

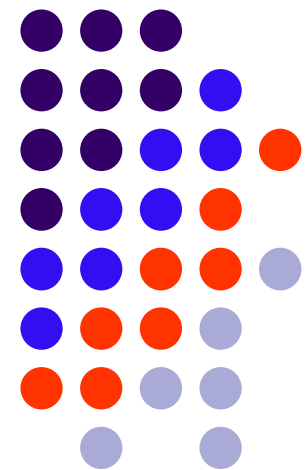
# ***Demystifying Community Health Workers (CHWs)***

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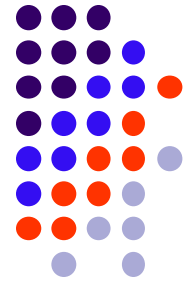
***What do they do and how can they help your rural community?***

NW Rural Health Conference  
Spokane, WA 3/27/2018

Seth Doyle, Northwest Regional Primary Care Association  
Kathy Burgoyne, Foundation for Healthy Generations  
Sarah Salomon, Foundation for Healthy Generations

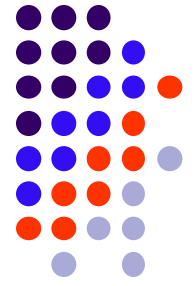


# Session Objectives

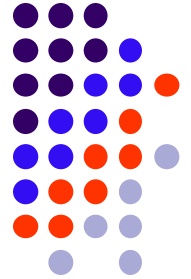


- Provide national historical and current context for CHW work
- Share specific examples of what CHW work looks like at the community-level and in clinics throughout WA
- Describe the current status of CHW legislation in WA State

# Who are Community Health Workers (CHWs)?



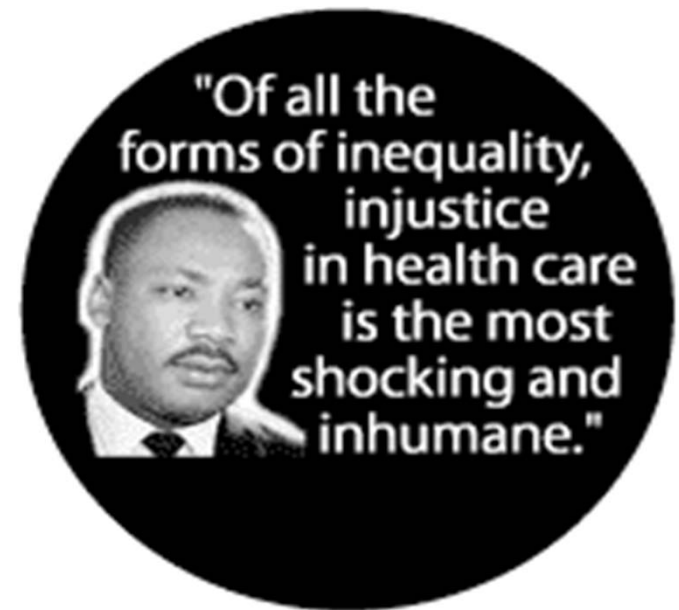
# EMERGENCE OF CHWS IN U.S.



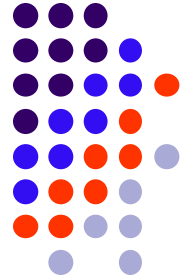
1962: Migrant Health Act

1964: Economic Opportunity Act

1968: Indian Health Service Establishes  
Community Health Representative Program



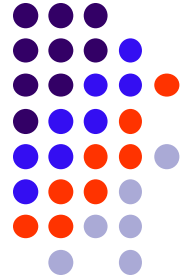
# DEFINING THE FIELD



**Bureau of Labor Statistics Standard Occupational Classification:**  
DOL 21-1094 Community Health Workers--Assist individuals and communities to adopt healthy behaviors. Conduct outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health.

May provide information on available resources, provide social support and informal counseling, advocate for individuals and community health needs, and provide services such as first aid and blood pressure screening. May collect data to help identify community health needs. Excludes "Health Educators" (21-1091).  
Illustrative examples: *Peer Health Promoter, Lay Health Advocate*

# DEFINING THE FIELD

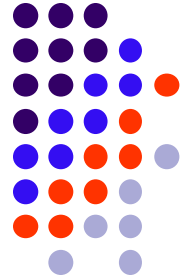


## American Public Health Association:

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

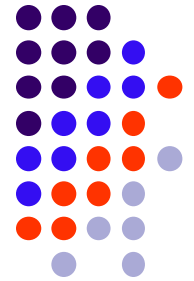
A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

# Key Characteristics



- Trusted member of the community being served
- Shared life experiences
  - Language
  - Culture
  - Race/Ethnicity
  - Sexual Orientation
  - Socio-economic circumstances
  - Chronic disease condition
- Strong desire to help community

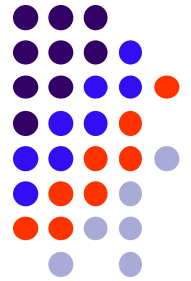
# CHW Skills: CHW Core Consensus (C3) Project



1. Communication Skills
2. Interpersonal and Relationship-Building Skills
3. Service Coordination and Navigation Skills
4. Capacity Building Skills
5. Advocacy Skills
6. Education and Facilitation Skills
7. Individual and Community Assessment Skills
8. Outreach Skills
9. Professionals Skills and Conduct
10. Evaluation and Research Skills
11. Knowledge Base



