

Community Health Workers and Family Caregivers: Opportunities to Enhance Connection with Community Resources for Aging Populations and Families

April 30, 2025



NATIONAL ACADEMY
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Agenda

- Welcome and Opening Remarks
- The Impact of a Community Health Worker Model in Rural Wisconsin Aging and Disability Resource Centers
- Overview of CHW Training, Providing Age-Friendly Care to Older Adults in Texas
- The Impact of Alzheimer's and Dementia in Our Community (Alzheimer's Association, Dallas and Northeast Texas Chapter)

The Impact of a Community Health Worker Model in Rural Wisconsin Aging and Disability Resource Centers

Phoebe Hefko, ADRC Program & Policy Unit Supervisor, Bureau of Aging & Disability Resources, Wisconsin Department of Health Services

Tracy Fisher, Director, ADRC of Dunn County

Lynette Gates, Director, ADRC of Jackson County

Key Takeaways

- Learn how and why to consider implementing a CHW model within your agency
- Hear data to support the CHW model's ability to meet unmet community needs
- Ask the panel questions and brainstorm ideas that will work for your community

Department of Health Services Grant

- In 2022 the Centers for Disease Control and Prevention (CDC) provided funds to address health disparities and increase community resilience in the wake of the pandemic.
- COVID-19 vaccine uptake was lower in rural areas where the population is often older. Older adults and people with chronic health conditions were most vulnerable to the disease,
- Wisconsin chose the CHW model of using trusted messengers to reach people.
- We sought aging and disability resource centers (ADRCs) willing to pilot this model.

CHW Training from Milwaukee AHEC

Virtual Training Program

- 15 weekly sessions (one afternoon per week)
- Online coursework with textbook
- 6 months 1-on-1 coaching after training is completed
- Participants receives certificate of completion after final presentation



Ongoing continuing education sessions

CHW Training from Milwaukee AHEC

Training program develops core competencies:

- Knowledge of public health
- Behavior change
- Ethics
- Community resources
- Ability to provide health information
- Facilitate groups
- Resolve conflicts
- Motivational interviewing

ADRC of Barron & Rusk Counties

Jennifer Jako, Director

ADRC of Barron & Rusk Counties

- Home Delivered Meal (HDM) Program exploded during the pandemic
- 2018: 55,688
- 2023: 79,567 (43%)
- Opportunity to utilize a CHW to focus on high-risk customers



ADRC of Barron & Rusk Counties

- **High Risk Focus**
- Living alone with memory concerns or no supports
- Couples both living with memory loss
- Recent facility discharge



ADRC of Barron & Rusk Counties

- Data from 82 Customers
- **Memory Screens**
 - completed 69 of 82 (84%), 27 of 69 positive (39%)
- **PHQ-9 Depression Screening**
 - 31 of 82 completed 90 day follow up with 15 of 31 (48%) showing improvement, 15 of 31 (48%) no change, 1 of 31 showing decline (3%)
- **Enhanced DETERMINE Nutrition Assessment**
 - 31 of 82 completed 90 day follow up with 16 of 31 (52%) showing improvement, 13 of 31 (42%) no change, 2 of 31 showing decline (6%)

ADRC of Barron & Rusk Counties

CHW Success Story

I am working with a couple, both in late 80s. They moved to the Chetek area in 2019 from Oregon. They have 2 daughters who live in Oregon. She has dealt with macular degenerative disease for about the last 8 years. She uses a magnifying glass to read. He has been the driver for many years. His health has now taken a decline, and he is unable to drive. He also is hard of hearing and has some memory issues. Their only support here also has had declining health. They started on HDMs a few months ago and enjoy the meals. I was able to set them up for transportation to assist with getting groceries and going to doctor's appointments. I have referred her to the Specialist for the Blind Office and to the Low Vision Support Group. I have sent a referral to his provider with the results of his positive memory screening. I have assisted in the role of obtaining a hospital bed for him. And I have referred the couple to other ADRC staff for more information about programs and services.

ADRC of Barron & Rusk Counties

Lessons Learned/Sustainability

- Data indicates benefits of CHW interventions.
- Top resources customers were linked to were transportation, nutrition, in home help resources.
- Surprised at the % of HDM participants having a positive memory screen; screening and supporting customers with follow up to their provider when positive memory screens is important and needed
- CHW position can spend more time following up with customers

ADRC of Dunn County

Tracy Fischer, Director

ADRC of Dunn County

- Connection with Hmong Community was our identified need
- Dunn County is a rural community, with a population of about 46,000 individuals
- Hmong residents make up our largest minority group, about 4% of Dunn County's population

ADRC of Dunn County

- This project takes the most traditional approach of the three ADRC grant projects.
- Alida, our CHW, is of Hmong descent and is bilingual, with connections to the Hmong community
- Strong focus on building community connections for population group and strengthening relationships with ADRC and other county resources

ADRC of Dunn County

Success stories

- Strong family support and connections (complex medical, social, and language-barrier needs)
- Hmong Friendship Group
- Pop-up food pantry
- Use of Hmong elders as resource for other human service areas
- CHW has become resource for area health systems and housing agencies

ADRC of Dunn County

Lessons Learned

- The CHW has been invaluable in complex situations. Having time to spend on these cases is priceless
- We have much to learn and gain from members of the community.
- The program will grow once seeds are planted.
- The right person in the position is key.



ADRC of Jackson County

Lynette Gates, Director

Megan McCormick, Community Health Worker

Referrals

- 2022 referrals, starting in April: 35
- 2023 referrals: 52
- Referral Source:
 - Adult protective services
 - Long-term care
 - Benefits specialist
 - Community members and partners
 - Public health
 - Children and families
 - Behavioral health
 - Ongoing cases



Care Coordination, Case Management and System Navigation

- Participating in limited care coordination and/or case management
- Making referrals and providing follow-up
- Facilitating transportation to services and helping others to address other barriers of service
- Informing people and systems about community assets and challenges
- Social isolation and loneliness
- Assisting with securing a primary care provider



CHW Role

- Participating in limited care coordination and/or case management
- Making referrals and providing follow-up
- Facilitating transportation to services and helping others to address other barriers of service
- Informing people and systems about community assets and challenges
- Social isolation and loneliness
- Assisting with securing a primary care provider
- Advocacy for individuals and communities



Providing Culturally Appropriate Health Education and Information

Conducting health promotion and disease prevention education with ADRC scope of services clients

- Walk with Ease
- Bingocize



Bingocize Success Story



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Lessons Learned

- Set Boundaries
 - No personal phone numbers given to clients
 - “Normal” office hours
 - Learning when to “walk away”
- CHW can spend more time following up with customers



Questions?

Phoebe Hefko, Wisconsin Department of Health Services,
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Overview of CHW Training, Providing Age-Friendly Care to Older Adults

Denise Hernandez, Assistant Professor, Public Health Program, Department of Kinesiology, Center for Innovation in Health Informatics, The University of Texas at Arlington



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Research shows that CHWs:

- Increase health-related knowledge
- Increase self-care practices & health outcomes
- Increase rates of health education course completion
- Increase screening rates
- Facilitate behavioral change by providing encouragement, support, and serving as role models.
- Decrease high-risk behaviors in target population

