Betsy Peyton, Director of WellAWARE
www.wellawarevirginia.org

Well-Aware is a geographically-based Community Health Worker program that aims to help medically underserved communities overcome obstacles to good health and healthcare. We are a program of the Primary Care Partnership, a coalition of three area non-profit organizations: Central Virginia Health Services (CVHS), the Charlottesville Free Clinic, and the University of Virginia Primary Care. CVHS is WellAWARE's fiscal sponsor since we do not yet have independent non-profit status ourselves. We are funded for three years, with an option for a fourth, under a contract agreed to by the three institutions. We are currently in Year Two of the contract. Additionally, we have received grant funds for the current year from the Charlottesville Area Community Foundation and Bama Works.

Mission: *WellAWARE helps people in medically underserved neighborhoods to overcome obstacles to good health and healthcare.*

Vision: *Our vision is that all of our neighbors, regardless of their circumstances, have the opportunity to live their healthiest lives and thrive.*

Values:

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.*

We started working with clients in the Charlottesville community in January and are already seeing improved health outcomes for those enrolled in our program. We have the ability, through specialized data maps, to identify individual patients within our catchment area who have had recent non-emergent

visits to the ER. These are obvious initial referrals for us, and we are contracted to approach and work with this group, helping connect them with better care options. But we also accept community referrals, which make up the bulk of our current case list.

Our CHW will meet with clients in their homes, assess their needs and/or barriers to good healthcare, and come up with a personalized action plan to achieve their goals. (See Addendum for sample list of rural barriers to high-quality healthcare.) Our services are tailored to client's needs and self-identified goals, but some of the ways we can help are:

*Provide free transportation to health-related destinations (eg, pharmacy, medical and dental appointments.)
*Attend medical appointments with clients to make sure that they understand information and feel heard by provider.
*Provide non-judgmental coaching and education around chronic disease management.
*Make needed social, dental, mental health, and Covid-19-related referrals.
*Navigate the health system (eg, fill out forms, explain bills, schedule appointments.)
*Provide some limited material and financial assistance with urgent needs, especially food scarcity.
*Help clients find medical providers they can trust.
*Advocate for client and community needs within the health system, such as those @ cultural divides.
*Hold community-building events—around themes like Eating Healthy on a Budget (in which we would cook healthy meals together and send ppl home with all the ingredients.)

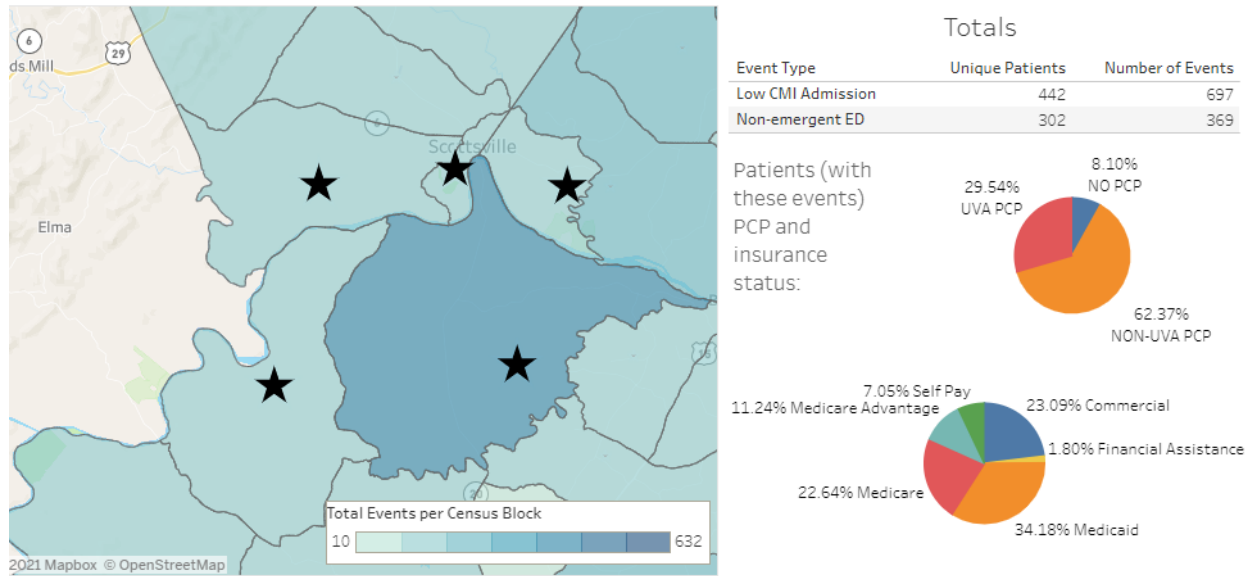**Common Barriers to Care**

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

Catchment Area: See map and demographic data below.
WellAWARE's catchment area includes parts of northern Buckingham Co., southern Albemarle Co., eastern Fluvanna Co., and the town of Scottsville. In the poorest section of our service area, northern Buckingham County, 17.3% of residents are uninsured, compared to 9% of all Virginians; and 43% of homes have internet access, compared to 83% of the state. For residents with reliable, insured vehicles, the cost of a round trip to UVa can exceed $15. For those without a car, an Uber trip may exceed $100.

WellAware Public Summary
Non-emergent ED and Low CMI Admission Events (since 2018) in WellAware Rural Neighborhood

Totals

Event Type	Unique Patients	Number of Events
Low CMI Admission	442	697
Non-emergent ED	302	369

Patients (with these events) PCP and insurance status:

- 29.54% UVA PCP
- 8.10% NO PCP
- 62.37% NON-UVA PCP

- 7.05% Self Pay
- 11.24% Medicare Advantage
- 23.09% Commercial
- 1.80% Financial Assistance
- 22.64% Medicare
- 34.18% Medicaid

Total Events per Census Block
10 — 632

2021 Mapbox © OpenStreetMap

The starred areas represent the five census block groups that make up our site.