



**Wisconsin
Cancer
Collaborative**
REDUCING THE BURDEN TOGETHER

Breakout Session A | Community Health Workers in Cancer Prevention and Control

11:00-12:00

SPEAKERS



Lindsey Purl, MPH
Great Rivers Hub Director *Great Rivers United Way*



David Goines
Community Relations Coordinator *Progressive Community Health Centers*

Michelle Dixon Hospital Responder 414 LIFE

GREAT
RIVERS



Community Health Workers

Impact & Opportunity



What is a Community Health Worker (CHW)

“A community health worker is 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.”

-American Public Health Association



Community Health Worker Role and Scope:

10 Core Roles

- Cultural Mediation
- Providing Culturally appropriate health education and information
- Care Coordination/System Navigation
- Coaching and Social Support
- Advocacy
- Building individual and community capacity
- Providing Direct Service
- Implementing individual and community assessments
- Conducting outreach
- Participating in evaluation and research



The Pathways Community HUB Model

- Bridge the gap between accessing SDOH and clinical needs
- Measurable risk reduction
- Leverage Community Health Workers
- Focus on social determinant & clinical health outcomes
- Uses existing community resources (medical and social) more efficiently and effectively
- Holistic community care coordination → one for the whole family
- Payments for outcomes (pathway completion) = service sustainability



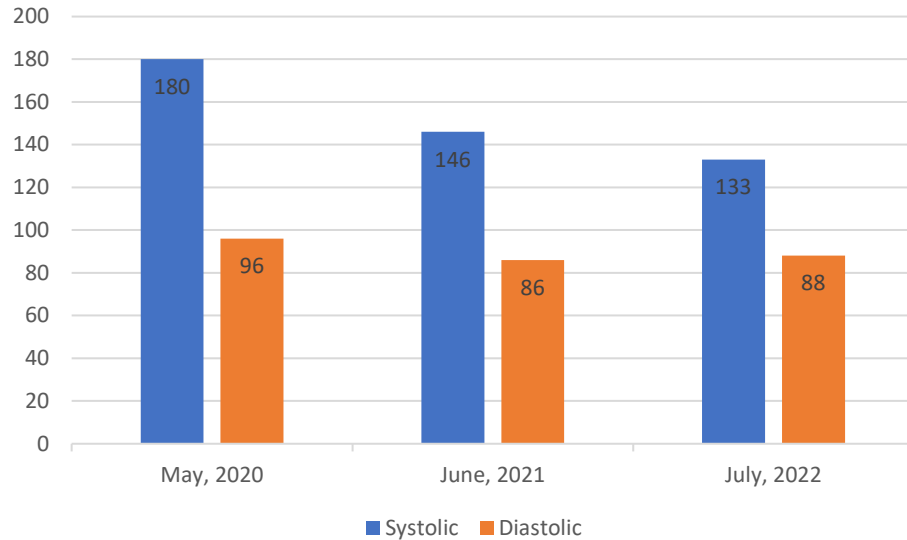
HUB Community Health Workers in clinical settings

- **Asset to care teams**
- **Communication in a way the patient will understand (culture & relationship)**
 - Ensure care plans are followed at home/outside the walls of healthcare
 - Communicate issues or metrics back to provider related to care plans
- **Addressing social determinants of health**
 - Many referrals for chronic disease had many basic needs unmet
 - Financial concerns for care/making tough decisions
 - Addressing basic needs required before addressing healthy lifestyle change
- **Establishing a Medical Home/annual screenings**
- **Tobacco cessation support (referral and informal support/coaching)**
- **Support & education for healthy lifestyle change**
- **Community connection (cancer survivors)**
- **ACEs Screenings**
 - Acknowledging the risk of chronic disease associated with high ACE scores
 - Addressing trauma in addition to basic needs

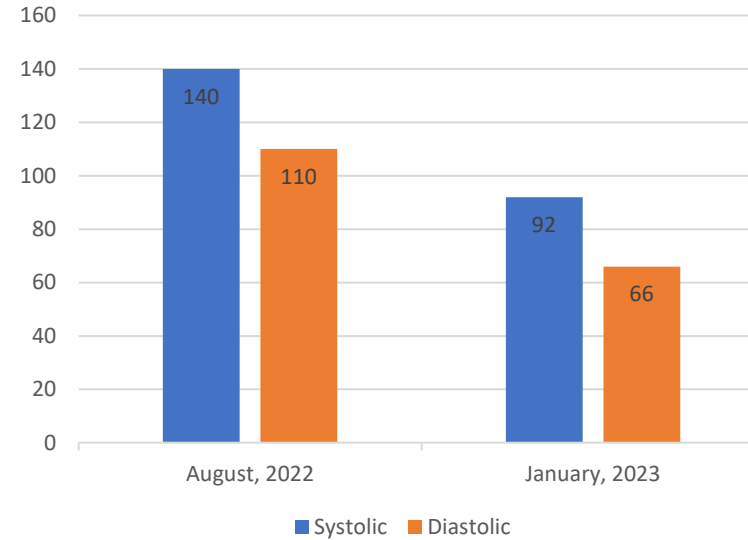


Great Rivers HUB

Client A Blood Pressure Improvement



Client B Blood Pressure Improvement



Date	A1C%
1/29/2021	11.5%
3/2/2021	8.4%
9/1/2021	9.5%
11/3/2021	7.1%
2/2/2022	7%
9/7/2022	7.1%