CHWs in Texas

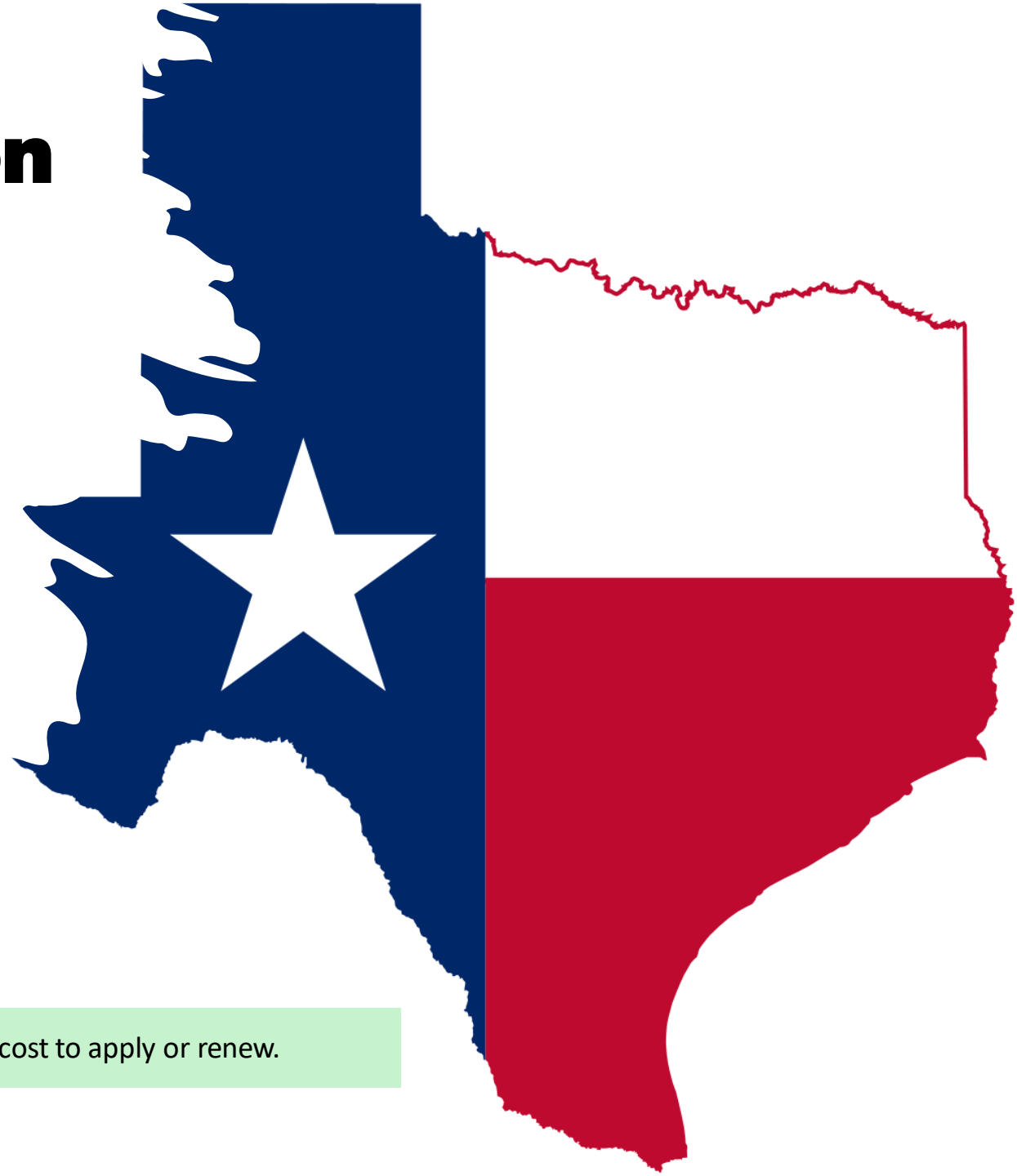
- Texas was the first state to pass legislation creating a statewide training and certification program for community health workers (CHWs) implemented in 2001.



Texas CHW Certification Requirements

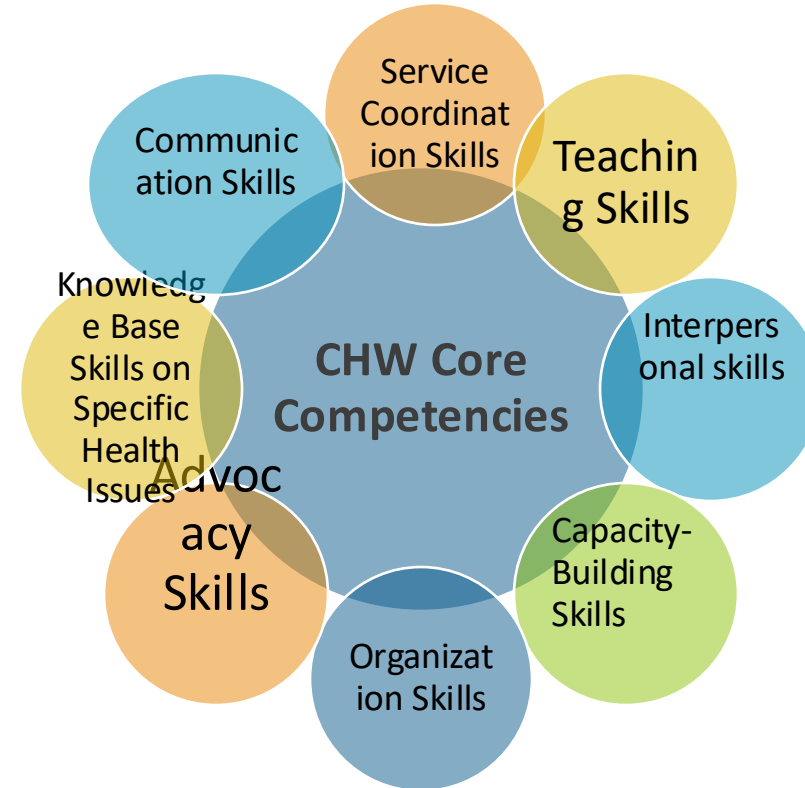
Must meet the following certification requirements:

- Texas Resident
- 16 years old
- Training - Completion of an approved DSHS Certified 160-hour competency-based CHW training program OR
- Experience - At least 1000 cumulative hours of community health work services within the most recent three (3) years. Experience is verified
- Renewal is required every 2 years



CHWs demonstrate skills in 8 core competencies

In August 2024, Texas Commissioner of Health approved the recommendation to update the 8 competencies to align with the C3 National Framework (10 roles/11 skills)



