



HIGHLIGHTS & ACHIEVEMENTS IN 2020



GREAT RIVERS HUB / AN INITIATIVE OF GREAT RIVERS UNITED WAY
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DIRECTOR'S WELCOME



Great Rivers HUB Partner,

Great Rivers HUB has continued to evolve and grow over the last few years. We began in 2017 with three partner agencies, four part-time care coordinators, and one Community Health Worker (CHW) who had a sole focus on frequent emergency room utilizers. Since then, we have expanded to include five target populations that are served through HUB “programs.” Each of these populations have been identified as a priority need to improve health and/or address specific health disparities in our community. We now have eight full-time CHWs and plans for additional growth in 2021. We have invested significant time and resources building the CHW workforce in the region, as CHWs are a critical component of the HUB’s expansion and success.

The HUB launched in La Crosse County with multiple large goals in place: for the HUB to reach sustainability, achieve national certification, partner with health plans, and expand impact. Since 2017, the HUB has continued to make great strides on all of those goals, including:

- Achieving National Pathways Community HUB Institute Certification in November 2019
- Securing contracts with braided funding partners, to include Health Plans
- Expansion of Community Health Worker workforce regionally
- 2020-21 expansion into Monroe and Trempealeau counties
- Expansion of populations served which has resulted in greater population health impact and brought the HUB closer to sustainability

While we have seen impact and growth over the years, 2020 has been especially eye opening. The pandemic hit all communities but especially those already facing the greatest health disparities. In tandem with the pandemic was also a consistent outpouring of mis- and dis-information detrimental to public health and the safety of many. Having a Community Health Worker workforce already in place and connected to many of the most at-risk in our community has been crucial to proving trusted, factual information regarding the pandemic and safety precautions. It also allowed the HUB to leverage emergency response funds (thanks to the La Crosse Community Foundation and Great Rivers United Way) to shelter individuals in hotels and provide food from local restaurants during the stay-at-home order, all while continuing to address clinical and social determinant of health needs.

As for our impact, it is our hope that this report provides a summary of our role, as well as demonstrate the value Community Health Workers have brought to our community.

Great Rivers HUB anticipates continued growth in 2021 with the expansion of the CHW workforce, entry into more counties within the region, and an increase in individuals served. This expansion is crucial to the HUB reaching its ultimate goal of sustainability. Your continued support is vital as we continue this journey.

