Operational Thinking with Clinical Action

Identifying and Addressing Social Determinants of Health by Integrating Community Health Workers Into the System Of Care

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- **Generations Family Health Center, Inc. is a not-for-profit Federally Qualified health Center with 7 stationary locations covering a 920 square mile service area in Eastern Connecticut.**

- **The Mission** is to provide quality, compassionate and professional health care that is affordable, easily accessible and without discrimination to all members of the communities we serve.

- **The Vision** is to strive to provide access to quality health care that is patient-focused in delivery and maximizes all available resources.

- **Our Values**
  - □ We believe every individual has the right to quality health care that is respectful and considerate.
  - □ We are committed to providing continuity of care throughout our entire health care system.
  - □ We create an atmosphere for patients and staff that is safe, accessible, and free of discrimination.
  - □ We believe in the continuous improvement of our staff and health center systems to provide the highest quality of care to our patients.

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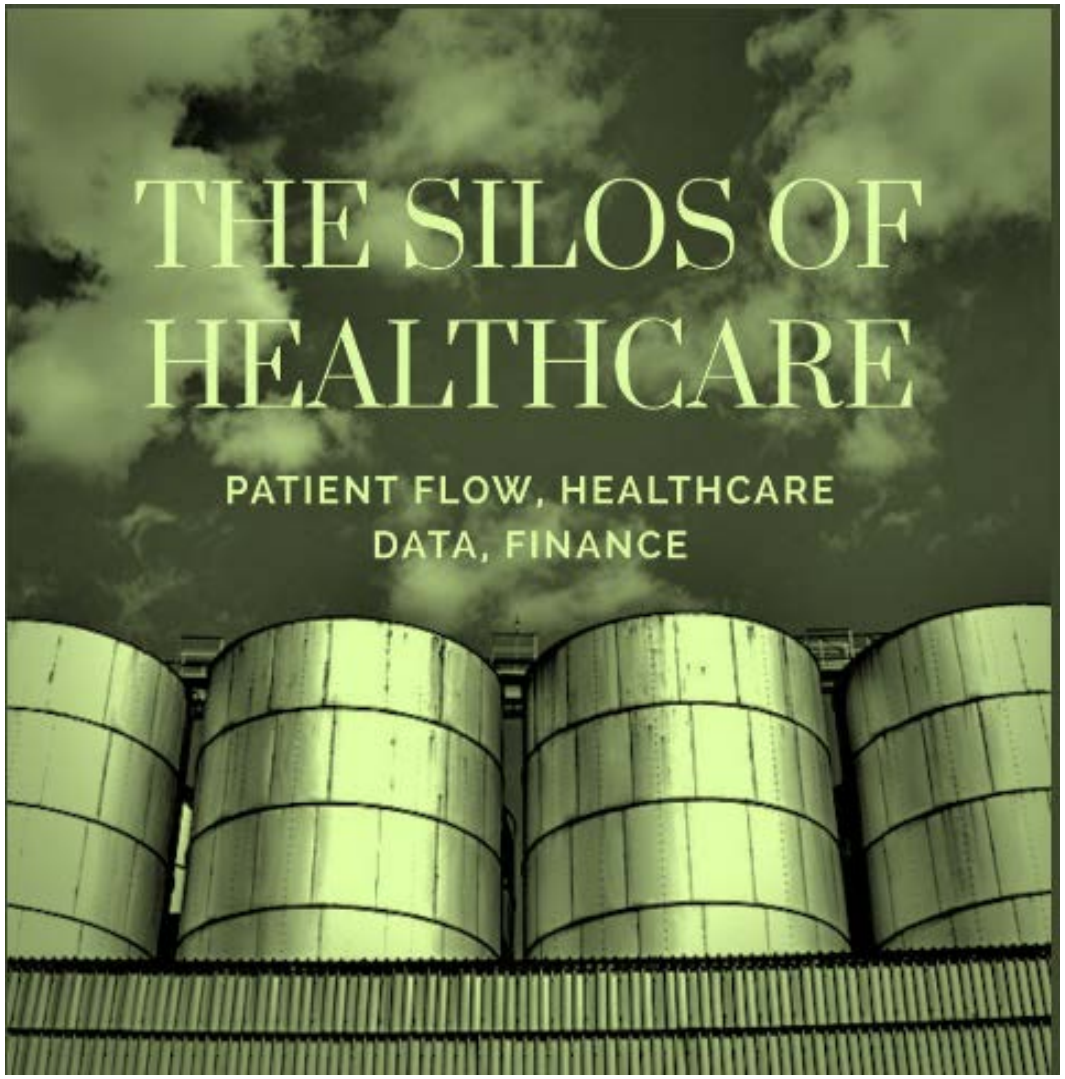
It’s Time To Break Down The Silos



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What Is A System Of Care:

- Is the framework within which healthcare is provided, offering services to identify healthcare barriers and link patients and families to services and supports both in-house and within the community. Often times utilizing Community Health Workers.

- It builds meaningful partnerships with families to address health, social, cultural and linguistic needs to achieve improved functionality in the community and throughout life.

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Navigator

Promotor

Outreach Educator

Case Manager

Care Coordinator

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Community Health Workers:

- Meet the needs of underserved populations within the community.
- Walk patients through their medical neighborhood by integrating health and social services.
- Ensure personalized care taking into consideration the patient, the family and the community as a whole.

