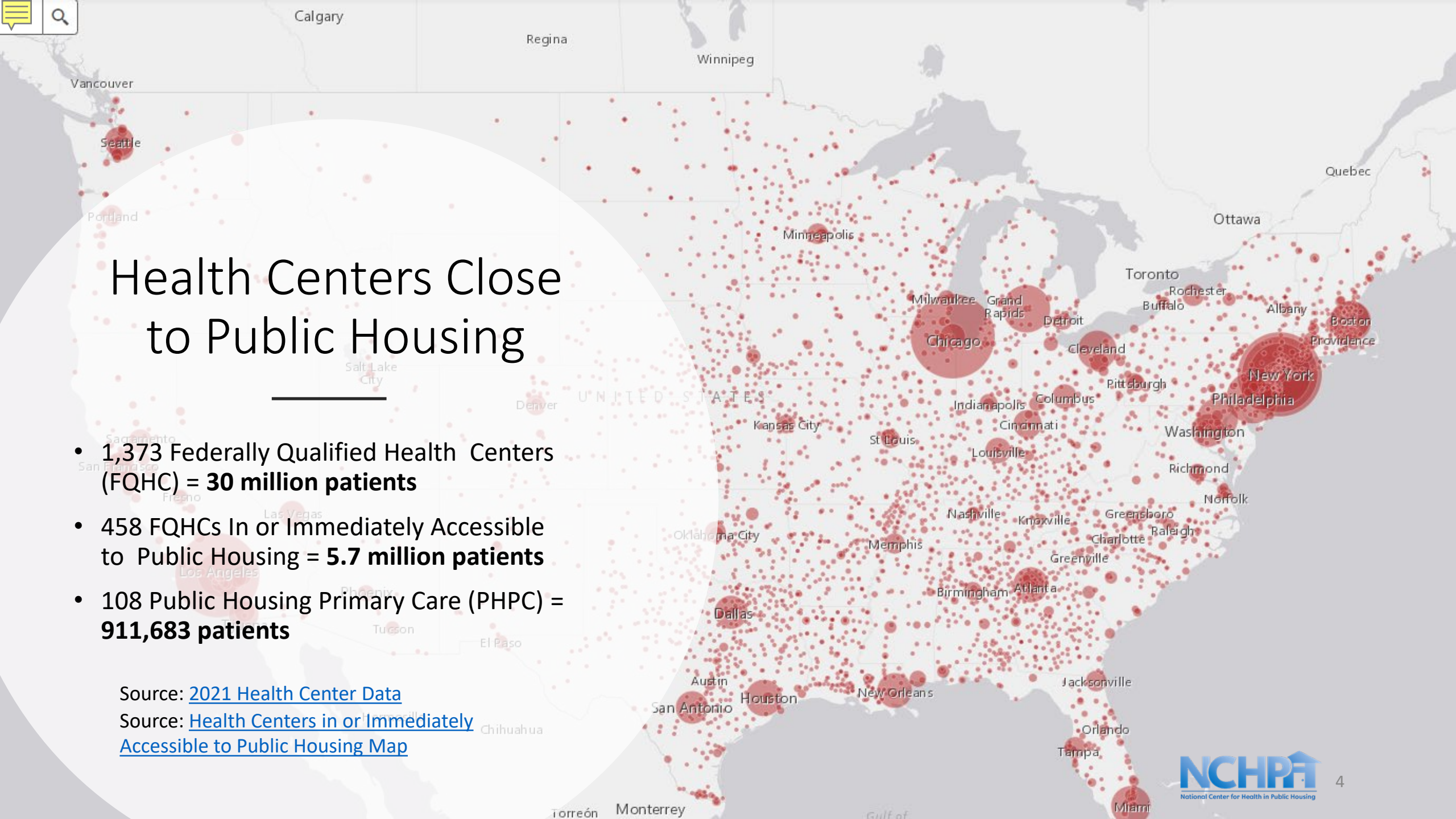
Health Centers Close to Public Housing

- 1,373 Federally Qualified Health Centers (FQHC) = **30 million patients**
- 458 FQHCs In or Immediately Accessible to Public Housing = **5.7 million patients**
- 108 Public Housing Primary Care (PHPC) = **911,683 patients**