Thank you for your continued support,

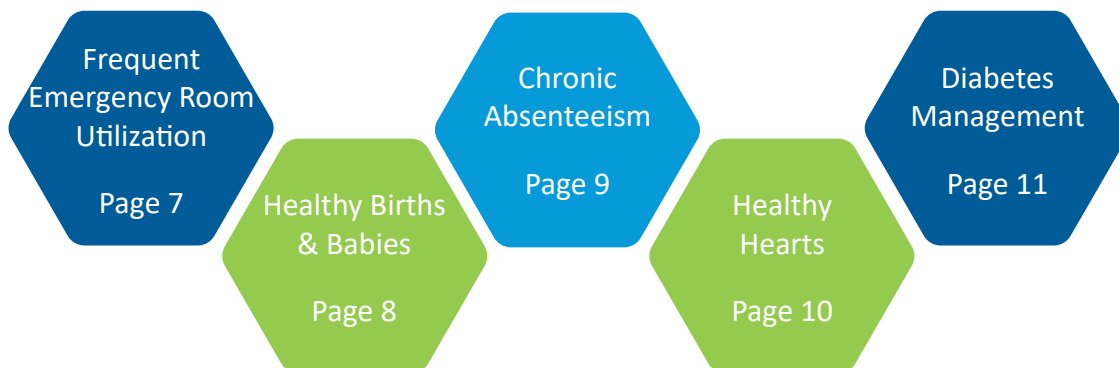
Lindsey Purl

*Director, Great Rivers HUB
Great Rivers United Way*



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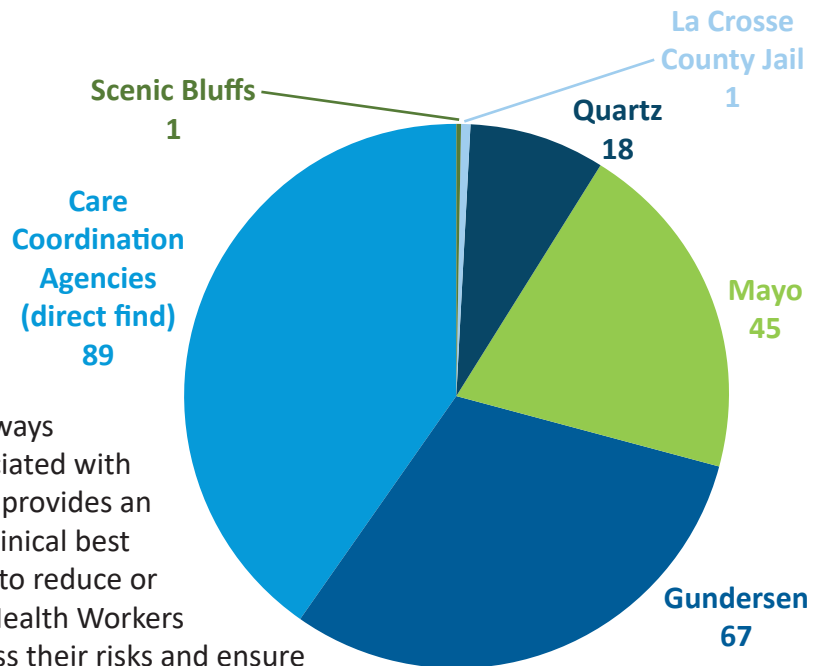
2019 OVERVIEW

184

Enrolled
& Served
in 2019

221

Referrals
see chart



Pathways are a crucial component of the “Pathways Community HUB Model.” Each Pathway is associated with a risk for a poor health outcome. Each Pathway provides an outline of steps to achieve in order to reach a clinical best practice or an evidence-based outcome known to reduce or mitigate the risk of a poor health. Community Health Workers meet monthly with engaged individuals to assess their risks and ensure progress on required outcomes. Below are the number of Pathways that were initiated (identifying a need) and completed (risk reduction) in 2019. Note that some Pathways take longer than others to complete so not all those initiated in 2019 would have been completed in 2019, and some of those completed in 2019 were initiated in prior years. Those that are finished incomplete identify barriers for achieving outcomes in either the community or as a result of the individual’s current capacity or readiness for change.

2019 Pathways

Pathway	Initiated	Finished Incomplete	Completed	Median Duration to Reach Completion (in days)
Social Service Referral	784	198	557	6
Education	480	6	466	1
Medical Referral	140	34	85	15
Housing	72	34	23	165
Medication Assessment	64	10	47	19
Tobacco Cessation	61	39	2	219
Immunization Screening	48	0	39	11
Medical Home	27	7	21	45
Employment	32	23	11	81
Behavioral Health	26	11	14	59
Pregnancy	27	5	20	93
Health Insurance	22	8	10	22
Family Planning	20	3	10	61
Postpartum	14	0	10	33
Developmental Screening	9	2	7	28
Adult Learning	9	5	0	350
Immunization Referral	6	2	3	41
Lead	2	2	0	115
Medication Management	5	0	3	21
TOTAL	1,848	389	1,328	

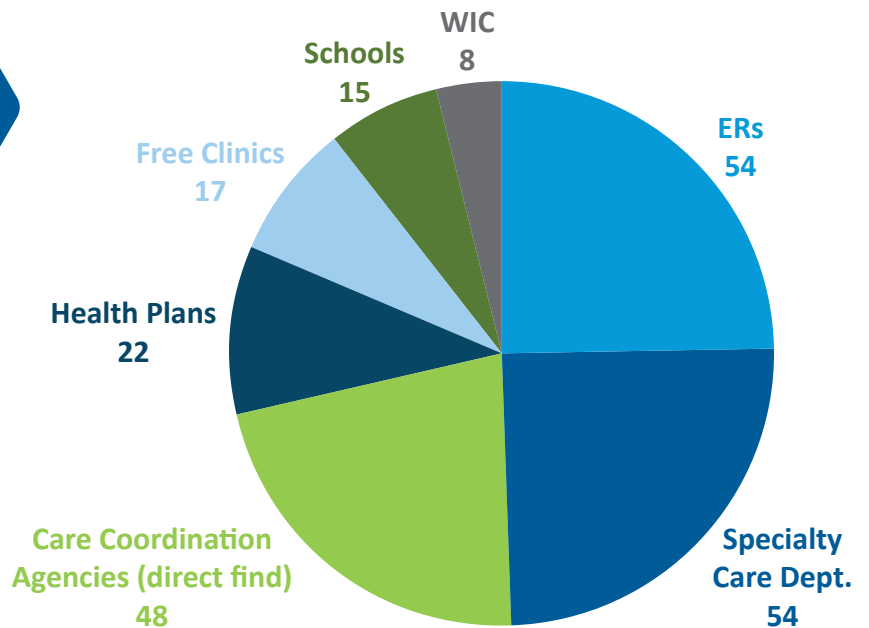
2020 OVERVIEW

146

Enrolled
& Served
in 2020

218

Referrals
(see chart)