Location of CHWs

168 counties

Of 254 Texas counties

6,493 total CHWs

an increase of 32% from 2022

87% women

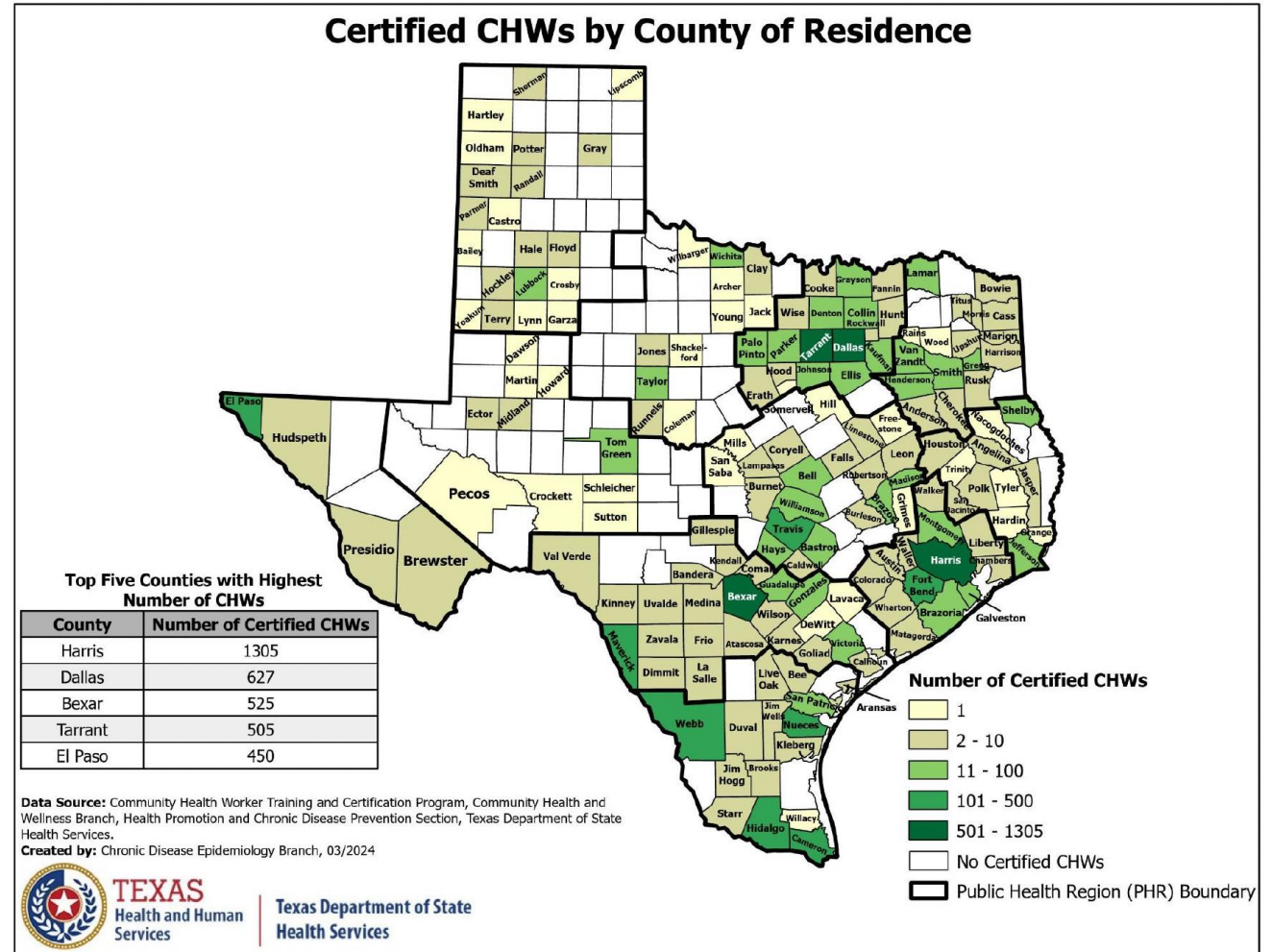
13% men

60% Hispanic

22% Black

2,897 CHWs certified in 2023

An increase of 99% from 2022



CHW Training – Certified for CEs

- 4 CE hours: 1.5-Knowledge base, 1 - Communication skills, 1- Interpersonal skills, 0.5 Advocacy skills
- Available in English & Spanish
- Learning Objectives:
 - Describe the importance of providing Age-Friendly care.
 - Define each of the 4Ms and provide examples.
 - Understand how to use each of the 4M's to support older adult care
- Pre/Post Assessments, debrief, and opportunity for Q&A

Content Overview

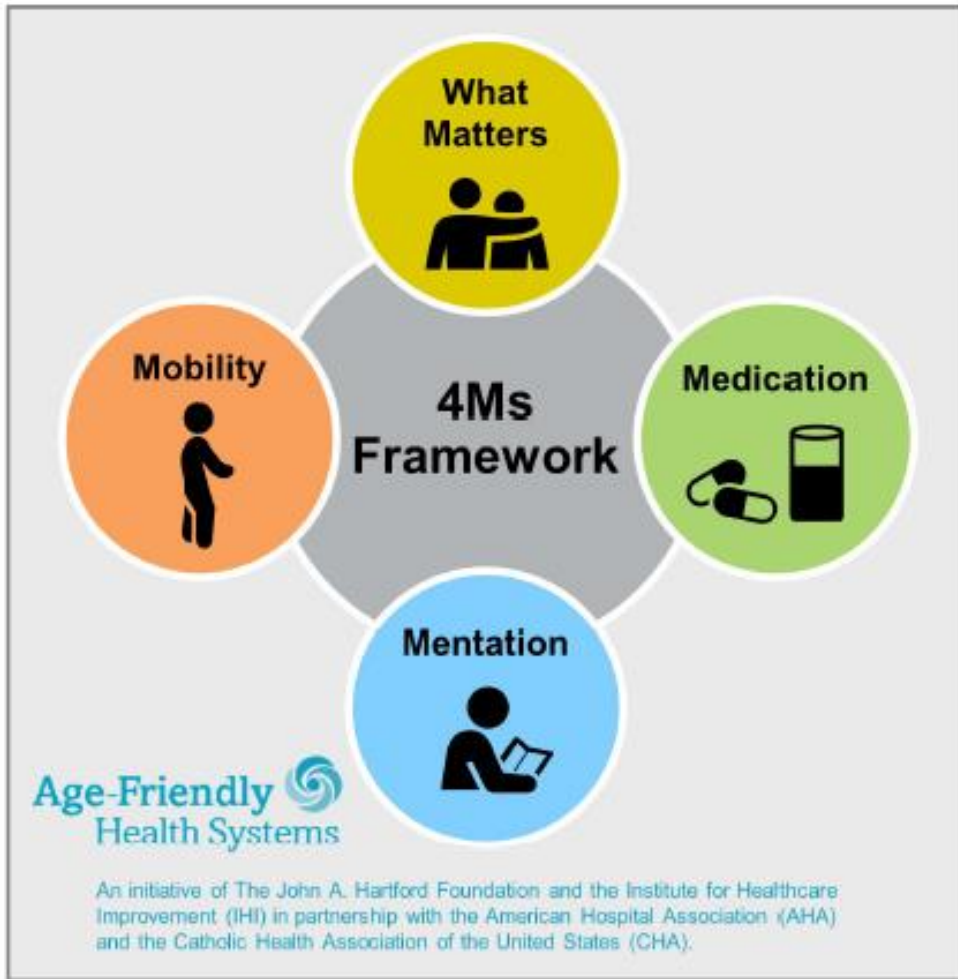
- Defining “age friendly care”
- Three factors that impact caring for older adults in the United States today are occurring simultaneously:
 - Demography
 - Complexity
 - Disproportionate harm
- Health literacy
- 4Ms
- Incorporating into work

Older Adult Health Literacy

- 71% of adults older than age 60 had difficulty in using print materials
- 80% had difficulty using documents such as forms or charts
- 68% had difficulty with interpreting numbers and doing calculations

Tips for Communicating with Older Adults

- Use [plain language](#)
- Use your audience's [preferred language](#) and communication channels
- Use [culturally and linguistically appropriate language](#)
- Provide step-by-step instructions, illustrated if possible, for medication and/or medical purposes.
- Provide internet sites that have reliable health information for or about older adults, such as CDC's [Healthy Aging](#) web pages.
- Provide a large-print list of important telephone numbers, such as emergency numbers, local pharmacies, and medical providers.
- Help prepare a list of [key questions](#) for the next medical and dental visits and encourage older adults to ask questions.
- Contact your local area agency on aging or call the Administration on Aging Eldercare Locator toll free number at 1-800-677-1116 to find local services, programs, and resources.



What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

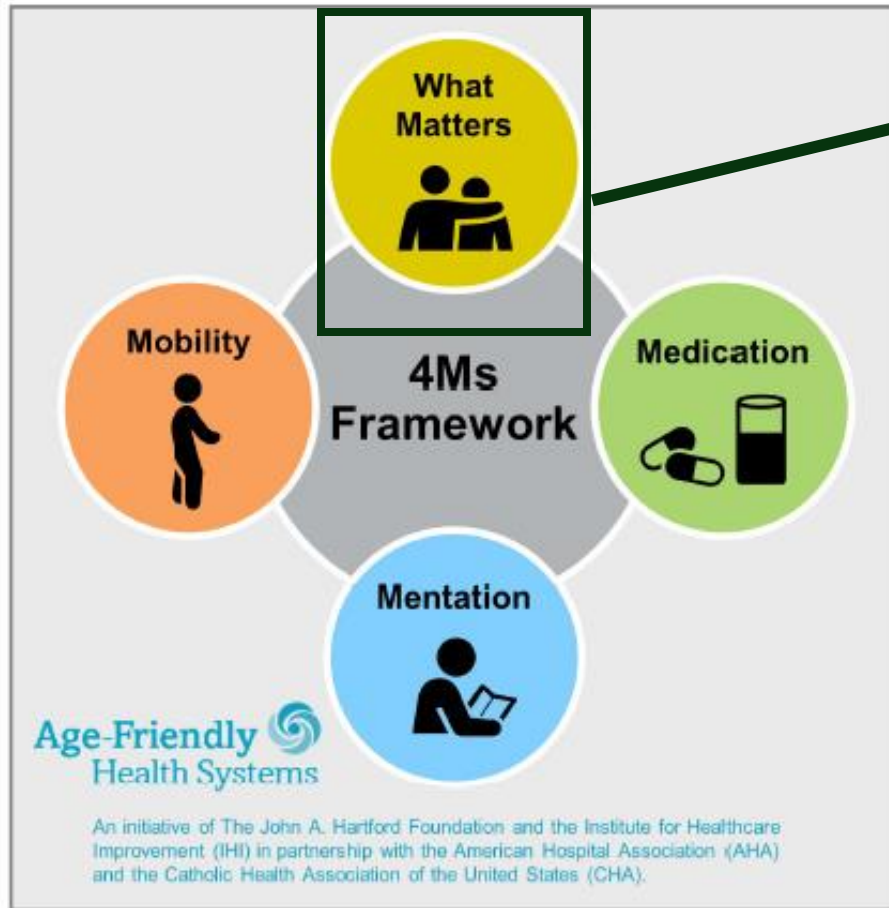
Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

