



Healthcare Advisory Board Recommendations

August 9, 2022





Building a Culture of Health and Closing Health Disparities with Community Health Workers (CHWs)

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Who are CHWs and what do they do?

- **Who:** Individuals who belong to the service demographic (income, race, education level etc..), live in the area of need (zip code, census tract etc..) and are motivated to serve their community
- **What:** Bridge the gap between the community and local agencies/institutions by educating, advocating and in some cases directly providing services related to health and social needs (aka SDOH).
- **Why:** Health and social service institutions often struggle to meet the needs of their most socially complex clients because of poor communication, lack of trust and inflexible service models



What is a *Certified* CHW? Why does that matter?

- Certification granted by the Florida CHW Coalition
 - Requirements:
 1. 30 hr of training by approved provider (already exist in AC)
 2. 500 hr of service in CHW-related capacity (paid or volunteer)
 3. 3 professional LORs
 4. Pass the CCHW exam
 5. HS diploma or GED
 - CCHWs are recognized by many employers around the state as valuable workers and CCHWs can bill CMS for services (well established in other states and has been done in FL although sparingly)
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Proposed CCHW Pipeline

Community Mentor (contracted with Mobile Outreach Clinic) and Safety Net Organizations recruit and refer candidates (preferably WIOA qualified) to the lead agency for CCHW training program (MOC)



Community Mentor and Training coordinator (also contracted with MOC) provide in person training with Coalition-approved CHW curriculum. WIOA participants also complete online modules through UF OPWD (paid for by CareerSource)



CareerSource pays exam fee for WIOA qualified candidates and once exam is passed, application sent to Coalition for provisional certification. CareerSource and Community Mentor vet local agencies for placement.



Candidates are placed with local agencies and Community Mentor supports candidates as they work towards 500 hr requirement. Local agency provides mission-specific training as needed.



Prior to 6 months elapsing, agency and candidate assess ongoing needs and desire to retain position. If mutually agree, agency applies for county funds to extend employment for up to additional 18 months while agency explores and applies for sustainable funding source (further discussion on slide 6)

Proposed Budget

Item	Rate	Hours	Total
Community Mentor/Training Co-facilitator (1)	\$65,000 Annually plus fringe	Salary	\$80,000 Annually
CCHW (10-20)	\$20 Hourly	20 hours per week x 45 weeks*	\$180,000-360,000 Annually
Training Coordinator/Lead Facilitator (1)	\$75 Hourly	30 hours per cohort x 2-4 cohort per year	\$4,500-\$9,000 Annually
Program administrator (1)**	\$65,000 Annually plus fringe	Salary	\$80,000 Annually
Training materials	\$20 per candidate	20-30 candidates per year	\$400-\$500 per year
Certification test fee (10-20)	\$150 per	10-20 tests per year	\$1,500-\$3,000 Annually***
		Total Annual Cost Estimate	\$346,500-\$533,000

*up to 24 weeks could be covered based on # of WIOA qualified

**Lead agency for administrator TBD -Could be eliminated from this budget if both CHW programs are funded.

***could be \$0 if all candidates are WIOA qualified

Plan for Sustainability

- Direct billing for services- framework exists but underutilized in FL and will require lobbying of insurance companies and state legislature to smooth out process...this is occurring as we speak
- HRSA funding-hundreds of millions designated for incorporating CHWs into health and social services (FL CHW Coalition has a proposal in process now)
- UF Office of Diversity, Inclusion and Health Equity- New VP has mandate of community engagement and health equity
- The County's mandated Health Equity Plan should invest by expanding CHOICES, CAPP or creating a new program.




Where would this program live?

- Training and Mentoring component would be housed within UF Mobile Outreach Clinic (for WIOA candidates, UF OPWD will contribute online training)
- Administrative oversight of CCHW placement, hour reporting and payment housed within CareerSource program or ACHD....discussions ongoing.



