

Integration of Community Health Workers to Strengthen External Partnerships Improving Health Outcomes

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Disclosure

Presenters have no financial interest to disclose.

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Learning Objectives

- Discuss the effectiveness of providing intensive patient outreach, DOT services and addressing unmet needs/barriers to achieving viral suppression.
- Identify services provided by CHWs that improve engagement and retention in HIV care
- Realize the CHWs unique role in providing culturally appropriate health education and information to promote health, while providing social support and coaching for those living with HIV infection.

Discuss the effectiveness of using community health workers to provide intensive patient outreach, DOT and to address unmet needs and barriers to achieving viral suppression.

OBJECTIVE I

Community Health Workers (CHWs)

Deliver home and community-based services to the high-need patient population to support opportunities to stabilize and improve their health.



“We’re bridging the gap from out of care to total care.”

Latrina Moore, CHW

Methodist Le Bonheur Community Outreach

The Memphis Collaborative



Methodist Le Bonheur Community Outreach,
Community HIV Network



Public Health
Prevent. Promote. Protect.
Shelby County Health Department

Shelby County Health Department, Ryan White Program



Regional One Health

Regional One Health, Adult Special Care Center

Intensive Outreach

Outreach that occurs over approximately a 26 week period. CHWs provide up to 60 minutes of community-based client support services that may include:

1. HIV education based on the client's literacy
2. Psychosocial assessment to help identify strengths and barriers
3. Development and maintenance of a SMART plan
4. Maintenance of the partnership agreement
5. Periodic case conferencing with Medical Case Managers (MCM) and medical providers



Direct Observation Therapy (DOT)

A specific strategy, endorsed by the World Health Organization, to improve adherence by requiring health workers, community volunteers or family members to **observe** and record patients taking each dose.

DOT Services

Service Type	No. Clients	% Clients Receiving Service	Number of Encounters	Average Encounters per Client
CHW DOT	21	70%	419	20.0
CHW Digital DOT	8	27%	82	10.3

Total Clients Enrolled: 30

What needs are met with CHW Intensive Outreach and DOT?

Through the use of Intensive Outreach and DOT services, CHWs able to develop an individualized care plan for each client based on their condition, needs, and goals.

- Successively, CHWs use the care plan to assist the clients in developing their own SMART (Specific, Measurable, Attainable, Relevant, and Time-Based) action plan to address their unmet needs and barriers.