# CHW Roles: CHW Core Consensus (C3) Project



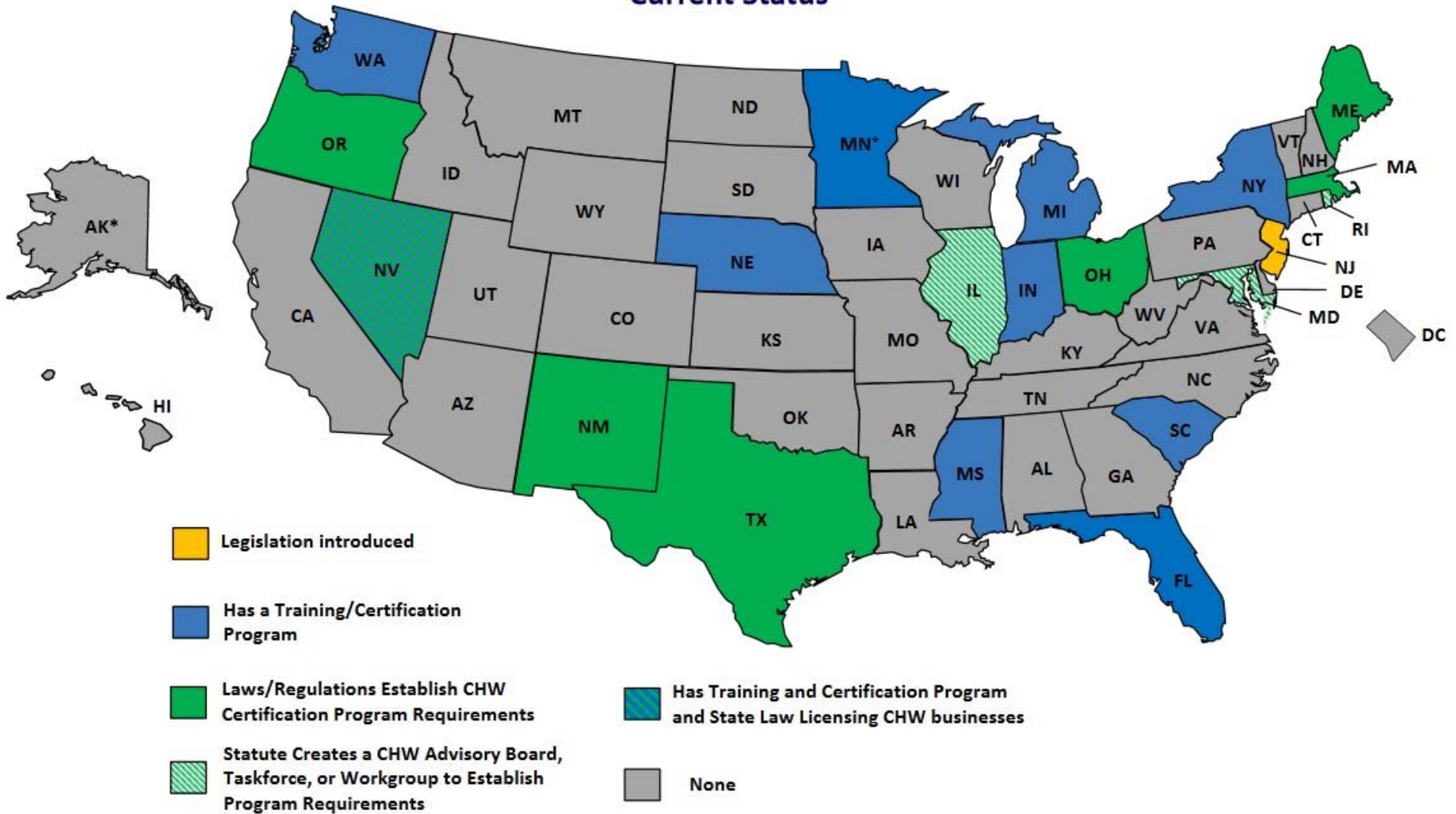
1. Cultural Mediation Among Individuals, Communities, and Health and Social Service Systems
2. Providing Culturally Appropriate Health Education and Information
3. Care Coordination, Case Management, and System Navigation
4. Providing Coaching and Social Support
5. Advocating for Individuals and Communities
6. Building Individual and Community Capacity
7. Providing Direct Service
8. Implementing Individual and Community Assessments
9. Conducting Outreach
10. Participating in Evaluation and Research





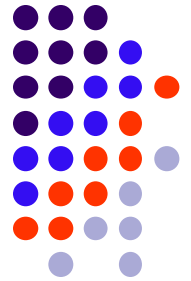
# Community Health Workers (CHWs) Training/Certification Standards

Current Status

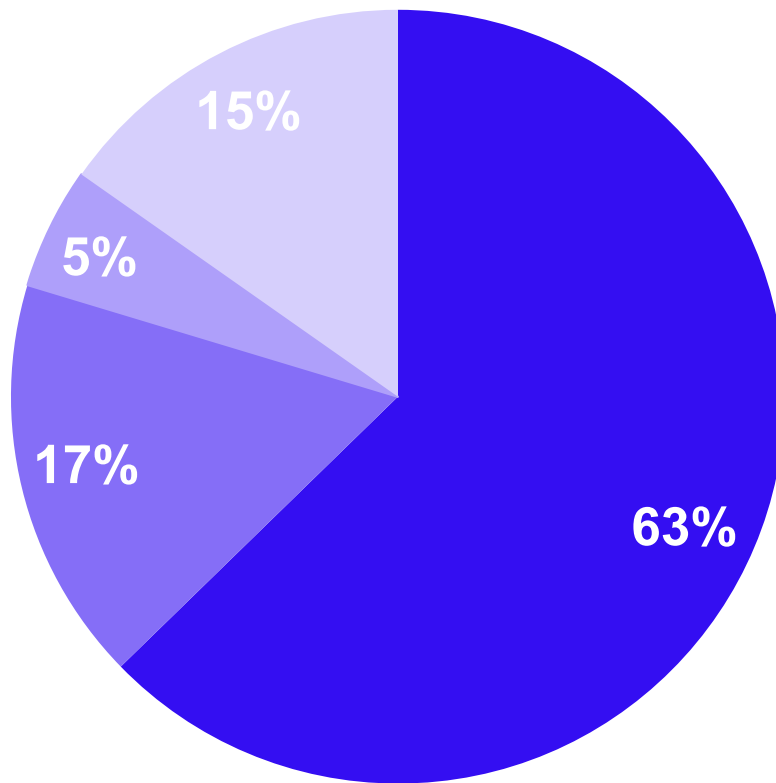
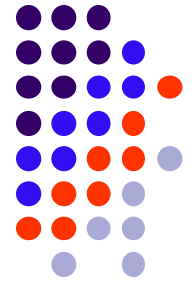


