

The Brain Trust Episode 17: Advancing Dementia Detection with Community Health Workers

Transcript

Kate Rowland, MD

Announcement

00:03

Welcome to the Brain Trust, a physician's guide to diagnosing Alzheimer's disease and related dementias, brought to you from the Illinois Academy of Family Physicians. I'm Dr Kate Rowland, family physician, member of the IASP and faculty at Rush University. Funding for this podcast series was provided by a grant from the Illinois Department of Public Health. The goal of the Brain Trust and this podcast series is to educate and empower the primary care clinician in the early detection diagnosis and management of Alzheimer's disease and related dementias. Clinical resources, free CME and other educational materials are available online at thebraintrustproject.com. Cme credit is available for each podcast. The Illinois Academy of Family Physicians is accredited by the Accreditation Council of Continuing Medical Education to provide continuing medical education for physicians. Information on how to receive credit can be found on the Brain Trust Project website. Thank you for joining us as we empower each other and provide training on the early detection of Alzheimer's disease and related dementias. And now today's episode.

Raj Shah, MD

Co-host

01:08

Hello everybody, it's good to be back on the Brain Trust podcast series Today.

01:12

Dr Yukesh Ranjit and I are co-moderating the ADRD early detection in Alzheimer's and related dementia and we've got this really wonderful episode today about an important piece of how do we connect primary care doctors and their offices to community resources, especially community health workers, to help in early detection of changes associated with Alzheimer's disease. So our learning objectives today are going to be to talk a little bit about the barriers that we have to address in our systems to better integrate community health workers into primary care practices to support early detection of Alzheimer's disease and related disorders, and then also try to think about ways that we can make that better by talking with our colleagues today Tracy Smith, who's the director of community health and the Illinois Public Health Association Community Health Worker Capacity Building Center, and we're also joined today the first VP of the NAACP in Madison, Illinois, and director of health and environmental programs, Angelia Gower. So thank you, Tracy and Angelia, for welcoming us to the IPHA building and we're really looking forward to having the conversation today.

Tracey Smith, DNP, PHCNS-BC, MS

Guest

02:27

Thank you, we're excited to have you here.

Raj Shah, MD

Co-host

02:29

Great. Hopefully everybody's refilled on their coffee and we're all set for this really important conversation and keep everybody enthralled as our audience. But I think it's really important we just start out with the basics, because sometimes when we say community health worker, it can mean a lot of different things to different people. They've heard it in different scenarios and settings, especially in primary care physicians and other staff members in their office. But maybe we can just start by how do we define a community health worker? And then what does that look like for the people that actually do that? How did they define themselves? So maybe, Tracy, if we could start with you about just some of the definitions that people use commonly for community health workers and then we can turn it over to Angelia about the on the ground definitions.

Tracey Smith, DNP, PHCNS-BC, MS

Guest

03:17

Thank you very much. One of the key things that we are trying to do as we're working on the community health worker profession across the state is to really help individuals have the one definition that we would encourage you to use as you talk about community health workers. It comes from the American Public Health Association and basically that definition is that community health workers are frontline public health workers who are trusted members of, and or have unusually close understanding of, the community they serve. Their trusting relationship allows those CHWs to serve as liaisons, links and intermediaries between health and social services and the community, to facilitate access to services and improve the quality and cultural competence of service delivery. Chws also build individual and community capacity by increasing health knowledge self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

04:18

So, as you can see, that American Public Health Association definition is a very nice summary of the work that CHWs can do. It's a very evidence-based workforce, having over 60 years of evidence in the United States, but centuries of evidence coming out from other countries and the utilization of CHWs in the world, and there are many titles that CHWs go by, from case manager to community health outreach worker to community outreach worker to community organization, to health educator, to health worker and this is another area we are really trying to reinforce to please use the title community health worker and then you can describe the finite activities that they do, such as community outreach worker, as part of their role. So we really, as we're trying to organize this profession in the state, we really want to stick true to that definition and the title of community health worker.