Identify Services provided by CHWs that Improve Engagement and Retention in Care

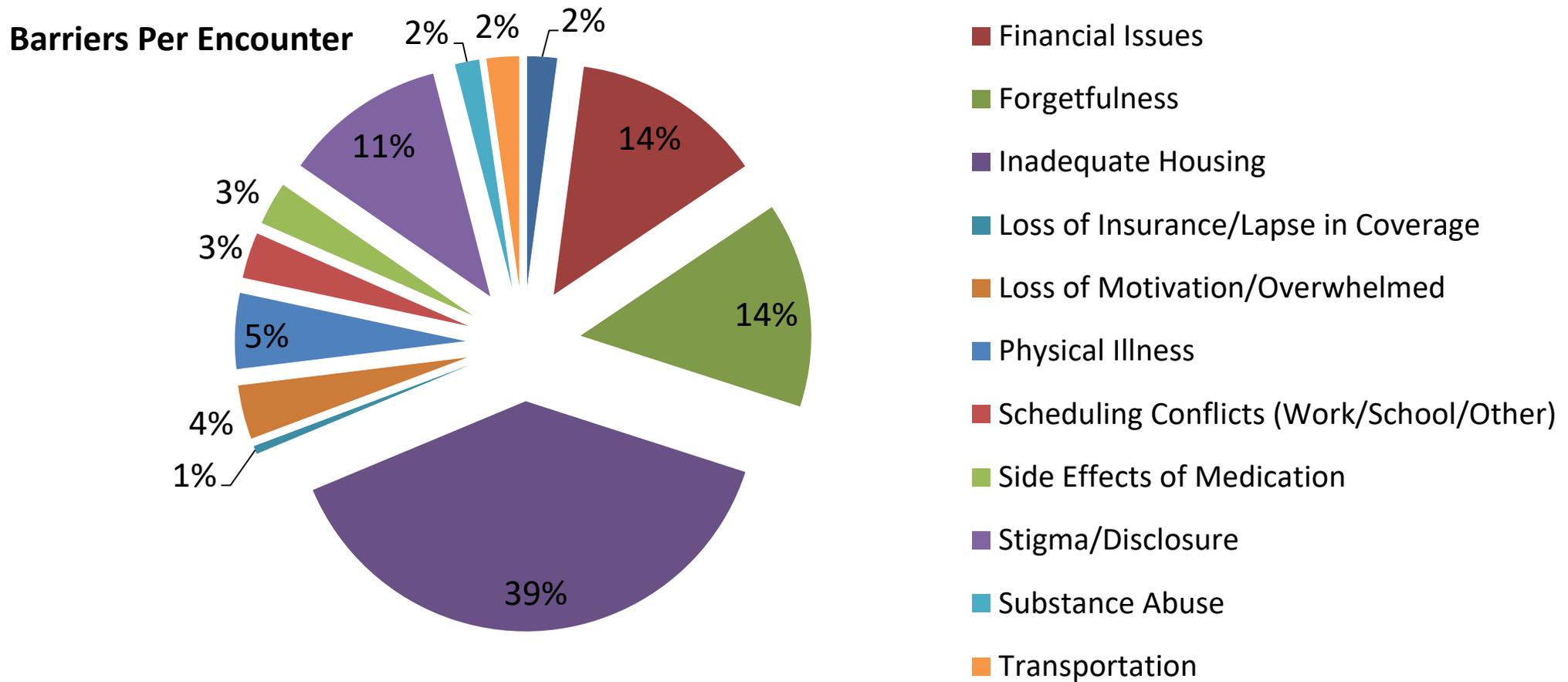
OBJECTIVE II

Addressing Barriers and Unmet Needs

- Direct Client Support Services
- Indirect Client Support Services (Referrals)
- Social Network Support Services