\*AK does not have a state-run CHW training program, but statutorily provides community health aide grants for third-parties to train community health aides.

# How are CHWs Utilized in Community Health Centers?

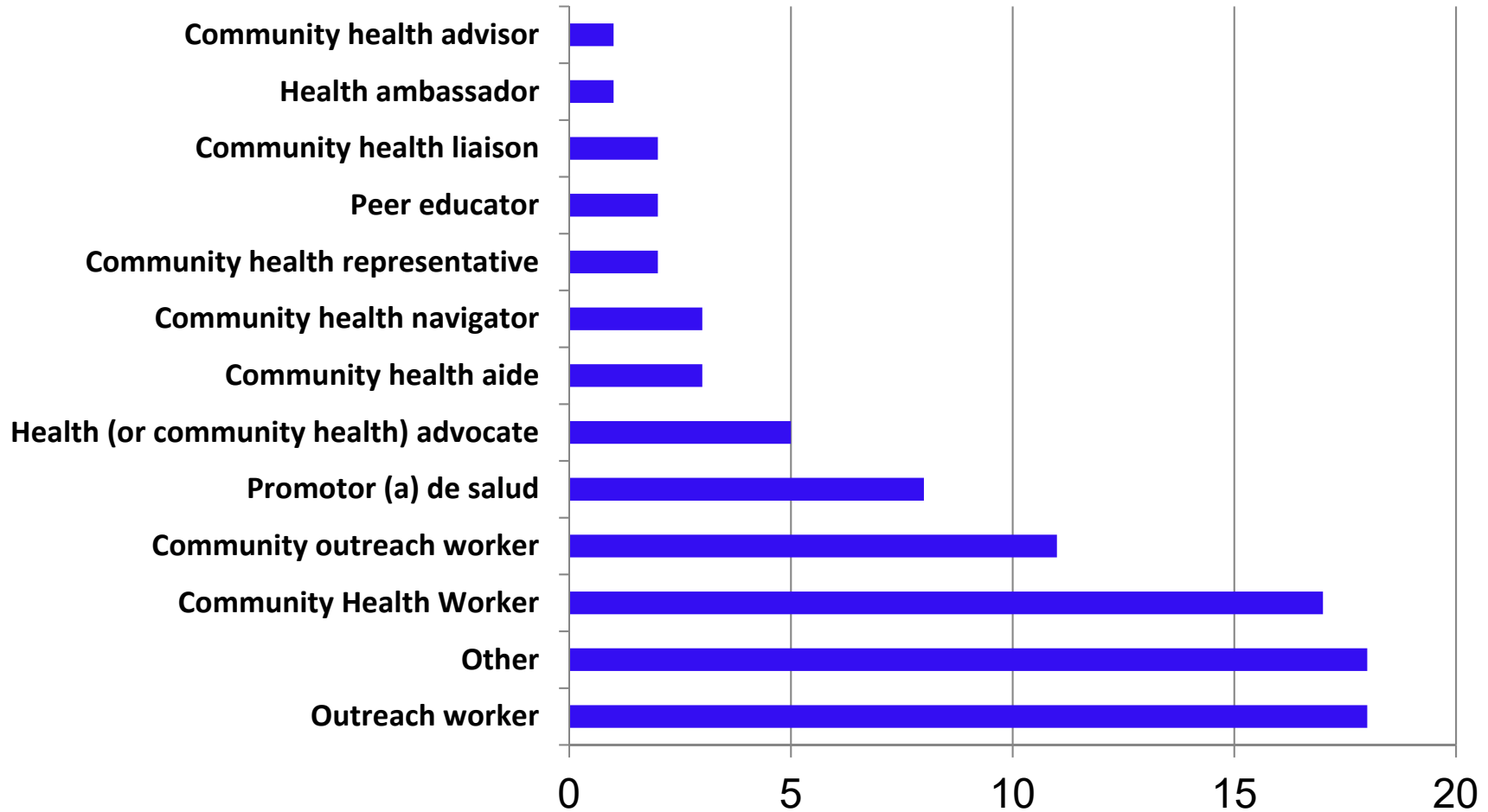
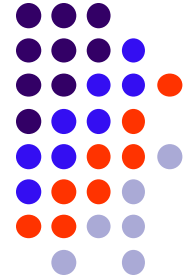


# Utilization of CHWs by Survey Respondents (N= 59, 64% of survey group)

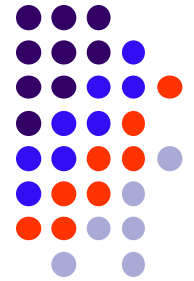


- Yes, we currently utilize CHWs in at least one program.
- No, we do not utilize CHWs currently and have not utilized CHWS in the past but are considering adding CHWs
- We have utilized CHWs in the past but do not currently
- We do not utilize CHWs now and are not considering