2020 Pathways

Pathway	Initiated	Finished Incomplete	Completed	Median Duration to Reach Completion (in days)
Social Service Referral	622	131	446	6
Education	830	6	771	1
Medical Referral	127	27	83	15
Housing	58	14	33	165
Medication Assessment	57	10	36	19
Tobacco Cessation	48	25	7	219
Medical Home	41	4	15	45
Immunization Screening	17	1	21	11
Employment	16	7	7	81
Behavioral Health	24	9	12	59
Pregnancy	18	0	15	93
Health Insurance	15	3	5	22
Postpartum	19	5	10	33
Family Planning	9	4	10	61
Immunization Referral	12	1	7	41
Developmental Screening	0	0	0	28
Medication Management	7	1	3	21
Adult Learning	3	3	0	350
Lead	0	0	0	115
TOTAL	1,923	251	1,468	



COVID-19 Response

As the COVID-19 pandemic hit our area in March, Great Rivers HUB was able to leverage its community relationships to provide enhanced support and education for all HUB enrollees and referrals. Great Rivers HUB applied for and received funding from Great Rivers United Way and the La Crosse Community Foundation's Emergency Response Fund. These dollars were utilized during the stay-at-home order throughout April and May to provide shelter via hotel stays, and delivered meals. As a result, the HUB was able to support 88 nights of hotel stays for individuals experiencing homelessness. This included individuals who needed to quarantine prior to being accepted into local shelters and those who were not well-suited for shelter stay, such as high-risk individuals who needed a more contained location, pregnant women, and those with severe mental health diagnosis. The HUB also utilized dollars to provide 431 delivered meals. These meals were provided to individuals who may have lost their job, had their hours lowered, were living in a hotel without access to a kitchen, or were experiencing increased stress as a result of the pandemic. Meals were ordered from local restaurants (vs. chain restaurants) in order to ensure funding was staying local to help small businesses during this time. Great Rivers HUB, through Great Rivers United Way, was also able to connect all enrollees who needed it with fabric face coverings.

As the pandemic continued, the amount of dis- and mis- information about COVID-19 continued to increase. This has remained a threat to public safety in our community. Many HUB clients were getting conflicting information regarding COVID precautions. Great Rivers HUB was able to leverage Community Health Worker (CHW) relationships with many high-risk individuals in the community to provide responsive support and trusted information regarding the pandemic to ensure safety and stability in a time of so much uncertainty. Education topics created by HUB staff from reliable sources have continued to be added as the pandemic continues to keep participants up to date.

Education topics included:

- Proper hand washing techniques
- How to wear and care for your mask/face covering
- Respiratory viruses: understanding symptoms
- Explaining the safer at home act
- Importance of wearing a mask
- Proper cleaning and disinfecting
- COVID-19 basic care/prevention
- COVID-19 and high-risk considerations (for diabetes, heart disease and elderly populations)

110
Participants

257
Education
Sessions

A total of 257 education sessions about COVID-19 have been provided to 110 participants by CHWs about the virus and safety during the pandemic.

In 2021, the HUB will continue to work on developing and facilitating COVID vaccine education.



Flu Vaccine Promotion

Great Rivers HUB continued to mobilize efforts for public health response during this year's flu season. The HUB was awarded funds from the Wisconsin Department of Health Services (DHS) to support both a targeted media campaign (in Spanish and English) and one-on-one education provided by Community Health Workers (CHWs) about the flu vaccine to some of those facing the greatest vaccine disparities in the community. The targets included HUB clients as well as communities experiencing greatest disparities in vaccination rates within the general population. Great Rivers HUB partnered with St. Clare Health Mission for this initiative. Outreach was facilitated in both the City of La Crosse and within Trempealeau County.

For many communities, there are often myths spread regarding the flu vaccine. Education was created utilizing the Center for Disease Control (CDC) for CHWs to provide to their clients to directly address common myths. Education regarding other topics for basic flu protection, especially during the pandemic were also provided.

Topics included (though not limited to):

- Flu vaccine myths and facts
- Cleaning to prevent the flu
- Understanding Immunizations
- Fight the flu

A total of 91 one on one education sessions have been provided to 81 participants since October 2020 to encourage vaccination rates and protection from the flu during the pandemic. This work and evaluation of impact will continue into 2021. Outcomes and vaccination rates will be shared with the community once evaluation is completed.

Below are the billboards created as part of this initiative. They are up in six locations in La Crosse and Trempealeau counties.