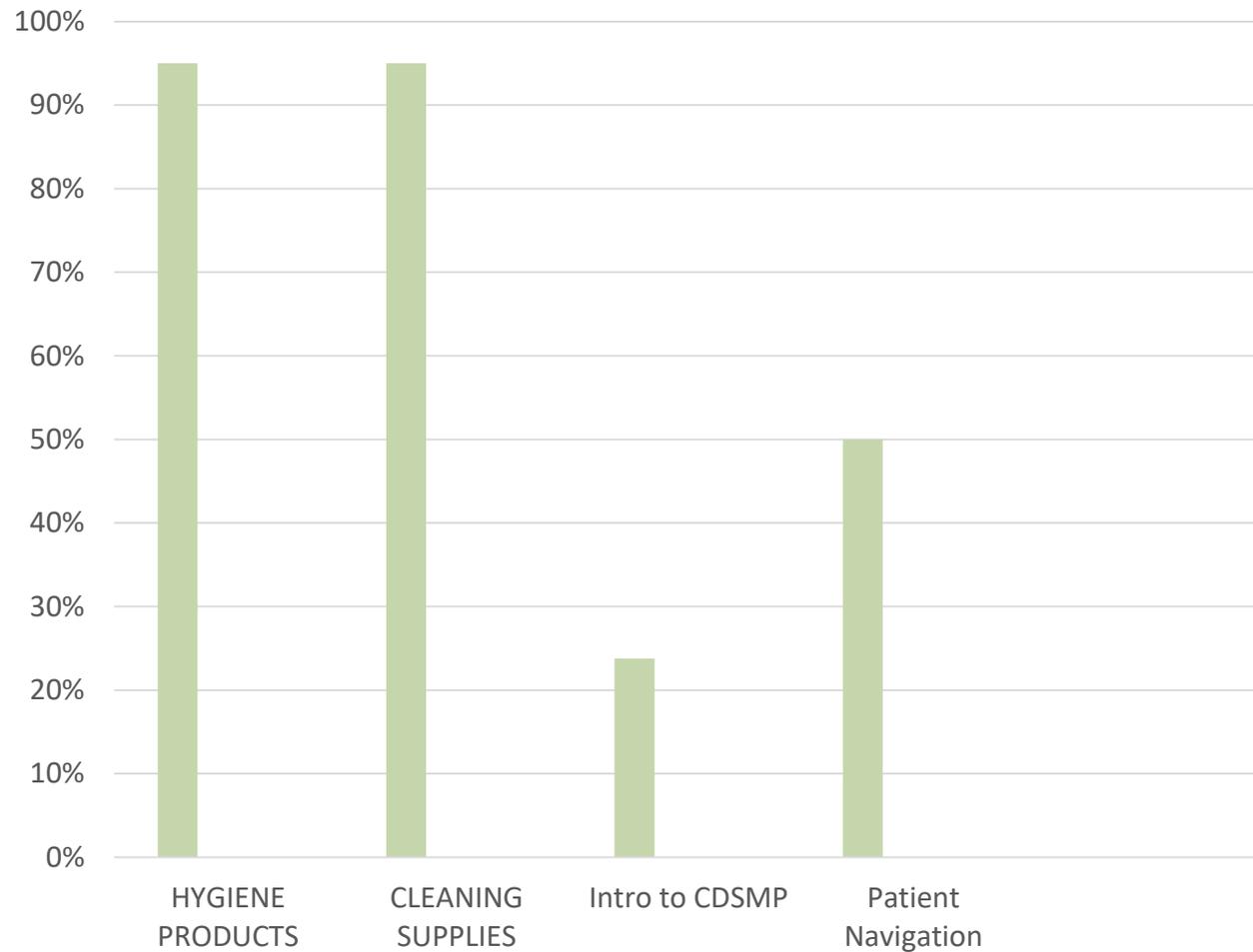


Barriers to Care



Direct Services Provided

- Personal Hygiene Kits
- Cleaning Supplies
- Introduction to Chronic Disease Self-Management Program (CDSMP)
- Patient Navigation



Referrals

- Mental Health
- Dental
- Transportation
- Housing
- Government Assistance
- Food/Pantry

