Implementation Guidance and Resources on Community Health Worker Interventions in 1305 and 1422

October 26, 2015

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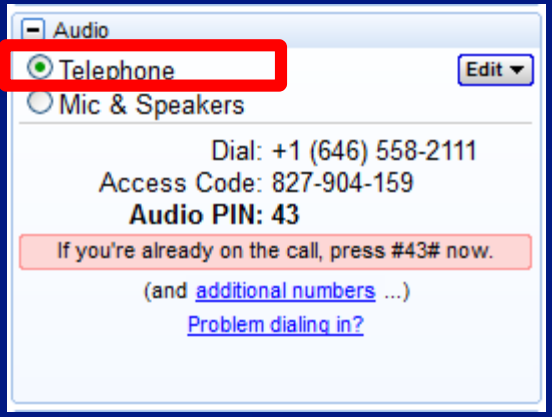

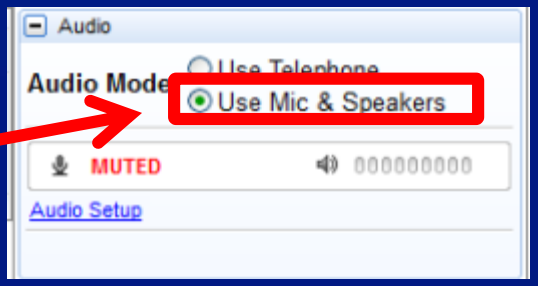

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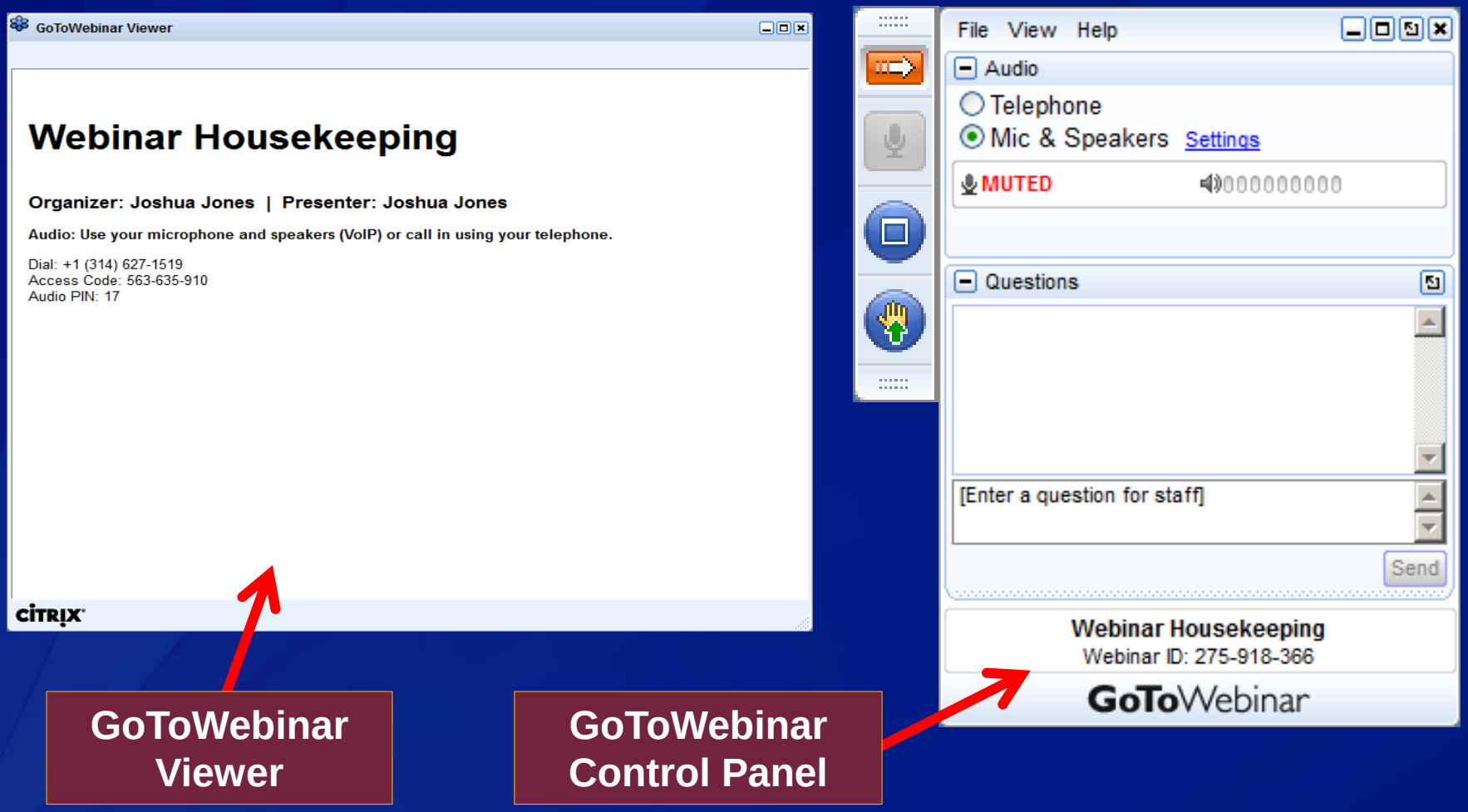