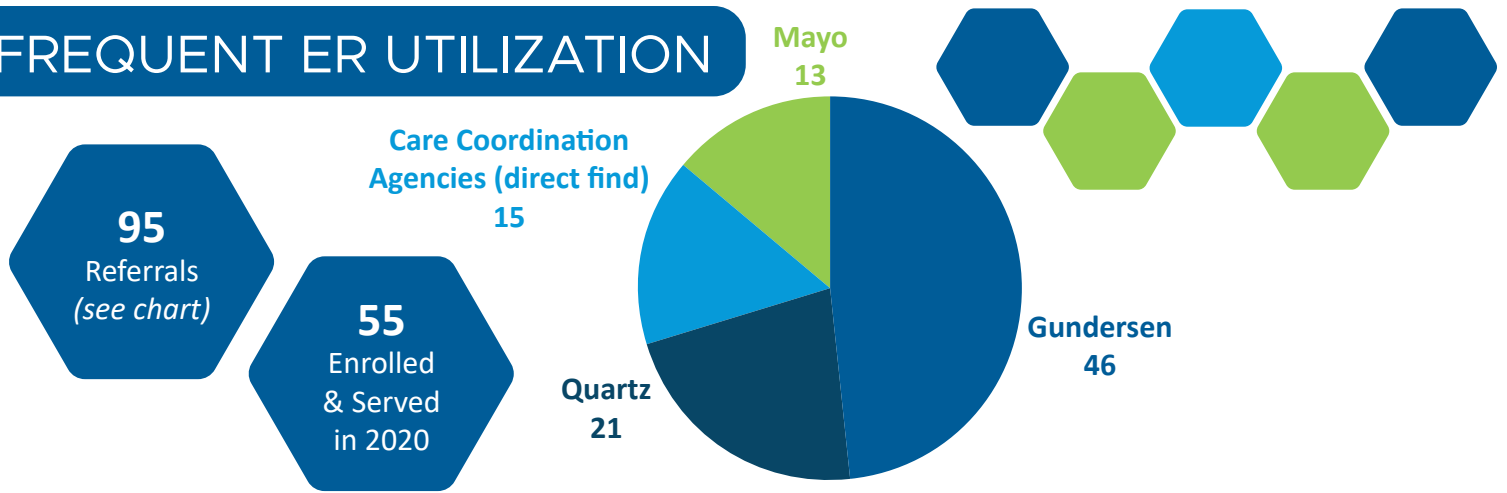


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FREQUENT ER UTILIZATION



Great Rivers HUB has been serving this population since 2017. Great Rivers HUB's qualifications for the Frequent Emergency Room (ER) Utilization program include: residents of La Crosse County or those who are experiencing homelessness in La Crosse County who have visited the ER twice in the past 30 days, or have had four ER visits in the past 12 months. This population is referred most commonly by ER social workers at both La Crosse locations of Gundersen Health System and Mayo Clinic Health System. Additional referral sources include Quartz Health Plan, other departments of Gundersen and Mayo Clinic health systems, and contracted Care Coordination Agencies that find qualifying individuals in the community.

The general goals of serving this population is to assist in meeting their health needs in order to reduce their ER utilization and increase their engagement with primary care. This includes, but is not limited to, addressing the barriers to finding a medical home, gaining health insurance, and addressing various social determinants of health needs. Social determinant needs include assistance with transportation, food assistance, clothing, and more. In addition to the work above, Community Health Workers provide basic health education such as when it is appropriate to go to the ER, verses urgent care, verses a primary care provider. This and other education topics are provided to all clients who are referred through the ER utilization qualifications.

Top Pathways for this Program in 2020

Pathway	Initiated	Finished Incomplete	Completed
Social Service Referral	382	76	228
Medical Referral	78	18	43
Housing	55	7	18
Tobacco Cessation	48	17	4
Medication Assessment	40	8	24

Top Education Topics for this Program in 2020

Education Topic	Initiated	Finished Incomplete	Completed
Proper Hand Washing Techniques	50	0	50
Adverse Childhood Experiences/ Resilience	49	0	49
Flu Prevention/Flu Vaccine	42	0	42
Appropriate Use of the ER	40	0	40
Benefits of Quitting Smoking	30	0	30

RETURN ON INVESTMENT

One local health system's review of data demonstrated that for 70 of their patients enrolled in the HUB there were 150 fewer emergency room visits in the year after their referral compared to the year prior. This data also reflected fewer hospitalizations and an increase in primary care utilization.