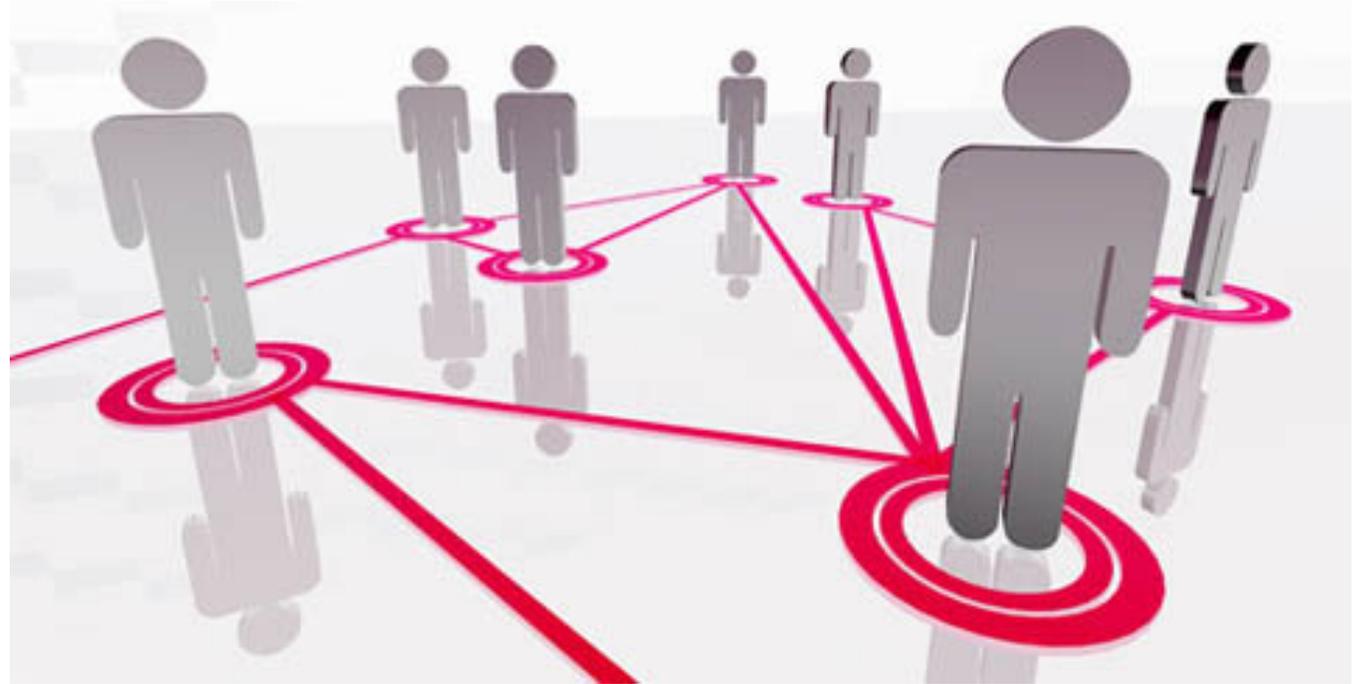
Referrals/Social Network Services

Inner-agency

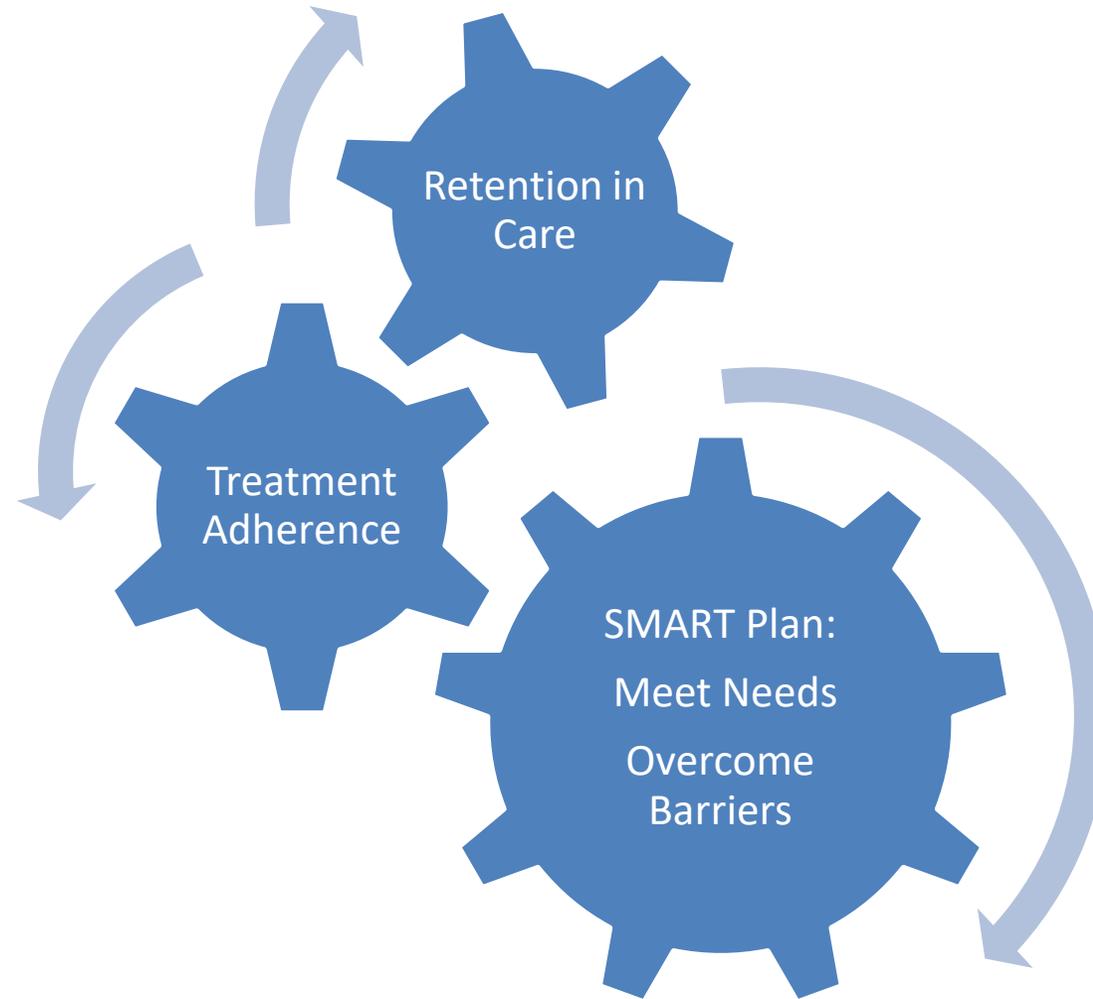
- Testing
- Counseling
- Linkage to Care

Outer-agency

- Referral for Services
- Support Groups
- Referral for Social Work Services



Effects of Intensive Outreach and DOT



Realize the CHWs Unique Role in Providing Culturally Appropriate Health Education and Information to Promote Health, While Providing Social Support and Coaching for Those Living with HIV Infection

OBJECTIVE III

Words of A Client

“I feel fine, I don’t want to take this medicine. It makes me feel sick.”

