

presented at

Virginia Rural Health Association Conference
November 20, 2019

presented by

COMMUNITY
Health Worker

Today's Journey

- 1. Introduction
- 2. About the Health Collaborative
- 3. Community Health Worker Project
- 4. Project Updates and Success


COMMUNITY
Health Worker
abercrombie

The Health Collaborative by the Numbers

- Who is the Health Collaborative
- 252 Members
  - Represent 150 organizations, departments, nonprofits, civic groups and communities

Our Approach

Mission

The Health Collaborative unites organizations and creates action to support health for all people in the Dan River Region

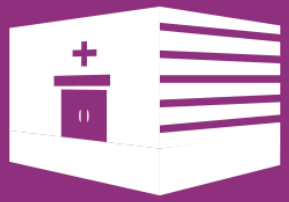
- Integrated approach
  - Complementing existing programs with policy, systems and environmental changes
- Guiding Principles
  - Impact
  - Feasibility
  - Health Equity

Goal 1: Active Living

Create equitable access to
opportunities to be physically active

Goal 2: Health Eating

Provide equitable access to local, fresh and healthy food



Goal 3: Access to Healthcare

Increase access to healthcare, resources and education for low income, minority and other under deserved populations

Goal 4: Healthy Spaces

Local institutions and community organizations encourage healthy living and create policies, programs and environments that support health

Goal 5: Leadership & Capacity Building

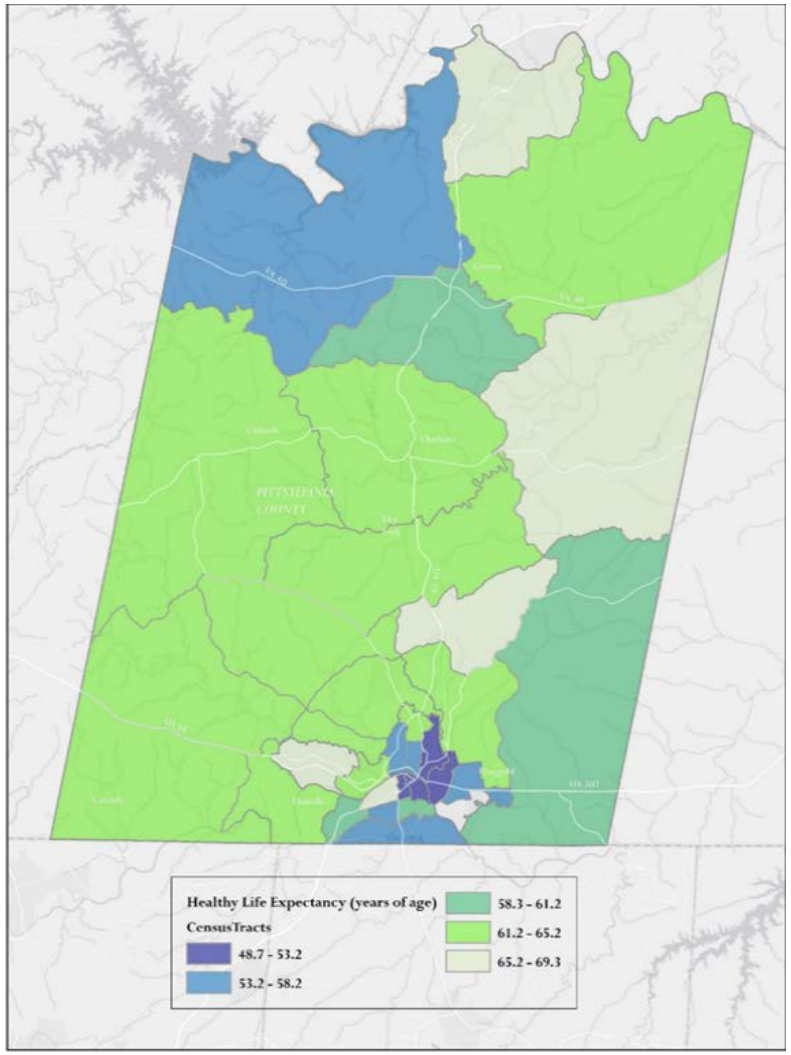
Maintain and build a strong and active collaborative structure with broad ownership and Leadership opportunities, representing the diversity of the Dan River Region