What else can the CHW do for the ACHD (or other participating agency)

- When not engaged directly with clients a CHW can also:
 - Organize health fairs and other promotional events to engage in effective marketing and screening
 - Complete Patient Assistance Program applications
 - Coordinate and participate in Community Health Needs Assessments
 - Collect data for grant reporting or general program outcome measures
 - Many other things.....
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Community Health Worker Outreach and Support Program

Erica Barnard, MESS, EP, CDE

Health Network Programs Administrator

Medical Home, Diabetes Health Network, Minority Health and Health Equity

Florida Dept of Health-Alachua County

Community Health Worker Outreach and Support Program

This proposal creates a team responsible for engaging the community in current health and support services.

This team will also promote further partnering and growth of the community's resources to ensure a comprehensive network is accessible to those for which these services are intended.



Community Health Worker Outreach and Support Program

Program Director

Facilitates ongoing needs assessment, resource platform, agency and provider communications, Dental supply distribution, additional funding sources



Community Health Worker Coordinator

Coordinates collaboration/problem solving with Community Health Workers, Assist with program transition, Monitors credentialing of CHWs




Community Health Workers

Post-visit services, linkage to resources, Prescription Assistance applications, Connection to Medical and Dental Homes, Resource and Program promotion




Certified Community Health Worker

Proposed Responsibilities

- In-person visits post-hospitalization, and post-clinic visits as needed
 - Connection to medical and dental “homes”
 - Assist with eligibility determination for various programs
 - Assist with linkage and referrals to relevant agencies and programs
 - Health insurance navigation
 - Prescription Assistance Program applications
 - Medication courier services
 - Continuing needs assessment
 - Assist with scheduling appointments and travel
 - Attend Health Fairs and Pop-up Clinics to provide assistance with referrals
 - Follow-up post-referrals
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Community Health Worker Lead/Coordinator

Proposed Responsibilities

- Initial and continued training and placement for community health workers
 - Community Health Worker pipeline with UF and Santa Fe for CHW recruitment and development
 - Participate in CHIP and CHA process
 - Public Communications
 - Attend targeted community meetings, i.e. Healthcare Advisory Board, Safety Net Coalition, neighborhood and community groups
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Outreach Program Director

Proposed Responsibilities

- Facilitates discussions between organizations about current needs of community
 - Develop Resource Platform or maintain information on current platform
 - Identify organizations and providers to participate in Referral tool/platform
 - Bridge the city and county programs
 - Communication to and between agencies, provider network
 - Coordination of language assistance needs
 - Determine/develop transportation options
 - Dental supply distribution coordination
 - Research and apply for grants to maintain sustainability
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Proposed Budget

Item	Rate	Cost
CCHW	\$20 Hourly	\$41,600 Annually
Program Administrator	\$65,000 Annually plus benefits	\$80,000 Annually
Community Health Worker Coordinator(1)	\$50,000 Plus Fringe	\$65,000 Annually
	Total Annual Cost Estimate	\$186,600



Oral Health Education, Disease Prevention and Access

Candice King

Healthcare Advisory Board Member-Community Advocate

Tooth Decay

- The most common chronic disease in children
- Can result in pain, infection, difficulty eating and speaking, missed school days, hospitalization, death
- Surgeon General's Report on Oral Health
 - 51 million school hours lost per year because of dental problems