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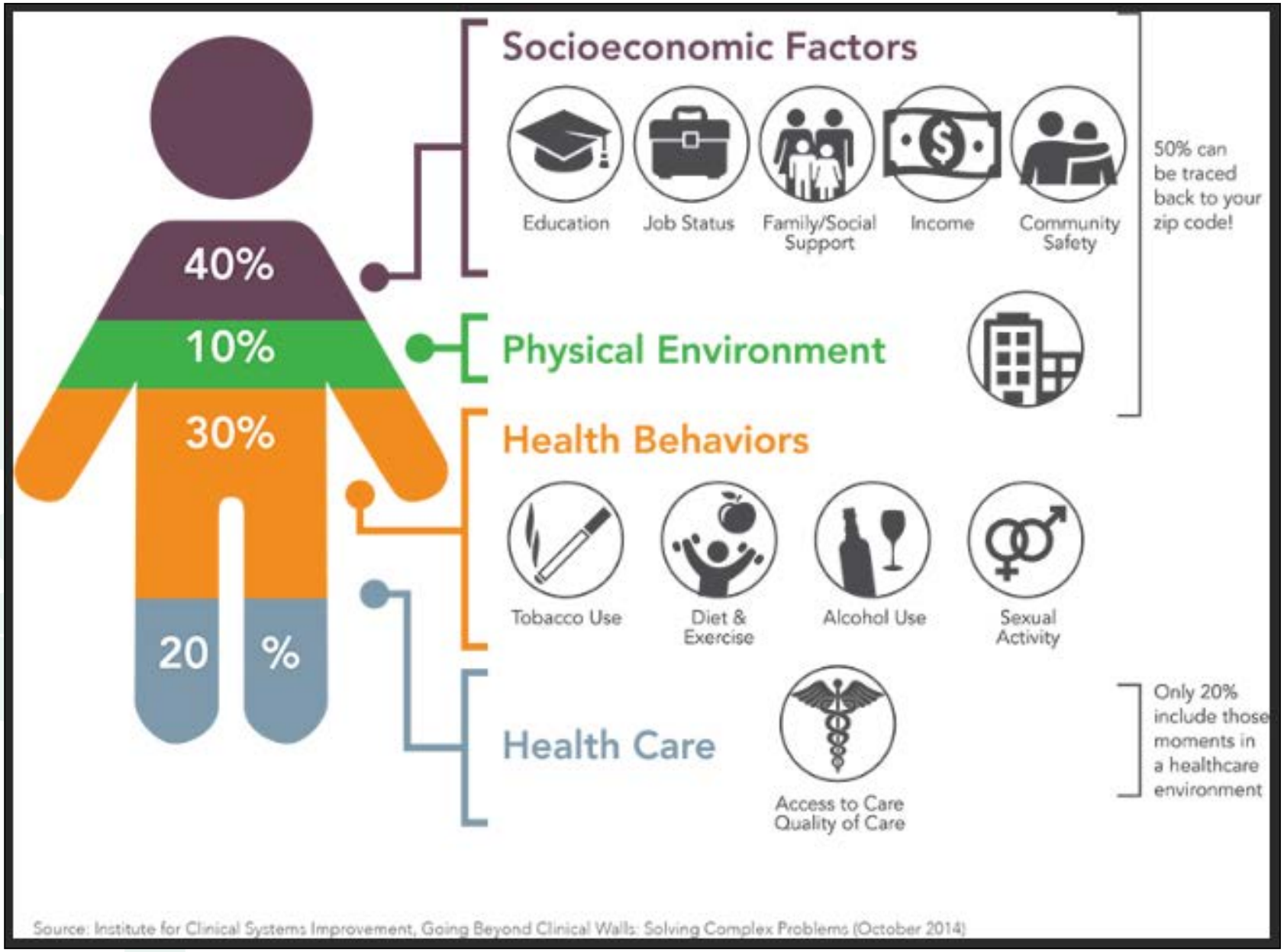

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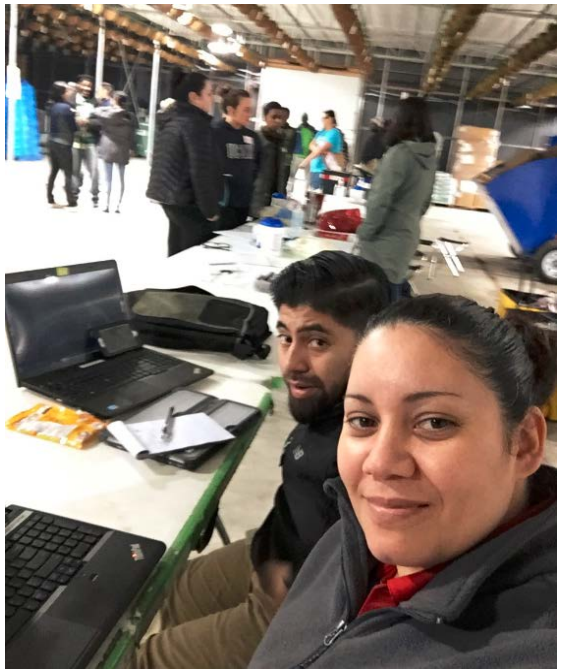
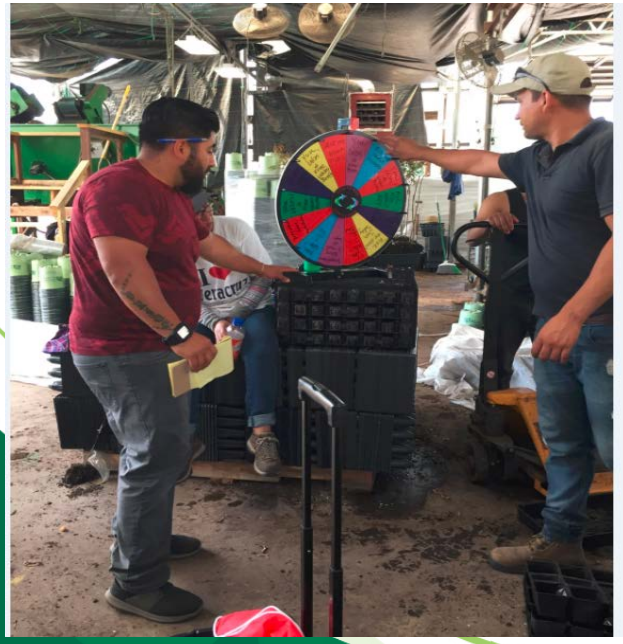
How Do We Engage Patients At The Farm?