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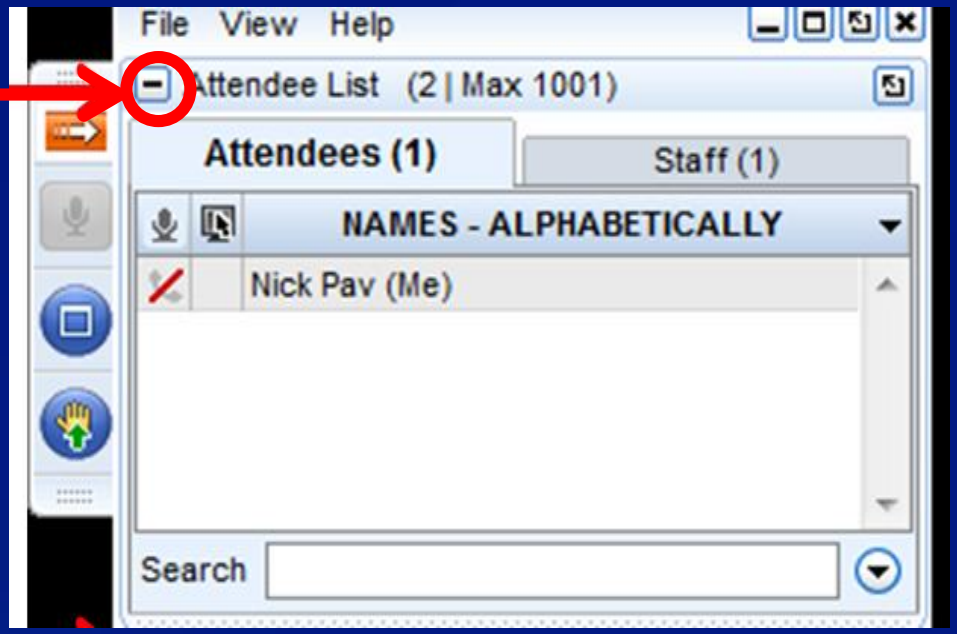

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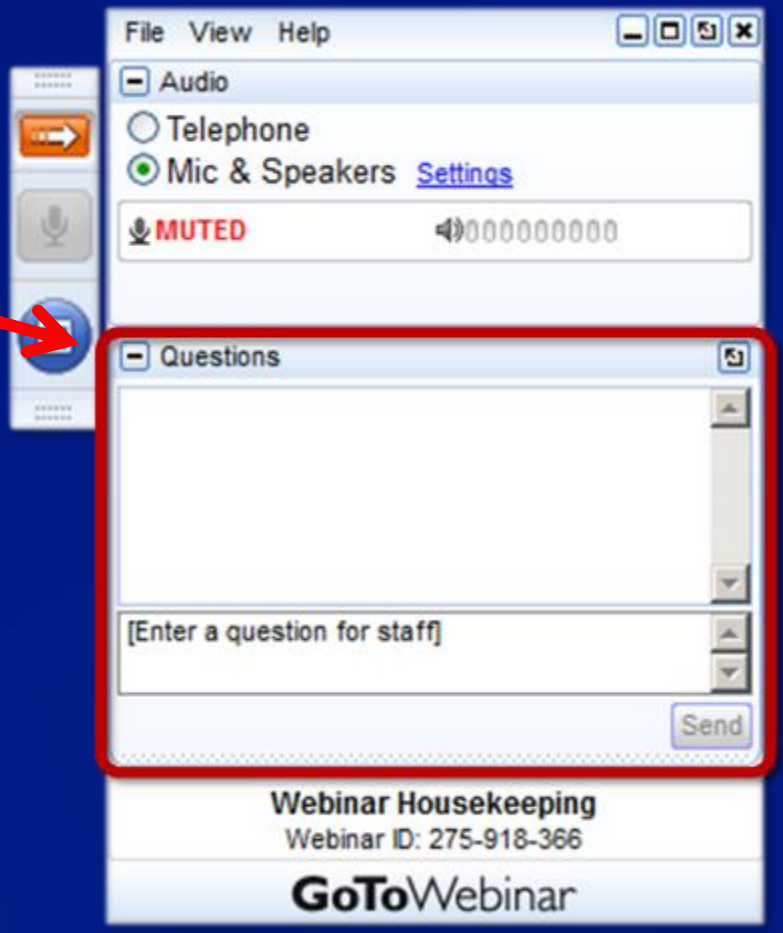

