Conectate

NO ESTAS SOLO

Connecting Communities Through Community Health Worker (CHW) Workforce Development

CHWs, Outreach, Networking, Engagement, Collaboration and Training

YUMA COUNTY PUBLIC HEALTH SERVICES DISTRICT

Objectives

01 Provide an overview of the project and partners

02 Discuss CONNECT Program model & strategy

03 Share CHW collaboration and collective successes

THE UNIVERSITY OF ARIZONA

CAMPESINOS SIN FRONTERAS

Arte de Rini-Templeton

Connect Program

Yuma County Public Health Services District (YCPHSD) is a recipient of the CDC 2109 Grant Funding, Community Health Workers for COVID Response and Resilient Communities (CCR) program

PROJECT PARTNERS:
UNIVERSITY OF ARIZONA PREVENTION RESEARCH CENTER
CAMPESINOS SIN FRONTERAS

Yuma County

Population

- 229,957
- 150,000+ seasonal visitors, agricultural workers, and regular border crossers
- 69% Hispanic/Latino
- 38,000 migrant and seasonal workers

Social vulnerability index

- 12.3% Uninsured population
- 18.5% Speak English less than very well

Goals

The intent of the CONNECT program is to expand the reach of CHWs to target and serve Hispanic/Latino communities facing adverse COVID-19 outcomes.

Model

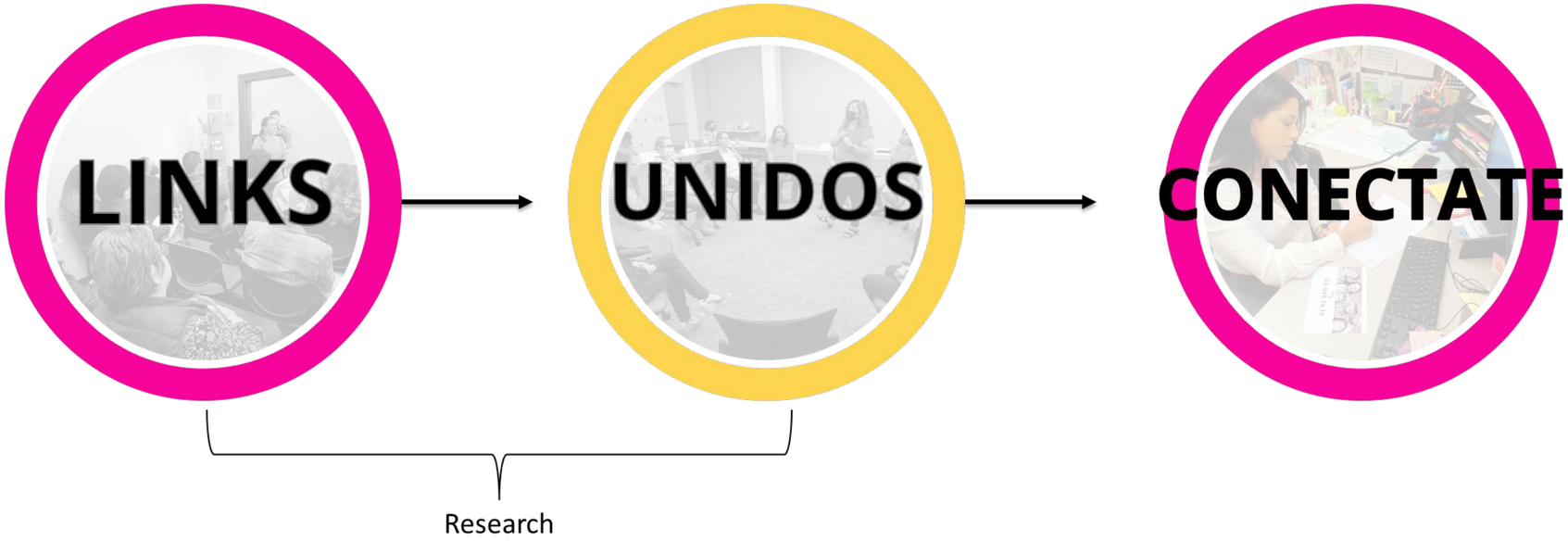
The core of the CONECTATE program is building on the community-clinical linkage (CCL) model to connect participants to community resources.

Model

CONECTATE was adapted from two previous CBPR-based research projects.

LINKS: Measured communication between clinical CHWs and community CHWs in order to positively impact patient's wellbeing and to connect participants to community resources.