Raj Shah, MD

Co-host

05:14

Yeah, and it's pretty detailed and covers a broad definitions of things. One question I always kind of get is are community health workers licensed by the state? Is there any criteria around that?

Tracey Smith, DNP, PHCNS-BC, MS

Guest

05:27

So currently, nationally and in the state, there are no required certifications or licensures for CHWs. You have a number of states across the nation that have implemented certification for CHWs. We are right now at about 20 states and the District of Columbia that recognize CHWs professionally through certification. The state of Illinois, due to some legislation that passed a couple years ago, created the Community Health Workers Review Board and that review board is responsible for developing the credentialing guidelines and the curriculum training guidelines required for CHWs in the state of Illinois. So we're hoping that in the next two to three years we will have a state identified recognized CHW certification for community health workers. But they can be individuals who may not have a high school diploma or have a high school diploma all the way. I have individuals for community health workers who have their PhDs and their doctorates often because this is the work they're doing is really community health work and they're very interested in growing into that space. So we have a wider range of education.

Raj Shah, MD

Co-host

06:44

Good to hear. I just wanted to get from Angelio a little bit of a sense from you, as you have worked in this area and helped to lead other community health workers in your efforts and direction with a community-based organization in Madison. What does it feel like to you as you have to explain to community members at churches about what community health workers do? How do you try to put it into words?

Angelia Gower VP NAACP

Guest

07:10

To make it real simple, the words that I normally use is that we are advocates and trusted partners of the community, of the residents of our community, that were there to help them with any resources that they're looking for and actually help to improve the health and communication that they have with their physicians and any other organizations within the community.

Raj Shah, MD

Co-host

07:33

Oh, terrific, and I'm just curious like what drives people to become community health workers? As Tracy was saying, there's just such a wide range of individuals and it's a very diverse group that are all connected or feel residents with this role of being involved as a community health worker. What are some of the biggest joys that people will get in working as a community health worker?

Angelia Gower VP NAACP

Guest

07:57

Some of the biggest joys and the question was what drives us? So what drives us is actually wanting to see the community in a better state, wanting to their health better and to see their health and pool. The other thing that drives us is, when we see a lack of health in the community as a whole, wanting to be their advocate and talk and speak to other ones that can actually help them and get them the help that they need. You see a lot of people that don't go to their doctors, a lot of people that have dementia and all those doctors that just doesn't seek that help. So that's what drives us is getting them the help that they need and then seeing them, along with their families, starting to enjoy life more than what they were enjoying at first.

Raj Shah, MD

Co-host

08:48

Yeah, that's great as far as being the glue that holds communities together and really advances sort of community health and brings it to become more equitable so that people can all experience the optimal health possible and reduce some of these barriers we face. And then, Tracy, just a little bit maybe about some of the training that's going on. You know, because IPHA, and some of your title also, is running a center around community health workers and their training and growth. So what are the sort of models that exist right now for community health workers to be trained, to be involved and engage in sort of health and delivery of health in Illinois?

Tracey Smith, DNP, PHCNS-BC, MS

Guest

09:27

So, yeah, there is a few different ways that community health workers can be trained in the state of Illinois. When we think about the Chicago area, they have a training infrastructure that is highly through their community colleges and then Sinai Urban Health Institute. When we look at Central and Southern Illinois, we really have three main sites of training CHWs through Illinois Public Health Association, through SIU School of Medicine and through the Shawnee Health System. And then we have

apprenticeships and currently there's two registered apprenticeships in Illinois, at Shawnee and Malcolm X, and really there's three. Now A third one was just added through the Hospice and Palliative Care Association that IPHA is a partner with. So training can range anywhere from a 40 hour intensive training to a two semester college certificate training program and you'll have it all across the board there, and this is one of the things that that Community Health Worker Review Board is working on is really laying that out.