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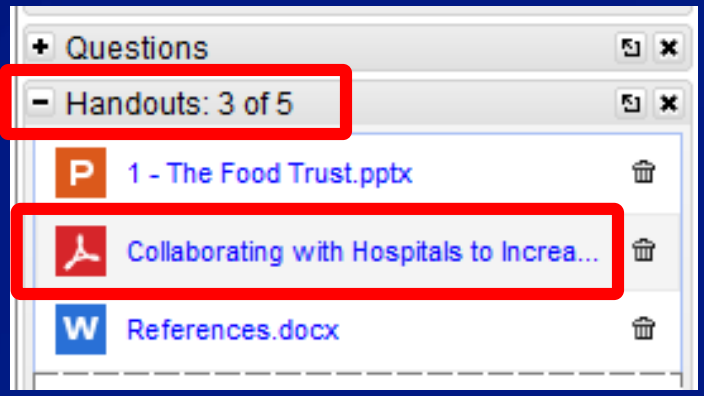

Implementation Guidance and Resources on Community Health Worker Interventions in 1305 and 1422

October 26, 2015

Lazette Lawton
Team Lead, Advancing Population Health,
Division for Heart Disease and Stroke Prevention

INTRODUCTION

Presenters

Haley Stolp
Public Health Analyst (Contractor),
IHRC Inc., Division for Heart
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Bina Jayapaul-Philip,
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Diabetes Translation

Alberta Mirambeau
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Community Health Worker Interventions (DP 13 1305 and DP 14 1422)

Haley Stolp, MPH
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Division for Heart Disease and Stroke Prevention
Centers for Disease Control and Prevention

1305 and 1422 Community Health Worker Webinar
October 26, 2015

Community Health Worker (CHW)

- *"Frontline public health workers who are trusted members of and/or have an unusually close understanding **of the community served**…*
- *…serve as a **liaison, link, and intermediary** between health/social services and the community to **facilitate access** to services and **improve the quality** and cultural competence of service delivery…*
- *…build individual and community capacity by **increasing health knowledge and self-sufficiency** through a range of activities..."*

American Public Health Association. (2014). Community Health Workers. Washington, D.C. Retrieved from: http://www.apha.org/membergroups/sections/aphasections/chw

Research Findings – Take Home

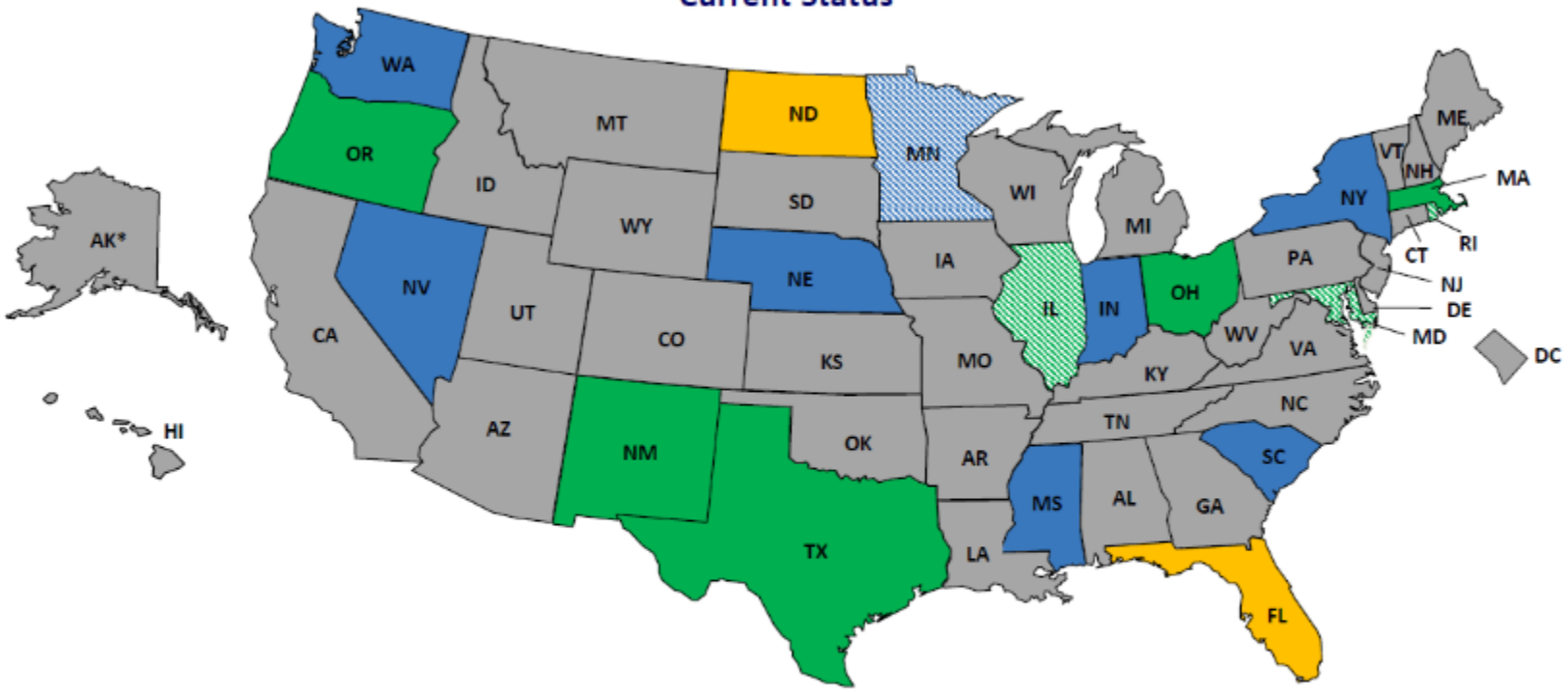
- CHW interventions:
  - Improve behavioral and health outcomes
    - See Community Preventive Services Task Force recommendation for interventions engaging CHWs for CVD prevention and control
  - Enhance patient health literacy
  - Strengthen culturally competent provider practices
  - Reduce health disparities
- CHW interventions can be cost-effective.
- More research is needed.

