

---

# INCORPORATION OF MENTAL HEALTH TOOLS AND INTERVENTIONS IN A STATEWIDE HEALTH NAVIGATOR PROGRAM: LESSONS LEARNED.



SEPTEMBER 2022

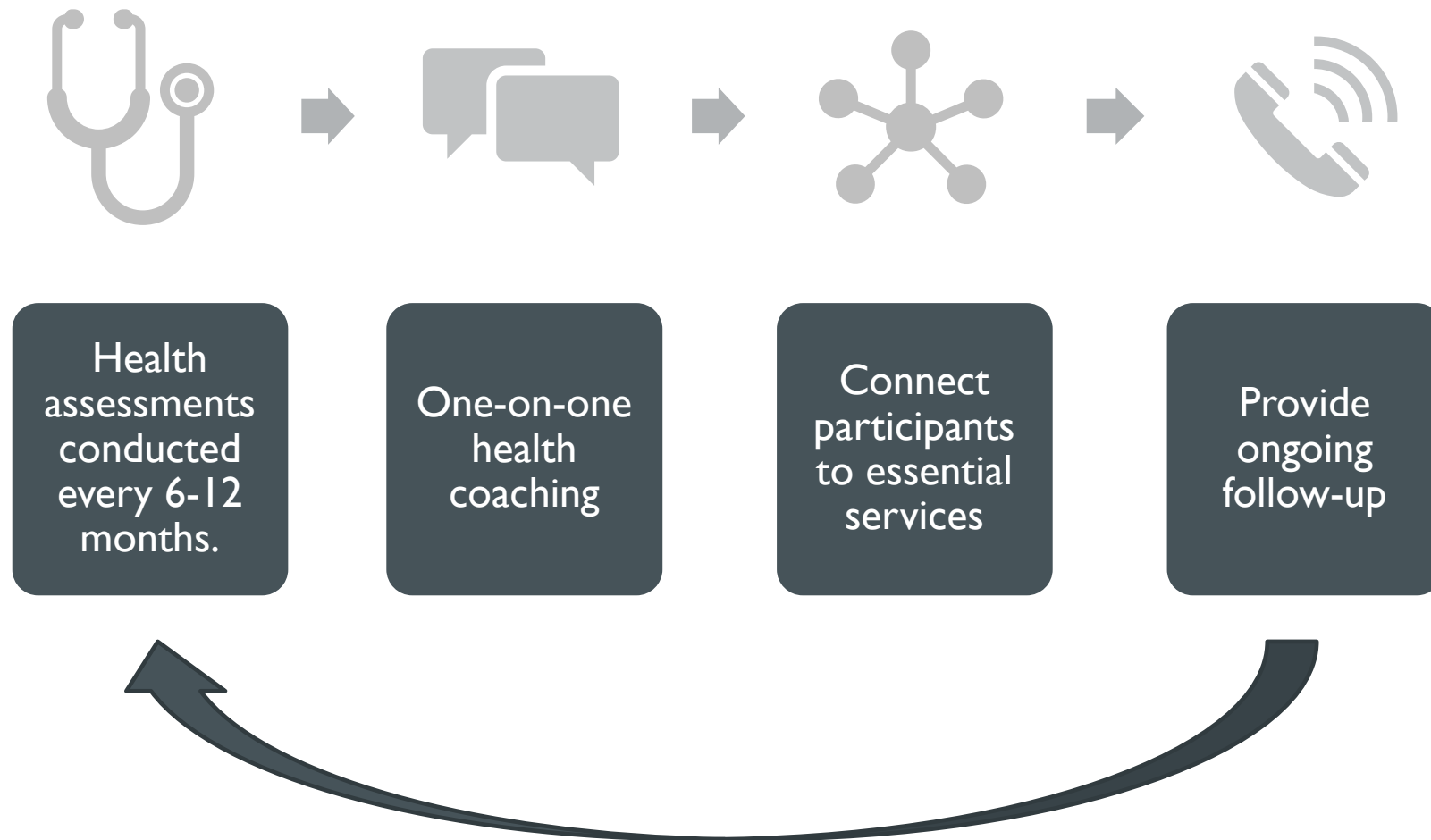
PUBLIC HEALTH IN THE ROCKIES



# COLORADO HEART HEALTHY SOLUTIONS (CHHS)



# CHHS PROGRAM MODEL





- Identify and prioritize participants
- Health assessment and survey tools
- Health messaging guidance
- Medical and community resource database