Source: 2021 Health Center Data
Source: Health Centers in or Immediately Accessible to Public Housing Map



Public Housing Demographics

1.5 Million Residents

2 Persons Per Household

38% Disabled

52% White

91% Low Income

43% African-American

26% Latinx

19% Elderly

36% Children

32% Female Headed Households with Children

- Source: 2022 HUD Resident Characteristics Report

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Learning Objectives

- Review the latest data and research on the application of CHW's into historically marginalized communities, with a focus on residents of public housing.
- Examine validated screening tools that can be utilized by CHW's.
- Describe strategies in the utilization of screening tools within historically marginalized communities.
- Examine real-life situations and clinical cases in order to illuminate how CHW's can improve efficiency, patient satisfaction and patient outcomes.

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Community Health Workers (CHWs): Strong Evidence-Based for Embracing CHWs into the Public Health and Healthcare

Question:
What are key benefits of integrating CHWs into community health?

What are some of the challenges in doing so?

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Overview of the Community Health Care Worker Field

- Who are CHWs?
- What do they do?
- Where do they work?
- How can they be utilized to perform SDOH Screening?
- How can this data be integrated into other aspects of patient care?

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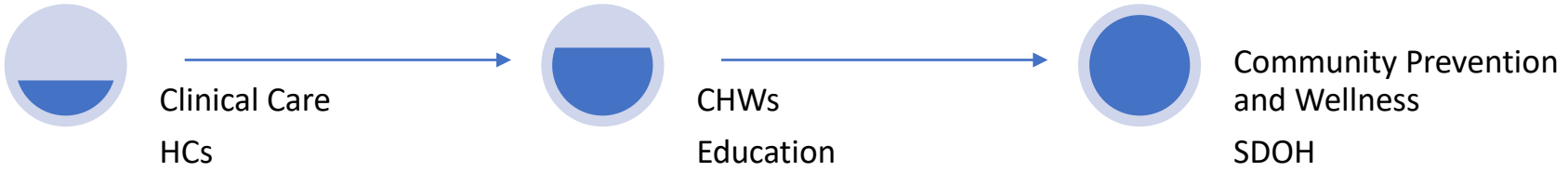
Community Health Care Workers

- CHWs serve as our bridge to healthy communities
- CHWs help to bridge healthcare and public health



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Community Health Care Workers Serve a Unique Value in Health Care and Public Health Systems

- CHWs spend more time with individuals or families in home, community, or clinical settings.
- CHWs possess the 3 C’s of Community:
  - Connectedness
  - Credibility
  - Commitment

Question:

What are the advantages of utilizing CHW's in a community setting?

What are some advantages CHWs typically have over other professionals in this context?

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CHW Definition

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 worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

Source: American Public Health Association

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CHW Definition

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 worker to serve as a **liaison/link/intermediary** between health/social services and the community to **facilitate access** to services and **improve the quality and cultural competence** of service delivery.