CHW Activities in the Field
(training, certification, and payment)

- Infrastructure
  - CHW associations
- Training and Certification Programs
  - Training/Certification Standards

Community Health Workers (CHWs) Training/Certification Standards

Current Status



- Laws/Regulations Establish CHW Certification Program Requirements
- No Law; But Has State-led Training/Certification Program
- Pending Legislation
- Statute Creates a CHW Advisory Board, Taskforce, or Workgroup to Establish Program Requirements
- Medicaid Payment for Certified CHW Services
- None

* 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.

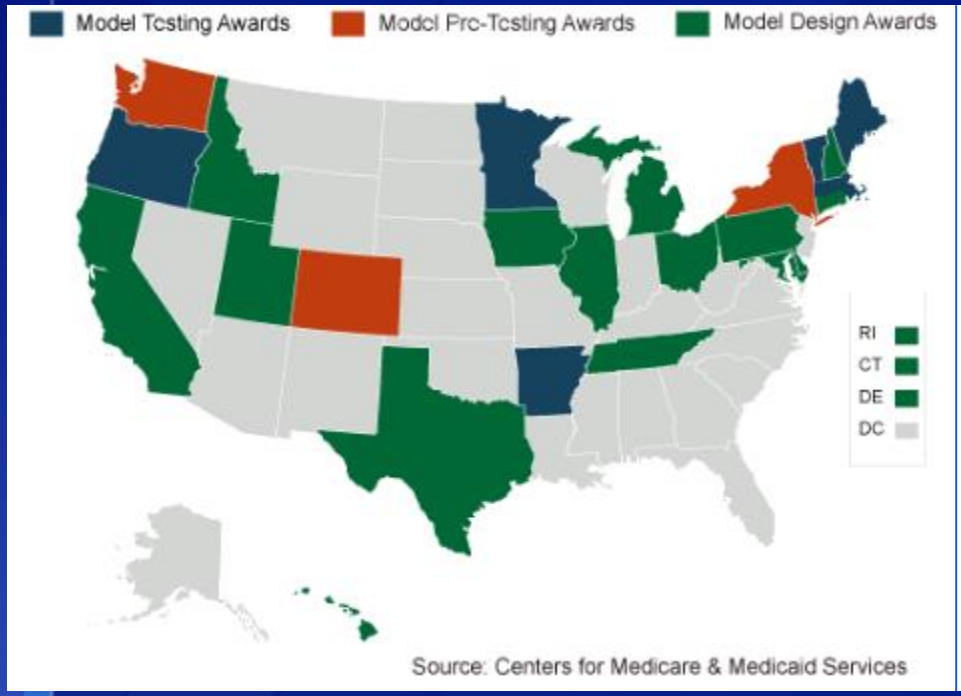
Last updated: 3/16/2015

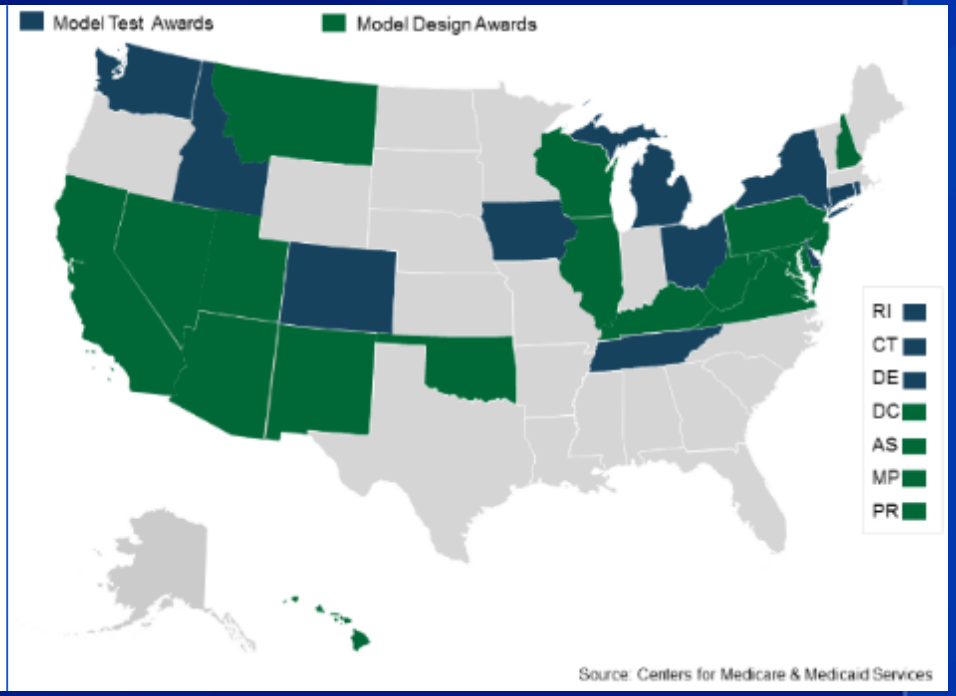
http://www.astho.org/Public-Policy/Public-Health-Law/Scope-of-Practice/CHW-Certification-Standards/