Health Equity

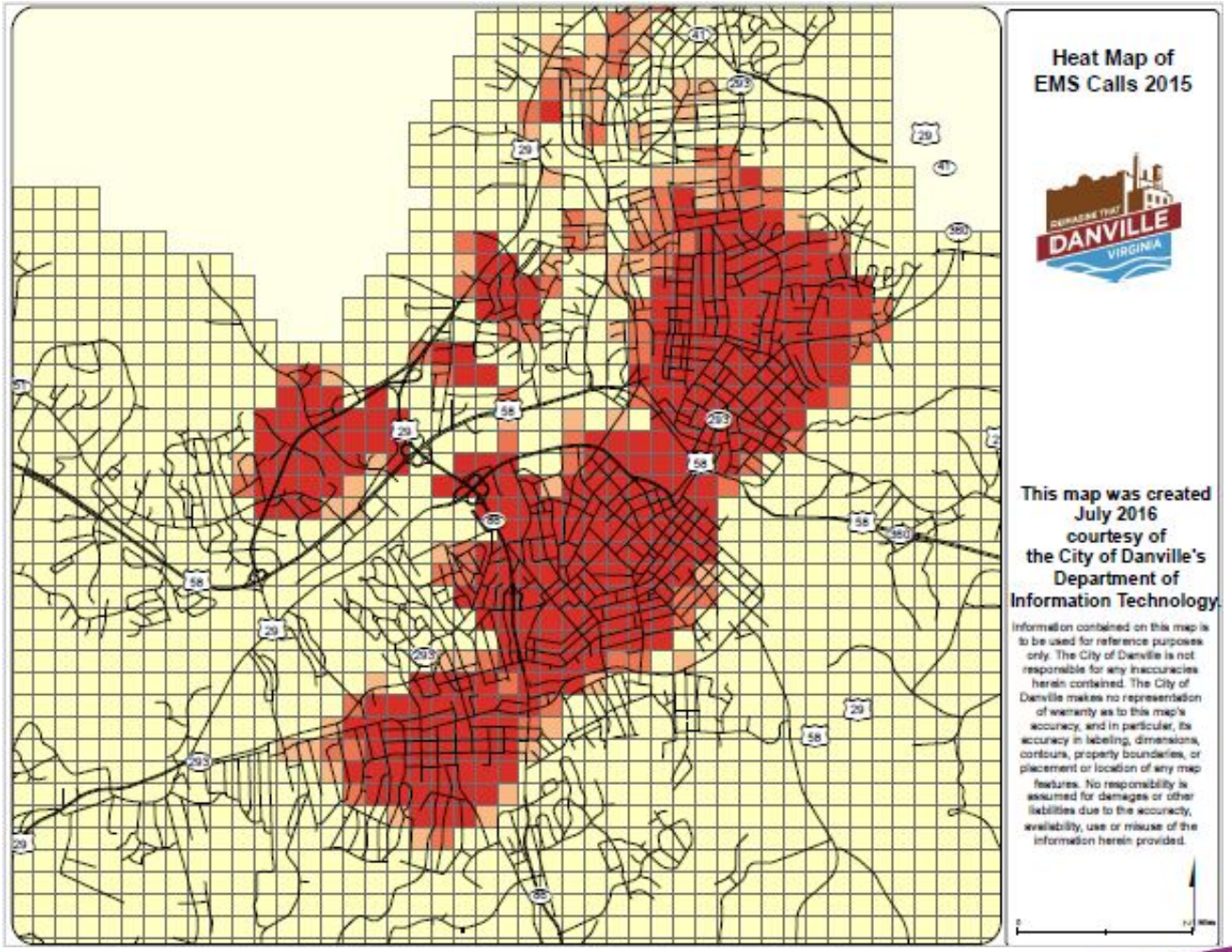
- Providing everyone with the fair opportunity to attain the highest level of health