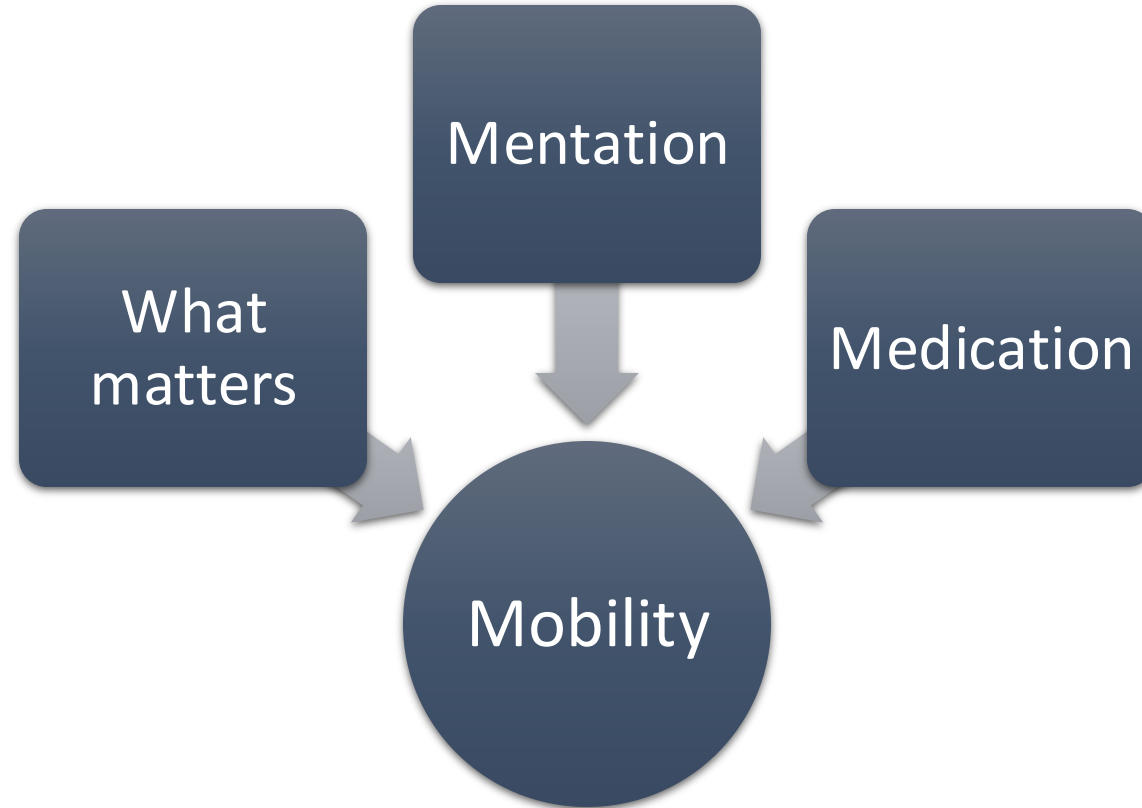
Ensure that older adults move safely every day in order to maintain function and do What Matters.

4Ms of Age-Friendly Care

Define, reflect, practice, act



Working Together



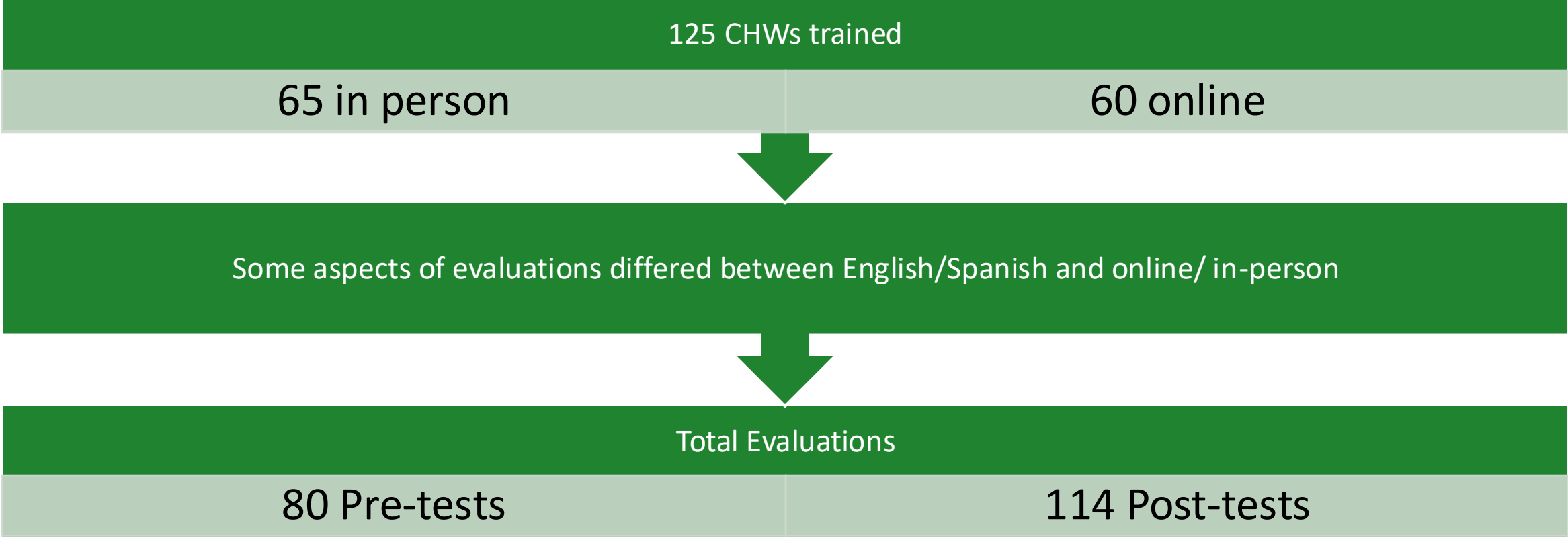
Incorporating the 4Ms into your work

1. Understand your current state.
2. Describe care consistent with the 4Ms.
3. Design or adapt your workflow.
4. Provide care.
5. Study your performance.
6. Improve and sustain care.