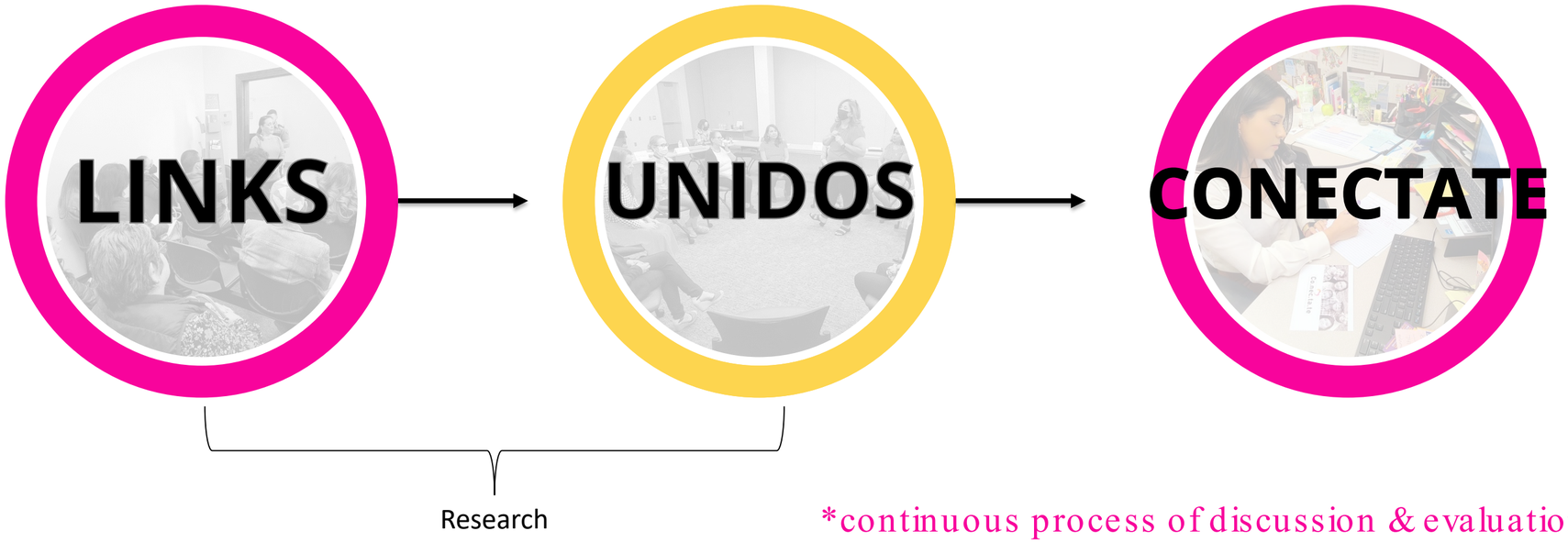
UNIDOS: Provide 1 on 1 support from CHWs, link participants to community activities, and help navigate systems for other needs.



Model (& translation)

County staff, including CHWs, and the evaluation team work* closely together in:

- building and enhancing data collection instruments and referral databases
- tailoring outreach and communication efforts to communities most effected by COVID-19
- building capacity for referral and resource linkages internally & externally
- supporting CHW workforce and professional development



*continuous process of discussion & evaluation

Strategy

Train

CHWs

- CHW Core Competencies
- Health conditions and care coordination
- State led and community led public health actions and interventions
- Referral database

Deploy

CHWs

- Integrated into Public Health Emergency Preparedness and immunization programs
- Provide mitigation and vaccine education

Engage

CHWs

- Link the target population with support services and education
- Address the needs of those at highest risk for poor health outcomes
- Screen for social and behavioral health needs and help navigate services

Train

- CHW Core Competencies (CHW Core Consensus Project, aka C3)
- Voluntary Certification
- Chronic disease prevention and health promotion organized efforts
- Skills to lead and contribute to dissemination efforts

CHW Coalition

Yuma County established the first CHW-P Coalition

Mission

Unite and strengthen the leadership of the CHWs through collaboration, skill building, and sharing resources and best practices to elevate the health and well-being of Yuma County communities

Vision

Strengthen the network of unified CHWs in Yuma County and recognize CHWs as leaders and professionals in their field

Deploy

Covid-19 resources

- Mobile clinics, vaccination and testing sites
- COVID-19 mitigation supplies distribution efforts

Program outreach

- Community events and health fairs
- Delivery of workshops
- Education material dissemination

Media

100%

- Radio and TV interviews
- Newspaper press releases
- Social media segments
- 299,805 individuals reached monthly

Engage

CHWs

Coordinate group educational activities with the priority population

Engage in continuous dialogue to build community trust and provide information about public health programs

Build individual and community capacity to improve health outcomes by increasing health knowledge and self-sufficiency through a range of activities

Create materials using the Health Literacy toolkit

Referral database

Assessments

- Demographics
- Covid-19
- Emotional wellbeing
- PRAPARE (modified)
- Simple 7

Resource categories

- Covid-19
- Mental Health
- Health Literacy
- Housing, transportation, food
- Technology education and access
- And more!

Program Steps

01 Through outreach efforts CHWs promote the program

02 Invite community members to participate

03 Conduct the initial program assessment

04 Participants share their needs and referrals are provided

05 CHWs follow-up with participants, ask if resources met their needs

06 Final follow-up call and closure of the program

Demographics

54% of the participants are over 50 years old

- Ages **19-81**
- **85%** female
- **100%** Hispanic/Latino
- **41%** Highschool/GED, **25%** College graduate or above
- **50%** Seasonal farmwork as main source of household income

Top resources referrals

Since August, 2022

- Housing, Rent, Utilities
- Covid-19 & Health Literacy (internal)
- Food
- Mental Health/Emotional support
- Diabetes & Chronic disease

Conéctate Success Stories

Silvia

"Me ayudaron a conectarme con diferentes recursos sin costo alguno".

Sofia

"Me gusta que puedan referirme a servicios que desconozco".

Francisco

"Me ayudaron mucho y me conectaron al Senior Center y al programa DPP".

Rebeca

"Realmente me ayudó a tomar mejores decisiones sobre mi salud".

Thank you

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