- Not all neighborhoods and communities are starting in the same place

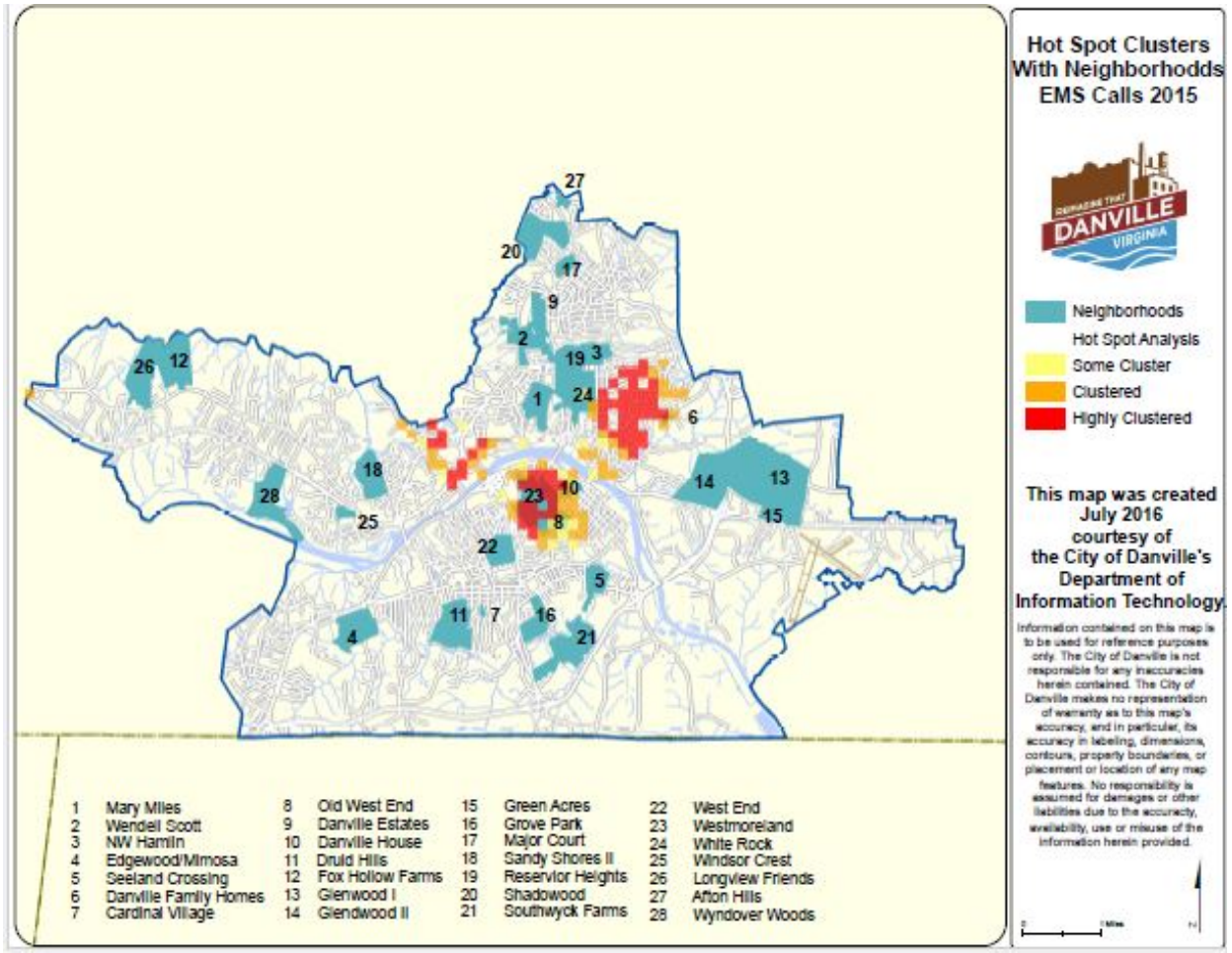
- Nearly 10 year difference in life expectancy between communities
- 20 year difference in healthy life expectancy between communities

