

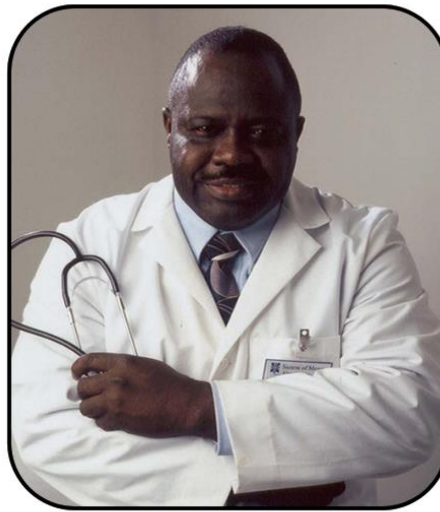


MISSION STATEMENT

ABIPA promotes economic, social, and health parity achievement for African Americans and other underserved populations Buncombe County through advocacy, education, research, and community partnerships.

JéWana Grier-McEachin
ABIPA Executive Director
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*It is important. to know about our founder as you
seek understanding of who we are, what we do,
and why we do it.*



Our Founder: The Late Dr. Charles Blair

Who Is ABIPA?



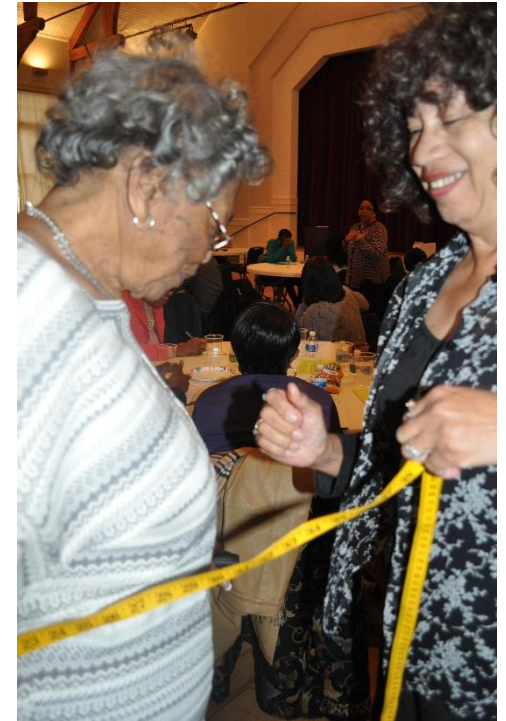
Founded by the late Dr. Charles Blair in 2004, We have been leaders in providing health education service with a focus on preventative care. **ABIPA** is the premier grass roots organization focused on how to successfully locate, educate, navigate and advocate health equity for African Americans and other underserved populations in Western North Carolina. ABIPA helps to shape and influence health needs while providing resources to address the overall wellbeing of the individual and his/her ability integrate practical preventative healthcare tools with directives from their primary health care team.

Why Community Health Workers?

- As health policy, research and practice are becoming increasingly focused on improving the health of populations and addressing social determinants of health, Community Health Workers (CHWs) are just what the doctor ordered. As part of the public health workforce with ties to the local community, CHWs are “frontline public health workers who are trusted members and/or have a close understanding of the community served.”



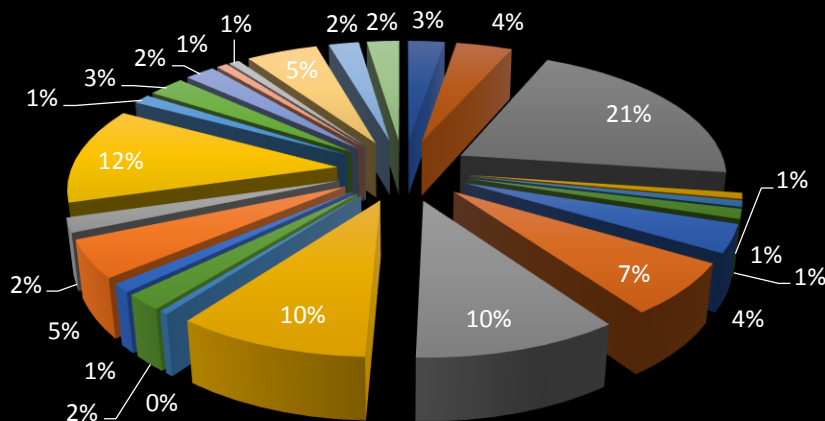
Community Health Workers Go To People Where They Are



We addressed 647 duplicated and unduplicated pathways with 206 residents that receive our direct case management services.