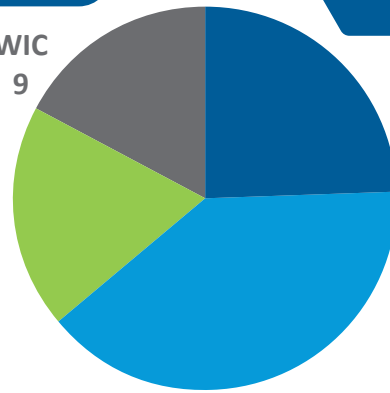
HEALTHY BIRTHS & BABIES

36
Referrals
(see chart)

28
Enrolled
& Served
in 2020

Mayo
4

WIC
9



Gundersen
10

Care Coordination
Agencies (direct find)
13

Great Rivers HUB has been serving at-risk pregnant women since 2017. This population was part of the HUB's second expansion, and referral criteria has since expanded. Great Rivers HUB's qualifications for this program include: residents of or individuals who are experiencing homelessness in La Crosse County who are on Medicaid and additionally meet one of the following:

- History of or current substance use (to include tobacco and alcohol)
- Person of color/minority ethnic group
- Social determinant of health needs identified

This target populations is most commonly referred by the La Crosse County Health Department-WIC Division, Gundersen OB/GYN department, and Care Coordination Agencies. The goal for those enrolled within this program is to assist them in attending prenatal appointments, provide education on pregnancy and birth, address social determinant needs, and ultimately delivery healthy baby. After the birth of the baby, Community Health Workers (CHWs) continue to assist in attending postpartum appointments and connect mothers to resources. CHWs help connect these women to transportation, food assistance, clothing, baby needs (such as crib, formula, diapers, etc), and more. In 2020, health education topics for this population focused most around pregnancy, COVID safety, flu vaccines during pregnancy, and adverse childhood experiences/resilience.

Top Pathways for this Program in 2020

Pathway	Initiated	Finished Incomplete	Completed
Pregnancy	16	0	9
Postpartum	16	3	13
Housing	15	2	2
Immunization Screening	7	0	6
Family Planning	8	1	4

Top Education Topics for this Program in 2020

Education Topic	Initiated	Finished Incomplete	Completed
Proper Hand Washing Technique	16	0	16
Pregnancy/Prenatal	16	0	16
Flu/Flu Vaccine	13	0	13
ACEs Module 1	10	0	10
ACEs Module 2	9	0	9

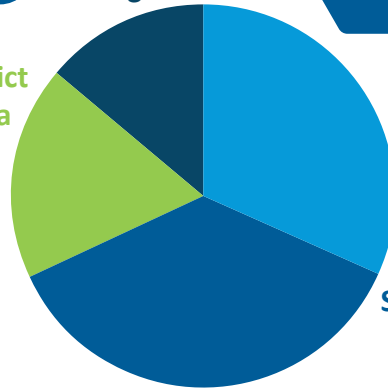
CHRONIC ABSENTEEISM

23
Referrals
(see chart)

12
Enrolled
& Served
in 2020

School District
of Onalaska
4

School District
of La Crosse
3



Care Coordination
Agencies (direct find)
7

School District
of Holmen
8

Great Rivers HUB has been serving this population since Spring of 2020 after the HUB's La Crosse County Community Advisory Board identified it as a community need. This population includes elementary aged students (and their families) experiencing or at risk of chronic absenteeism at school. The three districts that refer into this program are School District of Onalaska, School District of Holmen, and Southern Bluffs Elementary School (within the School District of La Crosse). While COVID-19 played a heavy role on issues connecting with referrals, Great Rivers HUB has still connected with elementary-aged youth and their families. There is currently one Community Health Worker (CHW) focused on serving this population. This CHW helps families get connected to medical providers, address social determinants of health (such as transportation), connect to behavioral health support, and assists parents with navigating the world of virtual learning brought on by COVID-19.

Top Pathways for this Program in 2020

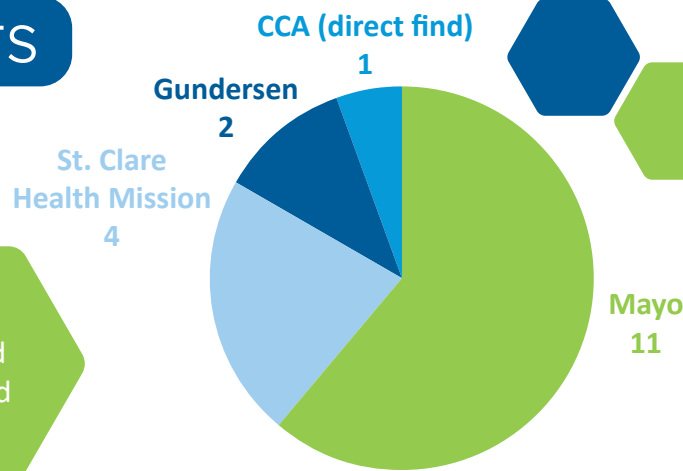
Pathway	Initiated	Finished Incomplete	Completed
Medical Referral	7	0	1
Medical Home	9	0	0
Tobacco Cessation	2	0	0

This program began in pilot stage in May of 2020. As a result, numbers are lower compared to other programs of Great Rivers HUB. Continued expansion is expected in 2021.