10:31

But all training programs are required to meet the 13 core competencies that have been laid out by the National Association of Community Health Workers for training and those range. Those core competencies range from advocacy to navigation to trauma, informed care approaches. So there's 13 core competencies that the training programs that we have in the state are supposed to meet. Now the hours and how that's set up and if that's hybrid or in person, completely or completely online varies, but there's always also a point of learning on the job that's involved in that, and some of that is through apprenticeships, some of that is through field placements and then, like our program at IPHA is about a 60 hour training program that utilizes community health workers that are work based. They've already been hired into their jobs and then we're training them why they're on the job. So there's a lot of variation in there, but there are also some key components that stay structured among the training programs.

Raj Shah, MD

Co-host

11:38

Yeah, and just hearing your statements about the competencies nationally, I mean they're pretty agnostic to disease conditions, right? They're about just sort of general connector, advocacy type roles. And so it just makes me curious about sort of you know you mentioned, like some of the work you've been doing in the palliative care side, where it may be a little bit more specialized, even though it has some of those competencies, how has that been going with a public health condition like Alzheimer's disease? Was that included in the 13 competencies or has that been something that's been added more recently as we've realized the public health importance of Alzheimer's disease, you know, early diagnosis, detection and diagnosis, treatment and care across the continuum. So I was just kind of curious how some of the training about Alzheimer's disease is mixed in.

Tracey Smith, DNP, PHCNS-BC, MS

Guest

12:24

Yeah, so it is a general training of CHW which you like, like you said, is not about a specific disease process.

12:31

It's more of an overall general understanding of navigation, health care services, advocacy, et cetera, and then you can move into what we term upskilling and what upskilling for CHWs is to move into some kind

of disease, specific, further training or, you know, like another specific there's, like other specific topics, but this is where you get specificity of components and so, for example, alzheimer's navigation training is an example of that.

12:59

So what we have been able to do at L and I public health association is, in conjunction with the Alzheimer's association, offer community health workers an upskilling opportunity to advance their skills and Alzheimer's navigation, and that training is approximately a 20 to 24 hour upskilling training that covers topics from the warning signs to advancing the science, through managing money, helping caregivers manage money, and so what we have been able to do and this is why Alzheimer's became one of those upskilling opportunities is, when we look at the data, it tells us there is a need for community health workers to assist in helping to identify individuals who may potentially be at risk for Alzheimer's and have Alzheimer's in the community, and helping them to navigate and connect with those providers, then that can help diagnose and give the treatments.

Raj Shah, MD

Co-host

13:55

That's terrific, and I'll turn it now to Yukesh to just kind of talk us through a little bit about sort of how this is sort of working in Illinois with the various communities and the working with community health workers and Alzheimer's and dementia.

Eukesh Ranjit, MD

Co-host

14:09

Absolutely. Thank you so much, Raj Tracy. One of the questions that I actually wanted to ask, you know, from my perspective as a primary care provider, is if there is any specific tools that you'd use, you know, for a detection of Alzheimer's, anything you use in particular in the field.

Tracey Smith, DNP, PHCNS-BC, MS

Guest

14:25

One of the things we've been training the community health workers around is utilizing the AD8 tool. You know the AD8 dementia screening interview tool has those eight questions that are in there and it's a tool that CHWs can utilize to start the conversation. So we've trained them on that tool and how to use that as a starting space for conversation, and that is something that we're continuing to utilize and to grow, and then they can also provide that information back to the providers as they're helping to make those connections.

Eukesh Ranjit, MD

Co-host

14:57

That's really good to learn. My next question is for both Tracy and Julia, and actually we learned about the fact that CHWs are training throughout the state. Are they working throughout the state or are there any like places that are deserts, where we don't have enough CHWs?

Tracey Smith, DNP, PHCNS-BC, MS

Guest

15:14

So across the state. One of the things without having a registry and a certification of CHWs is we don't know where every CHW is in the state. But currently we are working with a group of community based organizations and local health departments that reach different populations, populations from black Americans to Hispanic, to Asian Americans, to individuals living in rural areas that are not living in rural areas, that are in this space of the ADRD area. We have Adams County Health Department we work with. We work with the NAACP, where Angelia is from, we work with the Madison NAACP, like I said. So we have a number of community based organizations that have had CHWs trained in this space.