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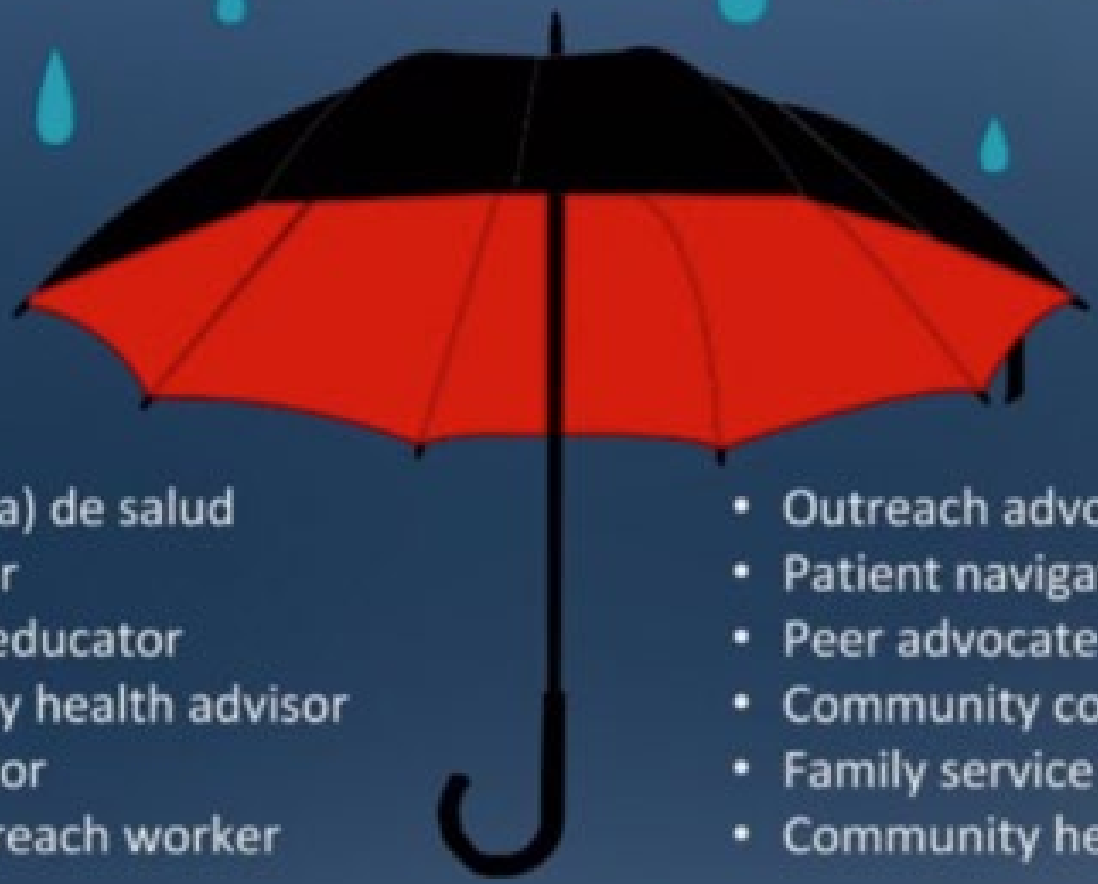
Who are Community Health Workers?



- Promotor(a) de salud
- Peer leader
- Outreach educator
- Community health advisor
- Home visitor
- Street outreach worker
- Outreach advocate
- Patient navigator
- Peer advocate
- Community coordinator
- Family service coordinator
- Community health representative

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CHWs are distinguishable from other health professionals because they:

- Are hired for their understanding of populations and communities they serve
- Conduct outreach as a significant portion of their time
- Have experience providing services in and across community and clinical settings

Community Resource Experts

- Navigator
- Chronic disease manager
- Benefit expert
- Health educator
- Counselor

American Diabetes Association.

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C3 CHW Roles

- Cultural Mediation
- Providing Culturally Appropriate Health Education & Information
- Care Coordination, Case Management, & System Navigation
- Providing Coaching & Social Support
- Advocating for Individuals & Communities
- Building Individual & Community Capacity
- Providing Direct Service
- Implementing Individual & Community Assessments
- Conducting Outreach
- Participating in Evaluation & Research

New (up form sub roles) or significant modification during C3

American Diabetes Association

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What are some of the Advantages of CHWs in the following environments:

1. Environments with significant cultural or linguistic diversity?

2. Those with historically marginalized or excluded communities?

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CHW's in SDOH Screening Case Study: Older Adults

PRAPARE
Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences

PRAPARE®: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences
Paper Version of PRAPARE® for Implementation as of September 2, 2016

Personal Characteristics

1. Are you Hispanic or Latino?

	Yes		No		I choose not to answer this question

2. Which race(s) are you? Check all that apply

	Asian		Native Hawaiian
	Pacific Islander		Black/African American
	White		American Indian/Alaskan Native
	Other (please write):		
	I choose not to answer this question		

8. Are you worried about losing your housing?

	Yes		No		I choose not to answer this question

9. What address do you live at?
Street:_____
City, State, Zip code: _____

Money & Resources

10. What is the highest level of school that you have finished?

How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)

Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?

