The Life-Changing Impact of Community Health Workers
USAge Conference Presentation – July 18, 2023
Dayanita Medjesky
Erica Seabaugh
Kelsey Stinson
About CICOA

• Indiana’s largest Area Agency on Aging (AAA)
• Not-for-profit organization
• Founded in 1974
• Serving 8 counties in Central Indiana (Area 8)
Mission

CICOA Aging & In-Home Solutions empowers older adults, those of any age with a disability, and family caregivers by providing the innovative answers, services, and support they need to achieve the greatest possible independence, dignity, and quality of life.
What We Do

Funding Sources:
• Older Americans Act (OAA)
• Social Service Block Grant (SSBG)
• Title III
• Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE)
• Medicaid Aged & Disabled Waiver
• Medicaid Traumatic Brain Injury Waiver

Services Provided:
• Information and referral
• Options counseling
• Care management
• Home-delivered meals
• Congregate meals
• Transportation
• Home accessibility modifications
• Caregiver support
• More!
Client Service Data FY2022

- **25,560** Trips Provided
- **408,642** Meals Served
- **11,973** Care Managed Clients
- **518** Number of Volunteers
- **10,830** Dementia Friends
- **275** Home Modifications
- **29,898** Calls Answered
- **879** Total Volunteer Hours
Community Health Worker Video
What is a Community Health Worker?

American Public Health Association (APHA):

• Frontline health worker who is a trusted member of and/or has a close understanding of the community served

• Trusting relationships enable the CHW to serve as an essential 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

• CHWs improve clinical outcomes and build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, information counseling, social support, advocacy, and community-based research and evaluation.

(Gonzalvo et al., 2020)
Who are Community Health Workers?

Table 3. Community Health Worker Job Title

<table>
<thead>
<tr>
<th>Job Title (N = 648)</th>
<th>No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community health worker</td>
<td>208 (32)</td>
</tr>
<tr>
<td>Certified recovery specialist</td>
<td>102 (16)</td>
</tr>
<tr>
<td>Certified recovery specialist/Community health worker</td>
<td>90 (14)</td>
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<tr>
<td>Community health advisor</td>
<td>55 (8)</td>
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<tr>
<td>Health educator</td>
<td>55 (8)</td>
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<tr>
<td>Health interpreter or translator</td>
<td>37 (6)</td>
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<tr>
<td>Outreach worker</td>
<td>28 (4)</td>
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<tr>
<td>Enrollment coordinator</td>
<td>16 (2)</td>
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<tr>
<td>Patient navigator</td>
<td>15 (2)</td>
</tr>
<tr>
<td>Family advocate</td>
<td>13 (2)</td>
</tr>
<tr>
<td>Peer counselor</td>
<td>3 (1)</td>
</tr>
<tr>
<td>Other title</td>
<td>24 (4)</td>
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<tr>
<td>No response</td>
<td>2 (1)</td>
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(Gonzalvo et al., 2020)
Where Do Community Health Workers Work?

(Gonzalvo et al., 2020)
What do Community Health Workers do?

- Assist with access to medical, social and community services
- Build client capacity
- Conduct community outreach and programming
- Positioned within social networks to allow access to resources for clients
- Serve as advocates and change agents to improve the lives of clients

(Gonzalvo et al., 2020)
Evidence of Impact

• Proven return on investment (ROI)
  o Every $1 invested in CHW interventions returned $2.47 to an average Medicaid payer within a fiscal year
• Rapid job creation
  o CHWs can be hired, trained and deployed within weeks
• Critical capacity
  o Cost-effective way to deliver essential health and social services
• Reaching at-risk populations
  o CHWs reduce health disparities and address unmet social needs for historically marginalized and underserved populations
• Catalyze economic self-sufficiency in impoverished neighborhoods

(Gonzalvo et al., 2020)
CICOA Community Health Workers: Development and Implementation
Collaborative Beginnings

Community Health Workforce Development Institute (CHWDI)

• Indiana CHW Needs Assessment
• Sustainable CHW design & implementation
• Research and evaluation
• Policy and advocacy

Penn Center for Community Health Workers

• IMPaCT – Evidenced-based model
• CHW blueprint design
  – Partner Role
  – Magnet Role
Where to Start – “Partner Role”

- Met most immediate need
- Growing population overall – find new ways to meet needs of consumers at scale.

The number of residents age 65 years+ in our eight-county area is expected to double by 2035.

