Community Health Workers (CHW) in short and long term care of breast cancer patients.

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A little bit of background…

The **Community Health Council of Wyandotte County** partnered with **Kansas City CARE Clinic** to implement a team of Community Health Workers to provide care coordination for patients who experience multiple barriers to access to care and sustainable health. The **United Health Foundation** funded this project.
What is a CHW?

Carolina Biagi
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 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.

A community health worker 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. (Definition from American Public Health Association, 2015).

“CHWs are the ambassadors of health”
Understanding what is a Community Health Worker (CHW)

- CHWs are a trusted member of the community.

- CHWs provide one-on-one and tailored services to address social and health needs.
Understanding what is a Community Health Worker (CHW)

- CHWs facilitate access to resources by bridging the gap; serving as liaison between health and social services to improve the health outcomes.
- By doing everything above CHWs assist clients to improve their health outcomes and to make them more self-sufficient.
Community Health Worker Tasks

- Cultural Liaison
- Guidance
- Connect
- Assistance
- Care Management
- Advocacy
- Access
- Service
- Teaching
- Coaching
Community Health Worker Strengths

- Trusted
- From the community
- Common Ground
- Knowledge
- Shared Lived Experience

- Relationships
- Peer to peer
- Understanding
- Organizer
- Motivator
CHWs serve all individuals from different walks of life; regardless of their race, age, gender, gender identity, sexual orientation, culture, religion…

In our program here in Wyandotte, we focus on the underserved and underrepresented communities.
Barriers
Barriers (Definition):

Barriers are factors that prevent an individual from gaining access to health and social care affecting their overall wellness. It may be that they do not know about the services available, do not qualify or can not afford them. Individuals may face more than one barrier to accessing services.
Type of Barriers

- Physical barriers
- Psychological barriers
- Financial barrier
- Geographical barrier
- Cultural and language barriers
- Resource barrier

*Build bridges, not walls.*

— *Suzy Kassem*, *Rise Up and Salute the Sun: The Writings of Suzy Kassem.*
Most common barriers

- Health Insurance: Lack of access to insurance = Less chances to access to health care.
- Medication cost: Some patients with medical insurance still can’t afford their medication.
- Medication adherence: Patients might not be taking their medication for several reasons.
- Lack of support system: After being given a diagnosis, some patient don’t have enough support or assistance from the family or social circle they are surrounded by.
Barriers in Wyandotte County

- 22.5% of individuals uninsured in Wyandotte County versus 13% in the rest of US. The rate is even higher for African Americans and Latinos.
- 23.9% are below Federal Poverty Level, 25.8% between 100% - 200%.
- The median household income in Wyandotte County is $40,113 versus $53,889 in the US.
- According to the 2017 Rankings, Johnson County ranked within the five healthiest counties in Kansas. Wyandotte County ranked second from the bottom followed by Labette County.
CHW Role
CHW Role

• Connecting Clients to services and programs within the community
• Meeting with patient in the community at their convenience (home visits)
• Providing support, guidance and advocacy during medical appointments.
• Coaching to help them find the motivation needed to stay healthier and meet their goals.
• Providing personalized one-on-one services to overcome the barriers that patients are experiencing.
Why do we need CHWs?

- Health and Human services are complicated to navigate.
- Vulnerable populations face poor health outcomes.
- Health providers can’t measure patient’s outcomes once they leave the medical facility.
Why do we need CHWs?

- Sometimes patients don’t have social support.
- Disconnection between providers and patients when it comes to culture and beliefs.
CHWs working with cancer patients

Prior and during diagnosis
- Emotional support
- Guidance, planning and connecting to resources.
- Relatability and cultural competent with patients.
- Advocacy (empowering patients)

“Cancer is a word, not a sentence.” – John Diamon
Post diagnosis

- Reinforcing and reviewing medical care plan with patient.
- Follow up: visits with oncologist, treatment administration (chemotherapy, radiation), home visits…
- Insured/uninsured process. Financial counseling, insurance navigation.
- Strengthening family support.
- Reporting back to medical staff.

"Cancer may have started the fight, but I will finish it." – gotCancer.org
General Outcomes of the CHW program

- Reduce health care cost
- Improve health outcomes
- Decrease number of uninsured
- Increased access to and use of preventive care
- Reduce unnecessary ED visits
- Improve self-management
- Decrease stress and improved quality of life.
Sarah came to my office because she was told by a friend that she would be helped. She was afraid because one day when she was taking a shower, she felt a lump in her breast. She got her mammogram done and she was worried because she was told that she needed a biopsy. Sarah has been looking for assistance but without health insurance all the doors seem to be locked, I listened to her carefully and assessed her needs.
Sarah tried to access to a physician, a specialist, and treatment but she had to pay for all out of pocket. She didn’t know how much longer could she afford all these expenses. Sarah was afraid of going to see a doctor, as the bills were piling up.
Because of her frail health and her multiple appointments with doctors, Sarah ended up losing her job. This significantly increased her stress level. “How am I going to afford my rent? Food? Medication?” Sarah did not have a car; her neighbor was taking her to work since they had been working in the same place for several years. How is she going make it to her appointments?
Sarah lived with her 2 young children Claire and Anna who are really supportive but they are too young to understand what is happening...

Sarah had a doctor’s appointment at 10 am and she had to take the bus at 8 am right after the children had gone to school. Sarah needed to take 2 buses to get to the doctor’s office but the second bus had a delay that made her wait 30 extra minutes in the cold. At the time Sarah arrived to her appointment she was 20 minutes late and could not be seen, having to re-schedule.

Sarah was desperate and does not know what to do, Sarah kept crying...
Sarah and I created a care plan; We went together to a safety net clinic to establish her care. I have been attending her medical appointments for support because sometimes she doesn’t feel confident to express all of her concerns to her medical provider. I assisted Sarah in finding resources for affordable specialty services. If those are not available, Sarah and I will make a plan to find the financial resources needed for her treatment with organizations, foundations or programs in the community.
Since Sara doesn’t have transportation and she can’t afford it, we will talk to her medical provider about the possibility of filling out an application for transportation for which she could be eligible for.

I had a conversation with Sarah explaining the importance of integrating her family for support. Sarah has some medical bills that she can’t pay in cash, I helped her to talk with the medical institutions to arrange a payment plan, she learned how to do many of the things on her own and now she feels much more confident. If all work together Sarah will be able to continue with her life soon.
Here is a short video capturing our daily job!

https://vimeo.com/dontblinkmpls/review/222731842/420b91e274

I hope you like it!
THANK YOU FOR YOUR ATTENTION