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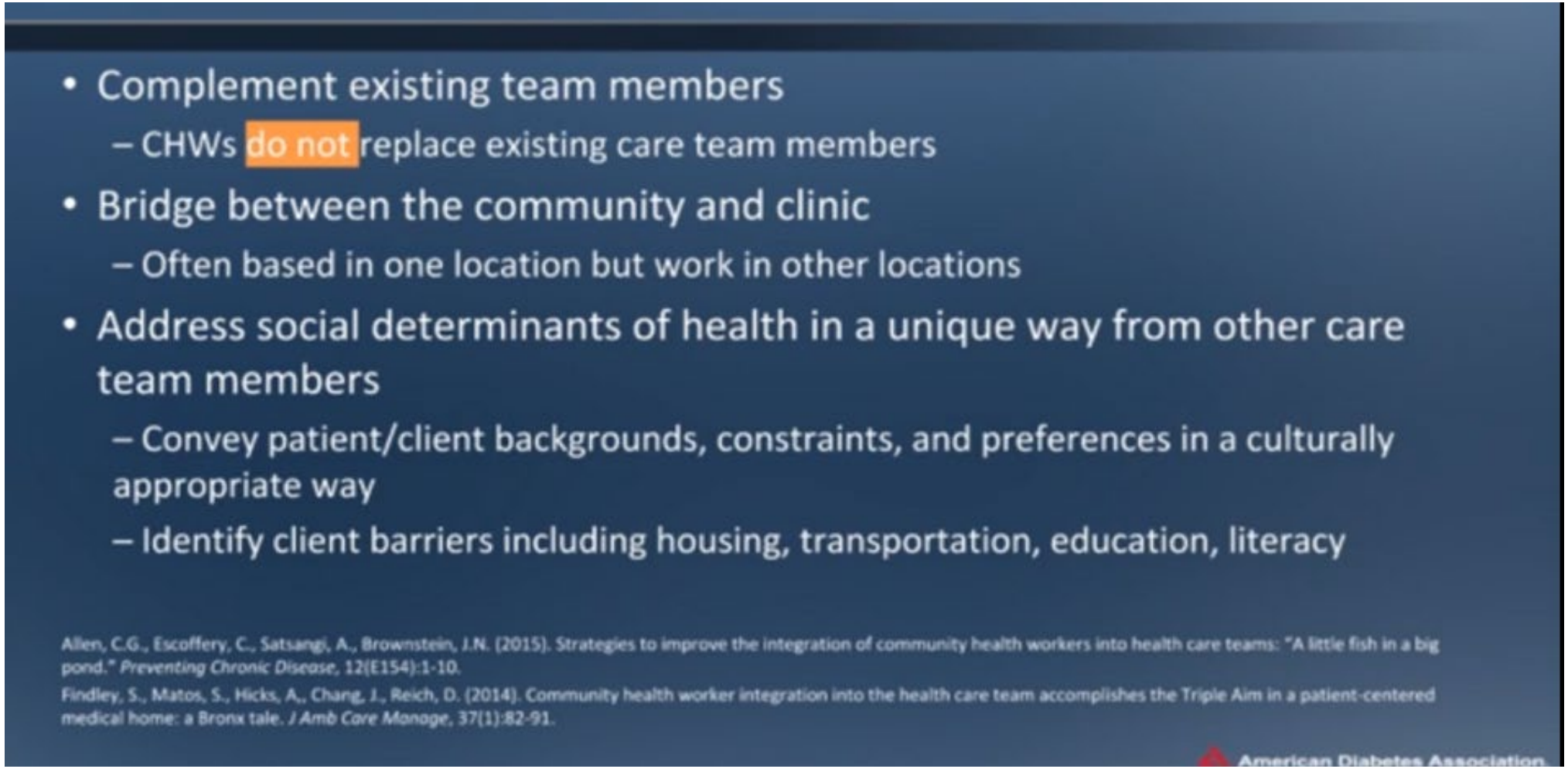
What CHWs Do on a Team?