# Titles in Use for CHW Staff



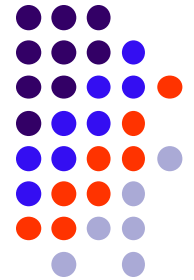
# Summary of CHW Roles and Functions



Coordination of Clinical Services (96)*	Health Promotion Education/Prevention (73)*	Resource Identification (40)*	Engagement/Advocacy- Individual & Comm. Levels (37)*	Coverage/Enrollment (18)*
<ul style="list-style-type: none"> <li>• Behavioral/ mental health</li> <li>• Case management</li> <li>• Home visits</li> <li>• Establish/ Maintain care relationships</li> <li>• Maternal child health</li> <li>• Motivational Interviewing</li> <li>• Oral health/ dental</li> <li>• Patients with chronic illness</li> <li>• Paraprofessional services</li> <li>• Self management</li> <li>• Tailoring and Targeted interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Events or Community Activities</li> <li>• Work with Groups</li> <li>• Health ED                             <ul style="list-style-type: none"> <li>• <i>Wellness</i></li> </ul> </li> <li>• Working with community not exclusively patients                             <ul style="list-style-type: none"> <li>• <i>Screening</i></li> </ul> </li> <li>• Outreach to Schools</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Address social determinants</i></li> <li>• Facilitate referrals for non-medical resources and services</li> <li>• Navigation of services</li> </ul>	<ul style="list-style-type: none"> <li>• Liaison to and with providers, community groups</li> <li>• Outreach</li> <li>• Civic engagement</li> <li>• Advocacy</li> </ul>	<ul style="list-style-type: none"> <li>• Work with assigned but unengaged individuals</li> <li>• Insurance information, resources, counseling                             <ul style="list-style-type: none"> <li>• <i>enrollment</i></li> </ul> </li> </ul>

\* Interview findings:  
Mentions by interview respondent

## In the final analysis ...



*“Wellness is beyond just going to see a provider when you’re sick and taking medication and doing all of these kind of passive things. Really if we can have CHWs engage them in something that’s proactive, we can really get ahead of the curve.”*

***Ok, I'm convinced.  
My clinic should hire a CHW...***

***How do we get started?***

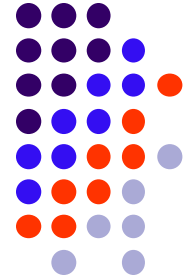


# Think about a time when you started a new job...

- What was hard about it?
- What helped you find your stride?

*“When we first presented these patients to our staff, they laughed at us and said ‘Good luck! I’ve been working on that person for years.’”*

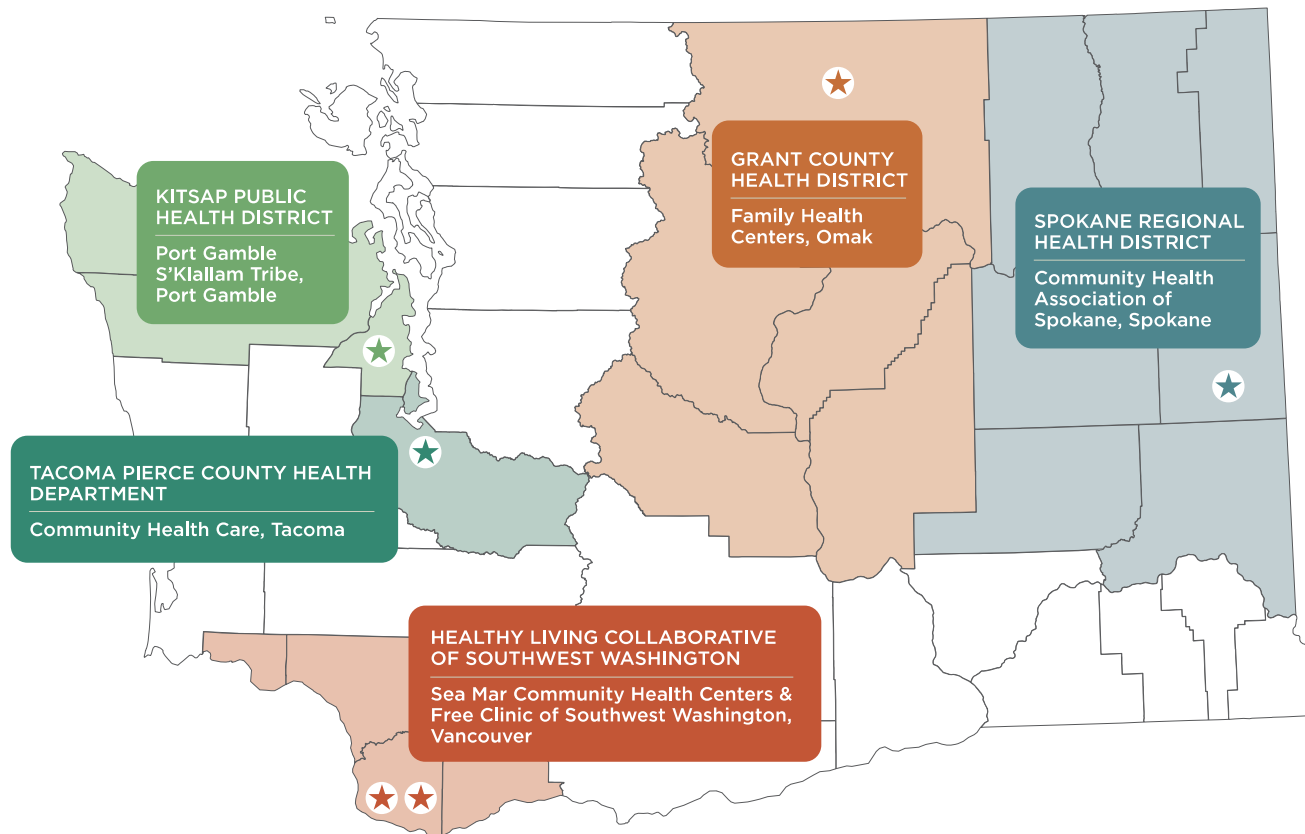
*- Clinic Manager*



# CHW Integration Pilot Sites

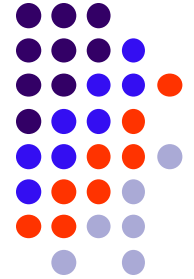
Community Health Worker (CHW)  
INTEGRATION PILOT SITES