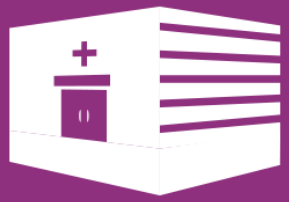


Heat Map of EMS Calls 2015



Heat Map of EMS Calls 2015





Goal 3: Access to Healthcare

Increase access to healthcare, resources and education for low income, minority and other under deserved populations

Community Health Worker

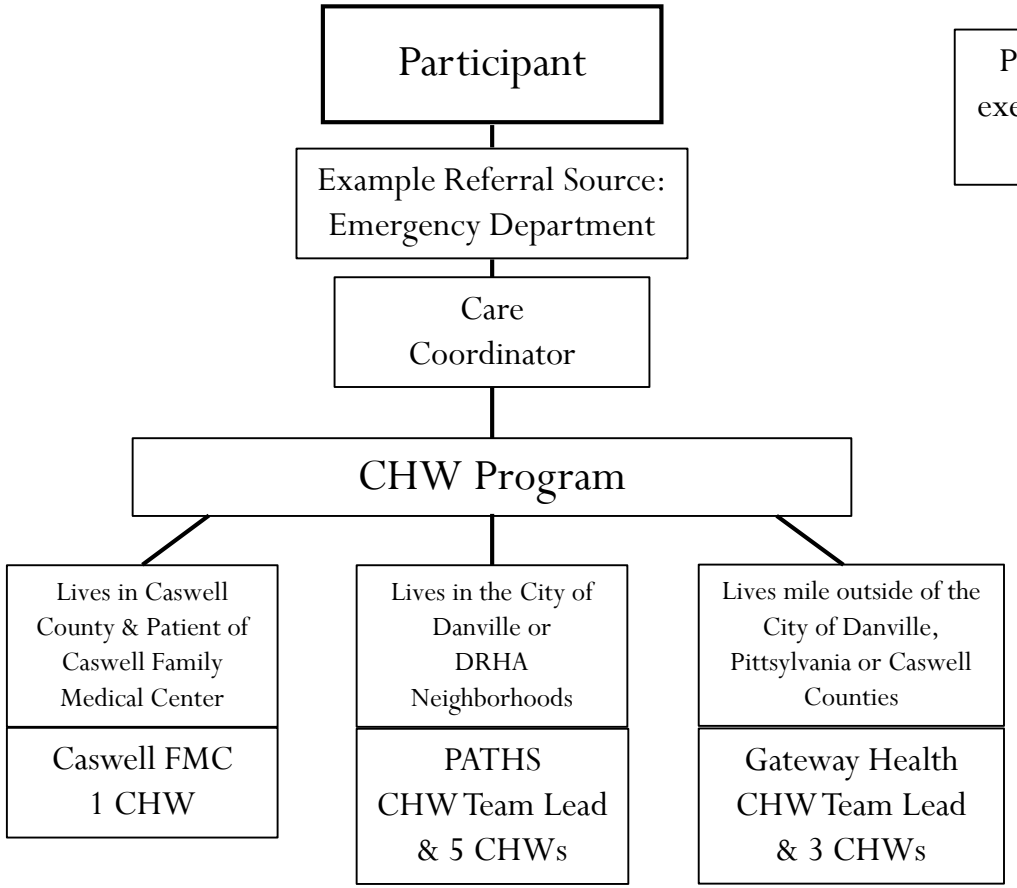
Role of the Community Health Worker

- Bridge the gap between communities and the health and social service system
- Navigate the health and human service systems
- Provide culturally appropriate health education and information
- Advocate for individuals and community needs
- Provide direct services
- Build individual and community capacity

