

Home Visiting During Social Distancing

Indian Health Service

COVID-19 CHR Training Series

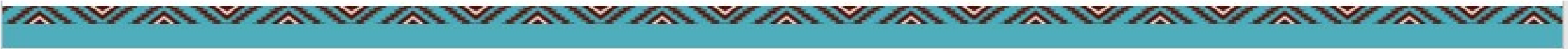
Presented by the Indian Health Service in partnership with
Johns Hopkins Center for American Indian Health



Series Dates:

May 7, 2020
May 14, 2020
May 21, 2020
May 28, 2020

COVID-19 101: Information and Impact
Home Visiting During Social Distancing
CHR COVID-19 Best Practices
Individual and Community Resiliency



Webinar Series Objectives

Understand

Understand COVID-19
and its impacts

Support

Support CHRs in
delivering holistic
services during COVID-
19

Provide

Provide tools to CHRs
that create an
empowered response
to community needs

Presenters



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GRATITUDE AND REASSURANCE

The ultimate measure of a person (or team) is not where they stand in moments of comfort and convenience, but where they stand at times of challenge.

- MLK, Jr.



Objectives of today's webinar: Virtual Home Visit



- Discuss home visitor roles and safety
- Review guidelines for virtual home visits
- Documentation considerations
- Community resources – importance of knowing how to connect families to several key services

COVID-19 Virtual Town Hall Poll



Home Visitor Role and Safety



IHS Response to COVID-19: Community-Based Health Programs

Community Health Representative (CHR) Program

- Provides **health care, health promotion, and disease prevention** services
- Helps with community-oriented **primary health services** to improve and maintain health
- Uses community experience to be effective **advocates**
- Provides **health education** and **reduce hospital readmissions**, which has contributed to lowering mortality rates

Health Promotion and Disease Prevention (HPDP) Program

- Improves health by **enhancing preventive efforts** at local, regional, and national levels
- Develops and implements effective **health promotion** and **chronic disease prevention** programs

Role of community-based health workers

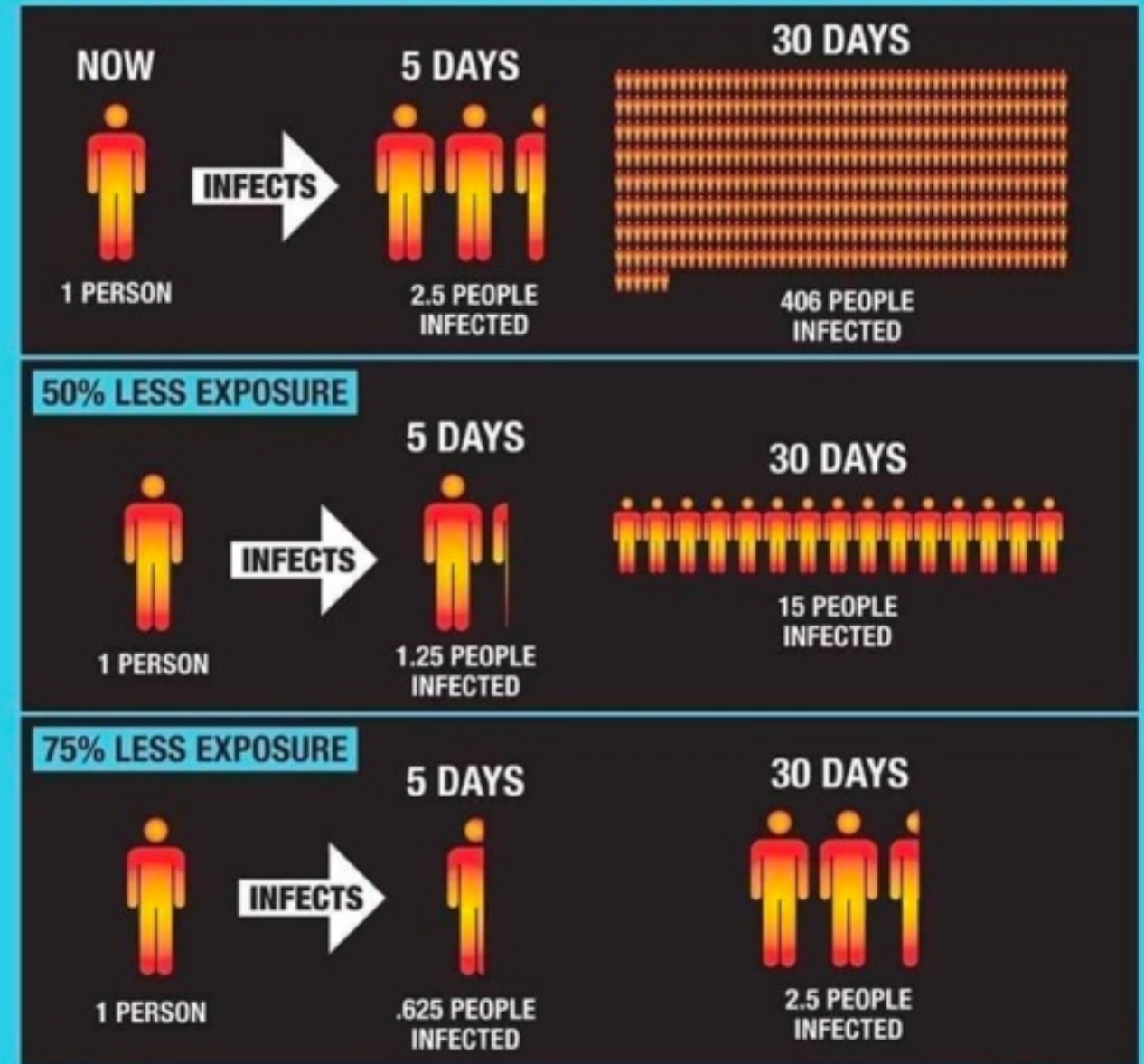
- Understand the disease and stay current with recommendations
- Communication
 - Listen to concerns
 - Provide education
 - Practice cultural competency
 - Dispel myths
- Service coordination
 - Link to local resources
 - Wellness check – medication refills, chronic conditions, mental health, food/water, coal/wood, livestock
- Empowerment
 - Help individuals and families recognize needs and advocate for themselves



