Canyonlands Healthcare's: Community Health Workers Program

EMPOWERING COMMUNITY MEMBERS IN ARIZONA TO ACHIEVE A HIGHER QUALITY OF LIFE BY IMPROVING HEALTH EQUITY AND ACCESS TO QUALITY HEALTHCARE.

Getting to know me:

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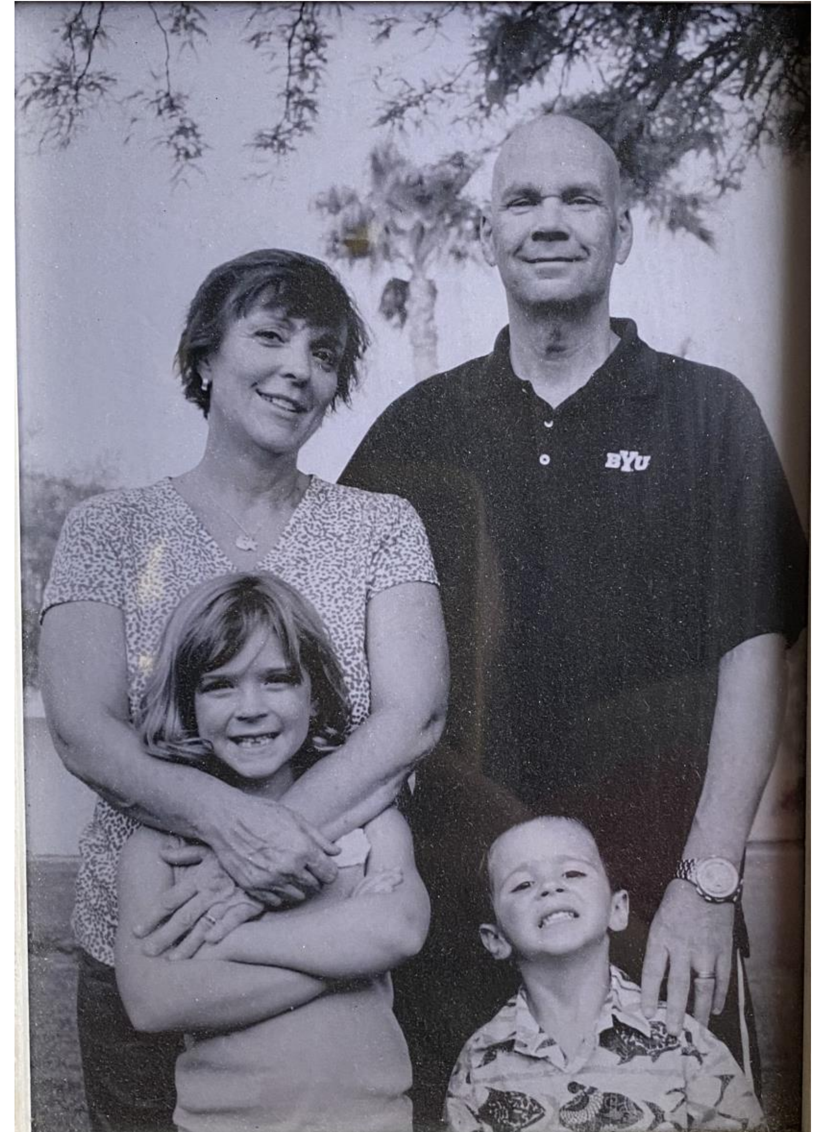
Healthcare

My "WHY"-why do I do what I do?



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Our Beginnings

We began the process of building this program in May 2021, after receiving the Rural Health Services Outreach Grant.

In preparing to build this program, I spent a day in Nogales, learning everything I could about the amazing program that Patty leads at Mariposa Community Health Center.

The CHW program officially began in August 2021. We have since hired 4 CHW's who work in Northern Arizona and Southeastern Arizona.

Plans are in place to add 3 more CHW's to accommodate our other sites by the end of 2022.

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Current Grant Related Projects:

In Northern Arizona, our CHWs work with patients in Page and Chilchinbeto to help manage their diabetes and hypertension by holding Chronic Disease Management Classes, connect patients to resources both in town and on the Navajo Nation to improve health equity.

Current Grant Related Projects:

In Southeastern Arizona, they are working with patients through our remote patient monitoring program, to improve their hypertension.

