

Community Health Workers in Nobles County



*Bridging Barriers, Expanding Access,
Improving Health for Our Communities.*

Owar Ojulu
English/Amharic/Anuak/Nuer

Fabio Lopez
English/Spanish/Mam

Mayra Pinales
English/Spanish

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Sterling Drug, Worthington, Mn



The Role of Community Health Workers



Community Health Workers play vital roles

From outreach worker

To resource coordinator

To health educator

depending on the needs of the target community
they serve




CHWs Are also Called....

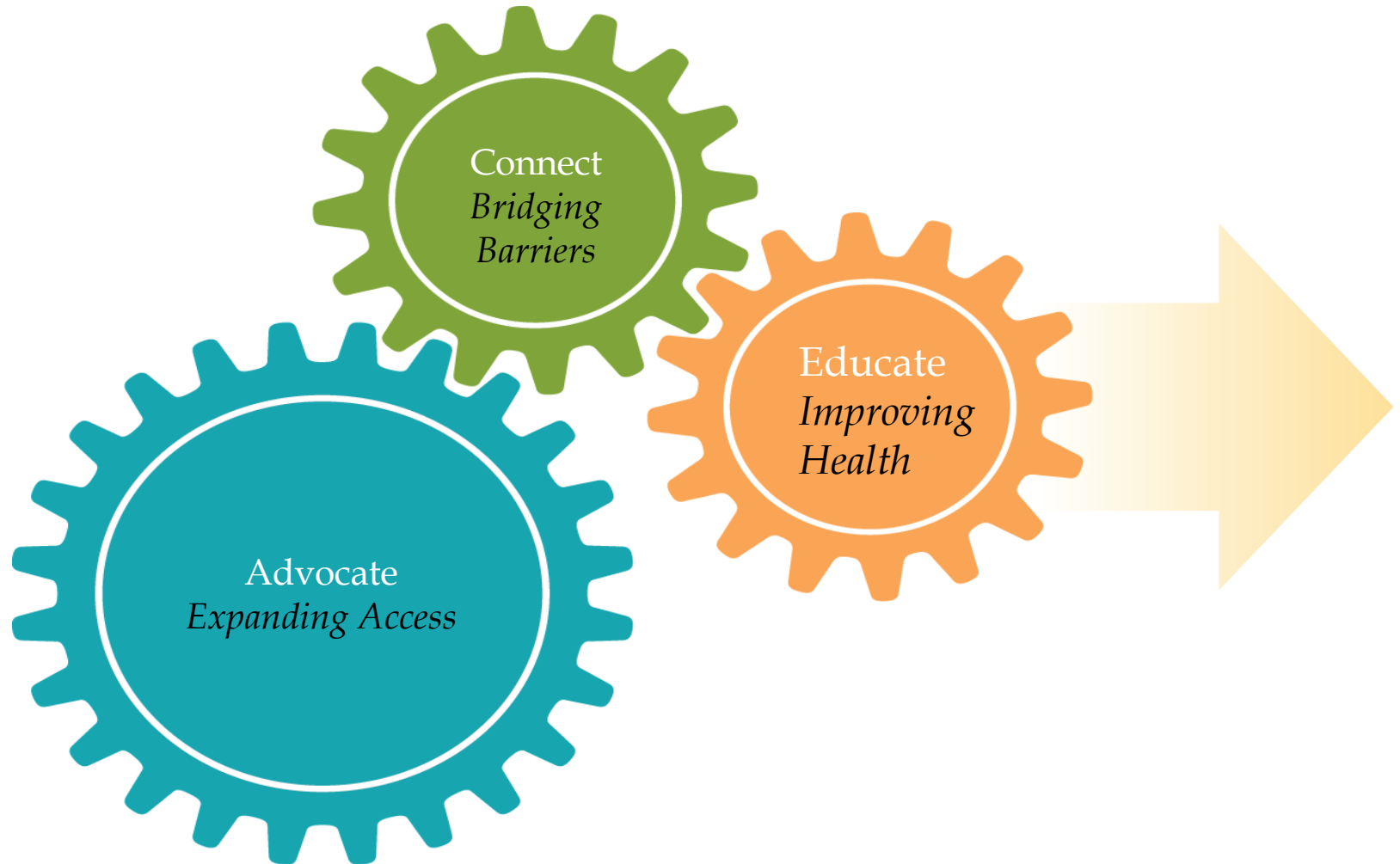
- ❖ Outreach Reach Worker
 - ❖ System Connectors
 - ❖ Care coordinators
 - ❖ Health Organizers
 - ❖ Community Health Representatives
 - ❖ Health promoters
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APHA-defines CHW as:

- ❑ Front-line public health workers who are trusted members with close understanding of the community they serve
 - ❑ Liaisons/links/intermediaries between health, social services, and the community
 - ❑ 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
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Triple Aim



CHWs' impacts ...

1. Reducing health disparities,
 2. Expanding access to coverage
 3. Improving quality of care
 4. Increasing health care, cultural competence
 5. Controlling costs
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CHWs Scope of Practice



Minnesota CHW Alliances

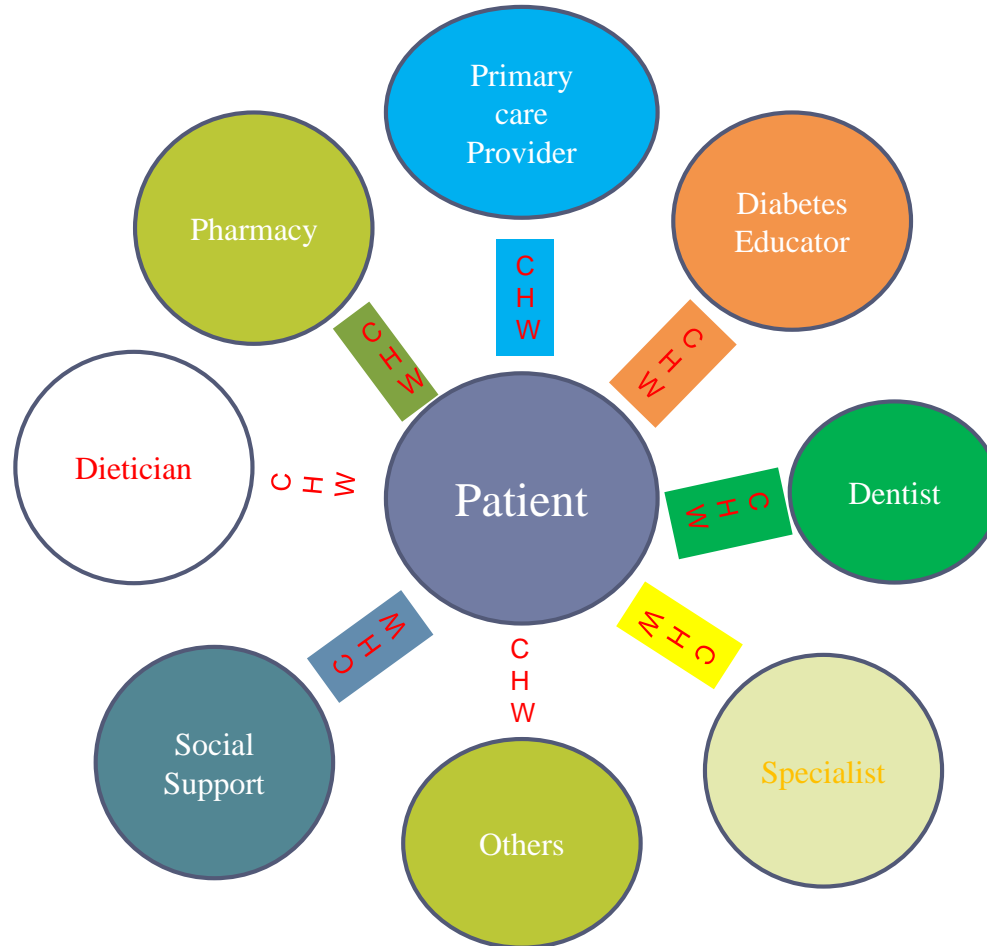
- Bridge the gap between communities and the health care and social service systems
- Navigate the health and human services system
- Advocate for individual and community needs
- Provide Direct Services and administering health screening tests
- Build Individual and Community Capacity