Home Visitor Safety During COVID-19

Follow	Follow your organization's guidelines.
Avoid	Avoid in-person home visits unless otherwise directed.
Practice	<p>Practice Social Distancing:</p> <ul style="list-style-type: none">• Increase physical space between people to avoid spreading illness.• Stay 6 feet away from others.• Engage with others using electronic devices.

THE POWER OF SOCIAL DISTANCING



Taking Care of Our Mental Health



Separate what is in your control from what is not. There are things you can do- it's helpful to focus on those. Wash your hands and remind others. Limit consumption of news/social media.



Do what helps you feel a sense of safety. This will be different for everyone. It's ok if you've decided to stay in your house as much as possible, but make sure you separate when you are isolating based on potential for sickness versus because it's part of depressive symptoms.



Get outside in nature--while avoiding crowds. You can take a walk outside alone or with someone. It helps to get sunshine- our dose of vitamin D- and it can feel good to both get some fresh air and quality time together. Exercise also helps both our physical and mental health.



Take care of our bodies, AND make time to unwind. Take deep breaths or stretch. Try to get plenty of sleep. Make time for activities you enjoy.

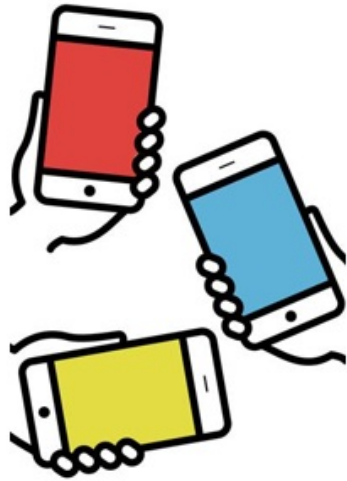


Connect with others. When social distancing, it will be important to keep in touch through phone calls, text and chatting by video when possible. Also, talk with people about how you are feeling.



Balance work and life. This is important all the time but even more so during a time of added stress and change.

How To: Virtual Home Visits (Tribal Sites)



FaceTime

zoom



Today's COVID-19 community health workers could become our epidemic response corps of the future – always ready to help us fight the next epidemic.

Prevent

Detect

Treat

Recover

1. Prevent

- Stay home if sick.
- Organize and **carry out social media campaigns** to promote social distancing and handwashing.
- Encourage strategies in their communities and online to **promote mental and physical health and resilience**.
- **Deliver food and medications** to elderly and vulnerable residents.
- **Make masks** at home, and donate them to supplement the stock of personal protective equipment at local hospitals.

Today's COVID-19 community health workers could become our epidemic response corps of the future

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2. Detect

- Learn the signs and symptoms of COVID-19, and **help staff hotlines** run by hospitals and public health departments to answer questions from the public.
- **Refer possible COVID-19 patients** to their nearest testing center and organize transportation.