Pathways and Tools Completed:

- Care protocol Education
- Housing
- Medical Home
- Medical Referral
- Medication Assessments
- Healthy Change Tool
- Utilized Self-Monitor Blood Pressure (SMBP)

Pathways and Tools Completed:

- Protocol Based Education
- Social Service Referrals:
 - Transportation
 - Utilities
 - ADRC
 - Food Assistance



Great Rivers HUB CHWs & Chronic Disease populations

- Cultural connection to foods has been important in CHWs being able to set up and maintain diet change goals
- SDOHs are often at the forefront and disease management isn't a high priority at point of referral
- Language barriers and lack of understanding of care plans
- Trust & validation
- Screenings, immunizations, preventative care and harm reduction
- Pharmacy and CHW initiatives





Questions?

Lindsey Purl
Great Rivers HUB
Director
Great Rivers United Way
lpurl@gruw.org





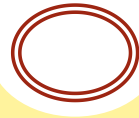
Michelle Dixon
Hospital Responder
414 LIFE

Community Cancer Spotlight



David Goines
Community Relations Coordinator

Our Mission



Progressive Community Health Centers exists to improve the health and quality of life of the community by providing culturally competent services that address identified needs.

Our Patients



2023 Demographics

- 16,280 patients
- 47,626 clinic visits
- 83% African American
- 98% live in poverty
- 59% Medicaid
- Female: 57%/Male: 39%
- Children under 18: 29%
- Age 50+: 24%

What do we do?

- **Update guidelines**
- **Staff education**
- **Provider Assessment and Feedback**
 - Monthly provider-specific roster reports of met/unmet screenings
 - Reports are unblinded so provider teams can compare
- **Patient Reminder Systems**
 - Health Maintenance reminders (EMR)
 - Verbal reminders from providers
 - Phone call reminders
 - Referral letters
 - Promotional materials



