

# Neighborhood-Based Community Health Workers: Addressing Charlottesville's Healthcare Access Inequity

*Betsy Peyton, RN, BSN, Director of WellAWARE*



WellAWARE

Neighborhood Healthcare Advocates



“What’s the matter?  
It’s the same distance!”



# Our Pilot Neighborhood: Why Start Here?

#1 for Low-Acuity ED Visits  
in the City.

#1 for Cardiac Arrest

Top 3 for Stroke

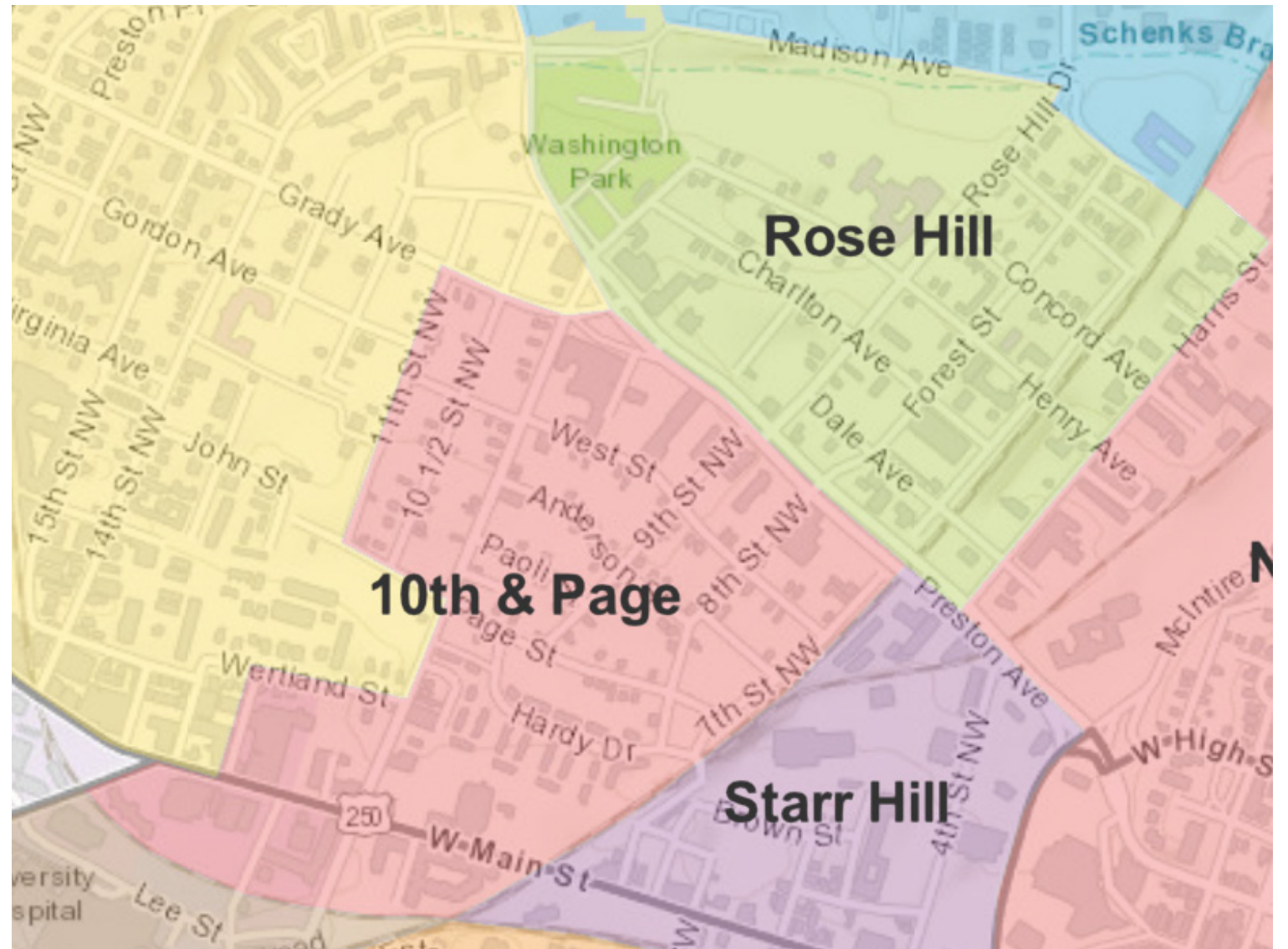
Top 3 for Diabetic  
Emergencies

25% have no Internet at Home

35% have no Smartphone

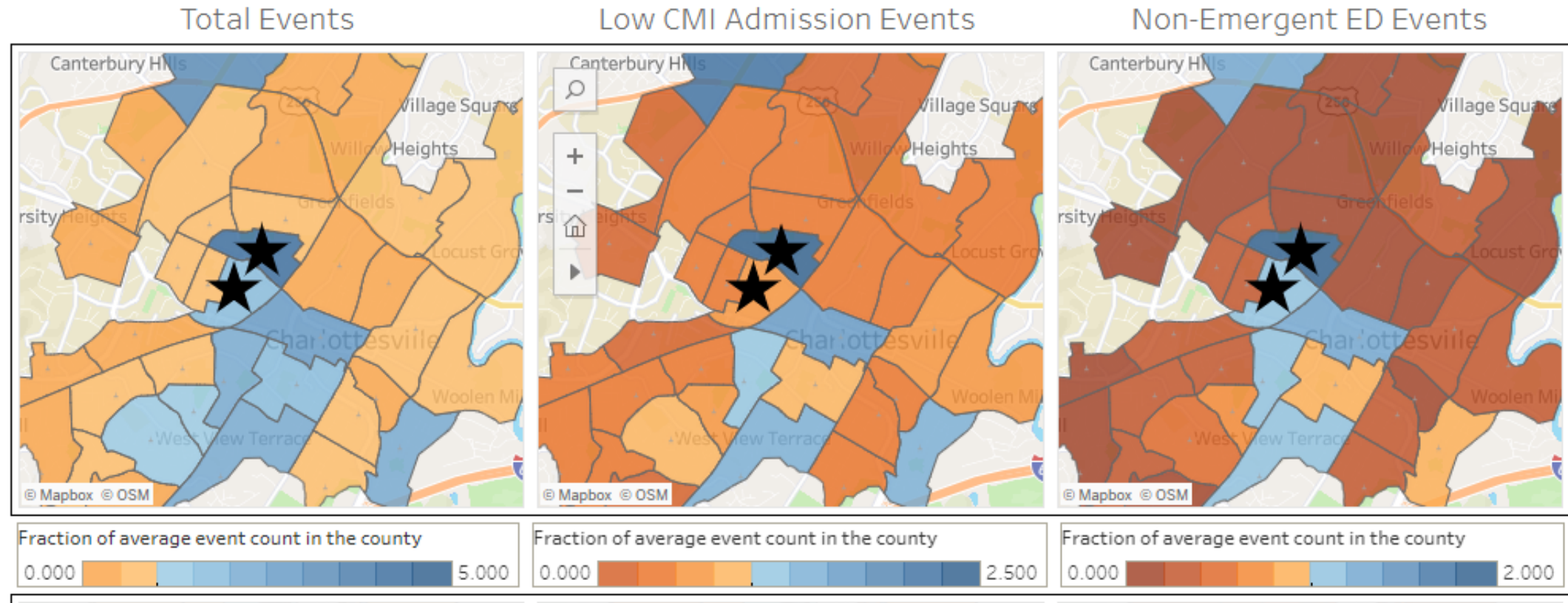
32% No Vehicle at Home

Lowest Covid-19 Vaccination  
Rate



# WellAware Public Summary

Compare the average indicator events (since 2018) per block group in the county