Community Health Worker Model

Participation Criteria:
Location
Diagnosed with chronic illness

Characteristics:
Frequent ED visits
May not have a PCP
At risk or potentially be at risk of not complying with chronic illness



Program Manager oversees coordination and execution of CHW Program, facilitates program implementation team and advisory board

CHW in Action

Social Determinants

- Lack of transportation
- Lack of mental health resources
- Health literacy
- Secure housing
- Employment
- Access to primary care
- Access to specialty care
- Reluctant to seek health and social resources due to stress and lower self-confidence

Current Program Update

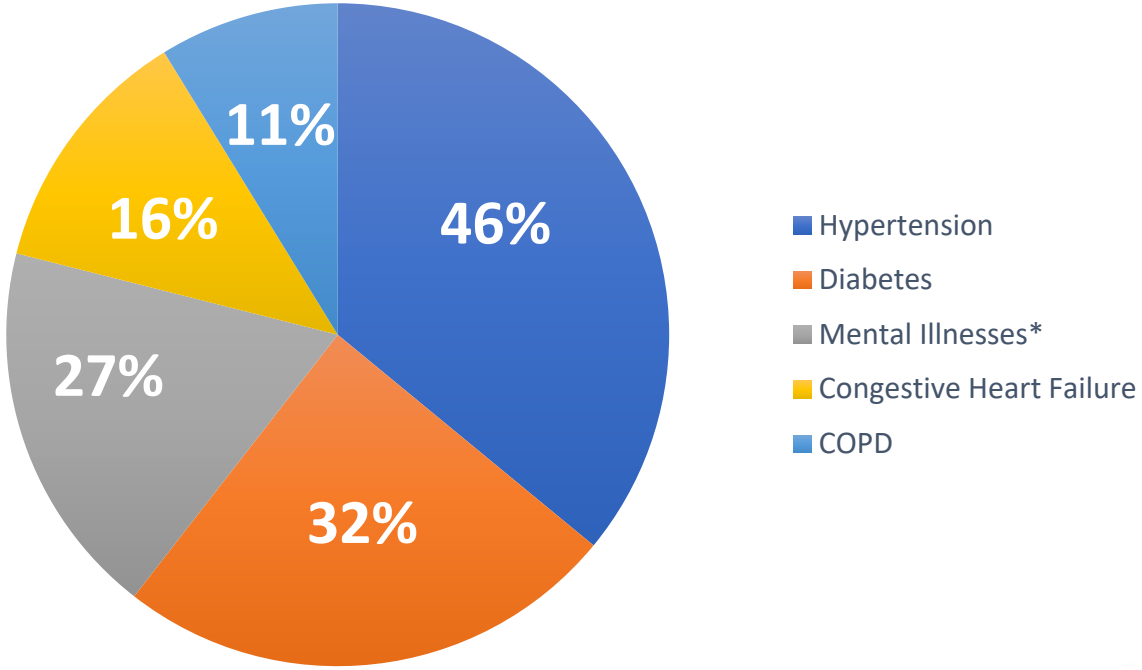
972 referrals to the CHW Program

632 enrolled clients

519 active clients

356 graduates of the CHW Program

Top Chronic Illnesses for Enrolled Clients



Current Program Update

- **312** connections to a PCP
- **1,600** decrease in Emergency Department visits
- **319** connections to insurance enrollment
- **436** connections to specialty care
- **371** connections to transportation resource
- **352** connections to housing assistance
- **284** connections to food resource
- **149** connections to mental health resource
- **66** connections to job placement resource

Policy Changes Made by CHWs

- Transportation: Cars donated to CHW Project from Danville-Pittsylvania Community Services
- FIT Mobile in partnership with CHW project, Danville Parks & Rec, Averett University, Virginia Corporative Extension
- FQHC billing/payment plan policy
- CHW certifiable workforce in Virginia

Success Stories

Discussion and Questions