Help adopt a healthy lifestyle



Help connect pieces in care coordination



Distinctions between CHWs and other health professions

- Do not provide clinical services
- Expertise found in shared life experience and/or culture with the populations served
- Many spend significant part of their jobs working in home and community settings
- Focus on the social determinants of health



Integration of CHWs



Case Management and Care Coordination • Community-Cultural Liaison • Health Promotion and Health Coaching
Home-based Support • Outreach and Community Mobilization • Participatory Research • System Navigation*

* Matos S, Findley S, Hicks A, Legendre Y, Do Canto L. Paving a path to advance the community health worker workforce in New York State: a new summary report and recommendations. CHW Network of New York City. 2011

CHWs Recognitions

Recognized by Leading Public and Private Authorities

- American Public Health Association (APHA)
- Centers for Disease Control (CDC)
- Center for Medicare and Medicaid Services (CMS)
- Community Preventive Services Task Force
- Health Resources and Services Administration (HRSA)
- Institute of Medicine (IOM)
- U.S. Dept. of Labor Standard Occupational Classification (DOL)
- Minnesota Department of Health



Current CHW Coverage under Minnesota Health Care Programs

- Specific to diagnostic-related patient self-management and education services
 - Face-to-face services, individual and group
 - Signed diagnostic-related order for patient education in patient record
 - Provide service with clinical supervision in clinical setting, home or community; document services provided
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Referral Process for those on **HYPERTENSION** medication

- ▶ Reason for referral
 1. Medication adherence
 2. Self-management
 3. Transportation, food, housing concerns
 4. Uninsured, undocumented and underinsured
 5. Other
-



Referral from the pharmacies / staff

- ❑ Complete referral form (location of referral forms?)
- ❑ Fax the completed form to: 507-372-8380
- ❑ OR - scan completed referral and email to any of the CHWs



What to expect from CHW

- ▶ CHW contacts the individual within three business days
 - ▶ Attempt to reach out and ask individual **if they would still like some help regarding their medications.**
 - ▶ Makes an appointment with the client
 - ❖ At home (home visit)
 - ❖ Office
 - ❖ Discuss all the socioeconomic factors that **are a barrier** to the client to taking **medications as prescribed (no food no medicine)**
 - ❖ Refers client back to their primary doctor if needed
 - ❖ Refers client back to the **pharmacy for a MTM** consult if needed
 - ❖ Follow up with the client by **phone and face-to-face visitation** for an **average of average of 6 months**
 - ❖ **Case closed when a client**
 - ❖ Declines continued service
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- ▶ ❖ Condition improves and no need of additional support