16:05

Now, across the state in general, there are CHWs in every region. When we looked at the COVID-19 regions, there were CHWs trained within every single COVID-19 region and there were 10 regions within the state. Now that does not mean there are four, since we have 102 counties that there is a CHW in every county. It varies depending upon the population, the needs in the area, etc. But we have five different counties that have CHWs programming trained in them and that number is continuing to grow.

Eukesh Ranjit, MD

Co-host

16:42

Anything that you'd like to add, angelia.

Angelia Gower VP NAACP

Guest

16:45

Not necessarily to that question, but we cover like in my area we cover a lot of cities. So I just don't cover Madison. I cover Madison, Granite City, Venice and Brooklyn, and then when we're called into other cities that do not have a CHW, to help educate them as well.

Eukesh Ranjit, MD

Co-host

17:02

Tell us a little bit more about your community, Angelia, and what's the landscape like there. What's the prevalence of Alzheimer's and what kind of patients do you serve there?

Angelia Gower VP NAACP

Guest

17:13

So in our community Madison, venice, brooklyn is probably 95% African American or Black poverty driven, a lot of poverty, a lot of. There is not a lot of positions in that area. You have to go outside of the area to actually seek treatment for anything. To seek treatment there's not a doctor in those cities, the area that I mean. Also, we have a lot of elderly population because a lot of people my age and younger have moved away. So they're there to kind of fend for themselves and they didn't have those resources and when we created this program it brought those resources back. We do not have a lot of connections with the positions in an area and that's one of the things that we're working.

Eukesh Ranjit, MD

Co-host

18:03

That seems to be a problem that a lot of communities, especially in Central and Southern Illinois. A lot of us face similar issues. Any tips or any tools that either of you would like to share to overcome some of these barriers?

Angelia Gower VP NAACP

Guest

18:18

One of the tips that we have taken on, which was one of our barriers, was to start connecting outside of our community. One we connected with the Alzheimer's Association. We have connected with Washington University and then I do a little bit of work with Russia's well, connecting with them to bring those resources within our community for early detection and also for research as well. That's some of the barriers. How do we connect with other physicians? I'm really looking for others to help us with that, because that's one of our biggest barriers is connecting with physicians that are in these offices to help with the early detection and then to help us to help them getting patients to their appointments, making sure that they're taking their medication or having other type of resources that we have available. So that's like the thousand dollar question.

Tracey Smith, DNP, PHCNS-BC, MS

Guest

19:20

And so this is exactly where IPHA and our capacity building center comes in. Our first rounds of funding were all about training, and so we've worked with these sites. We've trained them up to have CHWs that

are knowledgeable and have great partner relationships. Our second phase of our efforts are to connect those CHWs now to primary care offices. So there's a lot of work going on in this space, and we have a couple support spaces that primary care providers who are listening to this podcast could go to to find out more information or to reach out to us to be connected to those CHWs in your area, and the first of those is we have a website that, if you drop us an email at CHW support at iphacom, we will reach back out to you and have some conversations with you about how we can connect to, and then we also have a website called helpguidethriveorg that can be a source where you can get to different information about how to integrate CHWs into your program and find out more about what's happening in the CHW world itself.

Raj Shah, MD

Co-host

20:32

Yeah, that's great because I think we can add that as resources onto the Brain Trust website so that that can be available.

20:40

And I think I have questions, based on the conversation that both Angelia and Tracy brought on, as far as one of the barriers is like hey, we're going out there, we're talking with community members, we're trained, we're asking them this AD8 scale and they're mentioning they're having troubles and we're wanting to make better connections with primary care physicians so that they can get to the next step of their engagement and valuation.

21:04

And then you question your work in primary care and geriatrics and overseeing some of those aspects in SIU and Springfield and Carbondale. On the other side, the receiving side, of working with community health workers. I'm just curious if either if you have some like positive stories about where this has actually worked, where has it been say like the community health worker has done the AD8, has gotten the scale, has given that to the patient, or shared that with the patient and the doctor primary doctor said oh, this is great, this gives me an opening to just start talking about this and doing the next step. So I was just curious if you, kesha and Angelia, if you wanted to share something that maybe has worked for either of you in this space.