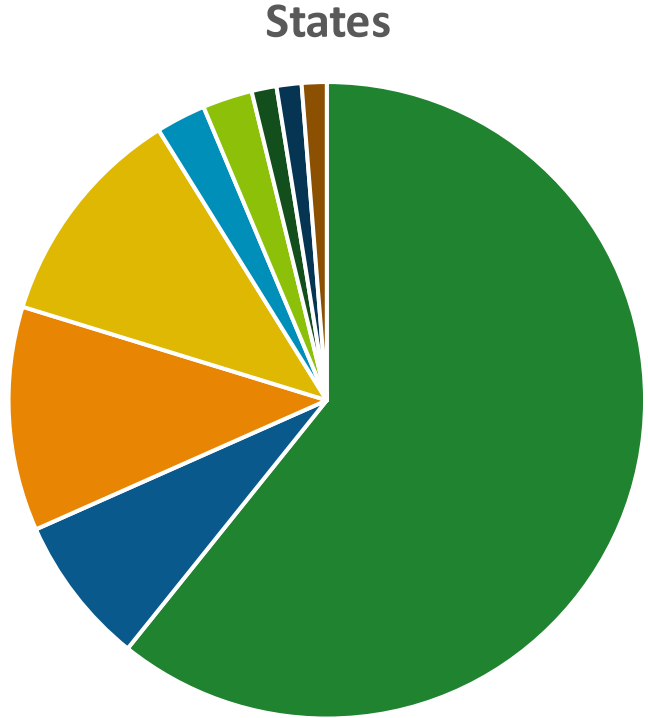
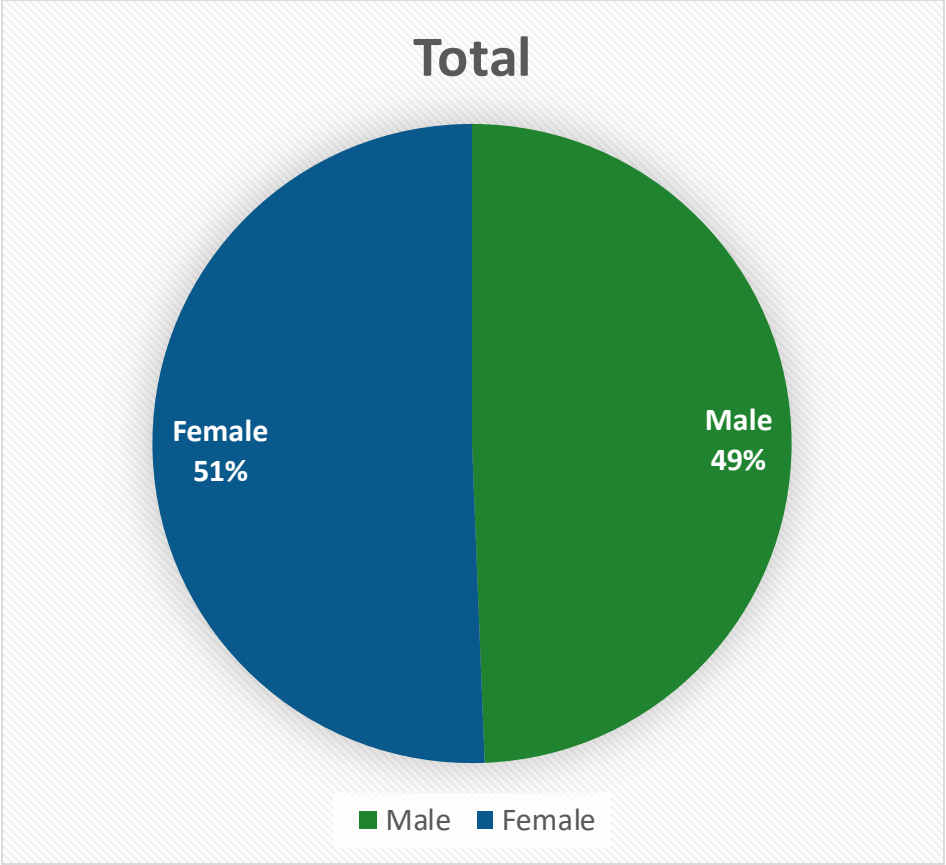
Integrating Equity into your AFHS Journey



CHW Trainings & Evaluations

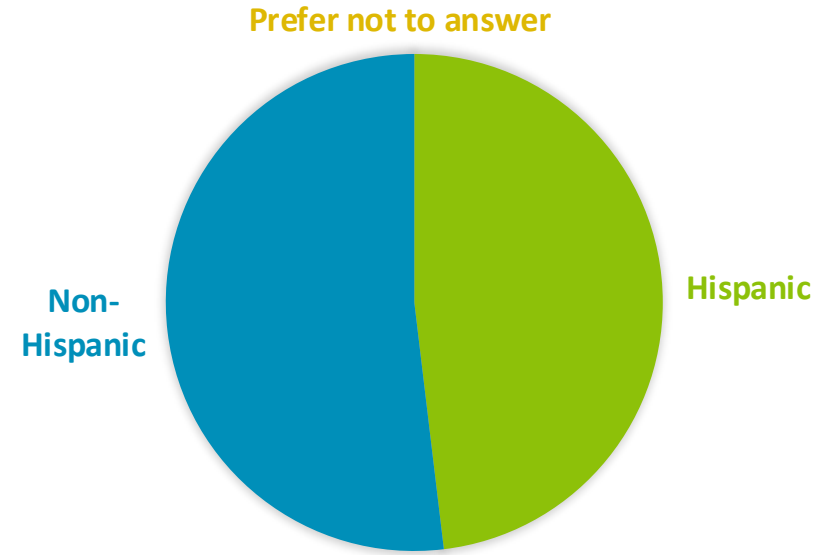
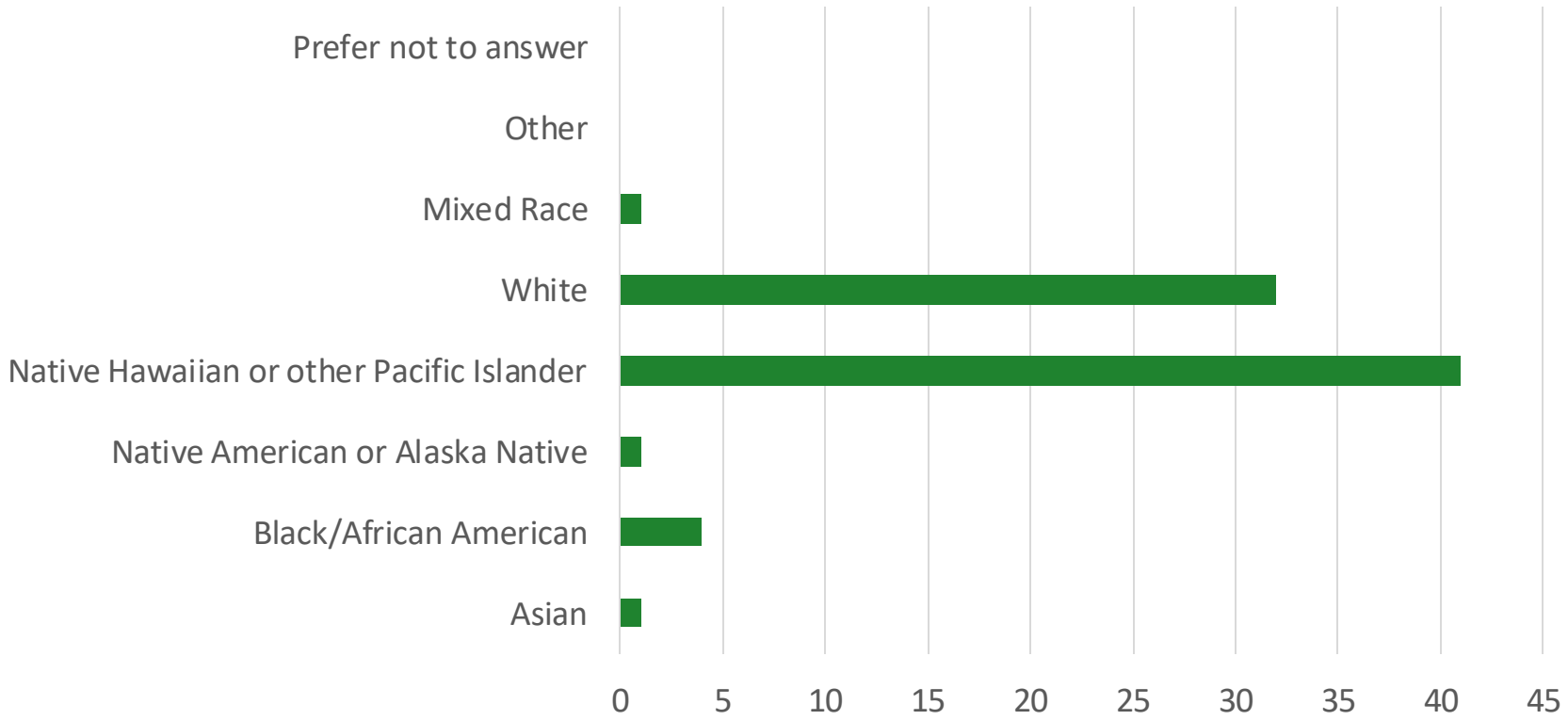