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Prevent

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Treat

Recover

3. Treat

- Call people with COVID-19 who are in self-isolation with mild symptoms, and **monitor them for worsening symptoms.**
- **Provide moral support** and **organize food deliveries** for people with COVID-19 at home.
- **Support rapid referral** of people who require hospitalization, if needed, in consultation with nurse supervision.
- With public health officers, support **contact tracing**, symptom reporting, and monitoring of contacts of COVID-19 patients.
- Help **ensure access to testing and treatment** for people who develop signs and symptoms.
- Help hospitals and non-profits **raise funds.**

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Prevent

Detect

Treat

Recover

4. Recover

- Assist with the **coordination to support Tribal and urban communities** with health care services (e.g., medical supplies, prescriptions, staffing, etc.)
- Support the coordination of **health, social, and counseling services** (e.g. development of toolkits, comprehensive resource hub, promoting self-care for staff and community members, elder mental health, etc.)
- Assist in the development of recovery timeframe to **set bench marks, evaluate and monitor outcomes**. (Tribal Epi centers, State Health Departments, CHR Data Mart).
- **Share best practices** (e.g., develop a blue print of crisis/risk communication for future use).
- Partner with health care system to ensure patients **resume health care appointments** with their providers.
- Support **local economic recovery** (e.g., Buy Indian support contracts, Indian businesses and vendors).

Community Awareness

INFORM

Let agencies and families know the program is continuing services

RECRUITMENT

Will your program continue recruiting new participants?
What is the updated referral process?

EXPECTATIONS

What can participants expect visits to look like?

Policies and Procedures



Technology

- Support
 - Who should you call if you or your participant are having issues?
 - Consider a FAQ sheet or skills development for staff
- Basic technology needed
 - Email/text*
 - Download apps
 - Links/Documents
 - Webcam



**Email and text messaging is not secure and should not include any protected health information*

CONDUCTING VIRTUAL HOME VISITS:

Contacting Families

- **For remote or virtual home visits, the following information should be obtained prior to meeting and clearly documented in the EHR:**
 - *Patient's location/address during sessions*
 - *Patient's phone number*
 - *Name(s) of other individual(s) in the home/outside contact person*
 - *Phone numbers for above*
 - *Who the patient would call for emergency services and that phone number*
 - *Did the patient provide verbal consent for a remote/virtual home visit?*
 - *Capability for video chat – if yes, what type (Skype, Facetime, Facebook messenger, Google hang-out, Zoom, WhatsApp, etc.)*
 - *Disclaimer: Federal employees, Cisco Meeting platform [Zoom not approved]*
- **Document platform family has access to and be familiar with:**
 - *Access*
 - *Usability*
 - *Security*
 - *Virtual requirements*

CONDUCTING VIRTUAL HOME VISITS:

Privacy and Confidentiality

Before the visit:

- Ask participant to find a private space for visit
- Tell participant where you plan to do visit (your office, home, or another location)
- Tell participant what you plan to discuss during visit
- Encourage participant to wear headphones

During the visit:

- Double check participant is in private space
- Ask who is present with participant
- Confirm you are in private space
- Avoid sensitive subjects or confidential information previously shared

Conducting Virtual Home Visits

Options for sharing health education materials with participants

Prior to visit, **MAIL** packet of health education materials

SEND electronic files (email, on a cloud, photos)

SHARE materials on screen during video chat

CONDUCTING VIRTUAL HOME VISITS:

Frequency and Duration

Support adjusted schedules:

- It is still important to follow a structure for the visit, even virtually. The CHR may have to be creative and flexible when meeting remotely.
- Families or participants may be interested in more frequent visits at this time.
- Shorter, more frequent virtual visits should be allowable if content is covered.
- Length of the visit should be minimum 15 – 20 minutes
- Documentation is required and content should be covered.

Social support visits:

- May increase
- Maintain boundaries and be mindful of own personal mental health
- Have community resource and hotline numbers available to share

CONDUCTING VIRTUAL HOME VISITS:

Enrollment and Consent

- Enrolling new participants or families
 - May increase or decrease
 - Can depend on ability to connect remotely
 - Families or participants in need of services may be outside the typical or target population
- Referral Sources
 - Communicate with referrals sources if your services change
 - If current sources are closed, look for new sources or needs in the community
- Check with funders for update on enrollment requirements.
- Define the new process for receiving referrals and enrolling new participants.
- Based on IHS and organization policies, determine what constitutes as a valid consent for virtual or remote home visits.
 - Verbal, DocuSign (electronic), mail or contact-less physical drop off

Documentation and Supervision for Virtual Visits



Documentation

- How will documentation be completed?
 - Paper vs. Electronic
- Date/Time of visit
- How was the home visit conducted?
 - Phone (audio only)
 - Virtual
 - If virtual, document which platform was used (i.e. skype, zoom, facetime, etc.)
 - Other
 - Text, radio, etc.