Unduplicated Count of Case Managed Clients - Over Time

- FY18: 7656
- FY19: 8956
- FY20: 11377
- FY21: 12040
- FY22: 13449
- FY23: 14339
WHERE to start –  
*Data Driven Approach*

- County-Level, Composite SDOH Risk Rankings for Older Adults in Central Indiana
  - Financial Stability, Food Insecurity, Housing, Safety and Abuse, Health Outcomes
- CICOA Client Risk Stratification
  - Demographics
  - Chronic Conditions
  - Hospitalization
CHW Role at CICOA

- CHWs integrated into Care Management and play important role in providing services and supports

- Implementation plan included a multi-level approach:
  - Supporting care transitions for Dual Special Needs Population (DSNP)
  - Expanding care transition supports for care-managed population
  - Increasing impact on high-risk populations based on population served
Recruitment & Hiring

- Drafted clear job description with specific roles and targets
- Involved organizational leadership and relevant stakeholders
- Hired CHWs in groups to train together
- Provided full employee benefits to CHWs
- Include community partners in recruitment
- Have a CHW present at the interview and onboarding
- Look for candidates who have lived or worked within target neighborhoods
- Recruit directly from client populations

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<table>
<thead>
<tr>
<th>CICOA Aging &amp; In-Home Solutions</th>
<th>Job Description</th>
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<tbody>
<tr>
<td>Job Title: Community Health Worker, Flourish</td>
<td>Department: Flourish Care Management</td>
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<tr>
<td>Reports To: Assistant Director or Team Supervisor, Flourish</td>
<td>Field Status: Nonexempt</td>
</tr>
<tr>
<td>Prepared By: Director of Flourish, Human Resources</td>
<td>Effective Date: 2/2022</td>
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<tr>
<td>Revised Date: 2/2022</td>
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**SUMMARY**
The Community Health Worker (CHW) serves as an integral member of a Flourish Care Management team, team consists of a Supervisor, Care Managers (CM), Care Coordinators (CC) and CHWs working together to provide care management services and supports to individuals that CICOA serves. The CHW’s primary responsibility will be focused on assisting individuals within the team by providing support and education during care transitions and surrounding overall health. The CHW will work directly with the individual, family, CC, CM, and providers with the intention of improving health outcomes for individuals served by CICOA.

**ESSENTIAL DUTIES AND RESPONSIBILITIES** include the following. Other duties may be assigned.

**Customer Service**
- Serves as an ambassador for CICOA’s Mission, Vision and Values when representing CICOA internally and externally.
- Role models CICOA’s commitment to ICARE values of Integrity, Courage, Accountability, Respect, Excellence
- In all interactions, focuses on the exceptional experience and positive health and customer service
- Timely in responding to individual, members of their circle of support, health care professionals and other team members needs and requests
- Displays positive behaviors and feelings regarding older adults and those of any age with a disability
- Displays a strong level of comfort collaborating and conducting home visits with older adults, individuals with disabilities and the communities where they live

**Teamwork and Communication**
- Demonstrates CICOA’s communication expectations when interacting with others on CICOA’s behalf, including health care staff, social service staff and others involved
- Strong oral and written communication skills, including ability to interact regularly with all members of the team to assure care coordination

(Gonzalvo et al., 2020)
Recruitment & Hiring

- Apr 2022: Implementation of the first CHW roles at CICOA
- Sep 2022: Implementation of Lead CHW role
- Apr 2023: 16 CHWs have been hired
- More to come in 2023
CICOA CHWs
Certification

- CHW certification in Indiana open to anyone 18+ with high school diploma/equivalent
- Complete within 6 months of employment
- Utilizing INCHWA-approved cert programs
- Approx $1200-$1500/certification
- Includes topics & CEUs for ongoing education
Ongoing Training and Partnerships

University of Indianapolis

- Start Aug 2022
- 12 students – two separate semesters
- 2 separate projects:
  - Diabetes Education and Resources
  - Dementia Education and Resources

- Start March 2023; 8-week rotations
- Finalizing partnership to include:
  - Medication Reconciliation at discharge
  - Medication Education (client and CHW) including Opioid use/abuse, infographics and drug access monographs
  - Medication Compliance
  - Medication Access
  - Communication portal between pharmacy students and CHWs
Impact of CHWs

- Reach
- Workforce quality
- Healthcare utilization
- Unmet social needs
### Client Demographics