Cancer Screening Projects



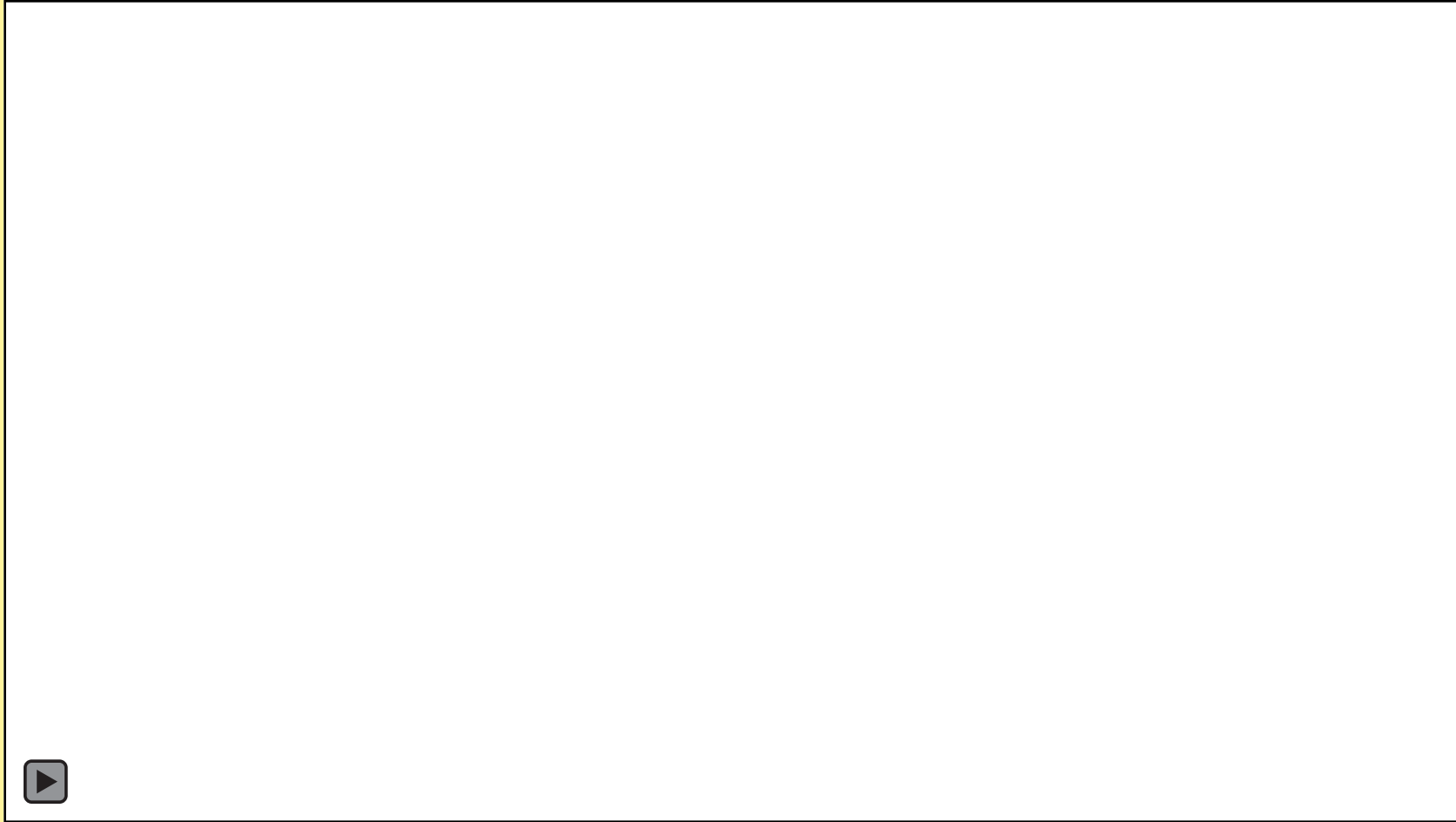
- Colorectal
- Breast
- Lung
- Cervical

Colorectal Cancer makes us blue



- Colorectal
 - Nearly 12 years of grant funded programming
 - A total of 7 years was granted by The American Cancer Society
 - 5-years of CDC funding allowed development of a foundation of outreach best practices.

All hands-on deck for Blue day



Thinking Pink for Breast Cancer



- American Cancer Society
- Grants are used to support
 - Outreach to women who haven't been screen in at least two years
 - Give annual reminders for women who have been screened previously
 - Offer incentives to women who have completed Mammography of \$10.00

Every breath we take fights Lung Cancer



- Froedtert and the Wisconsin Medical College
 - Provide Aid to patients to help cover lung screening cost
- ACS (NFL Change program)
- Provided resources to cover
 - Salaries related to outreach processes
 - Outreach to patients to encourage screenings
 - ✦ Community educational programs including lunch and learns
 - Support of patient visits
 - ✦ Incentives
 - ✦ Travel expenses

Tough girls fight strong against Cervical Cancer

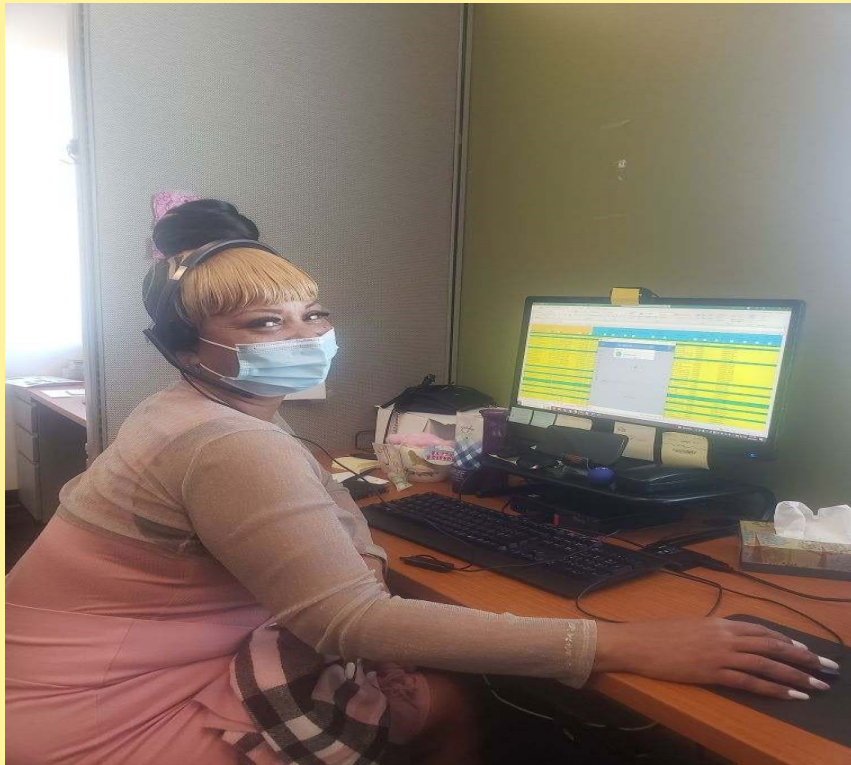


- Cervical - Wisconsin Comprehensive Cancer Control program.
 - Educational/interactive workshop designed to allow community members to ask individualized and group questions in an informal, comfortable setting.
 - Workshop will serve as an opportunity to get to know a local provider in the area and can serve as a networking opportunity to learn more about women's health and how/where to access health services.