Alachua County Community Health Survey, 2019

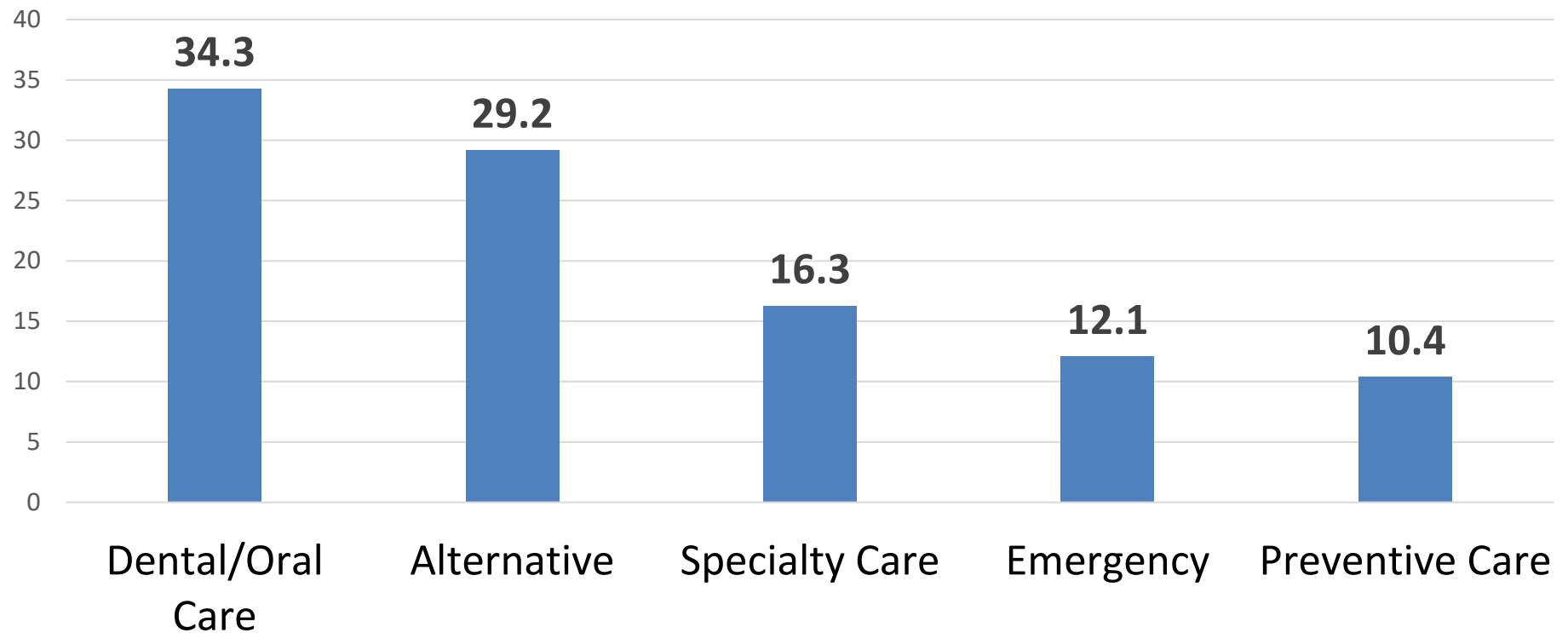
Reasons Dental Care was Not Received:

- COST – 61.8%
- Service not covered by insurance or have no insurance – 52.8%
- No appointments or long wait for appointments – 35.4%