HEALTHY HEARTS

18
Referrals
(see chart)

14
Enrolled
& Served
in 2020



Great Rivers HUB has been serving this population since 2019. Qualifications for this HUB program include La Crosse county residents on Medicaid or uninsured who are diagnosed with cardiovascular disease, hypertension, hyperlipidemia, or those eligible for cardiac rehab. This need was identified by Wisconsin's Department of Health Services as part of a statewide effort to address heart health disparities and reduce deaths from heart attacks. Primary referral sources for this specific population include Mayo Clinic Health System and St. Clare Health Mission. This program aims to reduce risks, complications, and barriers to managing and controlling both hypertension and hyperlipidemia. To accomplish this, Community Health Workers (CHWs) support healthy lifestyle change through diet and exercise, ensure adherence to medication, and address social determinant of health needs. CHWs also look to engage with providers to help enhance clinical care of patients enrolled in this program.

Top Pathways for this Program in 2020

Pathway	Initiated	Finished Incomplete	Completed
Medication Assessment	11	0	5
Medical Home	5	0	1
Medical Referral	6	0	4
Social Service Referral	25	5	13
Tobacco Cessation	8	0	1
Healthy Change Tool	35	0	17

Top Education Topics for this Program in 2020

Education Topic	Initiated	Finished Incomplete	Completed
Cholesterol	5	0	5
COVID-19 Facts & Safety	37	0	37
DASH Diet	10	0	10
HBP Facts & Consequences	9	0	9
Proper Portions Sizes & Control	6	0	6

HEART HEALTH ENROLLEE QUOTES

"I am grateful because I am becoming more aware of the changes I need to make."

"I feel this is a wonderful program. I was suicidal when I started. It saved my life. If it can save my life it can save someone else's life."

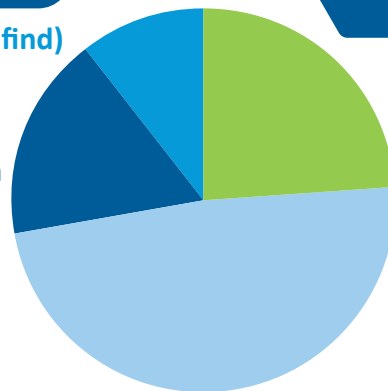
DIABETES MANAGEMENT

29
Referrals
(see chart)

23
Enrolled
& Served
in 2020

CCA (direct find)
3

Gundersen
5



Mayo
7

St. Clare
Health Mission
14

Great Rivers HUB has been serving this population since 2019. Qualifications for this HUB program include La Crosse, Monroe, or Trempealeau County residents on Medicaid or uninsured who are diagnosed with pre-diabetes or unmanaged type 2 diabetes. This need was identified by Wisconsin's Department of Health Services as part of a Statewide effort to address heart health disparities and improve diabetes management. This population was also identified specifically by Monroe County community members and St. Clare Health Mission. Referral sources for this specific program include: Gundersen Health System, Mayo Clinic Health System, Scenic Bluffs Community Health Center, and St. Clare Health Mission. This program aims to reduce risks, complications, and barriers to managing and lowering A1C levels. To accomplish this, Community Health Workers (CHWs) support healthy lifestyle change through diet and exercise, ensure adherence to medications, and address social determinant of health needs. CHWs also look to engage with providers to help enhance clinical care of patients enrolled in this program.

Top Pathways for this Program in 2020

Pathway	Initiated	Finished Incomplete	Completed
Medication Assessment	5	0	4
Medical Referral	19	5	6
Social Service Referral	62	12	43
Healthy Change Tool	33	0	4

Top Education Topics for this Program in 2020

Education Topic	Initiated	Finished Incomplete	Completed
Cholesterol	5	0	5
COVID-19 Facts & Safety	37	0	37
DASH Diet	10	0	10
Flu Facts & the Importance of the Flu Vaccine	13	0	13
HBP Facts & Consequences	14	0	14
Proper Portion Sizes & Control	6	0	6

A1C Improvement

CHWs track A1C measures over time for clients in this program.