SUPPORT FROM

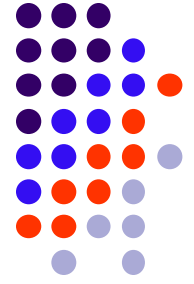


- **Funder:** WA Department of Health
- **Technical Assistance & Learning Collaborative Lead:** Healthy Gen
- **Local Support:** Regional CHW Networks

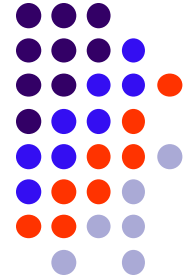
# Project Purpose



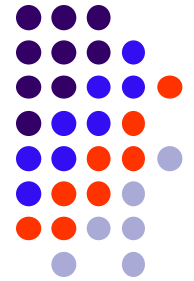
# Project Purpose



# Project Purpose



# Designs Vary by Clinic



*nəx<sup>w</sup>qíyt nəx<sup>w</sup>s'káyámí*  
PORT GAMBLE S'KLALLAM TRIBE



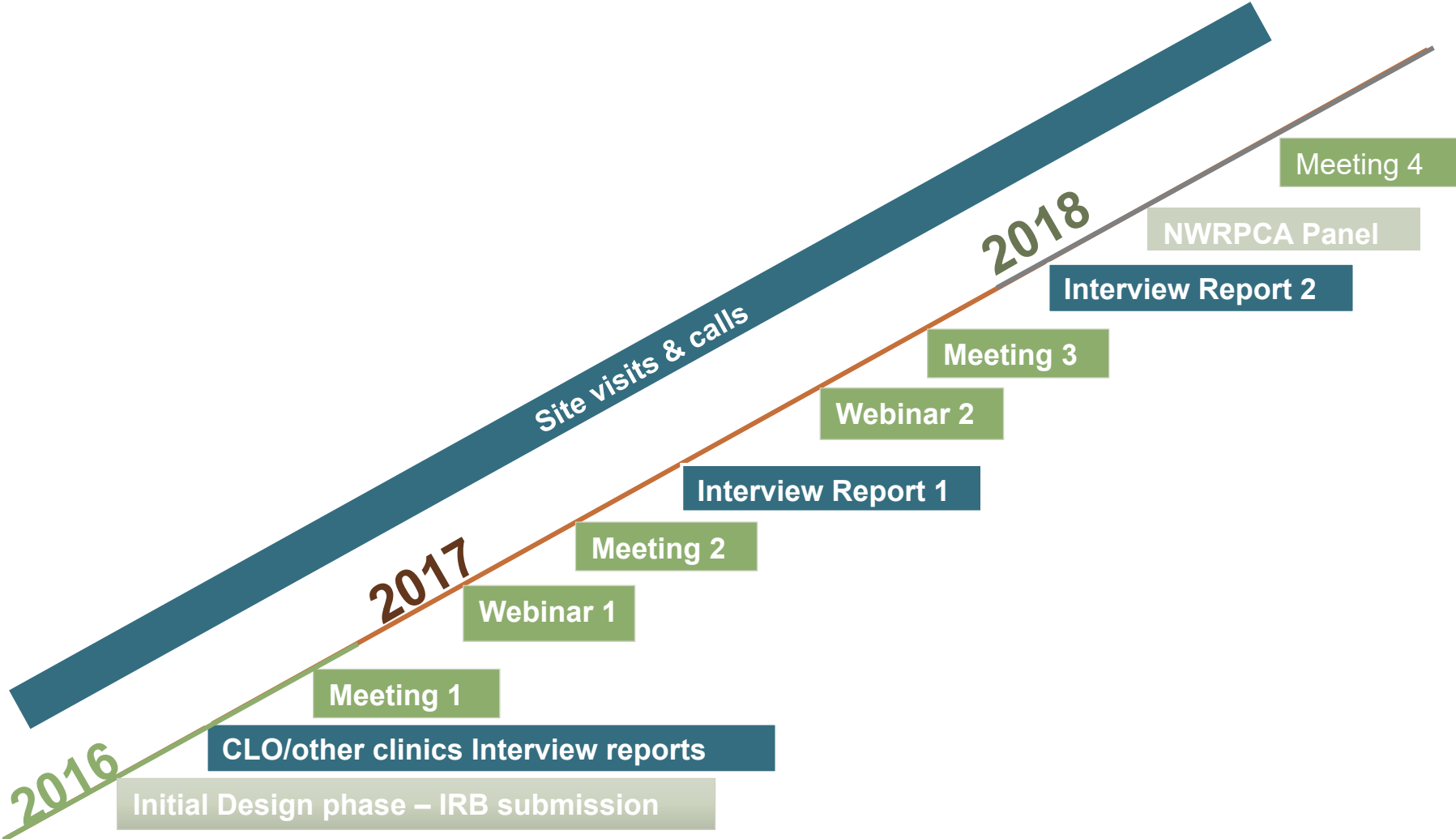
**FAMILY**  
**HEALTH CENTERS**  
YOUR FAMILY, YOUR HEALTH, YOUR CHOICE



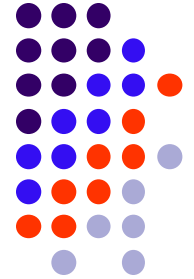
**Sea Mar**  
Community Health Centers  
*Clínica de la Comunidad*  
Exceptional service. Every person. Every time.

