

Quality of Life Budget Recommendation Worksheet

COMMUNITY HEALTH WORKERS/NAVIGATORS

1. Which Strategic Outcome Area will your recommendation primarily impact? (Choose only one)

- | | |
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| <input type="radio"/> Economic Opportunity and Affordability | <input checked="" type="radio"/> Health and Environment |
| <input type="radio"/> Mobility | <input type="radio"/> Culture and Lifelong Learning |
| <input type="radio"/> Safety | <input type="radio"/> Government that Works for All |

2. Refer to the Strategic Direction document. Identify your Outcome Area's Indicators, and select one primary and one secondary Council Indicator your recommendation will address:

Primary - Healthy conditions among individuals (absence of unhealthy conditions)

Secondary – Accessibility to quality health care services, both physical and mental

3. Now, refer again to the document and identify the Metrics for your selected Indicators. Which of these Metrics are applicable to your recommendation?

A. Healthy conditions and absence of unhealthy conditions among individuals

- Number and percentage of clients served through the city's health equity contracts who achieve intended healthy outcomes
- Percentage of residents with cardiovascular disease
- Percentage of children whose body mass index (BMI) is considered obese

B. Accessibility to quality health care services, both physical and mental

- Percentage of residents younger than 65 with no health insurance coverage
- Percentage of residents >_ age 65 who received a core set of preventive clinical services in the last 12 months
- Infant mortality rate
- Number and percentage of clients supported through the COA, including community-based preventative health screenings, who followed through with referrals to a healthcare provider or community resource

4. Continuing through the Strategic Direction document, identify the Strategies the Council has identified to address your selected Outcome Area. Which one or two strategies align with your recommendation?

- Promote healthy living and well-being with a particular focus on areas and communities with high rates of chronic diseases and high-risk behaviors who lack access to services

- Provide and/or support initiatives that can connect those seeking wellness and medical care with the appropriate providers, and help them navigate and overcome critical barriers to obtaining health and mental health services

5. Which characteristics should apply to the department, community-based organization, and/or vendor that would put your recommendation to work?
 - Certified to conduct CHW training by the State of Texas Department of State Health Services
 - Experienced in working in community setting using CHWs that have cultural competence and deliver services in culturally and linguistically relevant ways.
 - Track record in use of CHW interventions to reduce healthcare disparities
 - “Cultural responsiveness,” e.g. being respectful of, and relevant to, the beliefs, practices, culture and linguistic needs of diverse consumer/client populations and communities whose members identify as having particular cultural or linguistic affiliations
 - Alignment of founding mission with the community proposed to be served (creation of mission was historically based in serving communities experiencing racism) and alignment with the outcomes desired by the program
 - Intimate knowledge of lived experience to the community
 - Multiple formal and informal channels for meaningful community engagement, participation and feedback exists at all levels of the organization (from service complaints to community participation at the leadership and board level)
 - Commitment to a diverse and highly skilled workforce by employing robust recruitment, hiring and leadership development practices

6. What is your recommendation? Make sure it is specific, see the examples below.

Examples: "Create and execute an outreach strategy for the Human Resources Department to improve diversity of City staff at all levels."

"Team with the United Way to create new or support available job training programs to address the underemployment in the African-American community."

Community Health Workers are members of the community who serve as advocates and liaisons between the community and the health and healthcare systems. They provide services that improve health care access and education to promote understanding of health problems and how to navigate the health care system. The recommendation is to fund and implement a Community Health Worker (CHW) training program to develop the skills and knowledge of community members to serve as part of the region's health workforce. The training will adhere to the Department of State Health Services approved CHW certification course(s) with at least 160 hours and cover 8 core competencies: (1) communication; (2) interpersonal; (3) service coordination; (4) capacity-building; (5) advocacy; (6) teaching; (7) organizational skills; and (8) knowledge based on specific health issues. The CHWs will be deployed upon

completing their training and becoming a State certified community health worker to geographic areas that have the highest health and healthcare needs in underserved communities that generally experience poorer overall health status, lower levels of access to healthcare and lower life expectancy than the general population. The CHWs will work in underserved communities by providing culturally appropriate community health education; promoting awareness and understanding of healthcare disparities; and improving cultural competency within the healthcare system. It is envisioned that specific zip codes will be identified where appropriate CHWs will be deployed that share and understand their community's language, cultural practices, spiritual beliefs, traditional health practices, and experiences with healthcare.

7. Provide evidence to support your recommendation. Include relevant data and sources regarding the Council Indicator you seek to "move the needle on" and evidence supporting the recommended approach. See the example below.

Example: "Although Asian Americans make up X% of staff for the City of Austin, they only represent X% of executive level staff."

Similar to other communities of color, there exist tremendous disparities in health outcomes and indicators among the Asian American and Latino community. Disproportionate burdens of health conditions affecting the Asian American population include cancer, cardiovascular disease, diabetes, hepatitis B, and osteoporosis. National level data indicate that cancer is the leading cause of death among Asian American and they are the only segment of the U.S. population to suffer cancer as the leading cause of death. Asian American women have the lowest breast cancer screening rate among any segment of the population and are typically diagnosed at a later stage compared to other racial and ethnic groups. Nationally Asian Americans have been found to be 30-50% more likely to have Type 2 diabetes compared to their White counterparts. The unique linguistic, social and economic barriers faced by this population may result in poor disease self-management. The Austin Asian population is the fastest growing population in Austin and according to the Census Bureau 2015 American Community Survey it is 7.5% of the of population in Austin becoming the second largest population by race/ethnicity with Latinos at 35.2%.

Latinos are the largest racial/ethnic minority population in the U.S. and Austin. Heart disease and cancer in Latinos are the two leading causes of death, accounting for 2 of 5 deaths. Latinos have more deaths from diabetes and chronic liver disease, and similar numbers of deaths from kidney diseases. Latinos health risks differ from Whites with 24% more poorly controlled high blood pressure; 23% more obesity; and 28% less colorectal screening.

Community Health Worker programs have been offered as a community-based, cultural relevant method to address health disparities and have great potential relevance for immigrant and minority populations. A fundamental attribute of CHWs is that they are indigenous to the community in which they work – ethnically, linguistically, socioeconomically, and experientially – providing a unique understanding of the norms, attitudes, values, and strengths of community members. CHWs bridge the gap between community members and the healthcare system. Their importance in affecting health has

been recognized by the Center for Disease Control and the American Public Health Association. Studies employing CHWs to improve health outcomes have been found efficacious, especially in minority communities.

8. How much money is necessary to support your recommendation?

\$275,000 to train and deploy 10 CHWs that includes overhead, mgmt., operations

9. Is this one-time funding or ongoing funding?

On-going

10. Now, using this worksheet as a guide, enter your recommendations in the link provided in your email (only one submission per Commission)!