ACROSS THE SMILES
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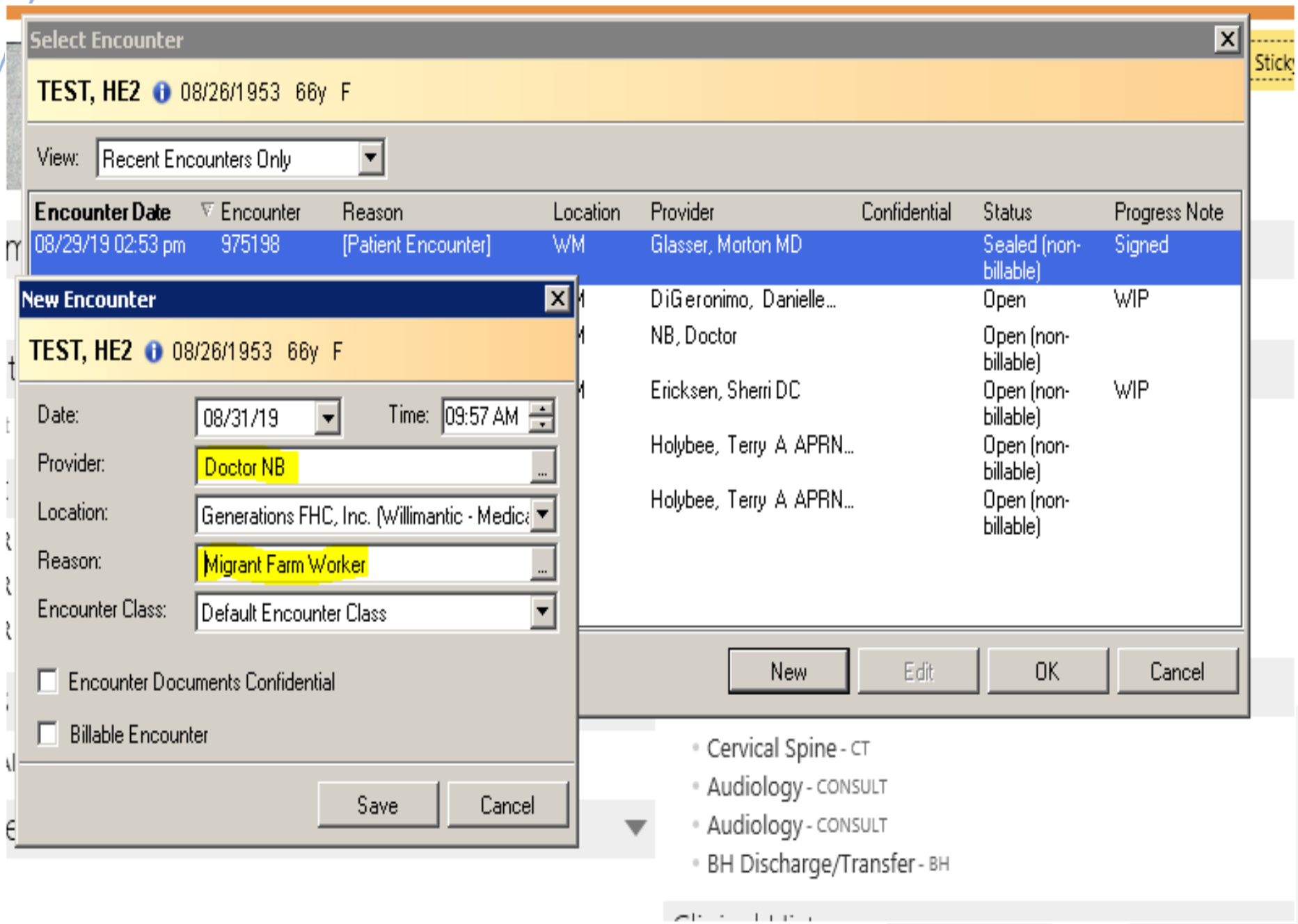
STAFF
FOOD
ONLY


Coming together
is a beginning.
Keeping together
is progress.
Working together
is Success.
(Henry Ford)



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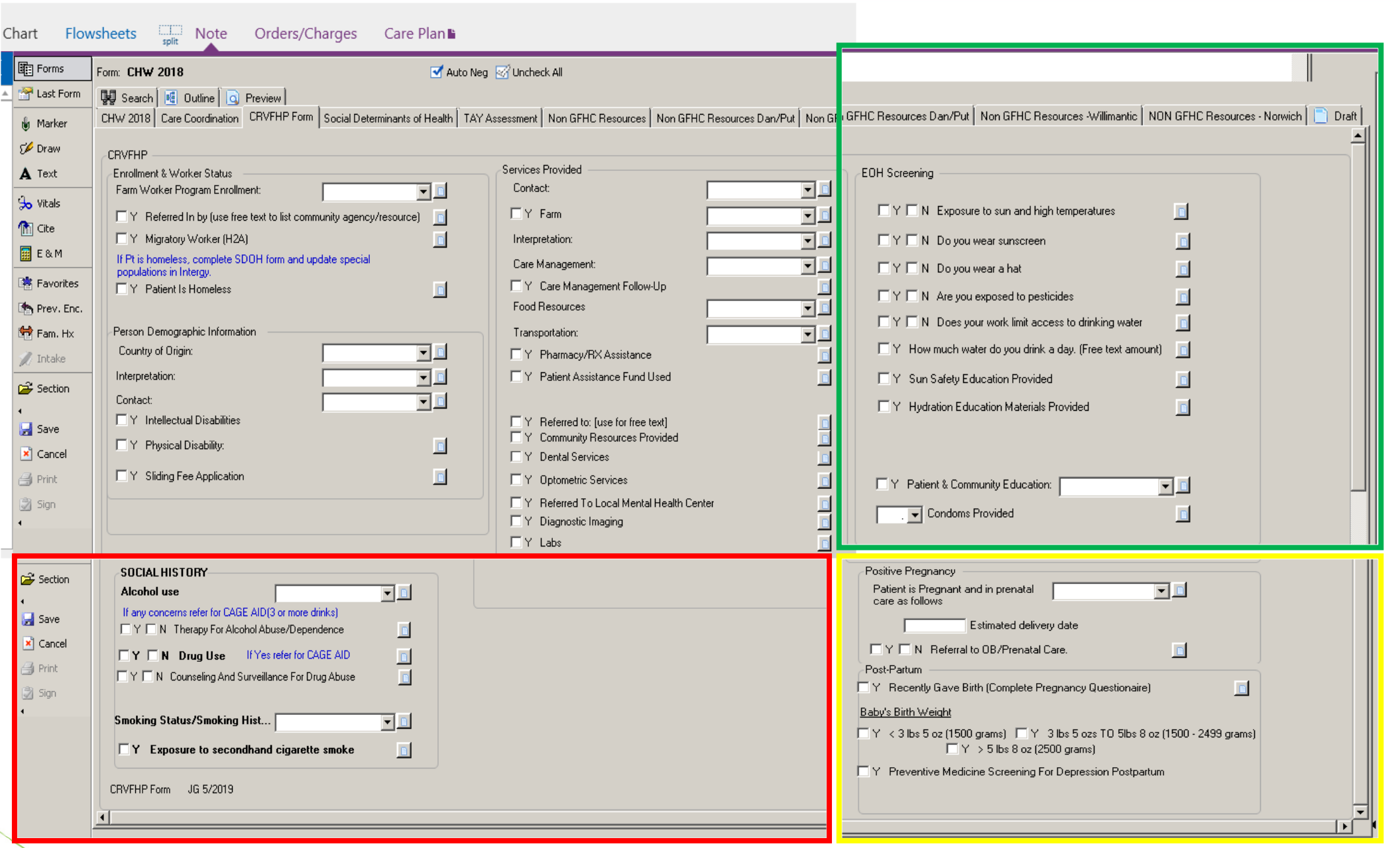