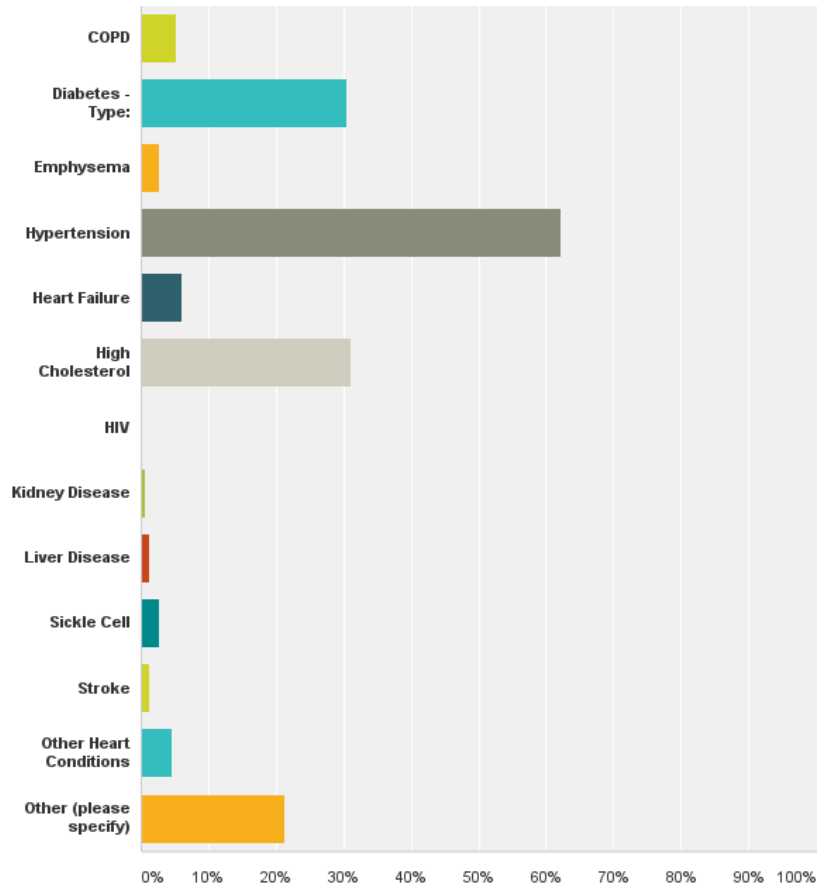
Pathways Addressed With Clients By Percentage

- | | | | |
|-----------------------------|----------------------------|---------------------------|-----------------------------|
| ■ Child Care | ■ Behavioral Health | ■ Food Security | ■ Housing Assistance |
| ■ Disability Income | ■ Child Support | ■ Dental Care | ■ Transportation Assistance |
| ■ Job/Employment Assistance | ■ Education GED Assistance | ■ Medical Debt Assistance | ■ Legal Services |
| ■ Parental Education | ■ Substance Use/Abuse | ■ Domestic Violence | ■ Special Health Care Needs |
| ■ Heat/Utilities Assistance | ■ Homeless Prevention | ■ Income Support | ■ Pharmacy/Medications |
| ■ Vision/Hearing | ■ Health Care Home | ■ Drivers License | ■ Health Insurance |