They are also working as a partner on the Proyecto Juntos grant, to help provide covid vaccination education and information.

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We have written CHWs into 2 grants, one that we submitted to SAMSHA at the beginning of February, and one that we submitted in April.

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Cultivating Trust with your Clinical Team

Data

Communication

Surveys

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WHAT ARE WE SHARING WITH OUR CLINICAL STAFF?

We have seen a sizable clincial improvement in our patient population that engages with the CHWs.

Search

Canyonlands DM Patients
DASHBOARD

FILTER

PERIOD: TY April 2022

RENDERING PROVIDERS: All Rendering Provid...

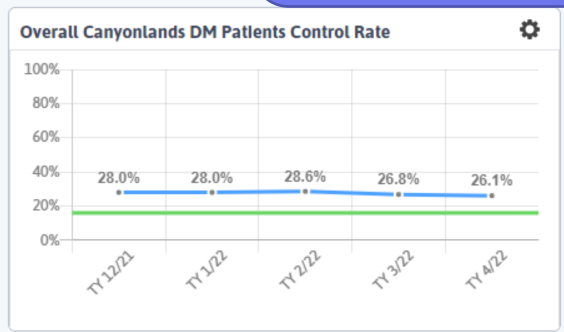
Add Filter | Update

PVP | CMP | Reports | Dashboards | Measures | Registries | Admin

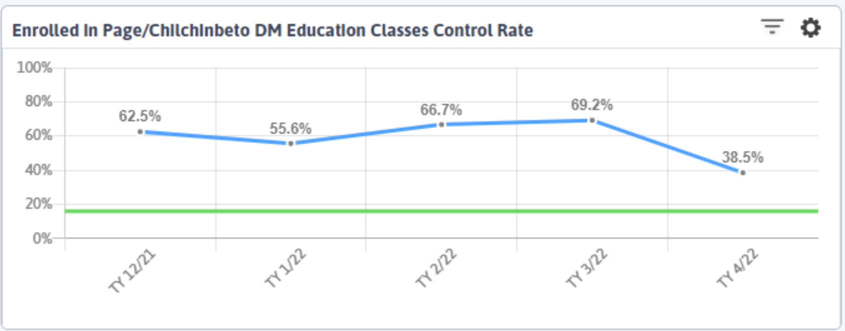
Overall Canyonlands DM Patients

1,867
Pts w/ DM

Overall Canyonlands DM Patients Control Rate



Enrolled in Page/Chilchinbeto DM Education Classes Control Rate



DM Patients Control by SDOHs

SDOH		RESULT	GAP	TO TRGT
EDU	●	0.0%	0	0.00
EMPLOYMENT	●	0.0%	0	0.00
FPL<200	●	25.0%	315	113.00
HISP/LAT	●	21.0%	103	24.00
HOMELESS	●	31.8%	34	16.00
HOUSING	●	100.0%	1	0.00
INSURANCE	●	27.0%	17	6.00
ISOLATION	●	0.0%	0	0.00
LANGUAGE	●	16.5%	28	0.00
MIGRANT	●	50.0%	2	1.00
RACE	●	39.0%	228	134.00
STRESS	●	0.0%	0	0.00
VETERAN	●	24.7%	21	7.00

DM Patients Control by Race

RACES		RESULT	GAP	TO TRGT
American Indian/Alaska Native	●	41.8%	220	135.00
Asian	●	0.0%	0	0.00
Black/African American	●	23.1%	3	0.00
More than One Race	●	13.9%	5	0.00
Native Hawaiian	●	0.0%	0	0.00
Unreported/Refused to Report Race	●	25.6%	40	15.00
White	●	19.5%	220	39.00

With our DM patients, we have seen a 20% improvement in their diabetes control, and an average 1.2 A1C drop.