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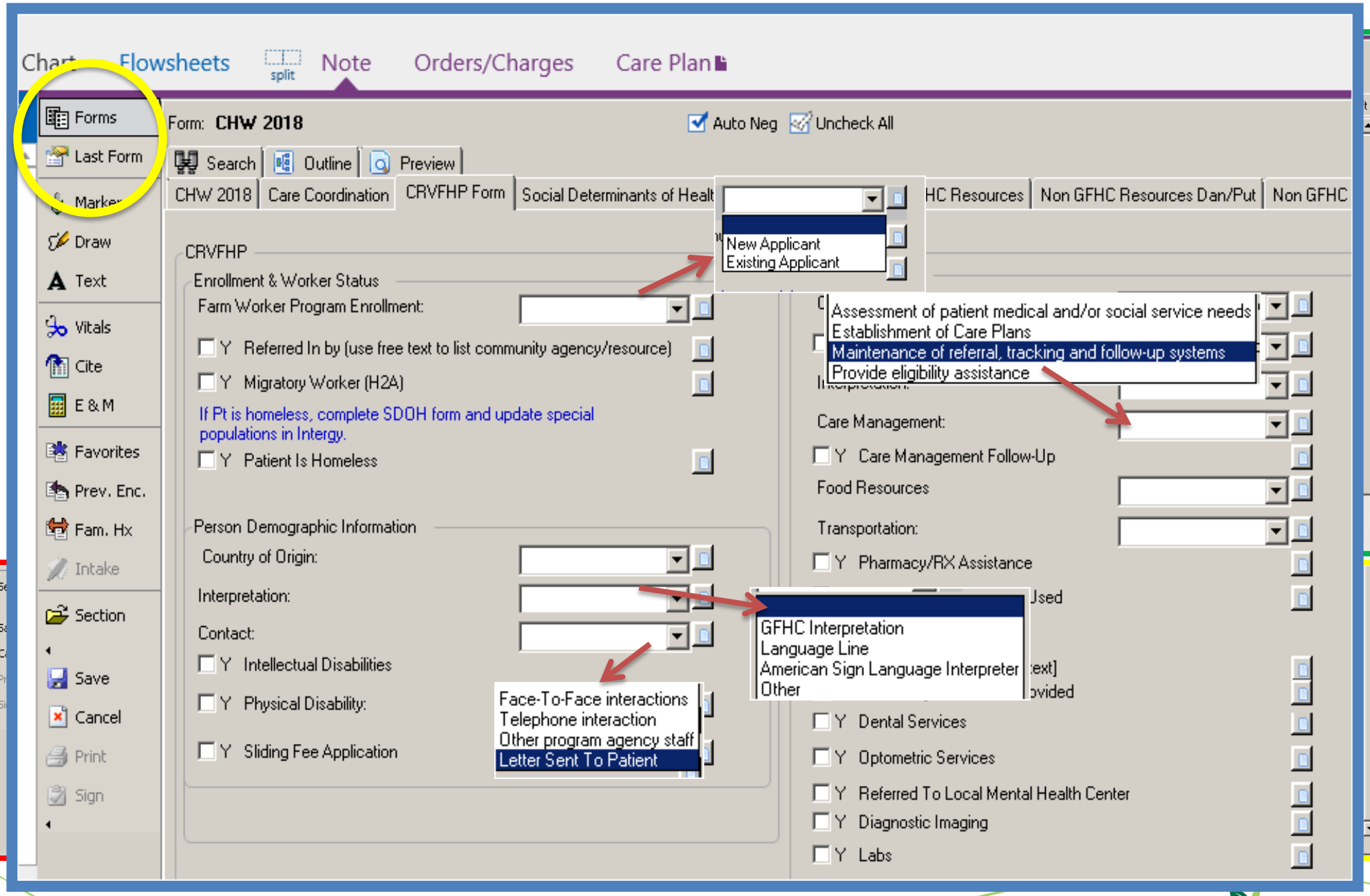