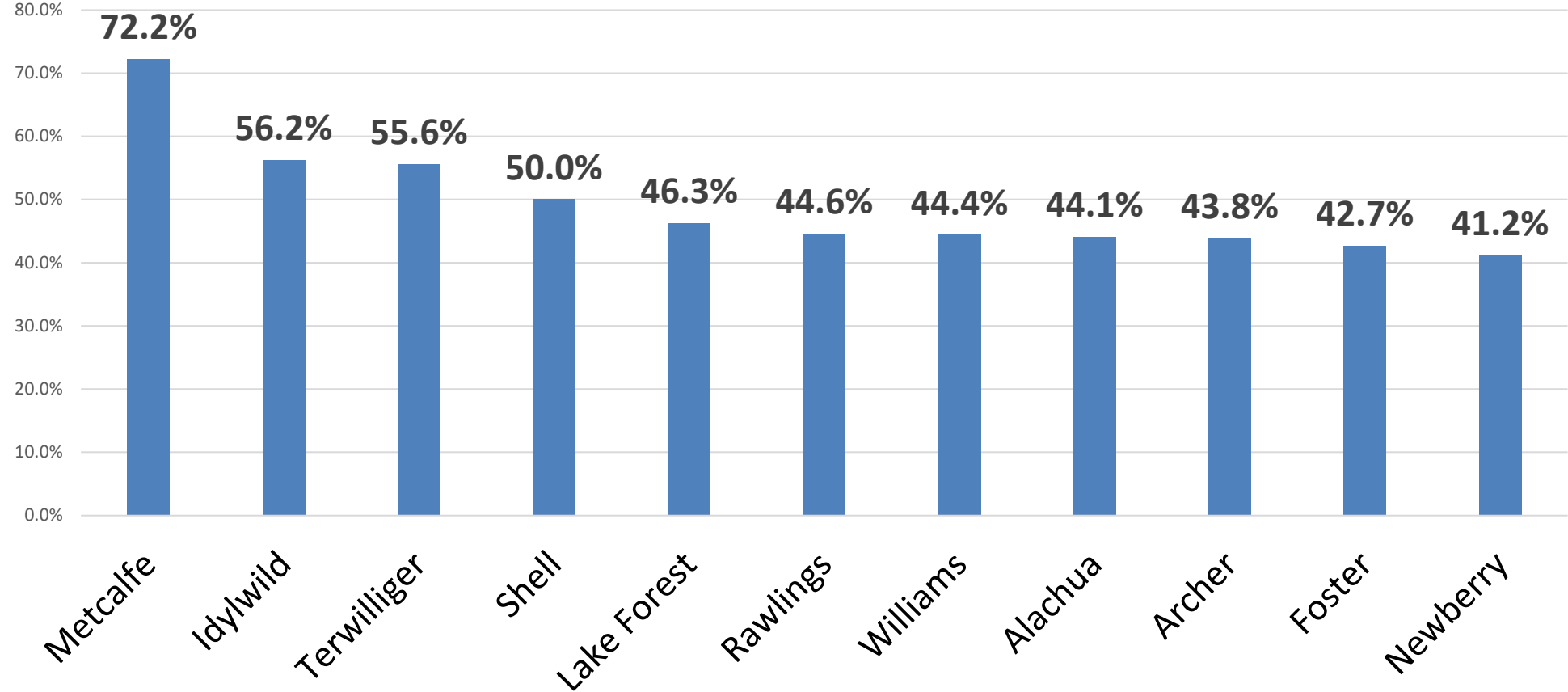


Alachua County Community Health Survey, 2019

Healthcare Services That Are Difficult to Obtain



Percentage of Alachua County Third-Grade Students with Untreated Tooth Decay, 2021-2022



Proposed Solutions

- Education
- Prevention
- Access



Proposed Solutions

- Education
 - Increase oral health knowledge across all age groups
 - Provide oral health instructional materials for educators and health care professionals



Proposed Solutions

- Prevention
 - Provide oral hygiene items for children at high-risk for dental problems
 - Promote school-based oral health screenings and early referrals



Proposed Solutions

- Access
 - Support community-based dental outreach programs
 - Enhance navigation of dental safety-net clinics




Proposed Budget

Item	Annual Cost	# of Years Requesting Funding	Sustainability
Oral hygiene goodie bags for every ACPS-enrolled child	\$1 per child \$30,000	3 years	<ul style="list-style-type: none"> • Donations from local dentists and dental supply companies • Funding support from CTAC
Salary support for Dental Hygienist & Coordinator - UFCO Saving Smiles Program	\$65,000	3 years	<ul style="list-style-type: none"> • Medicaid reimbursements • Funding support from local, state, or national grants
Salary support for Dental Assistant - UFCO Saving Smiles Program	\$35,000	3 years	<ul style="list-style-type: none"> • Medicaid reimbursements • Funding support from local, state, or national grants
Total Annual Request	\$130,000		

Policy Support

Request BoCC support for future legislation efforts:

- dental therapists
 - scholarship/loan repayments for public health dental care providers
 - remove restrictive dental practice act provisions that limit ability of dental hygienists to provide direct services to patients
 - Direct billing to insurance companies for Community Health Worker services.
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Improving Health Care Communications

Candice King

Healthcare Advisory Board Member-Community Advocate



Collaboration and Targeted Community Engagement

Research-based Recommendations to Improve Health Equity Communications in Gainesville

Proposal for Alachua County Health Care Advisory Board:
A collaboration of UF's Center for Public Interest Communications and the Alachua County Health Care Advisory Board

An essential aspect of meeting this challenge is to better understand how strategic, effective and engaged communication can address the barriers that face people who experience health inequity.



Why Public-Facing Health Communication?

- The disparate impact of COVID 19 has demonstrated the severe health inequities in our communities, including Alachua County.
- Healthy People 2030 focuses on improving health communication so that people can easily understand and act on health information.
- Health communication plays a significant role at all levels of disease prevention and health promotion.
- All health communication is aimed at achieving four objectives: to be received, understood, accepted and if possible to get action (a change of behavior).