COMMUNITY  
HEALTH  
*Care*  
MEDICAL • DENTAL • PHARMACY

# Clinics identify & share best practices







# Successes by 1 year



- ✓ Statistically significant decrease in HbA1C

Sea Mar - 11% to 9.5%

CHC - 10.7% to 9.6%



- ✓ Increase in new patient visits

CHAS - 65% increase in Marshallese patients

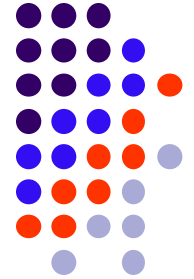


- ✓ Screening & connection to services

Sea Mar - 65% screened + for food insecurity, 45% participated in Cooking Matters class



- ✓ 4 clinics hired additional CHWs



# Persistent Challenges



Staff turnover



Supervisor workload and training

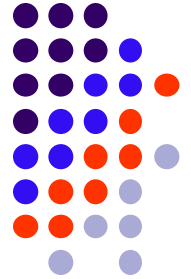


CHW role not well-defined or understood



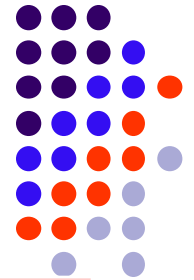
Clear boundaries with clients & staff

# 5 keys to success



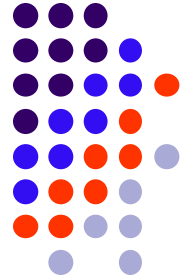
1. Make a plan
2. Continuously clarify
3. Clear communication
4. Document & share success
5. Plan for sustainability

# #1: Make a Plan – Be Specific!



<b>F</b>	<ul style="list-style-type: none"><li>• <b>Focus:</b> What community or health outcome(s) will this role target?</li><li>• <b>Funding:</b> How will the position be funded?</li></ul>
<b>I</b>	<ul style="list-style-type: none"><li>• <b>Integration:</b> How will the CHW role support &amp; inform clinical care?</li><li>• <b>Impact:</b> How will we measure impact?</li></ul>
<b>R</b>	<ul style="list-style-type: none"><li>• <b>Referrals:</b> How will patients/community members be connected to the CHW?</li></ul>
<b>S</b>	<ul style="list-style-type: none"><li>• <b>Supervision:</b> Who will supervise?</li><li>• <b>Scope:</b> What will be the CHW's scope of services?</li><li>• <b>Support:</b> Who else is key to success?</li></ul>
<b>T</b>	<ul style="list-style-type: none"><li>• <b>Traits:</b> What personality traits are needed for CHW and supervisor?</li><li>• <b>Training:</b> What training will CHW and supervisor need?</li></ul>

## #2 Continuously clarify CHW role

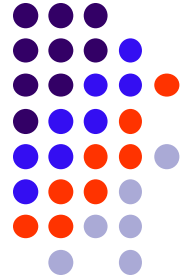


- It's a balancing act
- Repeat, repeat, repeat
- Supervisors must “protect” CHW role

*“Our supervisor deserves some credit, she involves us with things in each other’s jobs, refers to us by a team, calls us a team, etc.”*

-CHW

## #3 Establish clear communication

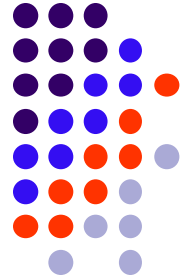


- Electronic and face to face
- Anticipate staffing changes/interruptions
- Access to administrators

*“Larger meetings every month are a huge success, where we share stories, mission moments, challenges, and give each other feedback.”*

*-Supervisor*

## # 4 Document, review, & share success

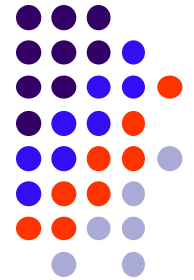


- EHR data is usually insufficient
- Data systems should be multi-purpose
- Data helps make the case for sustainability

*“I hear from QI meetings and CHW meetings that in a short amount of time we have seen a large decrease in patient A1c levels. That to me is huge. The number doesn’t lie, right? This is the biggest success that I’ve heard that I tune into at least.”*

*- Nurse Case Manager*

## #5 Plan for sustainability



- CHW services not directly billable in WA
- MCOs, grants
- Self-funded: CHWs increase billable services (essential services) and pay-for-performance outcomes (HEDIS)



## In the words of a CEO

“We need to do better engagement of our consumer and CHWs are a key part of this.... At the end of the day it’s a matter of priority, and seeing the CHW role as integral to the overall profitability of the company.”

**-Integration Pilot Clinic CEO**

Or of a CHW

“In my mind I’m like, ‘OK if all of these individuals that I have worked with... if I’m able to bring them back, that’s registered on the EHR. Specifically for the diabetes patients, if they come back and get their retina [screening] done, or the A1c done, all of that counts for the HEDIS measures.’”

- **Integration Pilot CHW**



foundation for  
**healthy generations**

CREATING ENDURING HEALTH EQUITY

# What's happening in WA State?

## 2018 CHW Legislation in Washington

- 2 Bills:
  - House Bill 2436
  - Senate Bill 6418
- 1 Proviso



## Proviso is Next

Community Health Workers Funding is provided for the Department of Health to implement training and education recommendations described in the 2016 report of the Community Health Worker Task Force. (General Fund-State)



# Advocacy and Education are Needed?





## Pathways

---

Familiarity with the Medicaid  
Demonstration Project?

Familiarity with the Pathways  
Community Based Care Coordination  
Model?