Below are two examples of positive progress.

Client A:
Last A1C 5 months prior to HUB enrollment was 9.7%. After 3 months of enrollment and working with a CHW, the A1C was lowered to 5.6%.

Client B:
Last A1C 2 months prior to enrollment was 8.6%. After 1 month in the HUB, the A1C was measured at 10.9%. Three months later, after more work with a CHW, the A1C was measured at 6.9%.

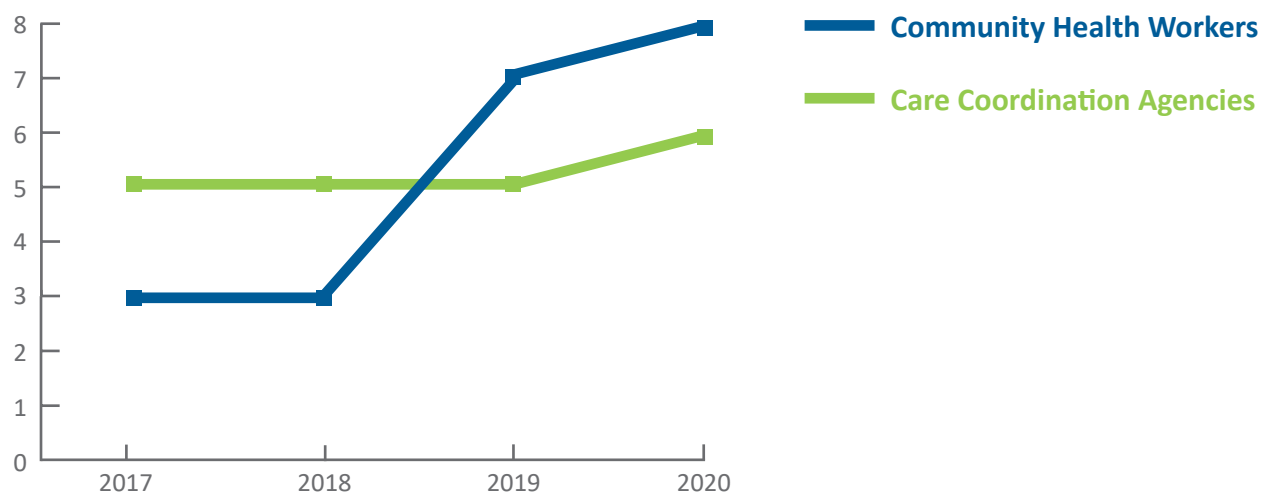
CHW EXPANSION & TEAM-BASED CARE

According to the American Public Health Association, a Community Health Worker (CHW) is a “frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and culture competence of service delivery.”

The scope and role of CHWs fits perfectly with the HUB model implementation goals, and allows for a broad view of health to include both clinical and social determinant aspects. Additionally, CHWs themselves are an evidence-based strategy to affect health care costs savings (see Page 14, *Demonstrated Return on Investment*, for more). CHWs are central to Great Rivers HUB’s successful implementation of the Pathways Community HUB model and offer a new opportunity for employment in the community. In order to continue to expand the work in an effective way that aligns with the HUB’s mission, expanding the CHW workforce in the Great Rivers HUB service area is a priority. We have fulfilled this goal by hosting two (virtual) CHW trainings for La Crosse area CHWs in 2020. As a result of these trainings, we have trained a total of nine individuals as CHWs in the local community, six of which are currently partnered with the HUB.

Great Rivers HUB’s pivot to focus on Community Health Worker development and progress is demonstrated in the table below. This indicates the growth in both Care Coordination Agencies (CCAs) as well as trained CHWs partnered with the HUB. *Note: the HUB started with and continued to have additional care coordinators as partners with the HUB from 2017 to 2020. This table is meant to reflect the specifically trained CHWs partnered with the HUB. As of the end of 2020, all CCAs partnered with the HUB with trained CHWs.