CHHS-OSCAR - OSCAR 2.0

Interaction English

09/20/2022 @ Acme Clinic

PREV Summary and Results NEXT

LOW 0% 10% 20% HIGH

Comments

Targets

Recalculate risk at age

Sections

Overall Cardiovascular Risk

	Test's level today	Preferred level	Recommendation for Test	Comments
<input type="checkbox"/> Risk of having a heart attack or stroke in the next 10 years	Low 9%	Low		

Individual Cardiovascular Risk Factors (Not Fasting)

	Test's level today	Preferred level	Recommendation for Test	Comments
<input type="checkbox"/> Blood Pressure	131/81	Less than 120/80	Create strategies for lowering blood pressure with diet and exercise	

# CHHS IS EVIDENCE-BASED

## RESEARCH AND PRACTICE

### Effectiveness of a Community Health Worker Cardiovascular Risk Reduction Program in Public Health and Health Care Settings

Mori J. Krantz, MD, Stephanie M. Coronel, MPH, Elizabeth M. Whitley, PhD, Rita Dale, MS, Jason Yost, MD, and Raymond O. Estacio, MD

The US Affordable Care Act specifies implementation of a national partnership for disease prevention and health promotion, with reducing health disparities<sup>1</sup>. Although

**Objectives.** We evaluated whether a program to prevent coronary heart

Smith et al. *BMC Public Health* (2013) 13:1204  
<https://doi.org/10.1186/1471-2909-13-1204>

BMC Public Health

## RESEARCH ARTICLE

Open Access

### Cost-effectiveness of a statewide public health intervention to reduce cardiovascular disease risk

Lauren Smith<sup>1</sup>, Adam Atherly<sup>2\*</sup>, Jon Campbell<sup>3</sup>, Nick Hattery<sup>4</sup>, Stephanie Coronel<sup>4</sup> and Mori Krantz<sup>5,6</sup>

## SCIENCE-IN-BRIEF

TURNING SCIENCE INTO ACTION

### The Impact of Community Health Workers on Cardiovascular Risk Reduction

The following is a synopsis of "Effectiveness of a Community Health Worker Cardiovascular Risk Reduction Program in Public Health and Health Care Settings," published in the January 2013 issue of the *American Journal of Public Health*.





