



# COMMUNITY HEALTH WORKERS

## PROGRAM REVIEW

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# COMMUNITY HEALTH MISSION + VISION

## MISSION

We improve the health and wellbeing of our neighbors by delivering social care support, evidence-based interventions, and education.

## VISION

Helping our community thrive through radical access and holistic patient -centered services.

# Community Health Workers

*at a glance*

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- Established in 2019
- Located in Behavioral Health, Emergency Department, Primary Care, School-Based Wellness Centers, Trauma Department, Women's Health, and more

**Community Health Workers (CHWs)** are essential members of the clinical care team. No matter the setting, CHWs improve patient health and well-being by helping set and achieve self-identified goals and addressing social care needs.

## Program Objectives

- Identify and address social care needs
- Reduce health disparities
- Refer patients to community-based resources

## Evaluation Metrics

- Connection to primary care
- Social Drivers of Health ( SDoH) screenings
- Admissions and utilization of Emergency Department
- Health outcomes



# Women's Health Community Health Workers



**Blanca Sandoval**  
Inpatient/  
Postpartum



**Brandi Doxie**  
Outpatient Suite  
1900



**Ashley Dorsey**  
Outpatient  
Wilmington



**Cynthia Concepcion**  
NICU



**Jaree' Jackson**  
OB/GYN  
Emergency



# Assistance Includes

- Support during pregnancy and postpartum
- Referrals to community resources
- Referrals for baby supplies and essential needs
- Providing in-home and community visits for support and well-being
- Patient navigation of the health care system



# Eligibility Criteria

- Medicaid, Medicare, or uninsured and
- Past first trimester (except OB Emergency) and
- Lives in New Castle County or Kent County: 19977 and
- Meet one of the following:
  - Late entry into prenatal care
  - Chronic disease and/or mental health/substance use issues
  - BMI of 30 or above
  - History of poor birth outcomes At risk for birth defects

# Social Care Services

*at a glance*

- Social Drivers of Health (SDoH) account for 80 -90% of health outcomes
- Social risk factors contribute to negative health outcomes
- By addressing social care needs such as housing, food, and transportation we seek to improve those outcomes

## Health Guides

Assist with medication assistance programs, insurance, financial assistance, and Medical Legal Partnership | 'PC Healthguides'

## Social Care Connection Center

A multidisciplinary team addressing social care needs in acute and ambulatory settings including scheduling transportation to/from medical appointments and more | 'Care Connection Center CHW'

## Community Health Workers

Provide episodic and longitudinal community -based care to improve patient outcomes through patient -centered goal -setting and connection to healthcare and community resources | 'CH - Community Health Workers'

## Embedded Social Workers

Assist patients unable to ambulate or that need assistance with power chairs, primary care at home, palliative care, and/or completion of DART Paratransit and Long -Term Care Medicaid applications, | 'PC Outpatient Social Work'



# Questions?