Community Health Worker Development

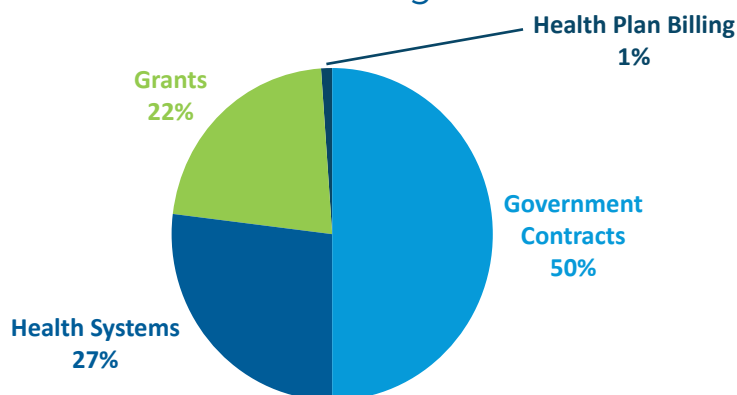


Community Health Workers can be leveraged with care team members to enhance and improve care metrics. Great Rivers HUB aims to have all CHWs sharing important information to care team members in both social service and clinical settings to help inform care management. This is currently most demonstrated through our chronic disease program participants. Education continues within the community and with external partners to encourage care team members to utilize information gathered by CHWs and recognize them as part of the broader care team.

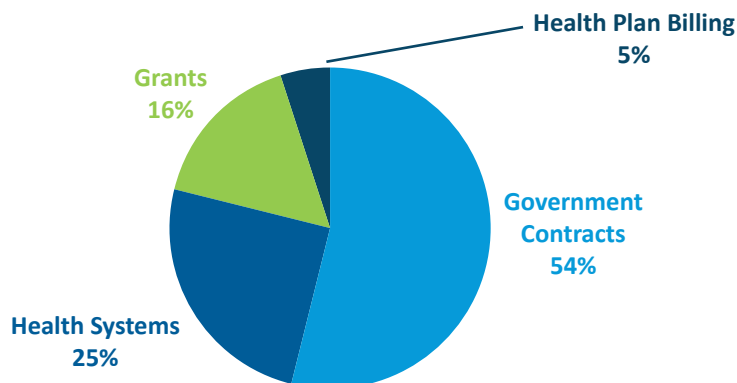
BRAIDED FUNDING

In its first year, 91% of funding for the HUB was provided by local health systems and 9% was grants to cover infrastructure and Pathway reimbursement. These investments have continued to shift to a more diversified braided funding model. In order to reach a point of sustainability both additional payers for Pathway completion and client expansion are needed (see *Future Funding Model Goal for Sustainability* below). The HUB anticipates it will be able to reach sustainability when it can reach approximately 1,500 clients at any given time. Currently, the HUB has anywhere between 150-200 individuals at any given time. Great Rivers HUB will continue to work towards the future funding model (below) in order to support payment for outcomes in a way that sustains the HUB model implementation within the community.

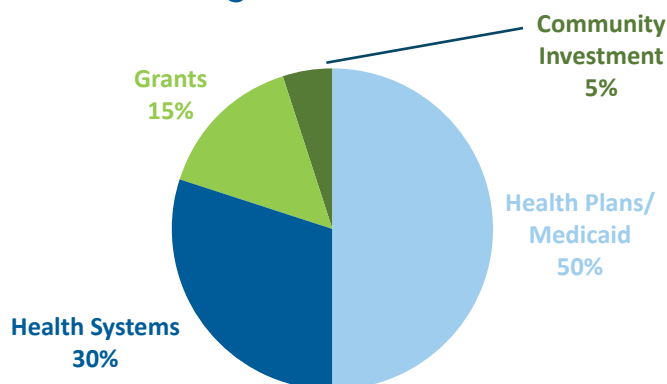
2019 Funding Model



2020 Funding Model



Future Funding Model Goal for Sustainability





DEMONSTRATED RETURN ON INVESTMENT

The value of a Community Health Worker in terms of impact on health and cost savings has been well documented across the world. Below is research from organizations that have recognized the importance and value of Community Health Workers.

American Public Health Association

"A Community Health Worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy."

World Health Organization

"On May 22, 2019, the World Health Assembly recognized that Community Health Workers play an important role in delivering quality primary health care services as part of interdisciplinary teams."

American Diabetes Association

"CHWs can be part of a cost-effective, evidence-based strategy to improve the management of diabetes and cardiovascular risk factors in underserved communities and health care systems."

Center for Medicaid and Medicare;

PDF: Health Care Innovation Awards (HCIA) Meta-Analysis and Evaluators Collaborative, Annual Report, Year 3

"Of six types of innovation components that we evaluated (i.e., used health IT, used Community Health Workers, medical home intervention, focus on behavioral health, used telemedicine, workflow/process redesign intervention), only innovations using Community Health Workers (CHWs) were found to lower total costs (by \$138 per beneficiary per quarter)."

Pathways Community HUB Institute (PCHI)

PCHI is the certifying body for all Pathway Community HUB models.

To learn more about the Pathways Community HUB model and review various research studies demonstrating the value of the HUB model and CHWs, please visit: www.pchi-hub.com/resources.

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