# INCORPORATION OF BEHAVIORAL HEALTH INTO CHHS



# BEHAVIORAL HEALTH ADDITIONS

## Assessment

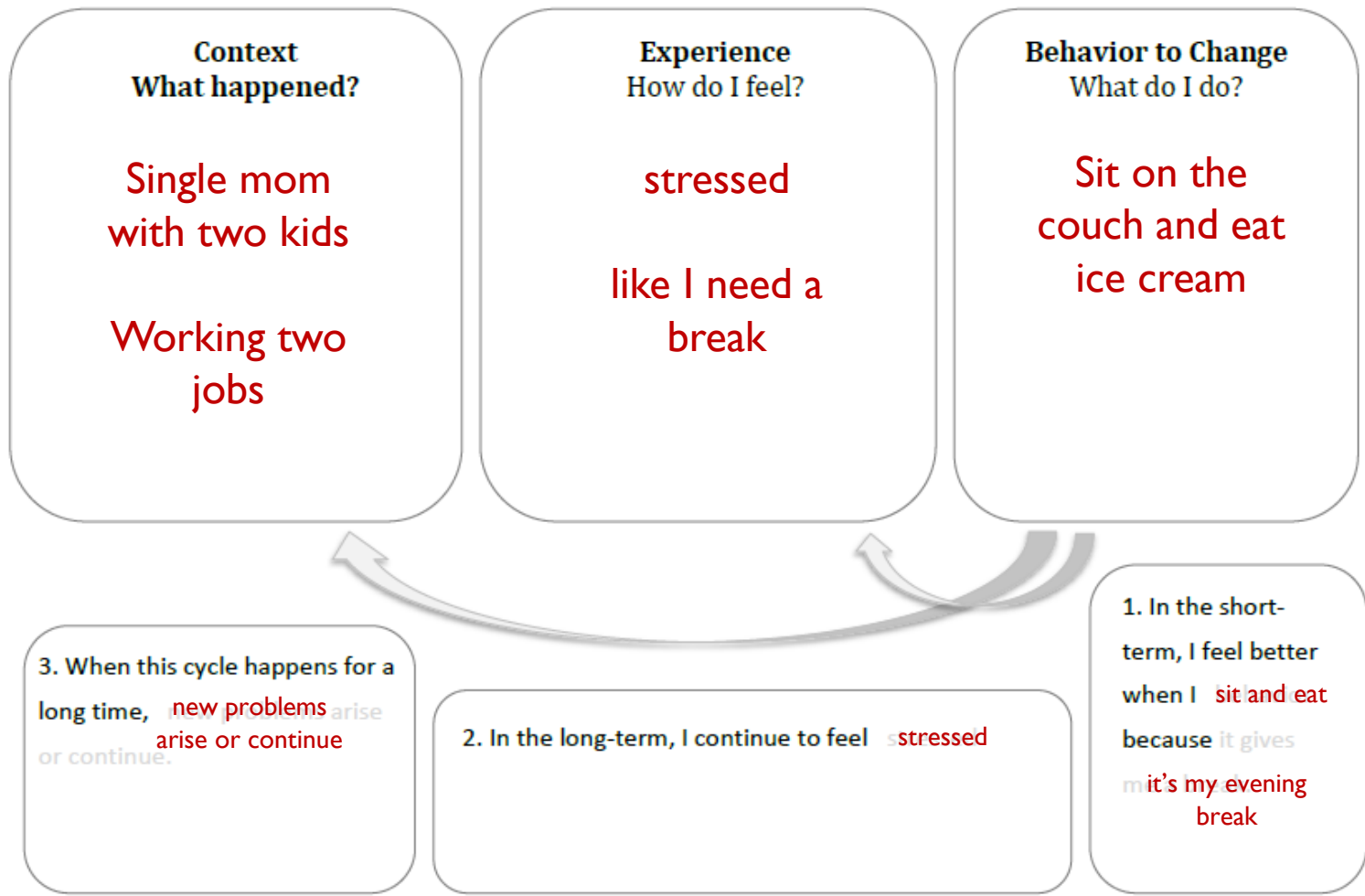
- Perceived Stress Scale (PSS) for stress
- Patient Health Questionnaire (PHQ) for depression
- Generalized Anxiety Disorder (GAD) for anxiety

## Health Coaching

- Behavioral health-centered motivational interviewing
- Behavioral activation case mapping

## Referrals

- Partnership with primary health care, behavioral health, and telehealth providers



# BEHAVIORAL ACTIVATION CASE MAPPING



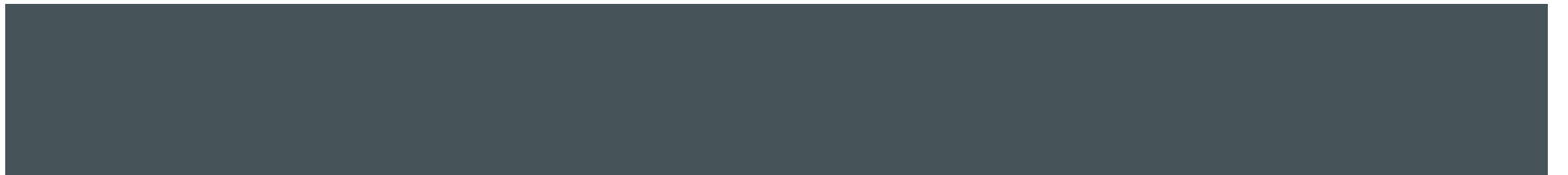
# TRAINING

CHWs receive the following trainings and support for behavioral health:

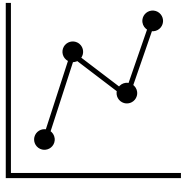
- 3-day annual training
- In-person site visit from CPC Community Health psychologist
- Monthly group meetings
- Quarterly site calls
- Additional one-on-one support as needed



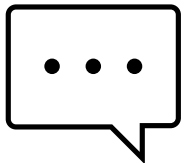
# METHODS



## MIXED-METHODS APPROACH



Quantitative data collected via our Outreach, Screening and Referral (OSCAR) system detail implementation of the mental health assessments and interventions.