# Medicaid Transformation Project: ACH Requirements

## Health Systems & Community Capacity Building

- ✓ **These required elements are the foundation for transformation projects:**
  - Financial sustainability through value-based payment (VBP)
  - Workforce development related to specific initiatives
  - Systems for population health management

## Care Delivery Redesign

- ✓ **Required project:**  
Bi-directional integration of care and primary care transformation

**Choose at least one:**

- **Community-based care coordination: Pathways**
- Transitional care
- Diversion interventions

## Prevention & Health Promotion

- ✓ **Required project:**  
Addressing the opioid use public health crisis

**Choose at least one:**

- Maternal and child health
- Access to oral health services
- Chronic disease prevention and control



## Endorsers of the Pathways Community HUB Model



Ohio Commission On  
Minority Health



Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™



Agency for Healthcare Research and Quality  
Advancing Excellence in Health Care



### The CMS Innovation Center



National Science Foundation  
WHERE DISCOVERIES BEGIN



National Institutes of Health  
Turning Discovery Into Health



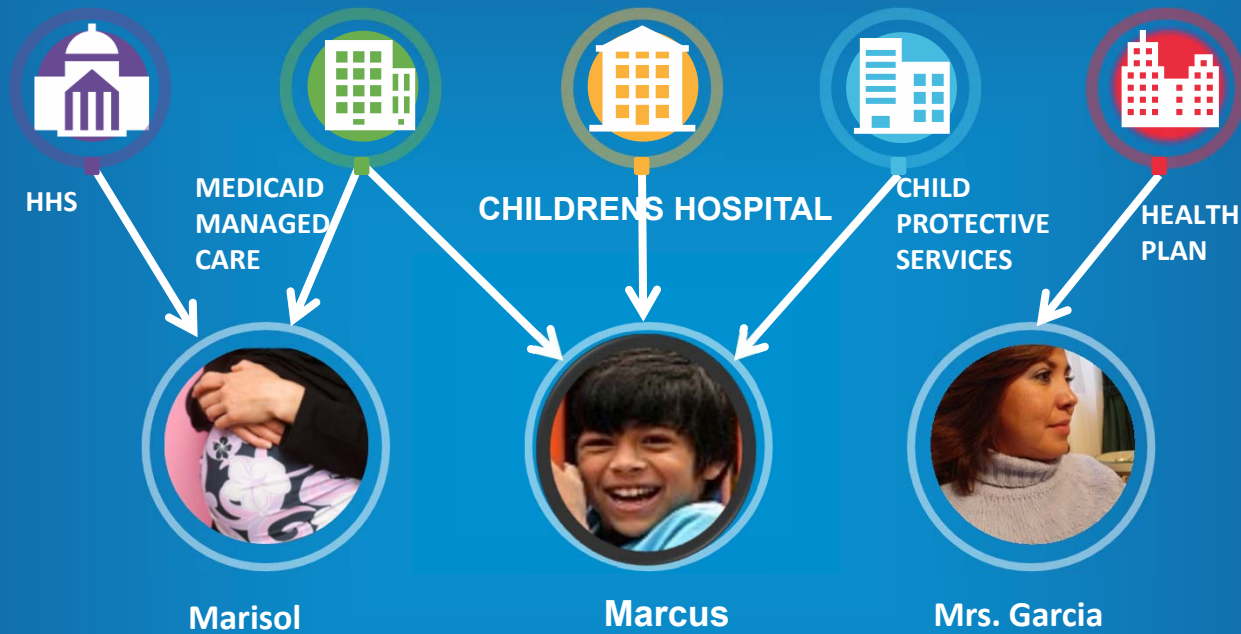


**Community Care Coordination – care coordination provided in the community; confirms connection to health and social services.**