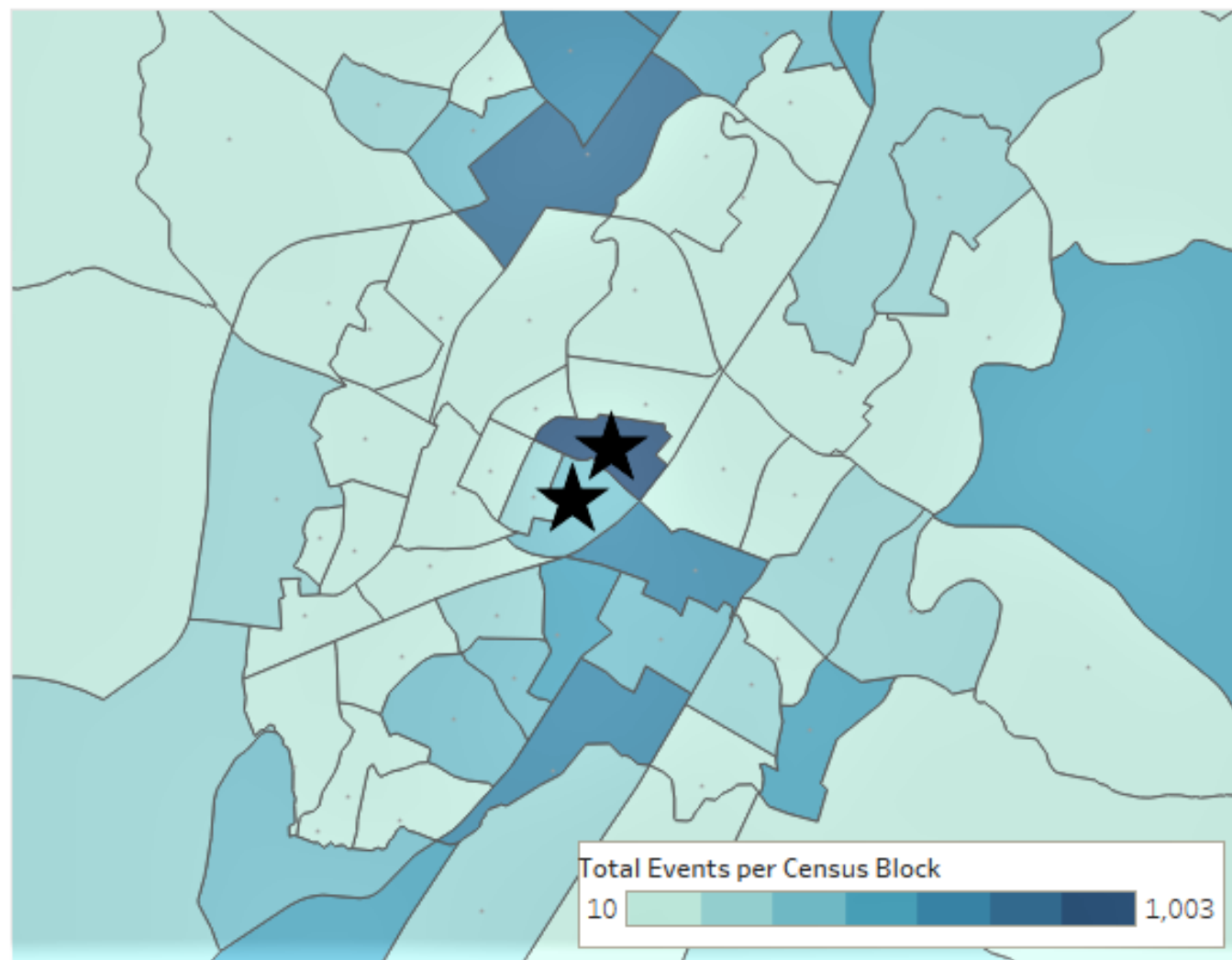


The starred block groups make up our catchment area, Rose Hill above 10<sup>th</sup> & Page. Average number of events for a block group in Charlottesville is 243 indicator events. Red areas have almost zero indicator events, whereas Rose Hill has the highest number in the city @1.85 x the average, or 450 events