“I feel like giving up.”

“My family turned their backs on me.”

“No one cares anyway, why should I get better. I’m probably better off dead.”

“I have to hide my medicine so people don’t find out. My family doesn’t know.”



Words of a Community Health Worker

“Let’s talk about your diagnosis.”

“Tell me what you know about HIV.”

“What do you feel prevents you from going back to college?”

“How are you feeling today?”

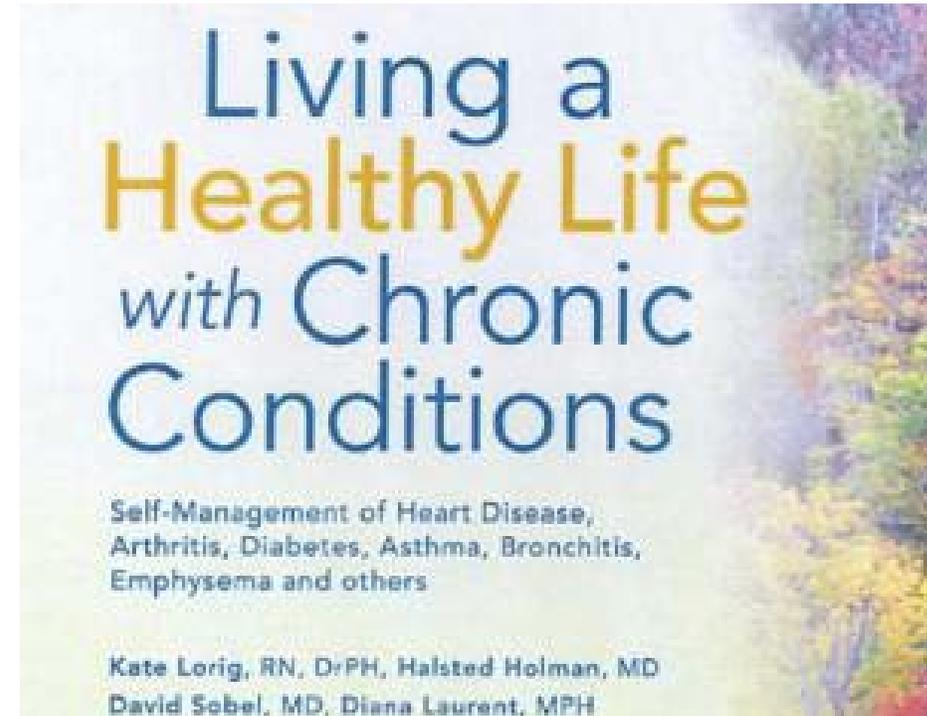
“Can you tell me what you understood from your visit today?”

“Let’s plan your visit? What questions do you have for your doctor?”



Culturally Appropriate Health Education

- Chronic Disease Self- Management Program (CDSMP)
- Program Manual
- Relaxation CD
- Self-paced program
- Support group



Peer Support

CHWs:

- are either diagnosed or have been affected by an HIV diagnosis.
- peer-facilitated CDSMP support groups.
- use their experiences and knowledge of the system to assist patients with navigation.
- serve as a connection to communicate client needs to the care team.
- participate on community advisory boards.

“My client said she’s never had support like this.”

Medical Provider, Adult Special Care Center



Outcomes

19 of 21 clients had face-to-face (F2F) contact with CHWs

Of these, **15** clients had at least 2 viral loads, allowing for comparison.

For the preliminary index of change, we used the highest viral load for each client over the past 18 months and compared it to the most recent viral load. Using this measure, **100%** had a reduction in viral load, with the average reduction being **98,942.7** copies.

In some instances, the viral loads were taken slightly before the first CHW F2F.

Even with removing those, we are left with 11 clients.