Angelia Gower VP NAACP

Guest

21:41

I can share a story where, when we first started this last year, we did a 88 at a health fair that we were having.

21:52

The person that actually took the screen was actually my eye and I was using her as a test, so just to see how easy it will be for someone else.

22:02

Actually, we contacted her I'm in her position after her test just because of how she answered the questions. We actually got her in to see a specialist as well and she was in denial for probably about a good six months. We had her to start coming down to our meetings we meet once a month or we have someone from the Alzheimer's Association come down and give presentations and she started learning a lot about it. I can say that today is helping her a lot with her memory. She's actually a big advocate of ours on getting others down to our center so we can help them as well. She is actually a social worker and so she has started referring people to us to come down for either our support group or the screening to get them referred out to primary care physicians, because a lot of the people that she see do not have primary care physicians. They've been in a hospital and they come out and they don't have anybody else to do their follow up, so it's a really good thing.

Raj Shah, MD

Co-host

23:06

Yeah, that's great. And then you, Kesh, did you want to add anything from the primary care side working with community health workers and how?

Eukesh Ranjit, MD

Co-host

23:12

that feels Absolutely. It's phenomenal that we get a lot of referrals from community health workers from the screening that they do in health fairs and other public events. They have always been very helpful. The other thing that has been helpful is especially outside of Greater Chicago area, down in Springfield and Carbondale, we don't have a proper directory of resources. Even if the directory of resources is created, it might not be updated on the time of the matter. Some of the businesses they shut down, some of the facilities they are open and they're not added to directly. So having a live person who knows the community is always very helpful. Basically, so that way we consider for patients, community health workers and they have been of immense help to us both in Central and Southern Illinois.

Raj Shah, MD

Co-host

23:59

Yeah, and with the time we have left to wrap up our session today, I was just you were broaching some of these issues about sometimes how this relationship between the community health workers and primary care offices may be very contextual, right, Depending on where you're at in the state.

24:14

If you're in a rural area versus an urban area, there might be similar issues to deal with, but there might be also unique issues to deal with and I know that people will be listening to our talk in primary care and

be like, wow, these resources could actually exist around us to have these community health workers connect with us and we don't have to feel so alone in trying to find the directory and making the connections. If we can find the person who knows the skills. I think, Tracy and Angelia, any scenarios like what we could do to help make the connection I think, Tracy, you were mentioning on your website just knowing where community health workers are trained in Alzheimer's disease could be really helpful for the community of primary care physicians to also know like, oh, I'm working in Springfield, oh, there is this person or group that's doing this AD and how can we meet and have lunch or something like that and talk about our needs. So what do you think? Are there ways we can make those connections happen?

Tracey Smith, DNP, PHCNS-BC, MS

Guest

25:11

Yeah, and definitely. I think the best way is again to reach out to us at those linkages that those sites that we gave to you and we will follow up with you that specific work that we're doing at IPHA. As we've seen, the Department of Labor recognize community health workers now in their different professions. This will only continue to grow. So please reach out and we are happy to help connect everyone.

Raj Shah, MD

Co-host

25:33

And Tracy and Angelia. Thanks so much for allowing you, Kish, and I, to spend some time with you and on the podcast and sharing all this great information and resources, and we really appreciate this opportunity. So that will end our podcast for this session of the Brain Trust, really engaging one about how we can do better at connecting with our communities, and especially community health workers and primary care. And until next time, just wish everybody enjoys the program and learns from these resources, and we hope we can see more stories of God connections happening between community health workers and primary care, family physician and other offices in the state. That would really help our communities to do better with Alzheimer's early detection and eventual diagnosis and building that ecosystem that we all want and desire. So thanks again, everybody, and we'll talk to you next time.

Kate Rowland, MD

Announcement

26:30

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