CHW Activities in the Field
(training, certification, and payment)

- Infrastructure
  - CHW associations
- Training and Certification Programs
  - Training/Certification Standards
  - E-Learning Program for *Promotores de Salud*
- Medicaid financing opportunities
  - Medicaid 1115 waivers
  - Final Rule on Medicaid Home and Community-based services
  - Medicaid Managed Care Organizations
- Innovation Models
  - State Innovation Models (SIMs)

Round 1 and Round 2 SIM States





State Innovation Models Initiative: General Information http://innovation.cms.gov/initiatives/state-innovations/

CHW Activities in the Field
(training, certification, and payment)

- Infrastructure
  - CHW associations
- Training and Certification Programs
  - Training/Certification Standards
  - HHS/OMH E-Learning Program for *Promotores de Salud*
- Medicaid financing opportunities
  - Medicaid 1115 waivers
  - Final Rule on Medicaid Home and Community-based services
  - Medicaid Managed Care Organizations
- Innovation Models
  - State Innovation Models (SIMs)
  - Health Care Innovation Awards (HCIAs)
  - Patient-Centered Outcome Research Institute (PCORI) Address Disparities Program

Opportunities for Engagement

- Be aware of the CHW environment in your state
- Ensure public health and CHWs are at the table
- Provide input to strengthen the role of CHWs and improve CHW integration
  - CHW associations
  - Training/certification standards and program development
  - Occupational regulations
  - Scale best practices
  - Leverage financing opportunities

CHW Resources

- NASHP: State Community Health Worker Models http://www.nashp.org/state-community-health-worker-models/
- ASTHO: Community Health Workers http://www.astho.org/Community-Health-Workers/
- ASTHO SIM Models wiki website: Workforce http://astho-sim.wikispaces.com/Workforce
- AHRQ Health Care Innovation Exchange: Community Health Worker https://innovations.ahrq.gov/taxonomy-terms/community-health-worker
- CDC: Community Health Worker Toolkit http://www.cdc.gov/dhdsp/pubs/chw-toolkit.htm
- Promoting Healthy Choices and Community Changes: An E-learning Program for Promotores de Salud https://promotores.thinkculturalhealth.hhs.gov/default_en.asp

Thank You

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or

NCCDPHP CHW Workgroup

CHWwork@cdc.gov

CDC's Approach to Engaging Community Health Workers (CHWs) in Diabetes Prevention and Diabetes Self-Management Education (DP 13 -1305 & DP 14-1422)