Improving Health Care Communication

The project objectives are to:

- help improve communication with difficult-to-reach residents
- build trust with residents who are most affected by the factors that lead to health inequity
- provide recommendations for how to approach communications as an organization dedicated to ending health inequity



Project Scope of Work

- Step 1 - Discovery: Listening to residents, literature review and interviews focused on identifying “bright spots.”
- Step 2 - Build Capacity: Helping local health practitioners and service providers become more effective communicators
- Step 3 - Vision: Develop an accurate theory of change.
- Step 4 - Activate: Deliver insights and next steps.



Project Deliverables

- A report with strategic public health communications recommendations for next steps to engage those not engaging, or only partially engaging, with the health system.
- Two two-hour workshops for those working in the public health sector, including customized slides and worksheets.
- A public presentation of our findings and recommendations for next steps and a .pdf copy of a slide deck capturing our insights and recommendations for next steps.



Proposed Project Budget

Item	Rate	Cost
Literature review, interviews with people affected, interviews with experts	\$10,850	\$10,850
Workshops and interviews	\$5,400	\$5,400
Deliver communications recommendations	\$10,150	\$10,150
Honoraria Pool	\$800	\$800
	Estimated total engagement	\$27,200



Address Transportation Barriers

Candice King

Healthcare Advisory Board Member-Community Advocate



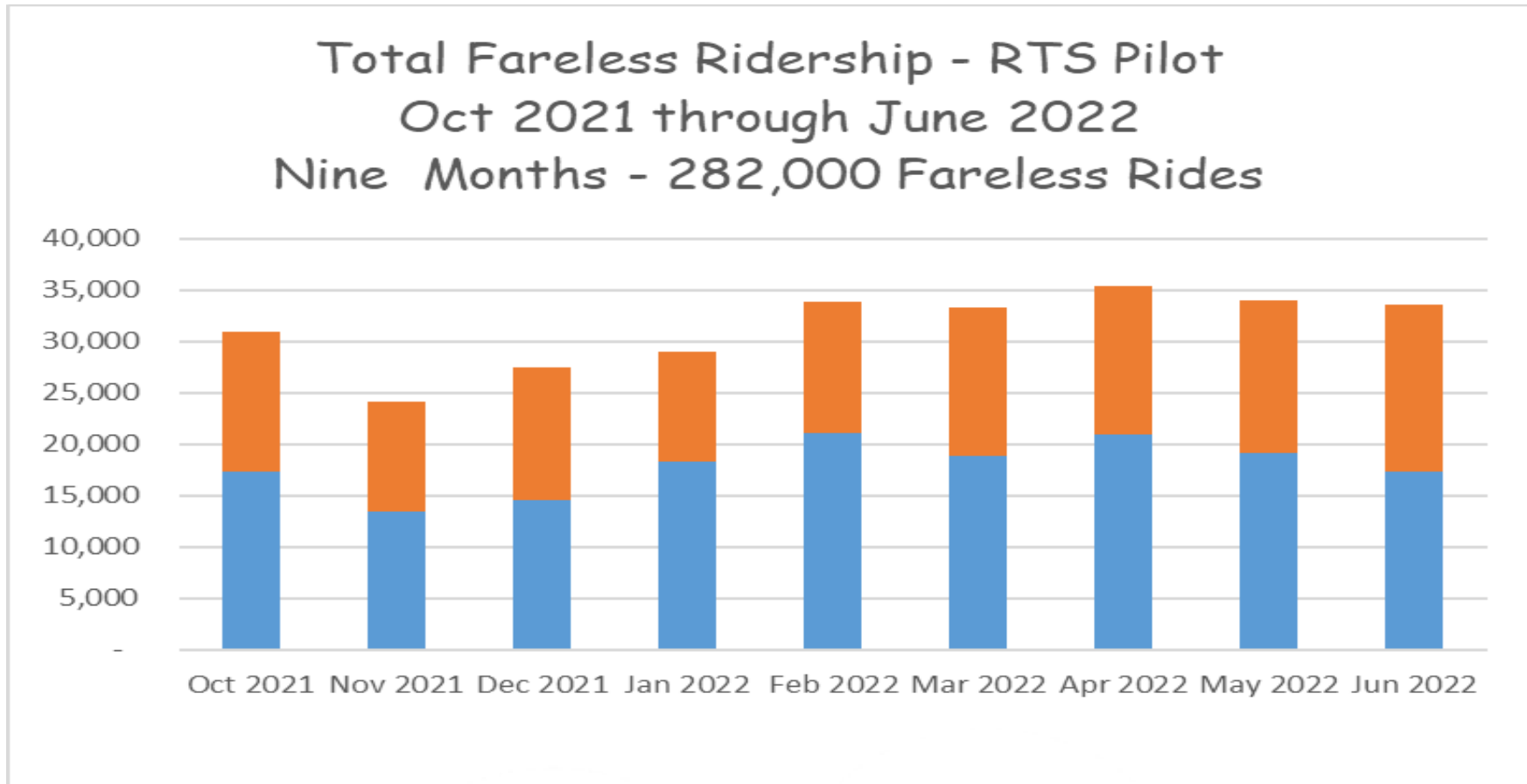
Potential Transportation Improvements to Assist with access to Medical, Dental and Mental Health services