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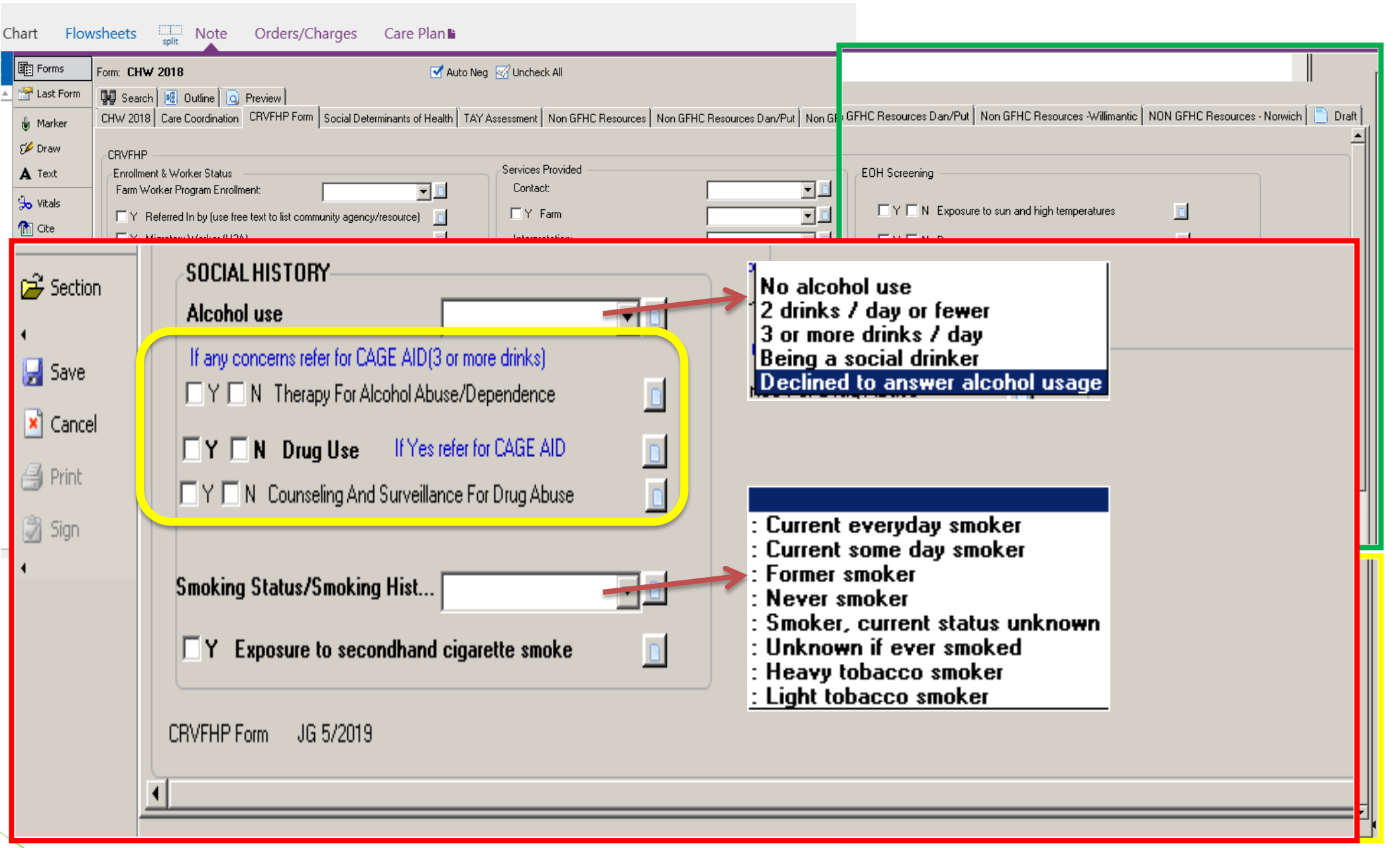

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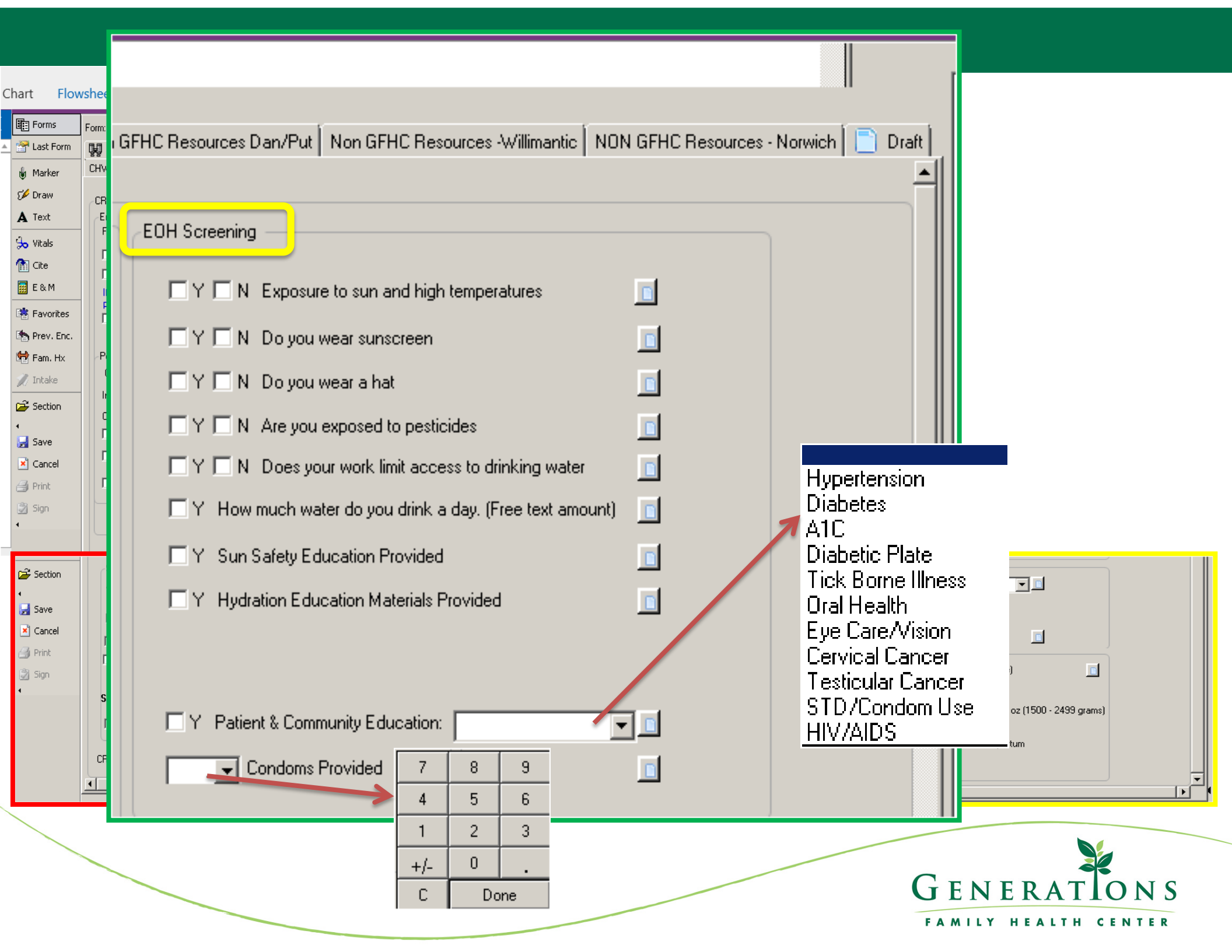