Qualitative interviews with 10 CHWs and 17 participants provide insight into successes and challenges.



# RESULTS AND LESSONS LEARNED



## PARTICIPANT DEMOGRAPHICS

**5224**  
INDIVIDUALS RECEIVED THE  
CHHS BEHAVIORAL HEALTH  
INTERVENTION

Participant Demographics	%
Female	62.4
Rural/Frontier	91.0
Latino	33.9
Less than high school education	11.5
Unemployed	10.9
No health insurance	15.1
Medicaid	18.7
No medical home	21.1
Food insecurity	8.1
Housing instability	4.2
At-risk for CVD	86.7

## PARTICIPANTS TRUST CHWS

"A lot of times I don't get that chance to open up and I was able to talk to her about it and not be judged. So I think that was huge"

- CHHS participant

"There are things that you do need to talk about, I mean I know that they're uncomfortable, but it helps to have that conversation with somebody and have somebody that's not going to make you feel uncomfortable or belittle you, It's good to have somebody that's going to kind of coach you through it and support you and kind of move you in a better direction for your own wellbeing and your own health."

- CHHS participant


CHWS LINK  
PARTICIPANTS  
TO  
BEHAVIORAL  
HEALTH CARE

"She goes, 'I'll be your mentor, but I think you need to talk to Sue, she's a counselor, mental health counselor.'

She says, 'It looks like you're going through a lot of mental stress.' Which I was, 'cause I'm in a lot of pain, and that was before my surgeries and stuff... and I was on alcohol, but she helped me a lot with that... if she didn't, then I'd probably still be drinking"

- CHHS PARTICIPANT

# STIGMA MAY FIRST HINDER BEHAVIORAL HEALTH ASSESSMENT

Behavioral Health Assessment	% of participants
PSS Completion	84.0
PHQ4 Completion	83.9
	
Elevated Stress Score	24.2
Elevated Anxiety Score	9.0
Elevated Depression Score	5.0

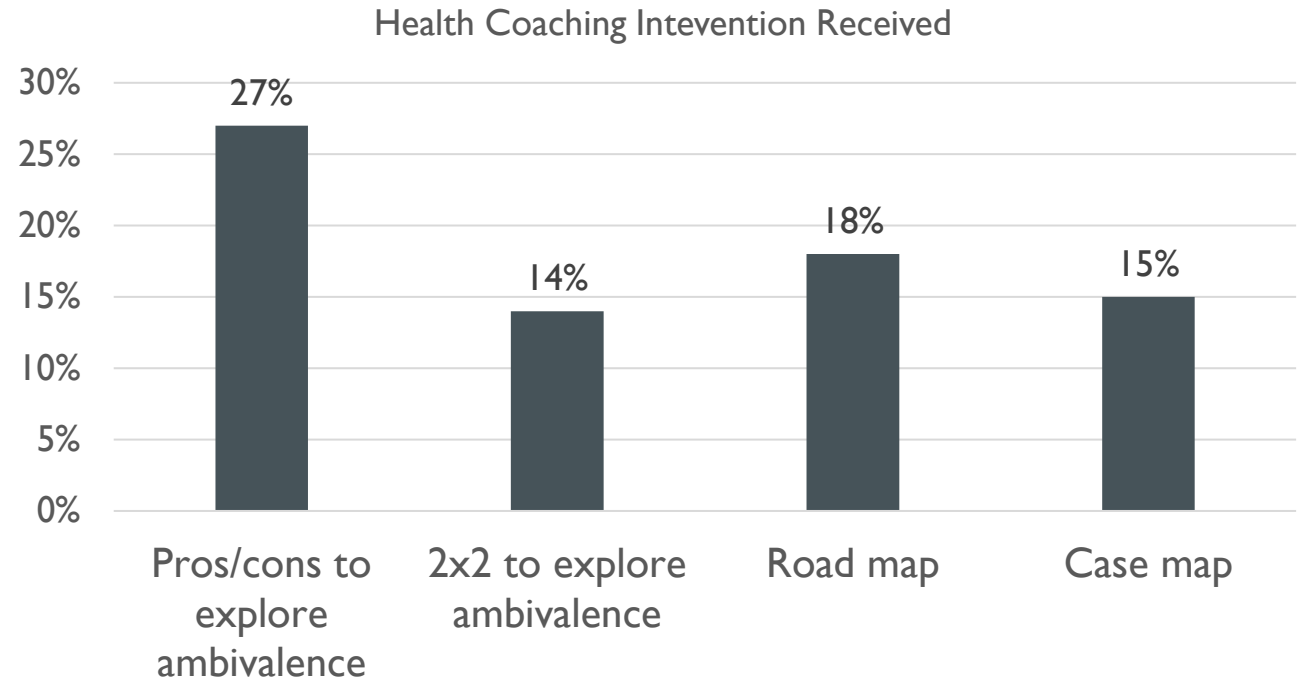
“When they first started [asking me mental health questions I] was like, why are they asking me these questions? Does she see something in my eyes or in my health or something that [makes them ask] this?”