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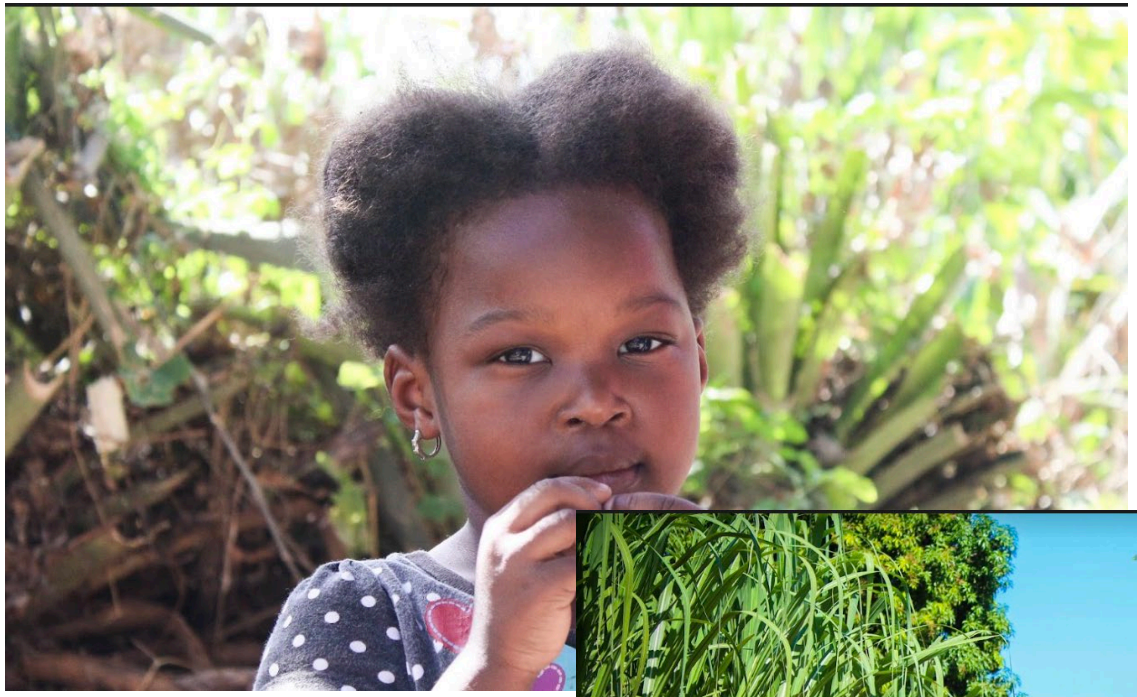

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Diabetes Prevention: Interventions Engaging Community Health Workers

The Community Preventive Services Task Force (CPSTF) recommends interventions that engage community health workers for diabetes prevention to improve glycemic (blood sugar) control and weight-related outcomes among people at increased risk for type 2 diabetes.

Interventions Focusing on improvements in :

- Diet
- Physical Activity
- Weight Management
- Smoking Cessation

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Recommended Strategies by CPSTF

- Diabetes Prevention
- Lifestyle Modification
- Extended Support to individuals at high-risk for diabetes
  - One-on-one interactions
    - Home visits
    - Group Sessions (Intervention teams)

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Outcomes of 22 Studies

- Improve Health
- Reduce Health Disparities
- Enhance Health Equity

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Question:

- What are some arguments for the use of CHWs that would impact a grant application positively?
- How could this be described in terms of patient experience?
- How could this be described in terms of your center's financial health?

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Research – Focus Areas

- Outcomes Related to Diabetes Control and Weight
- CVD Risk Factors
- Health Behavior Change:
  - Physical Activity
  - Nutrition

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CHWs Role in Diabetes

CHW Roles	Sub-Roles	Examples/Relation to Diabetes
Cultural Mediation	➔ Navigating health and social service systems ➔ Addressing community and cultural norms ➔ Increasing health literacy and cross- cultural communication	➔ Address community perspectives and/or misconceptions on diabetes medications and management. ➔ Explain how medical processes, such as medical appointments, work in the U.S. Immigrant patients may be accustomed to walk-in medical services and may, therefore, miss their appointments.
Culturally Appropriate Education	➔ **Health promotion, disease prevention, and health condition**	➔ **Motivate and support healthy behavior change using culturally appropriate educational methods.**

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Case Study

- A.B. is a retired 69-year-old man with a 5-year history of type 2 diabetes. Although he was diagnosed in 2013, he had symptoms indicating hyperglycemia for 2 years before diagnosis. He had fasting blood glucose records indicating values of 118–127 mg/dl, which were described to him as indicative of “borderline diabetes.” He also remembered past episodes of nocturia associated with large pasta meals and Italian pastries. At the time of initial diagnosis, he was advised to lose weight (“at least 10 lb.”), but no further action was taken.
- Referred by a nurse to the health center with recent weight gain, suboptimal diabetes control, and foot pain. He has been trying to lose weight and increase his exercise for the past 6 months without success.