What to expect from CHW

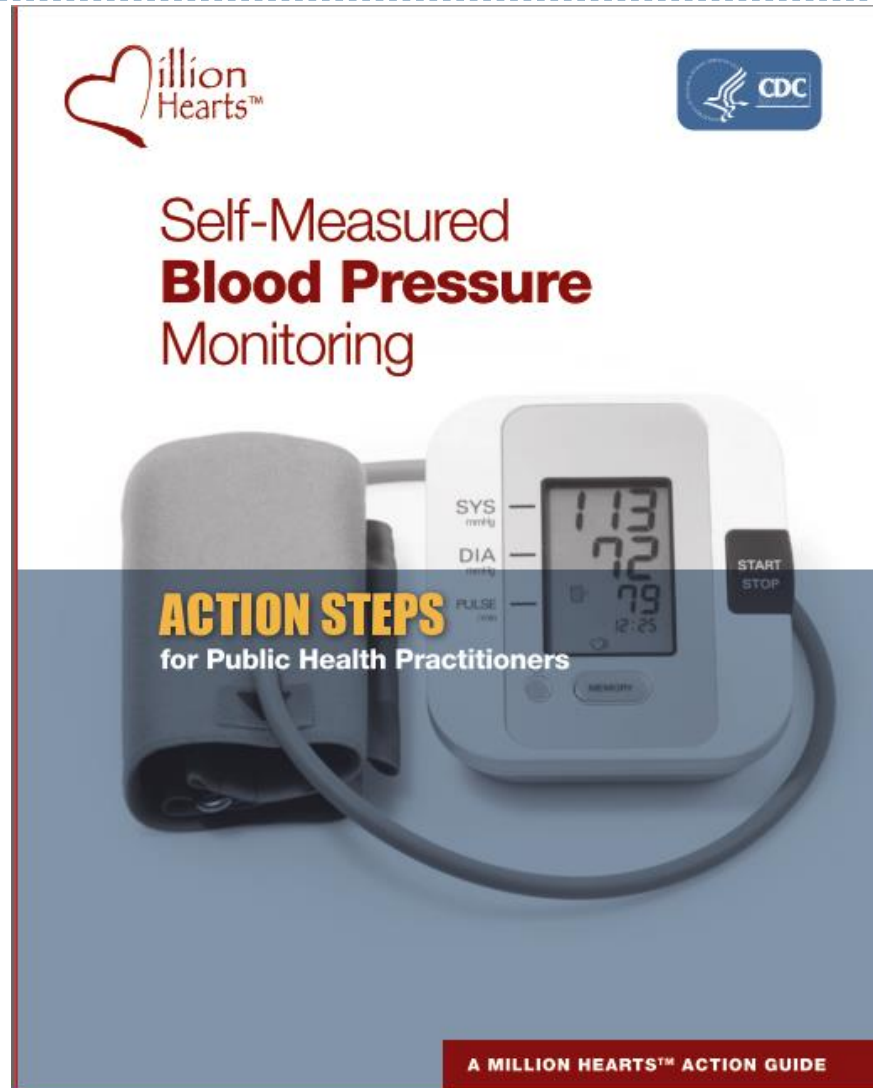
▶ Ask 5 questions survey/assessment

1. I understand the intended medical use for each of my medications and supplements. Yes or No (amount)
2. I know how each of my medications work for me to improve my health. Yes or No
3. I know the possible safety concerns for each of my medications. Yes or No
4. I am able to take each of my medications as intended. Yes or No
5. I feel that I can confidently manage my medications to improve my health. Scale of 1-5



What to expect from CHW

- ▶ Create Self-Measured Blood Pressure Plan with client
- ▶ Help them follow their blood pressure plan created by their doctor



Community Health Worker Referral Form

Date of Referral: _____

Client's Name _____ Preferred Language _____

Clients Phone # _____ Alternate Phone # _____

Reason for referral

- Adherence
- Self-management
- Financial need (no insurance, underinsured)
- Transportation, food, housing concerns
- Other

Notes: _____

Patient gives consent to be contacted by Community Health Worker

Pharmacist Name: _____

For CHW/Office use only:

Date of service _____ Case

Number _____

Note _____

Mayra Pinales (Spanish)

mpinales@co.nobles.mn.us

507-295-5351

Fabio Lopez (Spanish, Mam)

flopez@co.nobles.mn.us

507-295-5368

Owar Ojulu (Amharic, Anuak, Nuer)

oojulu@co.nobles.mn.us

507-295-5392

Fax: 507-372-8380



Questions?



Resources

- <http://pharmacy.ufl.edu/2013/03/22/community-health-worker-is-helping-patients-manage-meds/>
- <http://mnchwalliance.org>
- <http://www.amrefusa.org/usa/en/what-we-do/health-worker-training/?gclid=CMKMgrW-3M0CFYU2aQod23QN0w>
- http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONTENT&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_140357



THANK YOU