Of those, on average, **100%** had a reduction in viral load of **107,362 copies**.

Viral Load Tracking

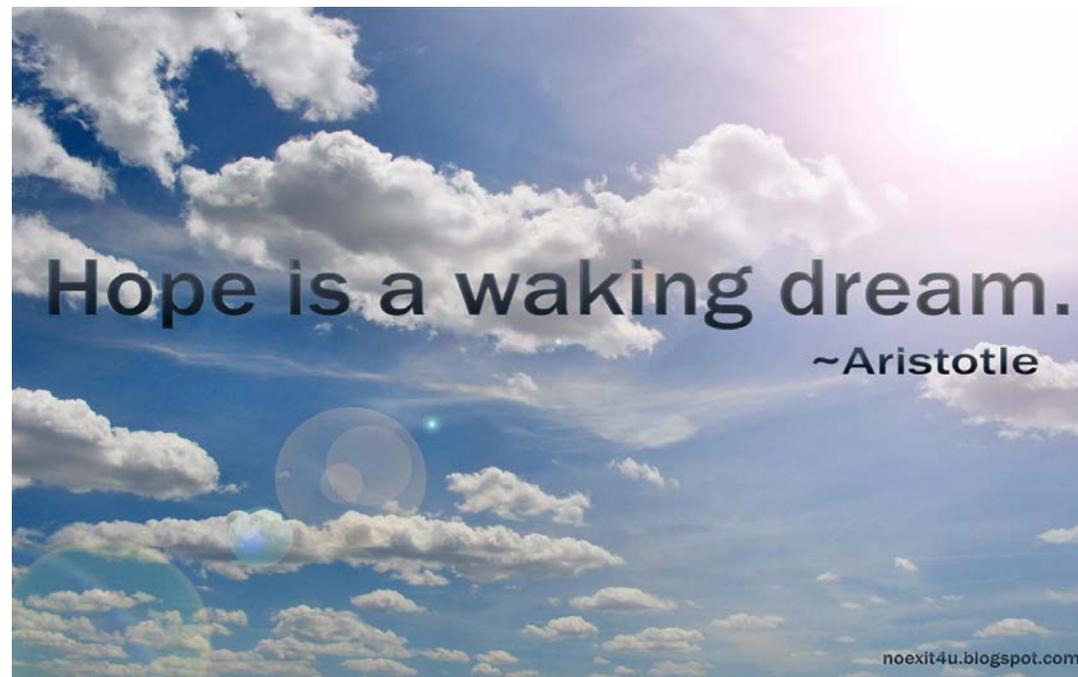
First CHW F2F	First VL	First VL Date	Last VL	Last VL Date	Previous Quantitative Lab Date	Highest Quantitative Lab Value	Highest Quantitative Lab Date	change	screen	screen 2
43200	26800	43194	20	43235	43027	234000	43027	-233980	-208	35
43322	63400	43221	30	43355	43032	63400	43221	-63370	-134	33
43278	25300	43110	20	43304	43047	37100	42849	-37080	-455	26
43221	48200	43220	36500	43342	43048	48200	43220	-11700	-122	121
43237	120	43102	10100	43229	42949	20900	43165	-10800	-64	-8
43213	130	43066	40	43256	42978	457000	43213	-456960	-43	43
43228	30	43278	30	43278	42991	40	42836	-10	-442	50
43284	8390	43131	370000	43353	43020	495000	42909	-125000	-444	69
43327	68000	43076	3600	43312	43033	68000	43076	-64400	-236	-15
43227	63900	43188	13200	43299	42954	63900	43188	-50700	-111	72
43228	127000	43221	20	43362	43055	127000	43221	-126980	-141	134

-107362 is the mean change for HIV viral load between highest in past 18 mos and post-CHW enrollment

Summary

- Using our performance measures and regression analysis, evidence today supports that every CHW client has experienced a reduction in viral load.
- Overall, all clients have a lower viral load than last year, no exceptions.
- From 5/1/18 - 9/30/18, CHWs were able to assist 33% (7 of 21) clients with reaching viral load suppression.

DESPAIR vs. HOPE



Lessons Learned

- **Streamline the referral process**
- **Restructure client introduction to CDSMP**
- **Group Size and baseline Data**

Thank You!

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