- CHHS Participant



# ONE SIZE DOESN'T FIT ALL

Preference for administration of the BH questionnaire varied. Qualitative interviews indicate that about half of all participants preferred to complete the PSS/PHQ on paper, while the other half preferred verbal administration



# CASE MAPS TAKE TIME, BUT ARE HELPFUL IN IDENTIFYING STRESS THAT DRIVES HEALTH BEHAVIOR

*Time, and getting the client to be as engaged... Just the amount of time.*

*- CHHS Health Navigator*

# 39%

of all case maps completed by CHHS participants connected negative health behaviors (e.g., unhealthy diet, lack of exercise) to psychosocial stressors

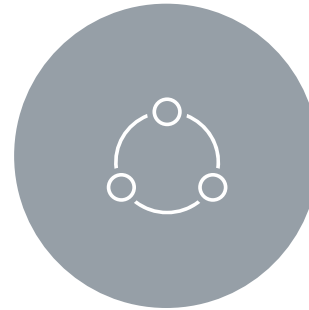
# ITERATIVE MONITORING, ADAPTATION AND IMPROVEMENT



FLEXIBILITY IN  
ADMINISTRATION OF  
THE BEHAVIORAL  
HEALTH QUESTIONNAIRE  
AND HEALTH  
COACHING



CHANGE IN BH  
ASSESSMENT  
THRESHOLDS



SIMPLIFICATION OF THE  
CASE MAP



DEVELOPMENT OF  
ADDITIONAL TOOLS FOR  
STRESS MANAGEMENT

# CONCLUSION

Using behavioral health assessment and coaching techniques, CHWs can play an important role in empowering community members to make healthy decisions and promoting the use of essential health services. Tailoring these behavioral health interventions to the participant is important in program success.

# ACKNOWLEDGEMENTS

## Funder:

- Colorado Department of Public Health and Environment

## CPC Community Health Team:

- Nick Flattery
- Stephanie Coronel-Mockler
- Dr. Kristin Kilbourn
- Dr. Ray Estacio
- Joel Blanco

## Implementation Partners

- Chaffee County Public Health
- Costilla County Public Health Agency
- Denver Health
- High Plains Community Health Center
- Kit Carson County Health and Human Services
- LIFT UP
- Northwest Colorado Health
- San Luis Valley Area Health Education Center



ASHLEY AMBROSE, MPH  
[ASHLEY.AMBROSE@CPCMED.ORG](mailto:ASHLEY.AMBROSE@CPCMED.ORG)

QUESTIONS? COMMENTS? IDEAS?

THANK YOU!