Bina Jayapaul-Philip, Ph.D
Division of Diabetes Translation

CHW-DSME Intervention in DP 13-1305

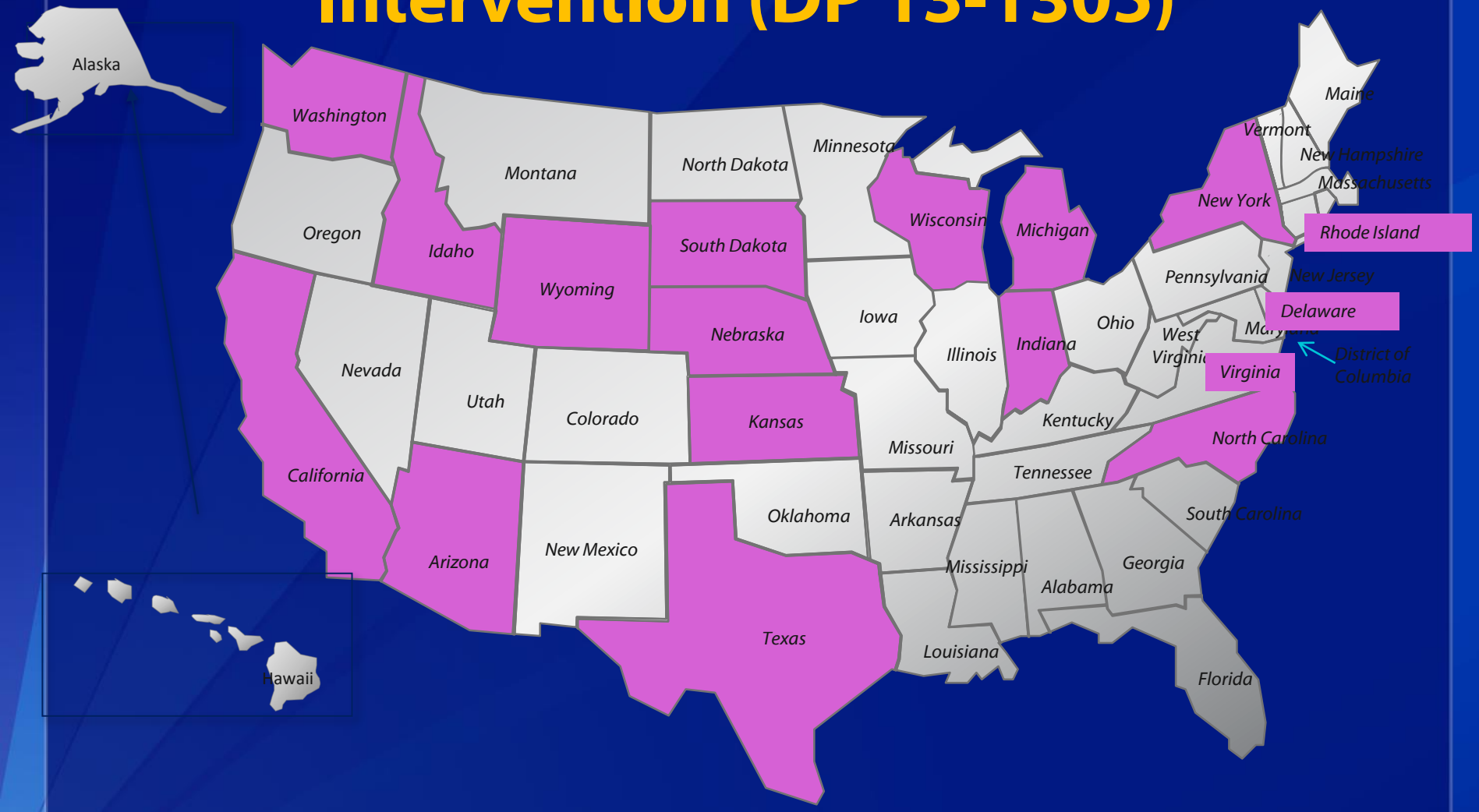
Intervention

Increase engagement of CHWs in the provision of self-management programs and on-going support for adults with diabetes

Performance Measure

Proportion of recognized/accredited DSME programs in targeted settings using CHWs in the delivery of education/services

States implementing CHW DSME Intervention (DP 13-1305)



How should grantees engage CHWs in DSME?

To answer this question we collected data from the following sources:

- *Grantee Work Plans*
- *Evidence Based Literature*
- *Practice Based Evidence*
- *Subject Matter Experts*

We considered the outcomes

- *Number of recognized/accredited DSME programs using CHWs in the delivery of education/services*
- *Number of participants in recognized/accredited DSME programs using CHWs in the delivery of education/services*

We analyzed grantee activities to engage CHWs in DSME

- *Develop and implement communication plans to inform providers, payers, policy makers on role of CHW*
- *Work with CHW Training programs to establish certification pathways*
- *Support Community Based Organizations, Community Health Centers to implement CHW model that focuses on referral activities, CHW driven screening, education, patient tracking and navigation*
- *Develop Curriculum based Training programs to increase the qualifications of CHWs to refer to diabetes management programs or provide these programs*
- *Participate in Community Health Worker Collaboratives to create sustainable statewide model for reimbursement including Medicaid reimbursement*
- *Collaborate with CHW organizations to develop and implement culturally appropriate strategies to connect patients to Clinics*

We grouped activities to identify critical 'drivers'

- Educate Providers/Health Systems
- Engage Community Organizations employing CHWs
- Engage State/Local ADA/AADE

→ **Stakeholder awareness**

- Develop Curriculum-based training programs
- Recruit CHWs
- Provide resources for use by CHWs

→ **DSME program readiness**

- Develop sustainable state wide model for reimbursement
- Identify state certification pathways