Documentation Considerations

- All documentation should follow organization policies
- Documentation platform (paper vs. electronic) should be determined early. They may be based on access to and quality of internet service, and access to electronic health records.
- Use sound, ethical judgement to protect participant health information
- **REMOTE PAPER DOCUMENTATION**
 - Keep all screening and visit documentation put away. Consider locking them up if available.
 - Use minimum personal identifiers on forms (e.g. initials only)
 - All documentation and screenings should be entered into organization's electronic health records promptly following the CHR return to the office

Virtual Visits for Assessments and Screenings

Note: The following are recommendations based on Family Spirit research trial procedures. Discuss program-specific protocols with your evaluation team.

Self-reports by mail

- Send paper forms in a large envelope
- Enclose cover letter outlining expectations
- Enclose stamped envelope for return

Self-reports by email or SMS link

- May be possible depending on your program's data collection and management system

Interview assessments by phone or video

- May be completed before or after self-reports are sent back
- Have in front of you paper forms or tablet/laptop with forms open in system

Distributing incentive(s)

- Be clear about when incentive will be sent (e.g. only after you receive completed assessment forms)
- Can be sent by mail or email (e-gift card) – check with your program's procedures

Conducting Quality Assurance or Supervision

Audio record virtual visits

- All video chat platforms have a recording feature

Three-way connection (home visitor, participant, supervisor)

- Use phone conferencing feature
- All video chat platforms have a conferencing feature

Recommendations for Content of Supervision

- Shadow virtual visits and reflect
- Develop individualized professional development plans
- Develop resource lists for community – level supports related to the outbreak
- Reflect on remote work and reduced contacts with families/participants
- Role-play virtual visits and use of curriculum or health education content
- Gather responses from staff related to program acceptance and enrollment and retention rates





Community Resources and Education

Opportunities for Community Education

- **Share evidence-based facts and tips with families**
 - *Refer Johns Hopkins CAIH COVID-19 Fact Sheet for Tribal Communities*
 - *Share local guidelines about social distancing, when to go to hospital vs. when to wait, etc.*
 - *For up-to-date information: www.CDC.gov/COVID19*
- **Incorporate additional education model specific content**
 - *For example - talk about hand washing practices during diaper changing (family home visiting)*

Connecting Families to Key Services

Housing and Employment

- HUD (US Department of Housing and Development)
- DOL (US Department of Labor)

Education (children at home/adults)

- US Department of Education

Food and Supplies

- SNAP (Supplemental Nutrition Assistance Program)
- Supplybank.org

Legal

- NLRC (National Legal Resource Center)

Mental Health/Substance Abuse

- NAMI (National Alliance on Mental Illness)
- SAMHSA (Substance Abuse and Mental Health Services Administration)

National and Local Resources for Free Internet and Other Financial Services



Resources for Virtual or Remote Home Visiting

- **Centers for Disease Control: COVID-19 and the Role of Community Health Workers**
 - https://www.youtube.com/watch?v=MS-_YocUWxQ
- **Healthy Families America: Guidance for Healthy Families America sites in response to COVID-19**
 - <https://www.healthyfamiliesamerica.org/hfa-response-to-covid-19>
- **HIPAA Suspension of Penalties**
 - <https://www.healthcareittoday.com/2020/03/17/hipaa-penalties-suspended-for-telehealth-during-covid-19-national-emergency/>
- **Institute for the Advancement of Family Support Professionals: Rapid Response Home Visiting**
 - <https://institutefsp.org/covid-19-rapid-response>
 - https://earlyimpactva.org/resources/covid-19/PR_TroubleShootingTipsForVSD-U-RR.pdf
 - https://earlyimpactva.org/resources/covid-19/PR_ReadinessReflectionForVSD-U-RR.pdf
- **Johns Hopkins Family Spirit Guidance for Virtual Home Visits**
 - <https://www.jhsph.edu/research/affiliated-programs/family-spirit/Guidance%20for%20Virtual%20Home%20Visits.pdf>

Contact IHS Community-Based Health Programs

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