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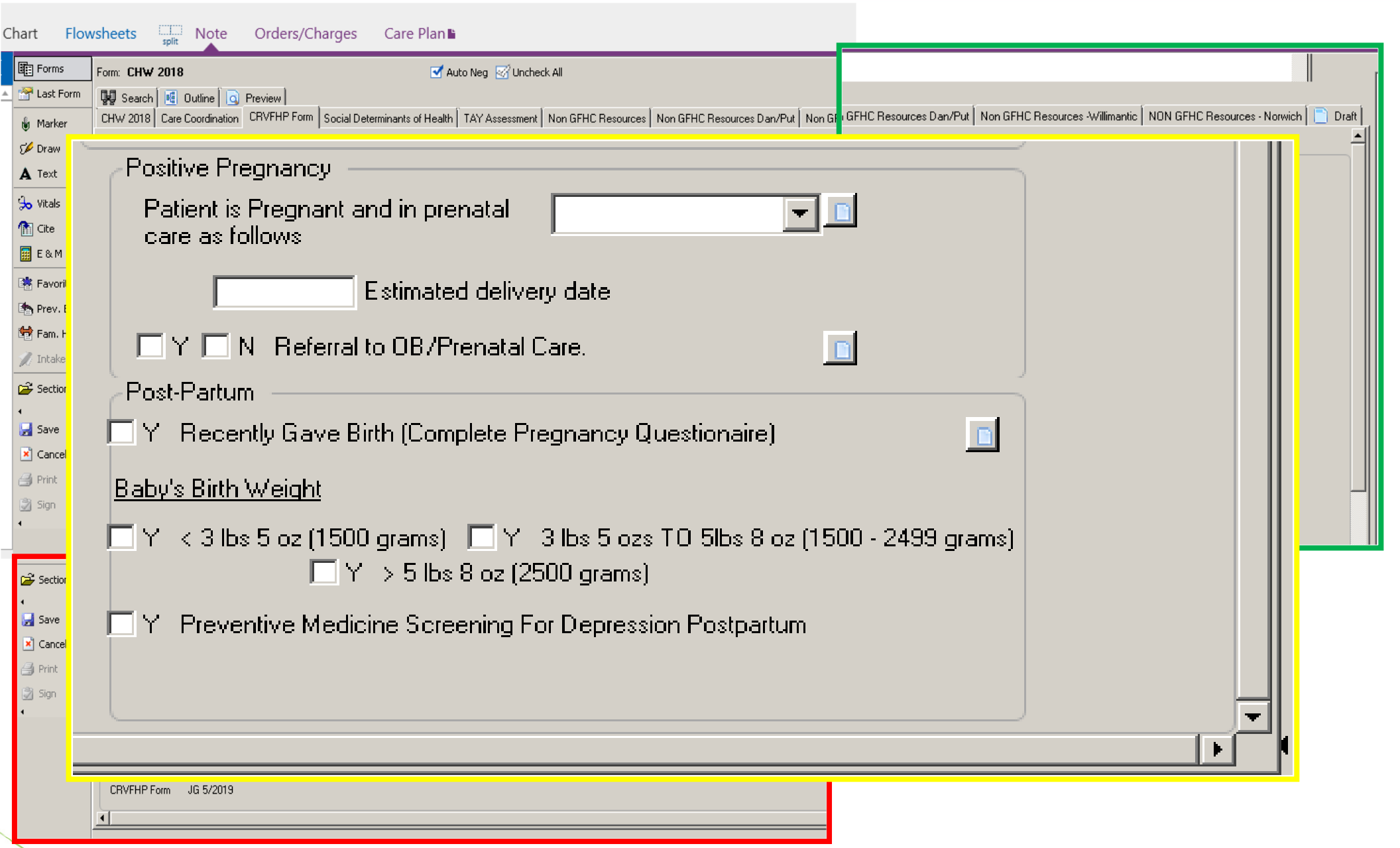

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CHW 2018 | Care Coordination | CRVFHP Form | Social Determinants of Health | TAY Assessment | Non GFHC Resources | Non GFHC Resources Dan/Put | Non GFHC Resources -Willimantic | NON GFHC Resources - Norwich

☐ Y TAY (Transition Aged Youth) Assessment (Age 16-24)
☐ Y Social Determinant of Health Assessment

LIVING CONDITIONS

☐ Y Difficulty with activities of daily living
☐ Y Homebound assisted by paid help
☐ Y Living in a nursing home
☐ Y Housing inadequate for habitation
☐ Y Patient Is Homeless
8. Are you worried about losing your housing?

DIET/EXERCISE

☐ Y Unable to do one's own cooking
☐ Y Click if diet is adequate (if it is not select one of the next findings)
☐ Y Inadequate caloric intake due to unavailability of food
☐ Y Inadequate caloric intake due to lack of money
How many days of moderate to strenuous exercise, like a brisk walk, did you do in the last 7 days?
How many minutes on average did you exercise.

RISK/UTILIZATION

☐ Y Needs additional Care Plan Management Support:
☐ Y Recent ER visit within the past 90 days.
☐ Y Inpatient Admissions witin 90 days.
☐ Y Patient Disch From Inpatient Facility Within Last 60 Days

ADVANCE DIRECTIVES

☐ Y Patient provided advance directive, it is on file.
☐ N Patient declined to provide advance directive.

CULTURAL/BARRIERS/SD

☐ Y Barriers to meeting treatment goals.
☐ Y Religious practices immunizations contravene beliefs
☐ Y Cultural background
☐ Y Barriers to taking medication
☐ Y Intellectual Disabilities
☐ Y Additional Sources of Income (SNAP, SSI)
☐ Y CLA - Daily needs.
☐ Y CLA - Economic/Employment
☐ Y CLA - Uninsured.
Legal Issues
☐ Y CLA - Language Barrier/Low Literacy
☐ Y CLA - TAY (Transition Aged Youth)
☐ Y CLA - Transportation/Social Issues.

EDUCATIONAL/FINANCIAL/TRANSPORT

How hard is it for you to pay for the very basics like food, housing, medical care, and heating?
What is the highest grade or level of school you have completed or the highest degree you have received?