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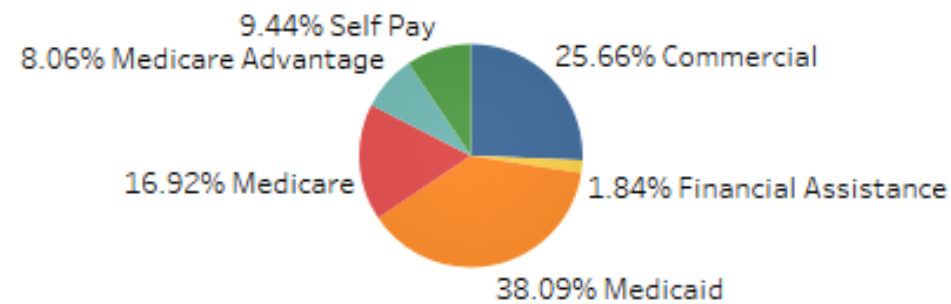
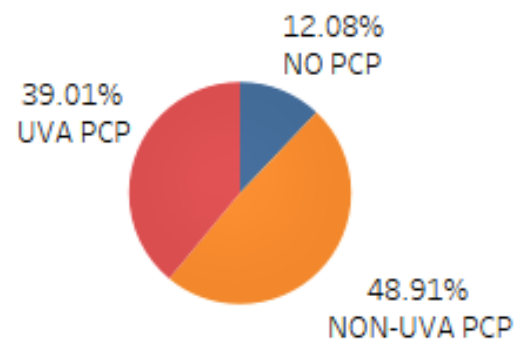
## Non-emergent ED and Low CMI Admission Events (since 2018) in WellAware Urban Neighborhood



### Totals

Event Type	Unique Patients	Number of Events
Low CMI Admission	452	720
Non-emergent ED	507	699

Patients (with these events)  
PCP and insurance status:



# Barriers to Primary Care

- Distrust of Healthcare System Because of Past Discrimination
- Concerns about Cost of Care and/or Prescription Costs
- Uncertainty about Insurance Status
- Distance to Clinics/ Rural Provider Shortage
- Lack of Reliable Transportation/ No Vehicle at Home
- Difficulty Scheduling Appointments
- Long Wait Times
- Language/Communication Barrier
- Childcare Conflicts/ Family Obligations
- Limited Clinic Hours
- Unwelcoming Healthcare Facilities
- Lack of Provider Understanding of Culture
- No Internet or Smartphone at Home/ No Broadband Access
- Stigma
- Illiteracy
- Chaotic Household/ Overwhelmed Individuals

## **What do WellAWARE Community Health Workers Do?**

- Make it easier for you to get good medical care.
- Help you find a Primary Care Provider you can trust.
- Drive you to the doctor or help find transportation.
- Talk with you about chronic illnesses and healthy living.
- Meet with you in your home or community spaces.
- Help with access to healthy food and housing.
- Make referrals to other helping agencies.
- Advocate for your needs in the healthcare system.
- Help you complete Medicaid applications.
- Speak up for healthy changes for your whole neighborhood.

### **How much will it cost to get help from a Community Health Worker?**

It's FREE. There will never be a charge to you or your insurance carrier. It's also voluntary—you can quit anytime.





## Health Equity

*We believe that equitable health care is a fundamental human right. Our goal is to partner with our clients to overcome their barriers to good health and healthcare, including racism, inadequate public transportation, lack of internet access, and inability to pay.*

## Community-Led

*We believe that our focus communities are strong, and that their members have power and agency to know what is best for themselves and their own neighborhoods. In our engagement process, communities determine what services, if any, they want offered. At every level of decision-making, we elevate, honor, and defer to community members' voices.*

## Partnerships

*We believe in partnering with other local groups and agencies to advance shared goals around health equity. Through informal partnerships with groups like the NAACP, Health Equity and Access for Rural Residents (HEARR), and Move2HealthEquity, we strengthen the whole network's goals of improving lives.*

# Outcomes and Success

## Equality



## Equity



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\*Our Neighborhood Advisory Committee: Gloria Beard, Katrina Turner, Ashley Freeman, Cynthia Richardson, Lauren Stonestreet, and Bishop George Gohanna.

\*Our UVa Data Team: Jon Michel, Angela Saunders, and Kim Sokal.

\*Our Medical Student Intern: Dawson Brown.

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