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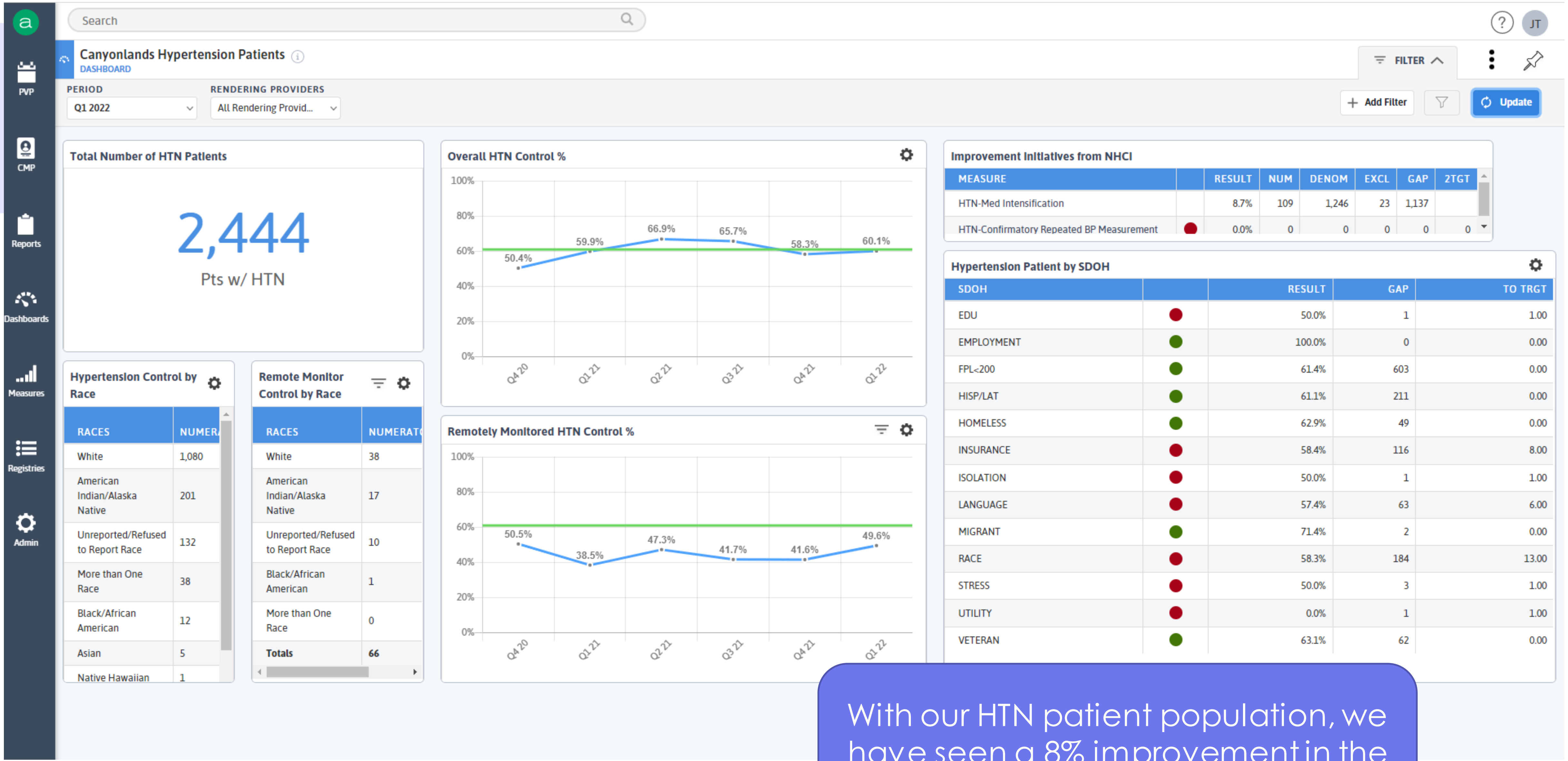

With our HTN patient population, we have seen a 8% improvement in the last quarter.

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We have also been able to use our population health tool, Azara, to track improvements based on SDOHs. This helps inform our outreach and target populations that are having poorer outcomes. By doing this, we can help improve upon resources that we share and make available to vulnerable populations and improve health equity.