#### Race

<table>
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<tr>
<th>Race</th>
<th>% of DSNP - CHW (n=565)</th>
<th>% CICOA Client (n=12,349)</th>
<th>Central Indiana</th>
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<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>0.18%</td>
<td>0.20%</td>
<td>0.10%</td>
</tr>
<tr>
<td>Asian</td>
<td>0.18%</td>
<td>1.70%</td>
<td>1.80%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>46.55%</td>
<td>32.6%</td>
<td>12.40%</td>
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<tr>
<td>Multiracial</td>
<td>1.06%</td>
<td>0.90%</td>
<td>1.10%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>0.18%</td>
<td>0.10%</td>
<td>0</td>
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<tr>
<td>Unknown/Missing</td>
<td>6.02%</td>
<td>8.30%</td>
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<tr>
<td>White</td>
<td>45.84%</td>
<td>56.30%</td>
<td>82.90%</td>
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#### Total Clients Served

- **565**

#### Age/Gender

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Female</th>
<th>Male</th>
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<tbody>
<tr>
<td>19-39</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td>40-54</td>
<td>41</td>
<td>53</td>
</tr>
<tr>
<td>55-64</td>
<td>37</td>
<td>90</td>
</tr>
<tr>
<td>65-74</td>
<td>155</td>
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<tr>
<td>75-84</td>
<td>95</td>
<td></td>
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<tr>
<td>85+</td>
<td>39</td>
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Workforce Quality - Efficiency

16 CHWs are managing 81% of DSNP activity – compared with 124 Care Managers (CMs).
CHWs provided more timely coordination in response to a client's hospitalization.
Hospital Readmissions

Compared with 3 months prior to CHW interventions, statistically significant reduction in the average number of hospitalizations.

Even greater reduction compared to older adults in the 90th percentile of “pre” admissions.
Client Story Readmission Success

**Problem:** Client Jane Doe had a history of reoccurring UTI's which led to frequent hospital visits for this issue.

**Resolution:** After the first contact with the CHW, the client was advised how to prevent reoccurring UTI's and has had a decrease in hospital visits over the past year.
Unmet Social Needs

In order of the number of referrals requested:

- Food Pantries
- Transportation
- Housing
- Mental Health
- Medical Equipment/Home Accessibility
- Utility Assistance/Home Repair
- Senior Companions
Social Determinants of Health

Have you run out of food and not have money to get more.

- **Baseline**: 88%
- **Thirty Day Follow up**: 91%
- **Ninety Day Follow up**: 94%

Compared with baseline responses, 5.55% more clients reported “never” running out of food and not having money to purchase more, 90 days after CHW involvement.
Client Story - Food Pantry Need

**Problem:** Due to limited income, the client faced issues with not having enough food to last the month.

**Resolution:** By connecting with a CHW, the client was approved for meal delivery and connected with local food pantries to supplement her food sources. This was a huge help providing additional food for when her grandchildren visited.
Self Efficacy

Do you feel confident that your personal needs are met every day?

Baseline: 85.56%
Thirty Day Follow up: 92.98%
Ninety Day Follow up: 96.97%

Compared with baseline responses, 11.41% more clients reported “often” feeling confident that their personal needs are met, 90 days after CHW involvement.
During the last 30 days, did you often feel unhealthy, or have a lack of energy?

Baseline: 40% Never, 50% Sometimes

Thirty Day Follow up: 51% Never, 44% Sometimes

Ninety Day Follow up: 51% Never, 40% Sometimes

Compared with baseline responses, 11.12% more clients reported “never” feeling unhealthy or having a lack of energy 90 days after CHW involvement.
What’s Next?

Current CHWs
• Continue evaluation – calculate return on investment (ROI)
• Identify long-term reimbursement opportunities
• Streamline processes and analysis of impact
• Expand reach to high-risk clients within current populations

Future CHWs
• Division of Mental Health and Addictions – Targeting older adults with Severe Mental Illness
• “Magnet Role” – Outreach to underserved populations
• SNAP/WIC applications in collaboration with Gleaners Food Bank
How to Incorporate CHWs

- Identify where CHWs can fit in your current workflow
- Explore existing or future reimbursement opportunities
- Lean on partnerships with health systems or Managed Care Organizations
Questions & Answers
Citations

Let's Be Social

Facebook: CICOA Aging & In-Home Solutions
LinkedIn: CICOA Aging & In-Home Solutions
Twitter: @CICOA
Instagram: @CICOA Indiana
Thank you!

CICOA Aging & In-Home Solutions
8440 Woodfield Crossing Blvd., Suite 175
Indianapolis, IN 46240-4359
317.254.5465
800.489.9550

Aging & Disability Resource Center
317.803.6131
317.254.3660
800.432.2422

cicoa.org