Community Health Workers



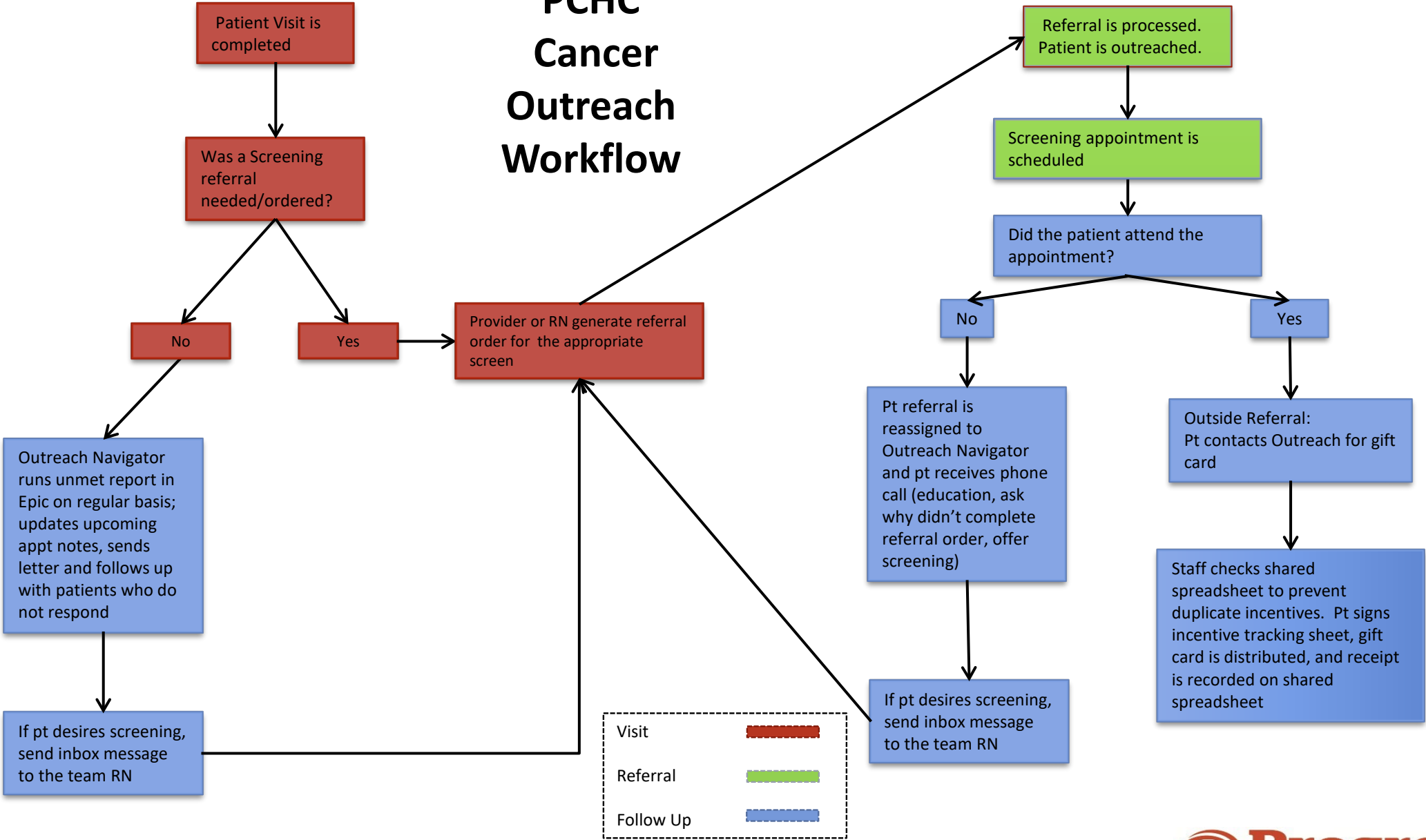
**Miss Nikki : Outreaches for
Colorectal and Breast screenings.**



**Ms. Donna: Supports Women's
Health Department.**



PCHC Cancer Outreach Workflow



Questions & Contact information



- David Goines: David.Goines@progressivechc.org

Questions?