In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply. (14P)

Food
Clothing
Utilities
Child Care
Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)
Phone
Other (please write):

Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply. (15P)

Patient kept from medical appointments or from getting medications
Patient kept from non-medical meetings, appointments, work, or from getting things that he/she needs

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TAY Assessment | Non GFHC Resources | Non GFHC Resources Dan/Put | Non GFHC Resources -Willimantic | NON GFHC Resources - Norwich

Referral Resources Willimantic

- ☐ Y ACCESS Energy, Food Bank, Shelter, ...
- ☐ Y CCAR - Windham Revcovery Center
- ☐ Y Covenant Soup Kitchen
- ☐ Y CT Breast & Cervical CA Early Detectio...
- ☐ Y CT Dept. of Social Services & Family Su...
- ☐ Y CT Works
- ☐ Y Domestic Violence Program Hotline
- ☐ Y Head Start
- ☐ Y EASTCONN Community Learning Center
- ☐ Y Holy Family Shelter
- ☐ Y No Freeze Hospitality Shelter
- ☐ Y Perception Programs - Drug Treatment ...
- ☐ Y United Service
- ☐ Y WAIM - Windham Interfaith Ministry
- ☐ Y Windham Housing Authority
- ☐ Y WRCC - Windham Regional Community...
- ☐ Y DDS - Department of Developmental S...
- ☐ Y NAMI Support Group Windham County
- ☐ Y CT Statewide Legal Services

Referral Resources - Norwich

- ☐ Y WIC
- ☐ Y Homeless Shelters
- ☐ Y Safe Futures
- ☐ Y Soup Kitchen:
- ☐ Y SCADD
- ☐ Y Stonington Institute
- ☐ Y Department of Social Services (DSS)
- ☐ Y Thames Valley Council For Community Action (TVCCA)
- ☐ Y Madonna Place
- ☐ Y Adult Probation
- ☐ Y American Job Center (Formerly CT ...
- ☐ Y Backus Hospital
- ☐ Y Bethsaida Community Programs
- ☐ Y Birth To Three
- ☐ Y Breast and Cervical Cancer Grant P...
- ☐ Y Catholic Charities
- ☐ Y Child and Family Agency
- ☐ Y Dept Child & Family Services
- ☐ Y Dept of Developmental Services
- ☐ Y Dept of Social Services
- ☐ Y Healthy Start
- ☐ Y Homeless Hospitality Center (New L...
- ☐ Y Homeless Women Desrve Treatment
- ☐ Y Mobile Outreach
- ☐ Y Norwich Human Services
- ☐ Y Norwich Police Dept
- ☐ Y Norwich Senior Center
- ☐ Y Reliance Health
- ☐ Y Safe Futures (Formerly Womens Ce...
- ☐ Y SAAD
- ☐ Y Southeastern Mental Health
- ☐ Y Social Security Administration
- ☐ Y Sound Community Services
- ☐ Y St Vincent DePaul Soup Kitchen
- ☐ Y Stonington Institute
- ☐ Y TVCCA

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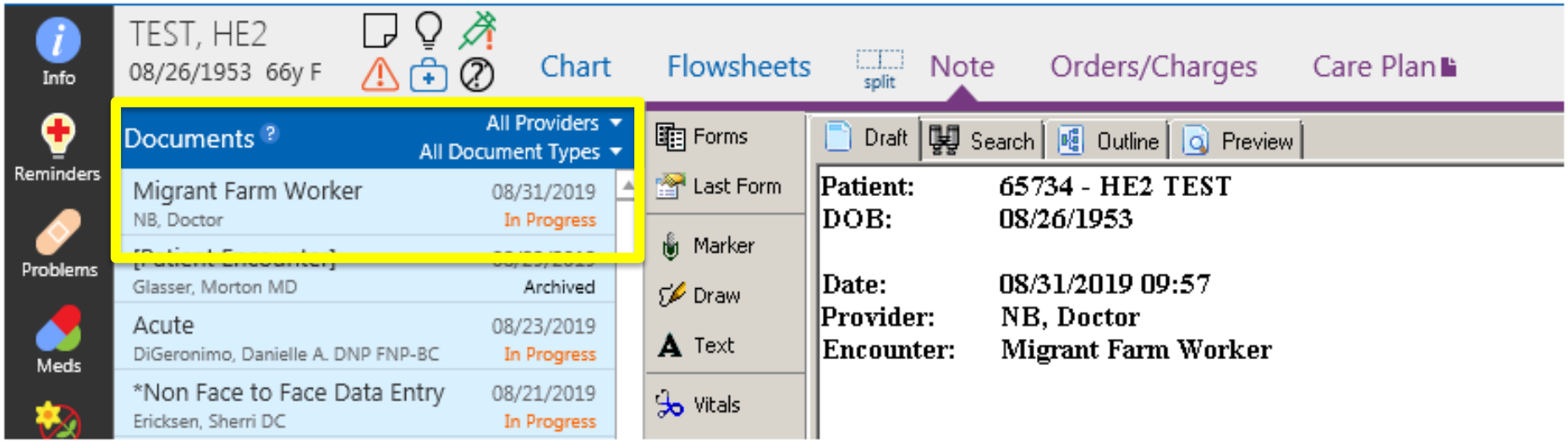

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Patient: 65724 - HE Patient Test
DOB: 03/09/1962

Date: 09/07/2019 18:20
Provider: NB, Doctor
Encounter: Migrant Farm Worker

SOCIAL HISTORY

Behavioral: Smoking status: Current everyday smoker.
Alcohol: Alcohol use 2 drinks / day or fewer.
Drug Use: Not using drugs.
Habits: On those days that you engage in moderate to strenuous exercise, how many minutes, on average, do you exercise? 60 min and Days of moderate to strenuous exercise in the last 7 days ? 6 d.
Ethnicity: A migratory worker.
• Transportation: Gas Card; • Sliding Fee Application

FAMILY HISTORY

Country of Origin: Dominican Republic

COUNSELING/EDUCATION

• Patient & Community Education: HIV/AIDS

PLAN

• Condoms five
• Community resources

PRACTICE MANAGEMENT

Farm Worker Program Enrollment: New Applicant.

SCREENING TOOLS

Exposure to pesticides and an exposure to a lot of bright sunlight.
Using sunscreen. Not wearing hat for sun protection.
No work restrictions - access to fluids to drink.