→ **State level sustainability actions**

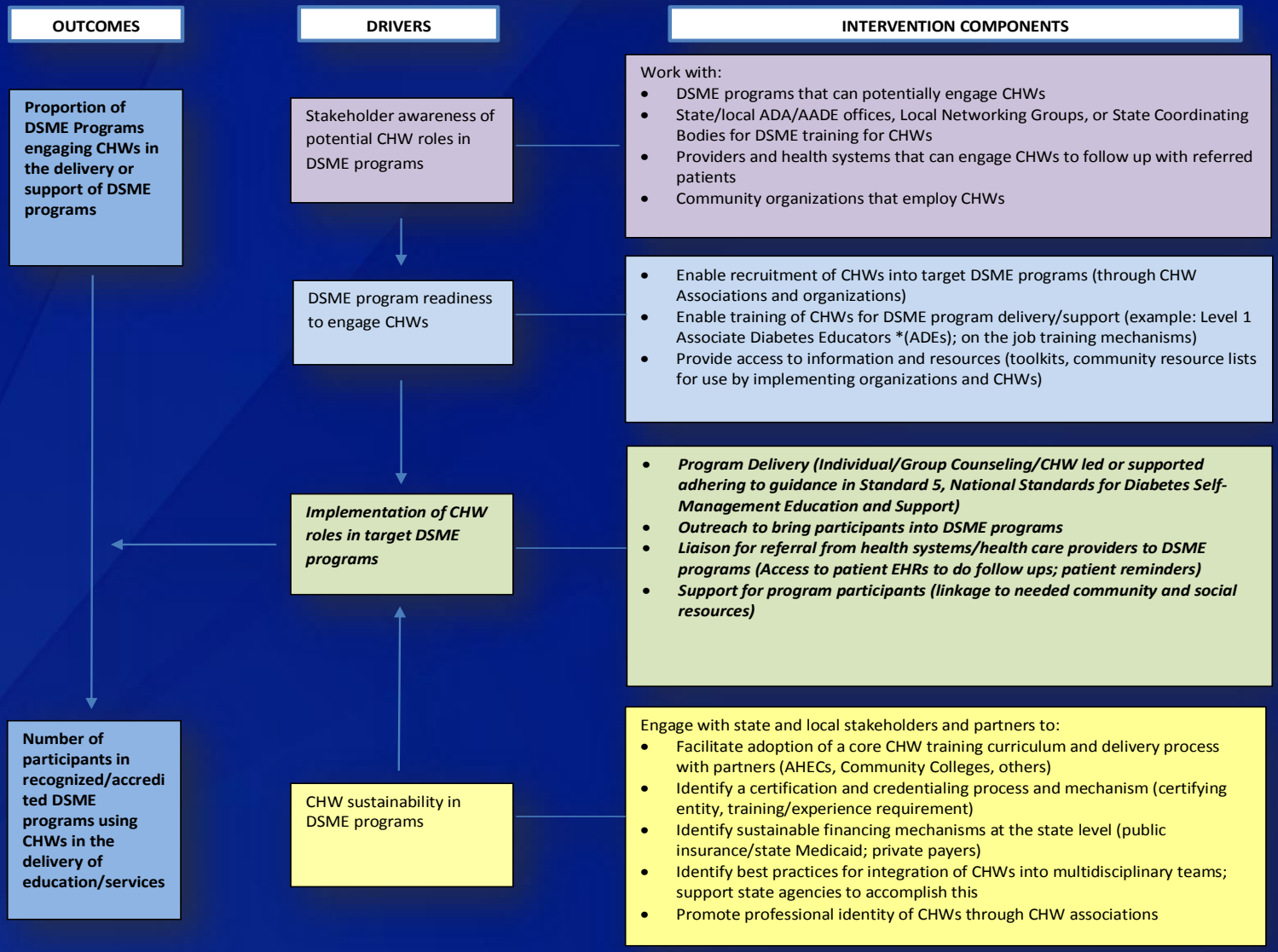
We identified CHW-DSME roles

- Participant Outreach and Recruitment
- Health provider referral follow-up
- DSME program delivery support
- DSME program participant support

Driver Diagram for CHW-DSME Intervention in DP 13-1305

INCREASE ENGAGEMENT OF CHWs IN DIABETES SELF MANAGEMENT EDUCATION PROGRAMS – THE STATE HEALTH DEPARTMENT ROLE

Identify the subset of target new or existing DSME programs best suited for CHW engagement



Cooperative Agreement DP14-1422

Community clinical linkage strategies to support heart disease and stroke and diabetes prevention efforts