Results



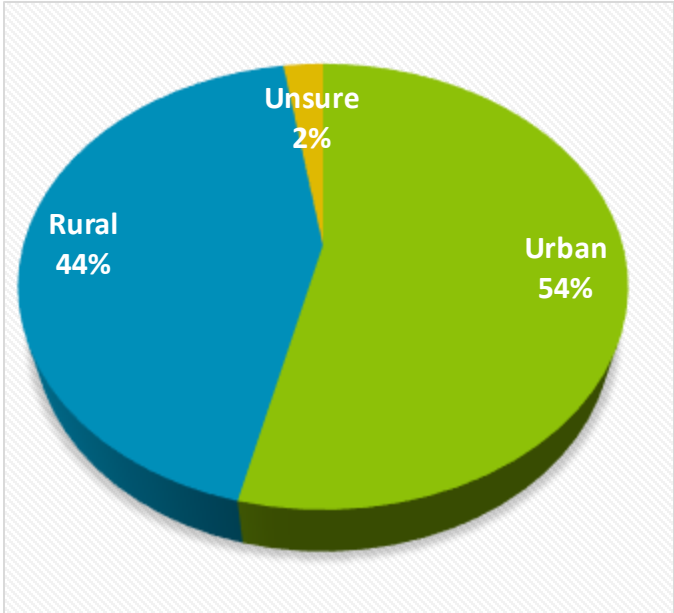
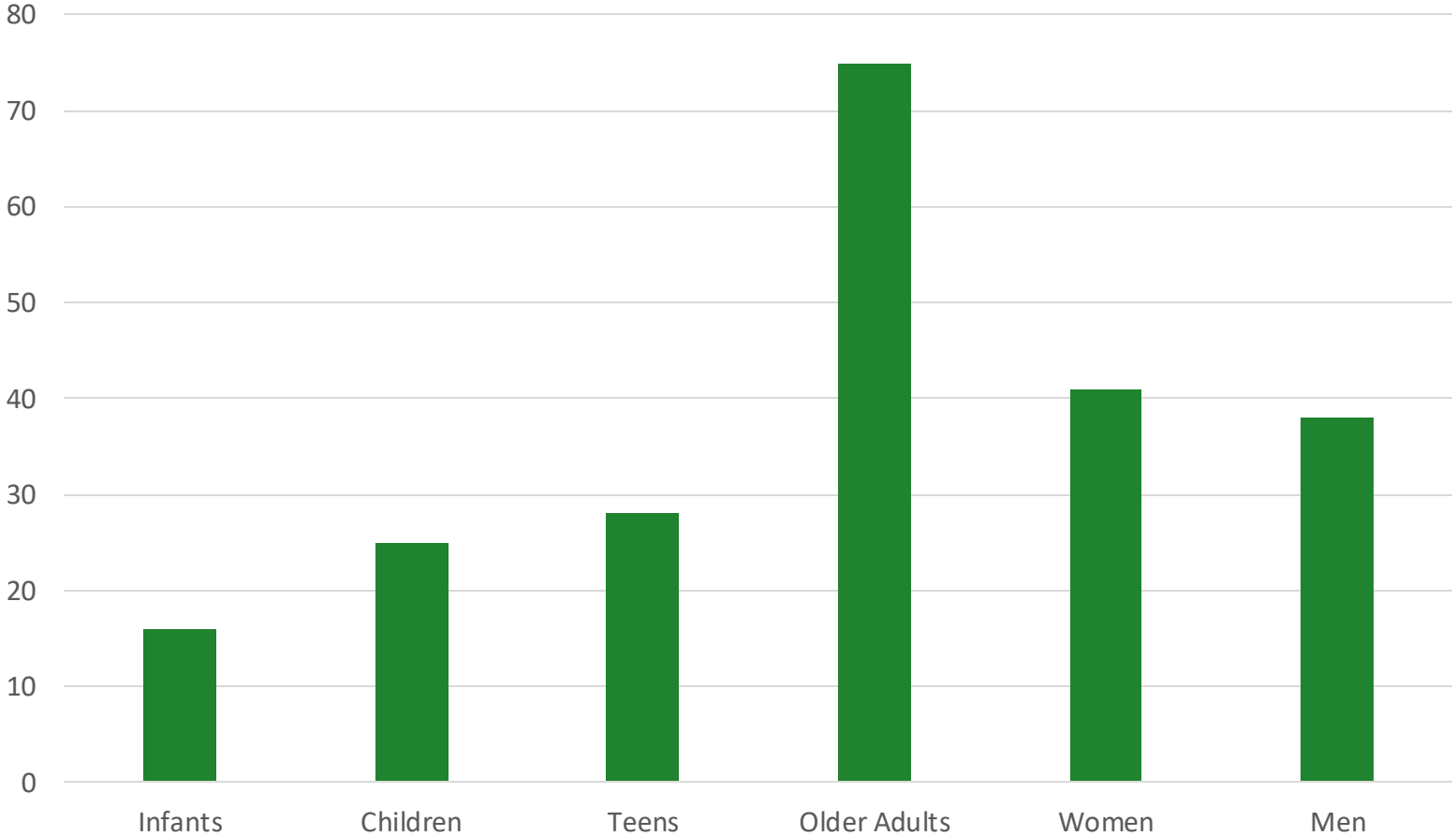
- Texas
- Florida
- Washington DC
- New Mexico
- Maine
- Washington
- California
- New York
- Ohio