ABIPA OUTREACH Health Assessments

n= 264

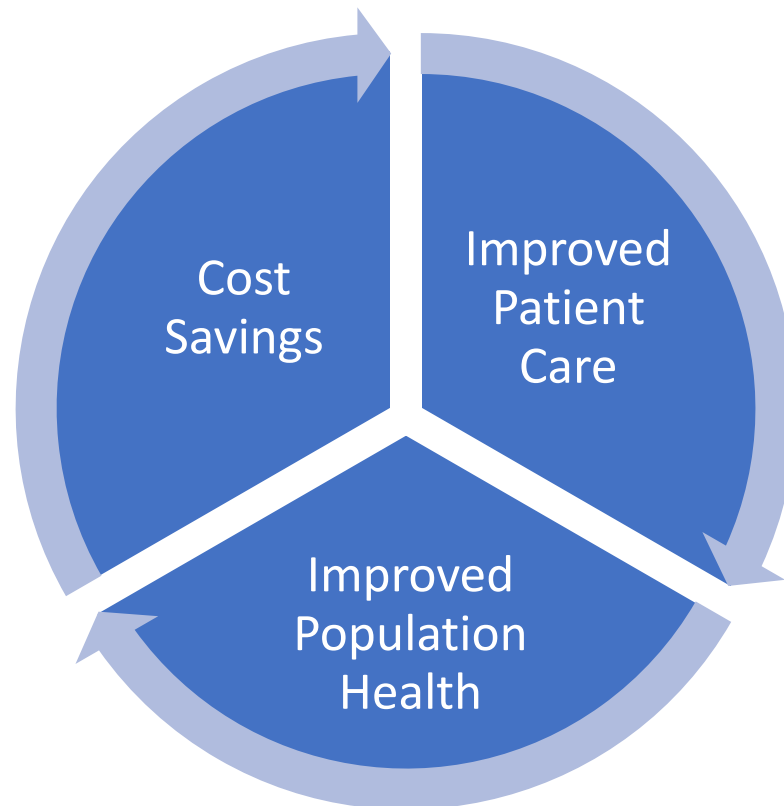


Answer Choices	Responses	
COPD	5.30%	8
Diabetes - Type:	30.46%	46
Emphysema	2.65%	4
Hypertension	62.25%	94
Heart Failure	5.96%	9
High Cholesterol	31.13%	47
HIV	0.00%	0
Kidney Disease	0.66%	1
Liver Disease	1.32%	2
Sickle Cell	2.65%	4
Stroke	1.32%	2
Other Heart Conditions	4.64%	7
Other (please specify)	21.19%	32
Total Respondents: 151		



The ABIPA/MHP Connection

ABIPA has partnered with Mission Health Partners as a community health team member to help achieve the triple aim of:

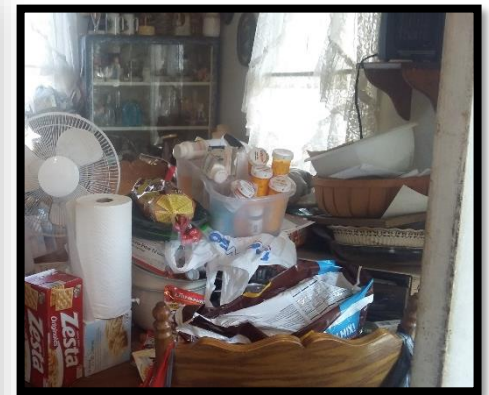


Cost Savings

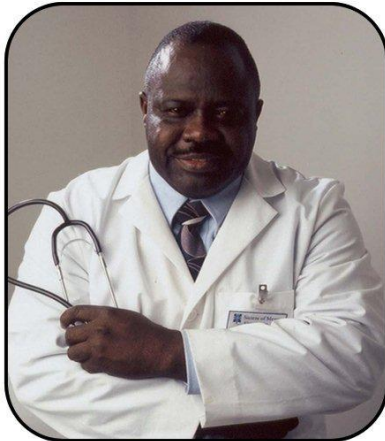


- The Arkansas Community Connector program integrated CHWs into long-term care by finding community members in three disadvantaged Arkansas counties and connecting them to Medicaid home and community-based services. In a three year study involving nearly 2000 participants, those connected with CHWs reported a 23.8 percent average reduction in annual Medicaid spending per participant (Felix et al, 2012)
- In Colorado, the Denver Health program is the primary healthcare “safety net” for underserved populations in Denver. They employ CHWs that provide a variety of services including community-based screening and health education, assistance with enrollment in publicly funded health plans, referrals, system navigation, and care management (Whitley et al., 2006). Over a 9 month period patients working with CHWs had an increased number of primary care visits and a decrease in urgent and inpatient care. This resulted in a \$2.38 ROI for every dollar invested with the CHWs (Whitley et al, 2006).
- In Kentucky, the Kentucky General Assembly authorized the Kentucky Homeplace Program in 1994. This program currently employs 39 CHWs, called family health care advisors, who provided services to 13,000 clients in 2007 across 58 predominately rural counties. The program received 2 million dollars in funding and in 2007 and was estimated to provide \$15 to \$20 of free or discounted medical services for every dollar invested (Goodwin & Tobler, 2008).
- In Maryland, Baltimore CHWs working with diabetes patients on Medicaid achieved a 38% reduction in emergency room visits leading to a 27% drop in Medicaid costs for the patients. It was estimated that each community health worker was responsible for \$80,000 to \$90,000 dollars in savings by alternating weekly home visits and phone contacts (Fedder et al. 2003).

Service Delivery Success



Thank You!



*In Memory of our Founder
the Late Dr. Charles Blair*



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Work Fueled by the ABIPA Team