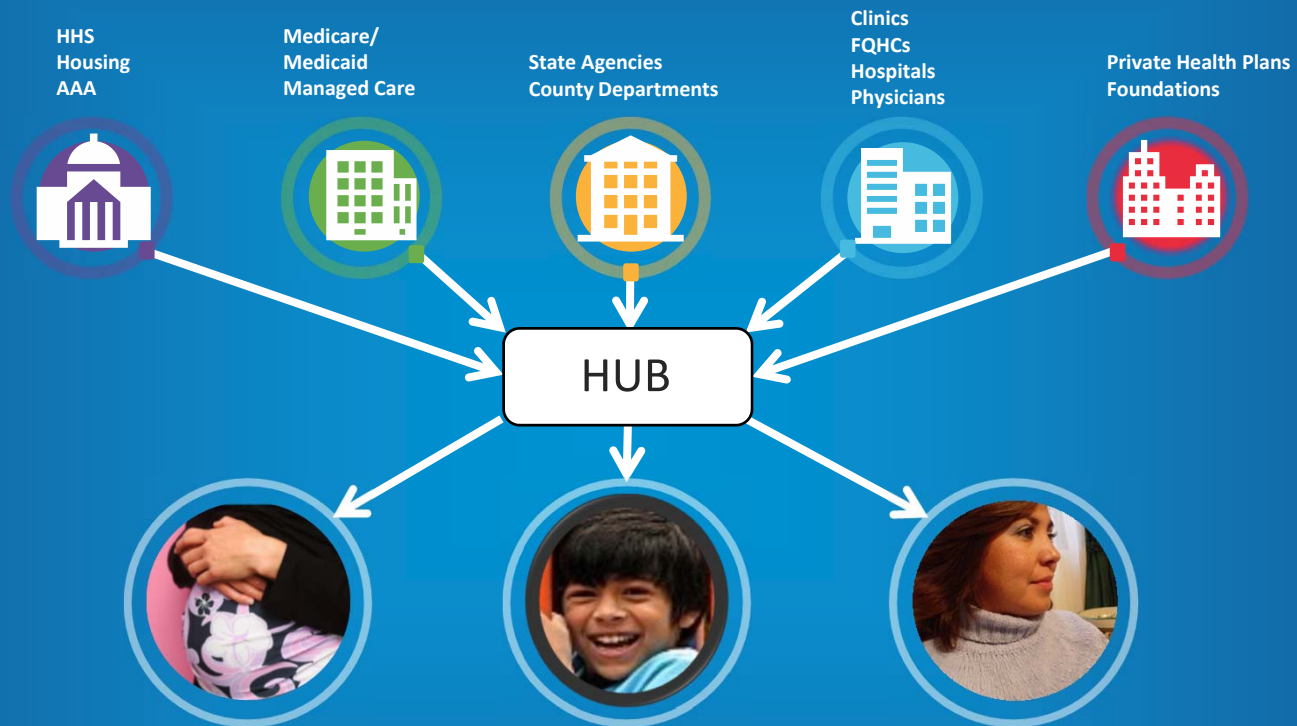
### **A Community Care Coordinator:**

- Finds and engages at-risk individuals
- Comprehensive risk assessment
- Confirms connection to care
- Tracks and measures results

## Current Community Care Coordination

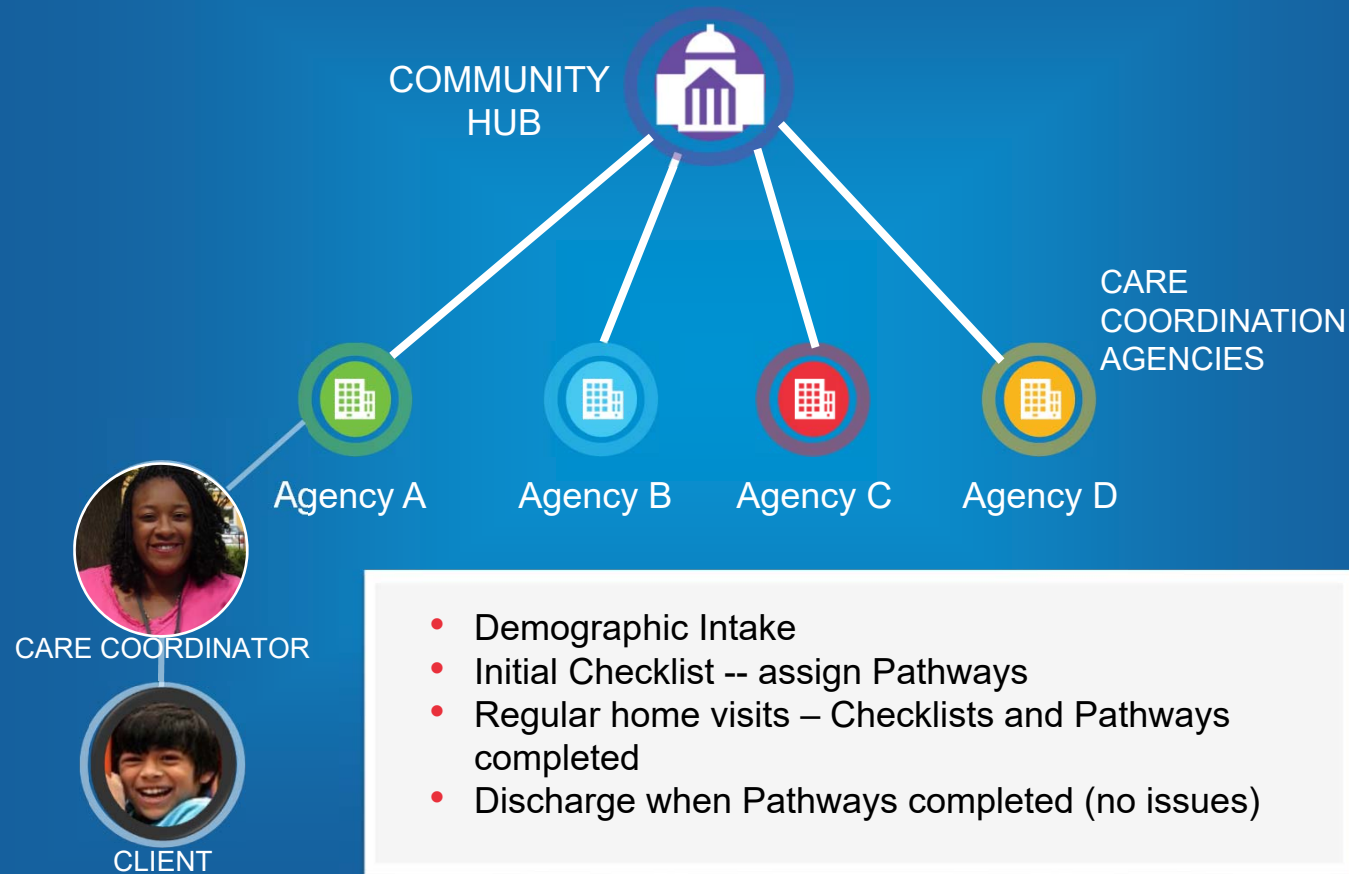


Multiple care coordinators involved –  
limited communication



**One Care Coordinator for the Entire Family**

# Regional Organization and Tracking of Care Coordination



## 20 Core Pathways – National Certification

- **Adult Education**
- **Employment**
- **Health Insurance**
- **Housing**
- **Medical Home**
- **Medical Referral**
- **Medication Assessment**
- **Medication Management**
- **Smoking Cessation**
- **Social Service Referral**
- **Behavioral Referral**
- **Developmental Screening**
- **Developmental Referral**
- **Education**
- **Family Planning**
- **Immunization Screening**
- **Immunization Referral**
- **Lead Screening**
- **Pregnancy**
- **Postpartum**

# Thank you

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Discussion/Q&A