Race/Ethnicity

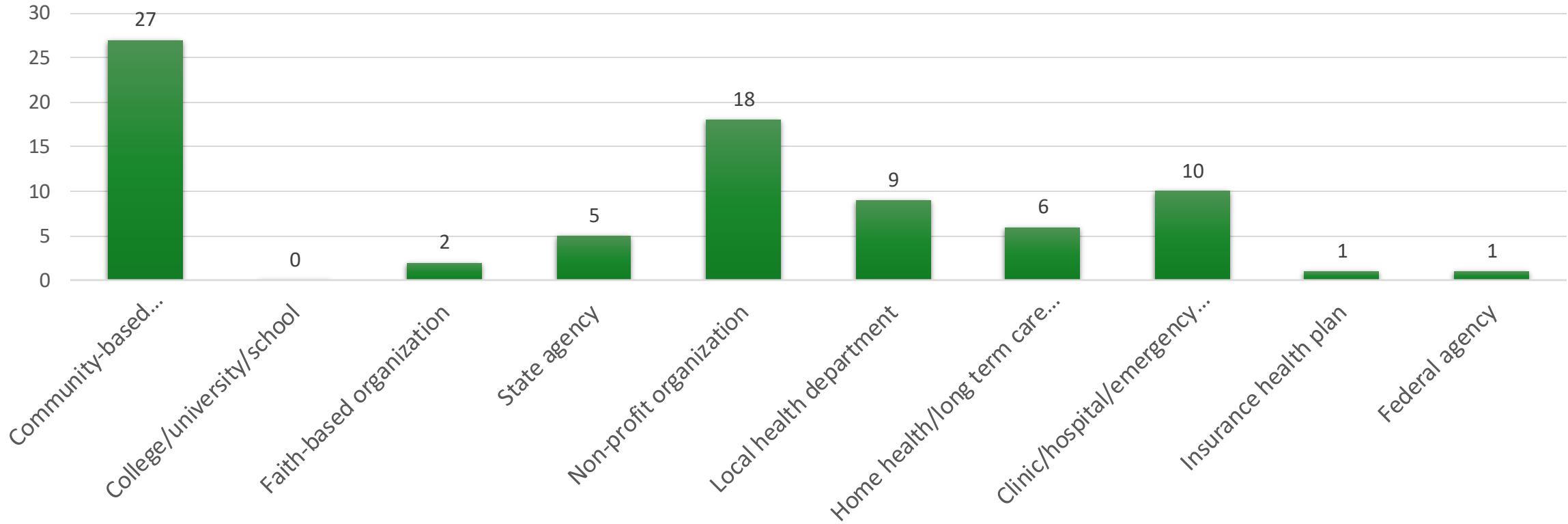


Primary Languages:
English & Spanish

Community served by CHWs



CHW Agency/Organization



Knowledge Questions

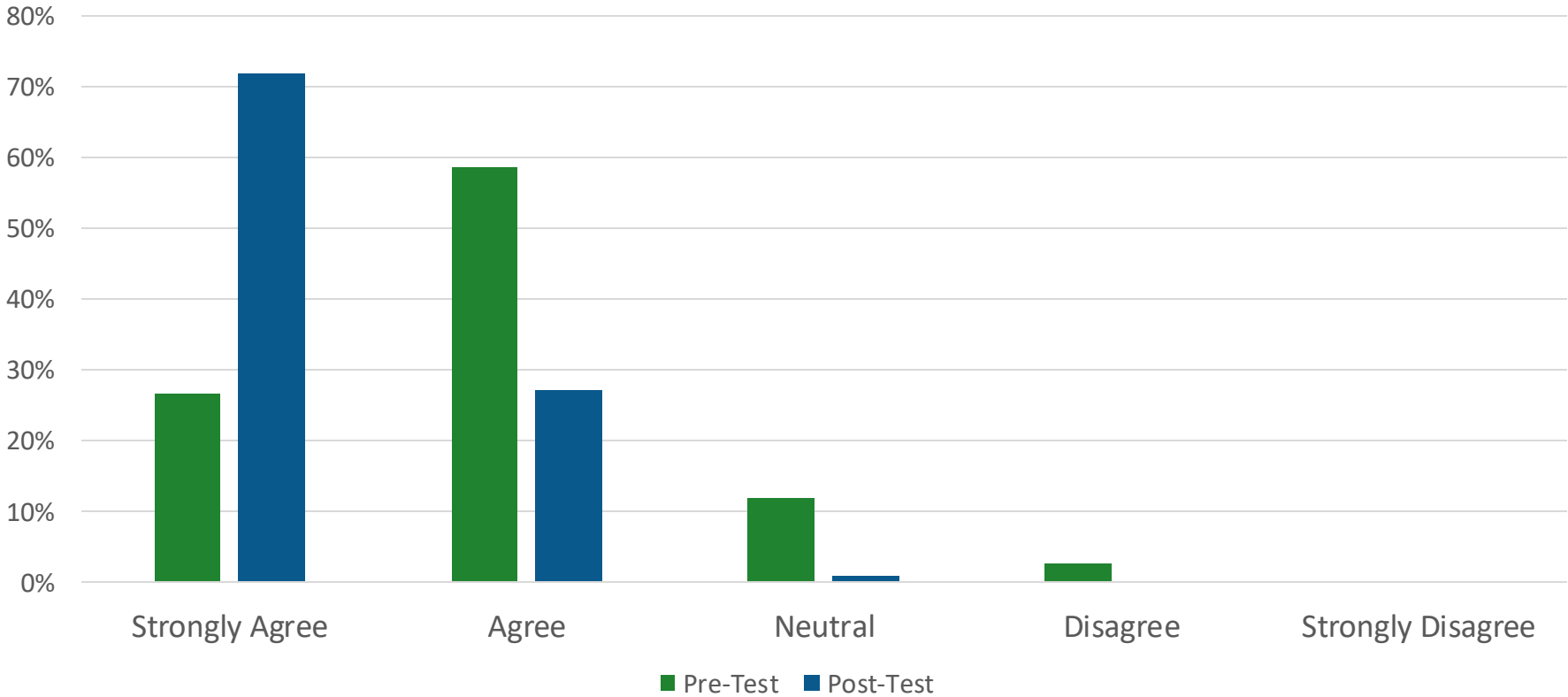
	Pre-Test	Post-Test
The term “older adults” refers to individuals who are ages	71.1%	85.8%
Which of the following is NOT one of the factors that impacts caring for older adults in the U.S.?	23.3%	43.2%
When is it an appropriate time to have the “what matters” conversation?	60.5%	82.3%
Which of the following are the 3 Ds of Mentation?	68.4%	93.9%

Knowledge Questions

	Pre-Test	Post-Test
Polypharmacy is when you have multiple pharmacies where you fill your prescriptions. (T/F)	38.2%	51.3%
Mentation refers to encouraging older adults to spend time meditating. (T/F)	47.4%	65.8%
Depression is common in older adults. (T/F)	86.8%	90.4%
If anyone you assess shows signs of limited mobility, you should conduct a mobility assessment yourself and diagnose the older adult. (T/F)	53.3%	56.3%
Once an older adult identifies their goals and preferences, it is not likely to change and you do not need to keep having the same conversation.	67.1%	78.1%

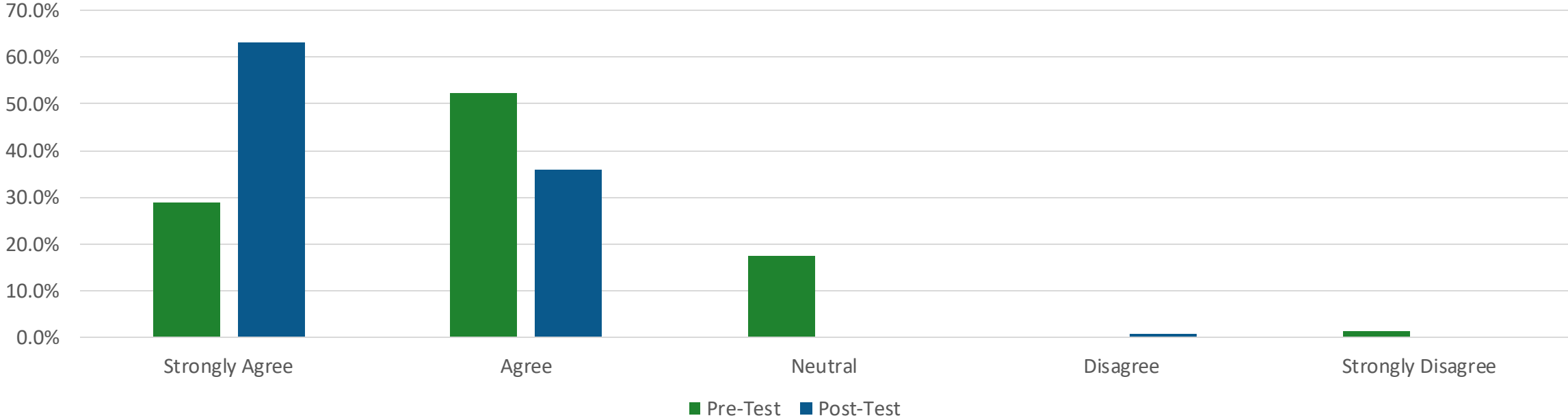
Self Confidence

I am confident in my knowledge about the 4Ms of Providing Age-Friendly Care to Older Adults.



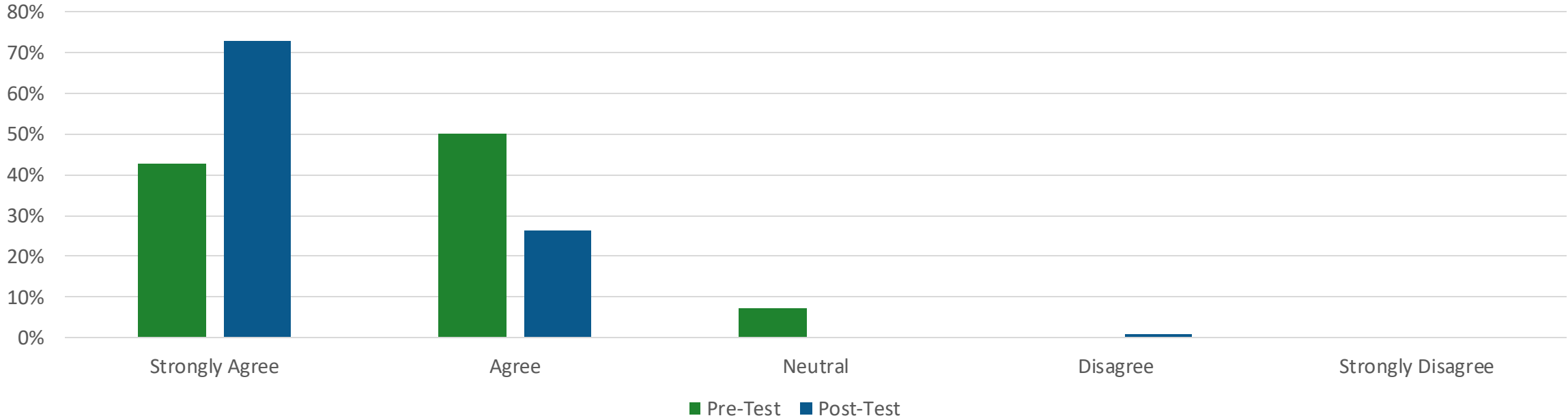
Self-Confidence

I am confident in my knowledge about strategies to Providing Age-Friendly Care to older adults.



Self-Confidence

I feel confident that I—as a CHW—can play important role in Providing Age-Friendly Care to Older Adults.



Questions?

