

THE PULSE

EnRICHing the lives of individuals we serve and keeping a pulse on healthcare integration at RBHA



February is Heart Disease Awareness Month

Heart Disease is one of the leading causes of death and disability in the United States. Every year approximately 600,000 Americans die of Heart Disease. High blood pressure is the leading cause of Heart Disease and stroke. 40% of African American men have high blood pressure which puts African American men at a higher risk for Heart Disease. The term "Heart Disease" is often used interchangeably with the term "cardiovascular disease" which generally refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain (angina) or stroke. Many forms of heart disease can be prevented or treated with healthy lifestyle choices. Risk factors for developing Heart Disease include: age, gender, family history, smoking, poor diet, high blood pressure, high blood cholesterol levels, diabetes, obesity, physical inactivity, stress, and poor hygiene. Complications of Heart Disease include: heart failure, heart attack, stroke, aneurysm, peripheral artery disease, and sudden cardiac arrest. Seek emergency medical care if you experience the following Heart Disease symptoms chest pain, shortness of breath, and fainting. Heart Disease is easier to treat when detected early, so talk to your doctor. People with poor cardiovascular health are also at increased risk of severe illness from COVID-19.

For more information visit the National Heart, Lung, and Blood Institute (NHLBI) website:

<https://www.nhlbi.nih.gov/health-topics/education-and-awareness/heart-month>

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COVID-19

Q&A ON COVID-19 AND NCDS

21 MAY 2020

IF I HAVE HEART DISEASE, WHAT DO I NEED TO KNOW ABOUT COVID-19?

1 ARE PEOPLE WITH HEART DISEASE MORE LIKELY TO GET COVID-19?

- People with heart disease, especially, if older, are more likely to develop severe symptoms from COVID-19 than those without heart problems.
- In the USA, almost 40% of those hospitalized with COVID-19 had heart disease.
- Coronavirus can affect the heart in multiple ways such as increasing workload on the heart, worsening heart failure symptoms.
- It is also harder for some people with heart disease to clear the virus as they have a weaker immune system.

2 IF I HAVE HEART DISEASE, WHAT SHOULD I DO TO AVOID GETTING COVID-19?

- Wash your hands frequently, always avoid touching your face.
- Stay away from anyone who you know is sick.
- Ask family and friends who are sick or could be sick to kindly avoid visiting you.
- Always stay at least 3 feet (1 meter) apart from any other person when you are outside of the house.
- Minimize, and if possible, completely avoid, going to places with large crowds – this



includes the stores, supermarkets, and pharmacies. When possible, ask a friend or relative who is healthy to purchase necessary items for you.

- Wear a face mask for protection if you must leave home to go to crowded areas.

3 HOW CAN I PREPARE MYSELF AND MY FAMILY DURING THIS PANDEMIC?

- Planning for essentials like food, water and medicines is critical.
- Ensure that you have an adequate supply of all your medications. Keep at least a 90-day supply, on hand.
- Ensure an adequate supply of healthy food choices.
- Be physically active every day.
- Have cleaning supplies in your home (soap, disinfectants, hand sanitizer).
- Reduce and manage your stress.
- If you have had heart failure, or heart-failure-like symptoms, check your weight regularly. If it is rising rapidly, it can be due to too much fluid in the body that can lead to trouble breathing.
- Have your doctor's phone number handy, somewhere you and your family members

PAHO



Pan American
Health
Organization



World Health
Organization
www.who.org

BE AWARE. PREPARE. ACT.

www.paho.org/coronavirus

BE WELL-RVA PROJECT

RBHA's Be Well RVA Project is a new SAMHSA-funded grant that includes both prevention and clinical activities aimed at addressing behavioral health needs, with a specific focus on suicide and domestic violence

The main purpose of the project is to prevent suicide and suicide attempts through a collaborative effort including:

- Rapid response to a suicidal crisis with **increased care coordination of clinical and supportive services**, including real-time follow-up from emergency room/hospital visits, and provision of ongoing support until the client re-connects with RBHA. ***This project does not take the place of RBHA Emergency Services***
- Provision of **enhanced counseling services and supports specifically** for those experiencing domestic violence
- Staff and community **education, resources, and training** on suicide prevention (risk and protective factors, best practice interventions and other related topics)
- **Partnerships** across agency, state and community systems to implement comprehensive suicide prevention
- Provision of **community recovery supports** for individuals and their families

Some of what we've done so far:

- Provided regular, short-term counseling, including safety planning related to domestic violence and suicide prevention, and checks on the client to assure safety
- Contacted client's case manager when the client is in the ED or on a hospital unit related to suicide or domestic violence; coordinated RBHA and specialist appointments
- Updated clinical and contact information in EDCC
- Provided bridge support for clients with SI/DV while client's therapist was on vacation
- Collaborated with Rapid Access to schedule intake appointments for new clients and provide supportive counseling prior to case assignment

BE WELL-RVA PROJECT

The Be Well-RVA Project is aiming to enroll 100 individuals by November 2021

Staff include:

Care Coordinators (Toni Stewart and Jillian Olson)

- Monitor the daily EDCC (Emergency Department Care Coordination) list and review referrals from RBHA programs and external providers
- Reach out to individuals (including contacting ER and/or Inpatient staff if the client is not yet discharged) regarding follow-up with assigned case managers or accessing intake services if the client's case needs to be re-opened
- Assist the CM with care coordination appointments as needed
- Coordinate care between the RICH Clinic and RBHA staff/outside providers
- Providing additional medical or provider information for CMs
- ***The Care Coordinator's role is time limited and not on-going***

Clinician (Shamara Williams)

- Short-term clinical interventions/counseling for those in IPV/DV/SV situations or struggling with ongoing suicidal ideation

Peer (to-be-hired)

- Provide peer recovery support services, linkages to behavioral health and community-based resources, short-term follow-up and monitoring.

Research Assistant (Laura Peters)

- Reach out to identified individuals to determine if they would like to enroll in the grant by completing the grant-required NOMs (National Outcomes Measures) assessment.

How you can help:

If you have a client who you think would benefit from additional counseling and supportive services to address issues related to suicide and/or domestic violence, please complete the Be Well RVA Case Manager Referral Form (<https://redcap.rbha.org/surveys/?s=TTN3EK7NRF>).

*For further information, please contact Sara Hilleary (Care Coordinator Supervisor) at sara.hilleary@rbha.org // 819-4201, or Lauren Stevens (Project Coordinator) at stevensl@rbha.org // (804) 343-7625. **Thank you!***