SUMMARY & RECOMMENDATIONS

Case Management: Assessment of patient medical and/or social service needs.
Contact: Face-To-Face interactions.
Community resources Covenant Soup Kitchen - 423-1643.

SOCIAL HISTORY: LANGUAGE AND LEARNING

Interpretation: GFHC Interpretation.

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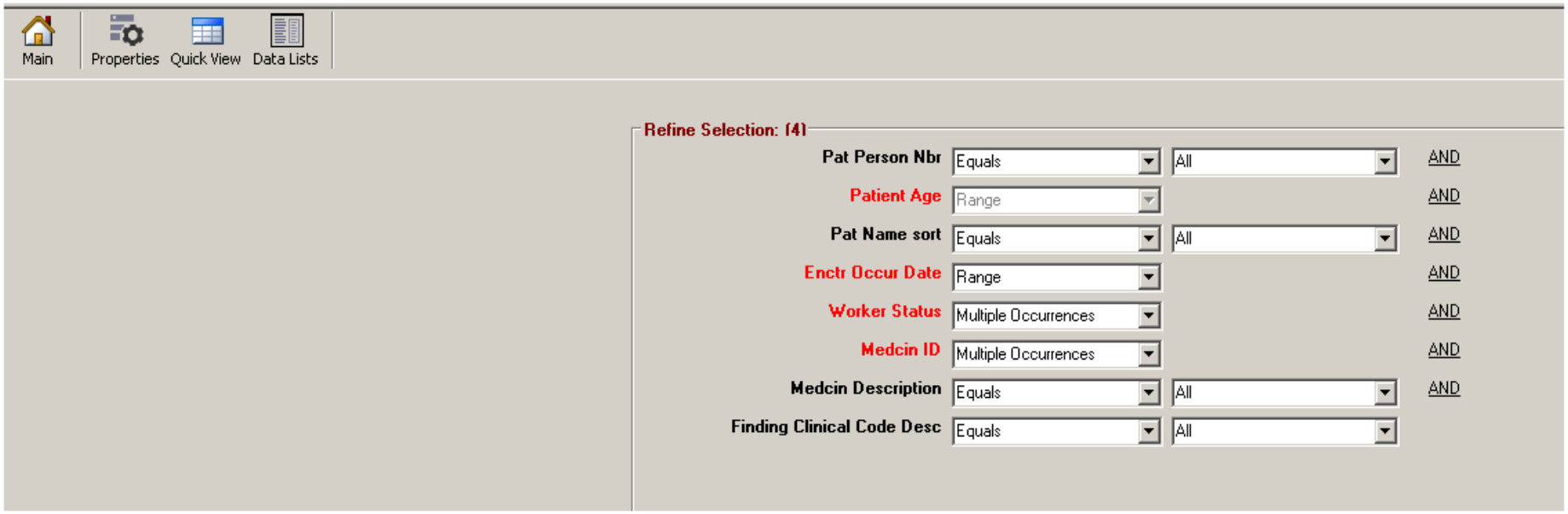

Detail Information

Pat Person Nbr	Patient Age1	Pat Name sort	Enctr Occur Date	Worker Status	Medcin ID	Medcin Description	Finding Clinical Code Desc
64935	39	[redacted]	8/14/2019	Seasonal	1000656	Case Management:	Assessment of patient medical and/or social service needs
7760	30		8/7/2019	Seasonal	1000656	Case Management:	Assessment of patient medical and/or social service needs
22223	26		8/21/2019	Migrant	1000656	Case Management:	Assessment of patient medical and/or social service needs
17164	43		8/21/2019	Seasonal	1000656	Case Management:	Assessment of patient medical and/or social service needs
70033	44		8/2/2019	Migrant	1000656	Case Management:	Assessment of patient medical and/or social service needs
27963	28		8/14/2019	Seasonal	1000656	Case Management:	Establishment of Care Plans

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Selected Item	Pat Person Nbr	Pat Person Nbr
Calculation	Count	Count Distinct
Global Query	7429	409
Case Management Follow-Up	616	303
Case Management:	794	359
Comments:	181	149
Community Resources	256	153
Community Resources Food	241	150
Community Resources Pharmacy	4	4
Contact:	1166	396
Country of Origin:	972	398
Eligiblility Assistance:	456	267
Farm Worker Program Enrollment:	363	341
Farm:	670	333
Generations Facility:	121	101
Interpretation:	1050	362
Location:	2	2
migratory worker	61	43
Outreach:	469	289
referred to [use for free text]	1	1
Soup Kitchen:	2	2
Transportation:	4	3

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UDS	Indicator	PI or Req	Goal	Baseline Num/Den	Baseline Measure 2018	2019 Q1 Num	2019 Q1 Den	2019 Q1 %	2Q Num	2Q Den	2Q %
6B 11	Cervical Cancer Screening 23-64	CRVFHP UDS	60.00%	44/89.	49.00%	43	95	45.26%	39	70	55.71%
6B 13	Age 18 Up BMI & F/U If Needed	CRVFHP UDS	90.00%	77/180.	79.31%	179	224	79.91%	191	219	87.21%
6B 14a	18 & Up Screened Tobacco U/C	CRVFHP UDS	100.00%	133/145.	82.50%	141	153	92.16%	235	253	92.89%
6B 16	Age 5-64 Persist Asthma Approp Med	CRVFHP UDS	100.00%	2/2.	100.00%	3	3	100.00%	3	3	100.00%
6B 21	12 & Up Dep Screen and F/u as needed	CRVFHP UDS	98.00%	165/185.	89.00%	175	214	81.78%	208	216	96.30%
6B 22	Sealants for Children 6-9 at elevated Risk	CRVFHP UDS	1.00%	1/1.	100.00%	1	1	100.00%	1	1	100.00%
7 Sec B	HTN pts will have BP control	CRVFHP UDS	90.00%	23/28.	82.00%	28	35	80.00%	30	35	85.71%
7 Sec C	Improve Diab control >9 A1c	CRVFHP UDS	25.00%	8/22.	36.00%	6	19	31.58%	15	78	19.23%

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What are some of the evidence based benefits linked to incorporating Community Health Workers as part of the healthcare teams?

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Glory Cruz, CHW & Vlad Rivera, CHW