Denise.Hernandez@uta.edu

The Impact of Alzheimer's and Dementia in Our Community

Imelda Aguirre, Diversity Equity & Inclusion Manager, Alzheimer's Association, Dallas and Northeast Texas Chapter

Mission:

The Alzheimer's Association leads the way to **end Alzheimer's and all other dementia** — by accelerating global research, driving risk reduction and early detection, and maximizing quality care and support.



DEMENTIA:

An umbrella term for loss of memory and other thinking abilities severe enough to interfere with daily life

Types of Dementia

- Alzheimer's
- Vascular
- Lewy body
- Frontotemporal
- Other, including Huntington's
- Mixed dementia:
dementia from more than one cause

What is Alzheimer's?



Alzheimer's is a brain disease that causes problems with **memory, thinking and behavior**. Symptoms eventually grow severe enough to interfere with daily tasks.



Alzheimer's is a progressive disease, where symptoms gradually worsen over a number of years.



In the early stages, memory loss is mild. But as the disease progresses, individuals will need around-the-clock care. The disease is ultimately fatal.



Populations at Higher Risk

Black Americans are about twice as likely as White Americans to have Alzheimer's or another dementia.

Hispanic Americans are one and a half times as likely to have the disease as White Americans.

Almost two-thirds of Americans living with Alzheimer's are women.

Impact of Alzheimer's on Families



Approximately two-thirds of caregivers are women; more specifically, **over one-third of dementia caregivers are daughters.**



Of the total lifetime cost of caring for someone with dementia, **70% is borne by families** — either through out-of-pocket health and long-term care expenses or from the value of unpaid care.



Caring for someone living with Alzheimer's can take a **physical, emotional, social and financial toll** on families.



Eighty-three percent of the help provided to older adults in the United States comes from family members, friends or other unpaid caregivers. **This care is valued at over \$271 billion.**



Compared with caregivers of people without dementia, **twice as many caregivers of those with dementia indicate substantial emotional, financial and physical difficulties.**

10 Warning Signs of Alzheimer's



1

Memory loss that disrupts daily life

2

Challenges in planning or solving problems

3

Difficulty completing familiar tasks

4

Confusion with time or place

5

Trouble understanding visual images and spatial relationships

6

New problems with words in speaking or writing

7

Misplacing things and losing the ability to retrace steps

8

Decreased or poor judgement

9

Withdrawal from work or social activities

10

Changes in mood or personality



Community Health Worker Training

- **Alzheimer's Association Core Curriculum**
 - 10 Warning Signs of Alzheimer's & Dementia
 - Healthy Living for Your Brain & Body
 - Understanding Alzheimer's & Dementia
 - The Empowered Caregiver Series
 - Dementia Conversations

Community Health Worker Training Benefits

- **Continuing Education**

- CE credits for each class
- Spanish programs available
- Alzheimer's and dementia resources to empower communities
- Discerning differences between mental health and dementia
- Understanding cultural views and stigma around dementia in families
- Early detection & available treatments
- Importance of clinical trials/research



Making a Difference in Our Community

ALZHEIMER'S  ASSOCIATION™

How We Help



24/7 Helpline

The Alzheimer's Association 24/7 Helpline ([800.272.3900](tel:800.272.3900)) is available around the clock, 365 days a year, free of charge, offering confidential support and information to people living with dementia, caregivers, families and the public.

Free Education & Support

Find dementia and aging-related resources such as support groups that connect individuals facing dementia at [alz.org](https://www.alz.org).





**WALK
TO END
ALZHEIMER'S**

Join today! act.alz.org

THE LONGEST DAY
ALZHEIMER'S ASSOCIATION

How You Can Help



As an Individual

- Share your personal story as an advocate.
- Help your neighbors by providing education or a support group.
- Get involved in clinical trials or a research study.
- Sign up for one of our fundraising programs.



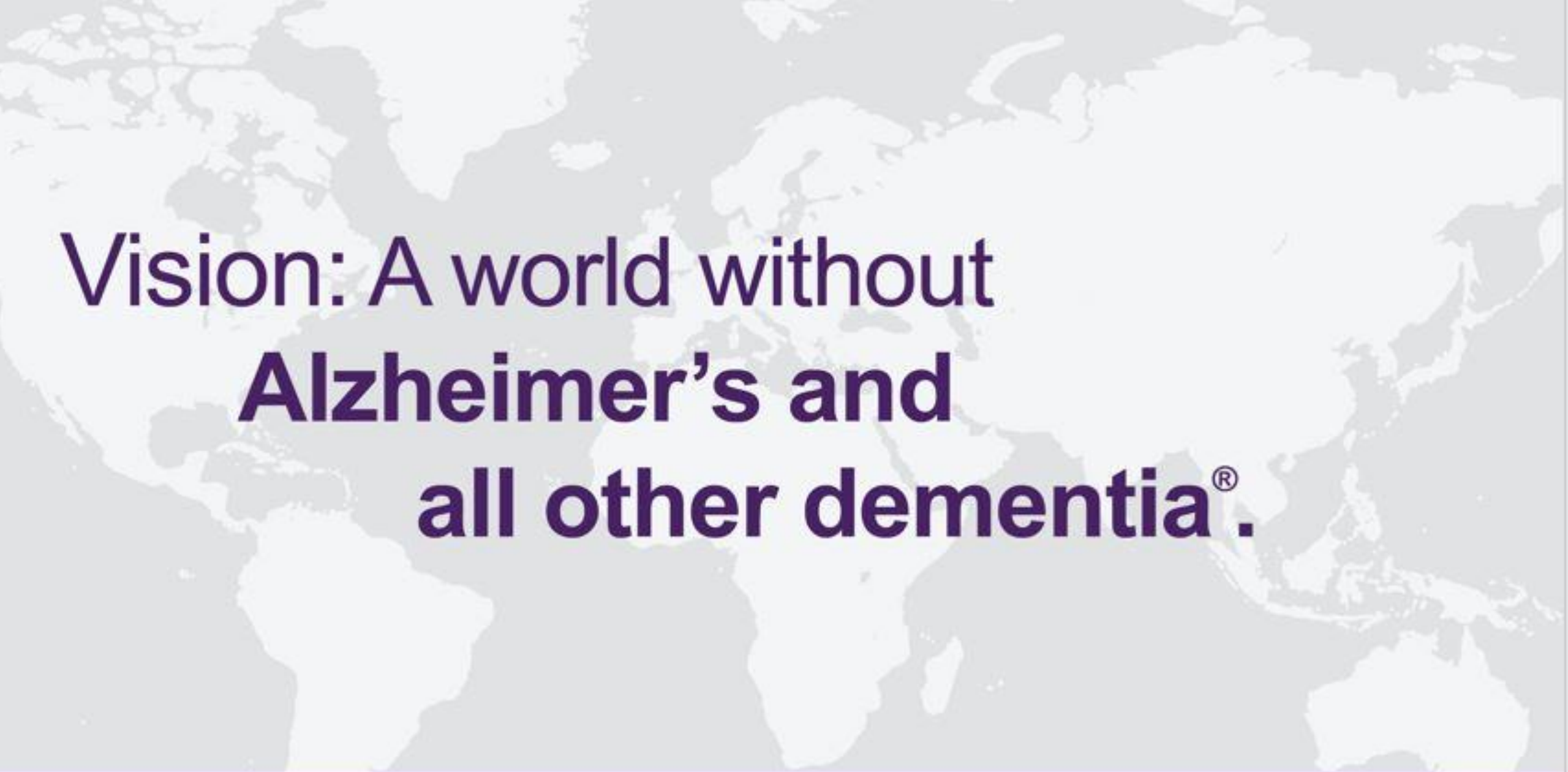
As an Organization / Group / Business

- Start a team for Walk to End Alzheimer's or another of our fundraising programs.
- Host an educational program or community listening session.
- Share resources with your business associates, neighbors and friends.



For You and Your Community

- Share our 24/7 Helpline at 800.272.3900
- Get more information and resources at alz.org
- Find education, support, and caregiving resources at alz.org/communityresourcefinder



**Vision: A world without
Alzheimer's and
all other dementia[®].**

Thank you for joining today's Alzheimer's Association presentation.

Please scan the QR code or visit
www.alz.org/hello
to record your attendance
and let us know if you'd like
to learn more.



Discussion and Q&A



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Thank you!

This webinar is funded by The John A. Hartford Foundation.



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