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Assessment

Based on A.B.'s medical history, records, physical exam, and lab results, he is assessed as follows:

- Uncontrolled type 2 diabetes (A1C >7%)
- Obesity (BMI 32.4 kg/m^2)
- Hyperlipidemia (controlled with atorvastatin)
- Peripheral neuropathy (distal and symmetrical by exam)
- Hypertension (by previous chart data and exam)
- Elevated urine microalbumin level
- Self-care management/lifestyle deficits
    - Limited exercise
    - High carbohydrate intake
    - No SMBG program
- Poor understanding of diabetes

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Case Study Discussion

- How would you address the patient's poor understanding of diabetes?
- How would you help your patient with his obesity and hypertension problems?
- What community and education resources would you recommend to your patient?
- What sociodemographic factor would you explore in your patient?

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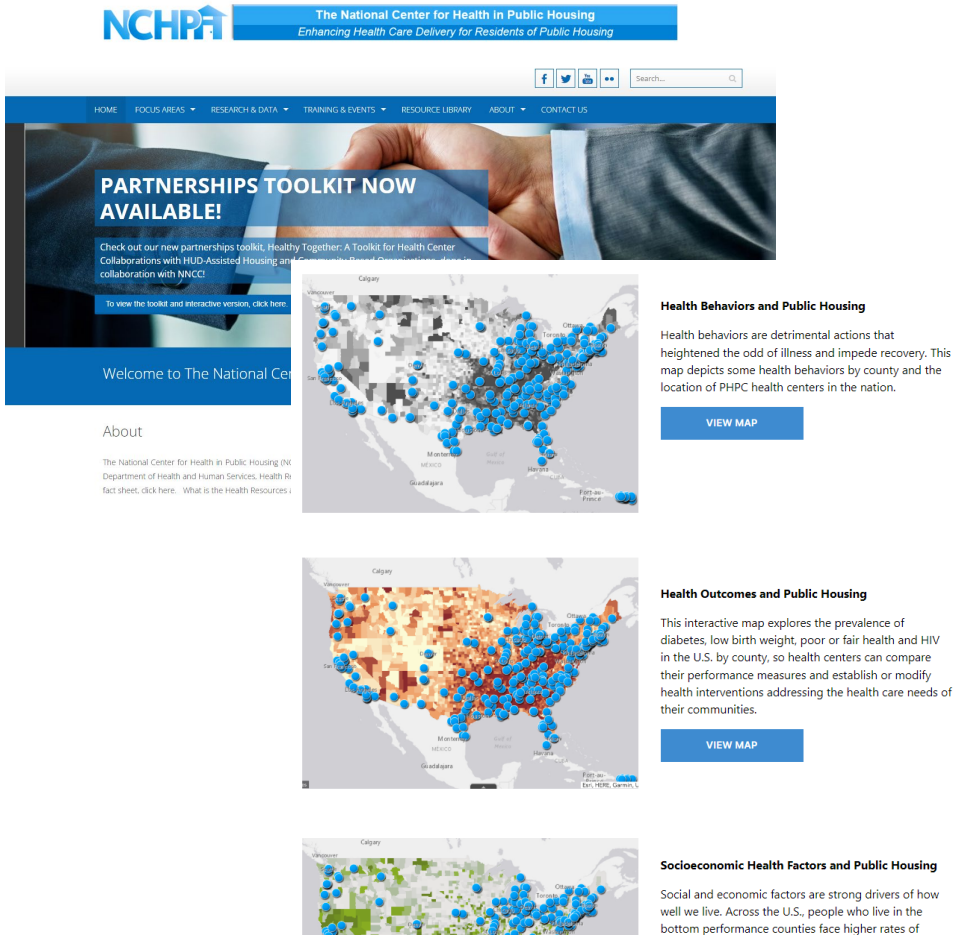

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Complete Post – Evaluation Survey

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Thank you!