FILTER

Add Filter

Update

Improvement Initiatives from NHCI

MEASURE		RESULT	NUM	DENOM	EXCL	GAP	2TGT
HTN-Med Intensification		8.7%	109	1,246	23	1,137	
HTN-Confirmatory Repeated BP Measurement	●	0.0%	0	0	0	0	0

Hypertension Patient by SDOH

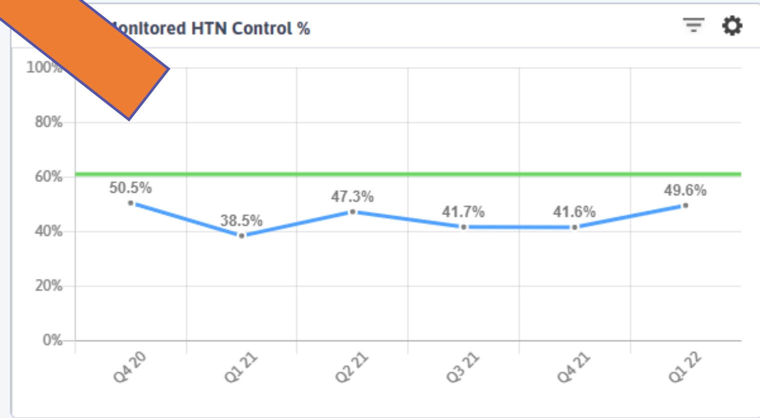
SDOH		RESULT	GAP	TO TRGT
EDU	●	50.0%	1	1.00
EMPLOYMENT	●	100.0%	0	0.00
FPL<200	●	61.4%	603	0.00
HISP/LAT	●	61.1%	211	0.00
HOMELESS	●	62.9%	49	0.00
INSURANCE	●	58.4%	116	8.00
ISOLATION	●	50.0%	1	1.00
LANGUAGE	●	57.4%	63	6.00
MIGRANT	●	71.4%	2	0.00
RACE	●	58.3%	184	13.00
STRESS	●	50.0%	3	1.00
UTILITY	●	0.0%	1	1.00
VETERAN	●	63.1%	62	0.00

Hypertension Control by Race

RACES	NUMERA
White	1,080
American Indian/Alaska Native	201
Unreported/Refused to Report Race	132
More than One Race	38
Black/African American	12
Asian	5
Native Hawaiian	1

Remote Monitor Control by Race

RACES	NUMERAT
White	38
American Indian/Alaska Native	17
Unreported/Refused to Report Race	10
Black/African American	1
More than One Race	0
Totals	66



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Communication:
How are we engaging with our clinical staff?

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Communication

GRANT COMMITTEES

EMR TASKING

ATTENDING MONTHLY PROVIDER MEETING

CHW LUNCH AND LEARNS

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Surveys: What information are we requesting?

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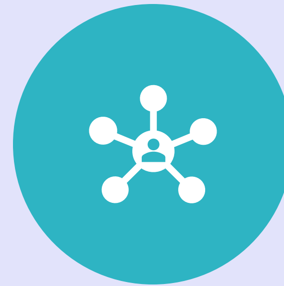
Surveys

We send out a brief, anonymous survey to our clinical team.



We ask them how we their communication with the CHW has been.

We ask how we can better support their patients with their SDOH's.

We ask for how they would like to help us with our efforts.

Challenges

As with any new program, creating a workflow and training standard from scratch has been trial and error.

Throughout the past 6 months, we have been able to identify what additional workflows and protocols needed to be in place for our community health workers.

Covid has limited our ability to participate in community outreach events. We have recently been able to schedule and sign up for more of these events as restrictions have been lifted.

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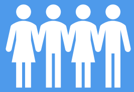
Successes



Development and utilization of community resource map that is shared with community members and providers. Because of the vastly different areas they are currently working in, this was a big task, but has helped us connect community members to needed resources. The RAZCHOW network has helped greatly with this accomplishment. With the consistent sharing of information, it's allowed us to update the asset map with additional information.

Increased provider engagement and provider utilization of the CHWs from multiple provider champions. This has helped us tremendously.

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Final Thoughts:

As an organization and as a program, we still have a lot of room for growth and learning. We are fortunate enough to have a CEO who sees the value of this program and is pushing for it to grow and evolve.

There is still work to do in our communities to improve health equity, and with the work of the CHWs, I am hopeful that we will be able to play a small part in improving the quality of lives in our communities.

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Final Thoughts:

To quote the great Maya Angelou:

"I have learned that people will forget what you said, they will forget what you did, but people will never forget how you made them feel"

This is a principle I live by and try to instill in my CHW team. We may not always be able to solve every problem, or fix every concern, BUT, we can make sure that we are helping people feel seen, heard and validated.

Questions?

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