- Fund additional east side RTS routes
 - Extend hours
 - Increase frequency
 - Expand geography
- Fund Uber Health rides for residents in East Gainesville Zips (32641, 32609)
- Fund expansion of First mile, Last mile shuttle service to include 32609 zip codes (currently service limited to 32641)
- Expand RTS fare-less pilot to include other age groups

There are currently limited health care providers in East Gainesville. Patients often travel > 5 miles to seek care.



Maintain funding for RTS Fare-less Pilot <18 and 65+ riders





Support increasing funding for CHOICES grants to extend the life of the program beyond its current 6-7 years

Brendan Shortley

Executive Director, Helping Hands Clinic

CHOICES funding benefits all Alachua County residents

CHOICES provides residents needed cost-conscious health care for primary/specialty care, behavioral health, and dental/oral care; the impetus for the program from inception.

CHOICES dollars are used to leverage state funding; bringing additional healthcare dollars to the county.

Primary care programs identify chronic disease states like asthma, diabetes and hypertension, and treat these thus avoiding adverse effects like stroke and death.

The loss of this funding would reduce the availability of contracted trauma counseling to the domestic violence population in our community and likely increase this group, therefore increasing the City and County's financial burden in many respects (law enforcement, incarceration, social services, etc.).

Poor oral health can lead to numerous, serious health issues and in some cases loss of employment.



CHOICES funding extension


CHOICES funds are projected to fall below the current annual expense by the end of FY27.

We would request that the BOCC allocate a sum equal to 10% of the annual CHOICES budget per year from General Fund, increasing the allocation by an additional 10% each year, eventually replacing the CHOICES Indigent Care Trust Fund with General Fund dollars.

This would create a sustainable base of funding for County's frontline of defense and prevention for the well-being of our community as a whole.



Healthcare Advisory Board Ongoing Discussion

- Funding for a mental health provider network similar to the We Care Network.
 - Mental Health Peer Certification-Employment in Treatment Programs & Mental Health Education Outreach
 - Consider expanding Alachua County's existing prescription (Alachua Cares) drug program.
 - Compile and publicly distribute a comprehensive inventory of existing medication and pharmacy resources for the uninsured and underinsured in Alachua County.
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- A decorative graphic at the bottom of the slide consisting of several overlapping, semi-transparent blue shapes. It includes a dark blue curved line that starts from the left and rises towards the right, and a lighter blue rectangular area below it. There are also some circular, bubble-like shapes in various shades of blue scattered across the bottom.


Health Care Advisory Board and Contributors

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Annual Budget Total For Projects

Project	Cost
Community Health Care Worker Education	\$346,500-\$533,000
Community Health Care Worker Outreach and Support	\$186,600
Oral Health Education, Disease Prevention and Access	\$130,000
Health Care Communication	\$27,200
Total Annual Cost	\$690,300-\$876,800