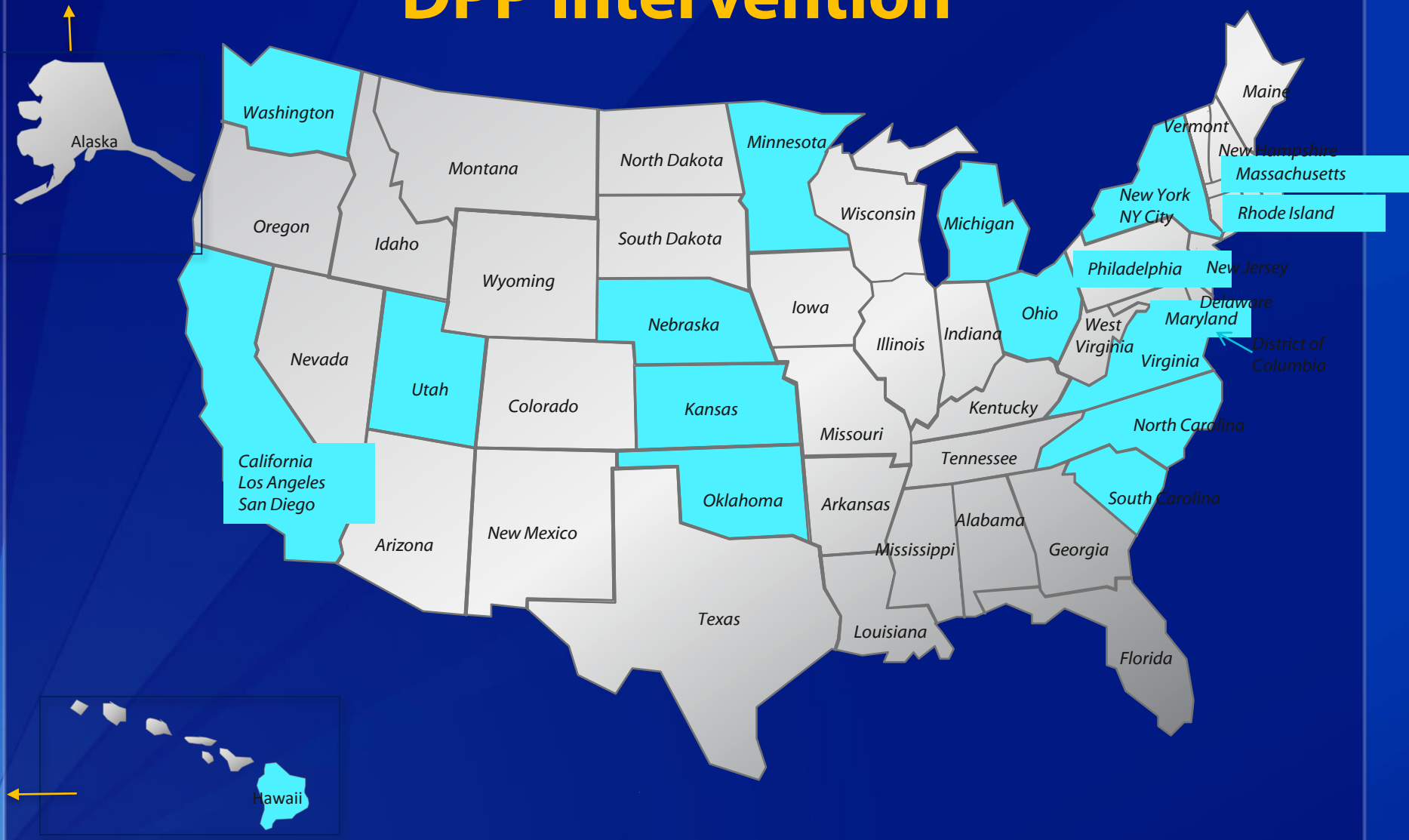
Intervention

Increase engagement of CHWs to promote linkages between health systems and community resources for adults with high blood pressure and adults with prediabetes or at high risk for type 2 diabetes

Performance Measure

Number of health systems that engage CHWs to link patients to community resources that promote prevention of type 2 diabetes

Grantees implementing CHW-National DPP Intervention



How should grantees engage CHWs in the CDC recognized lifestyle change programs?

To answer this question we collected data from the following sources:

- *Grantee Work Plans*
- *CHW Effectiveness Literature*
- *Practice Based Evidence*
- *Subject Matter Experts*

We considered the outcomes

- *Number of health systems that engage CHWs to link patients to community resources that promote prevention of type 2 diabetes*

- *Number of people with prediabetes or at high risk for type 2 diabetes who enroll in a CDC-recognized lifestyle change program (as reported by the CDC Diabetes Prevention Recognition Program (DPRP)*

We Analyzed Grantee Activities to engage CHWs in National DPP

- *Align work of Diabetes Policy work group and collaborative Community of Practice efforts on CHW reimbursement*
- *Develop test protocols for CHWs to follow up on referrals in FQHCs that have CHWs*
- *Train CHWs from health systems that have initiated the CDC National DPRP process to become life style coaches*
- *Train CHWs about National DPP and their role to encourage community members who may be at risk to be tested for prediabetes*
- *Conduct ongoing National DPP program utilizing CHWs as lifestyle coaches*
- *Coordinate creation of training grants and identify subcontract organizations to build capacity of CHWs*
- *Collaborate with CHW training schools to incorporate referral to National DPP into CHW training curriculum*

We grouped activities to identify critical 'drivers'

- Enable CHWs to follow up with screened and identified people with prediabetes
- Collaborate with State Medical Associations to encourage the engagement of CHWs

→ **Health system Readiness**

- Train CHWs as lifestyle coaches to deliver the program and to support participants from priority populations
- Provide access to information and resources for CHWs

→ **CDC-recognized lifestyle change program readiness**

- Local health departments to promote CHW roles
- Community-based organizations that employ CHWs to facilitate referrals
- CHW Associations to help with recruitment of CHWs to become lifestyle coaches

→ **Readiness of other stakeholders**

- Facilitate adoption of a core CHW training curriculum and delivery process
- Identify certification process and mechanism
- Promote sustainable coverage for the National DPP

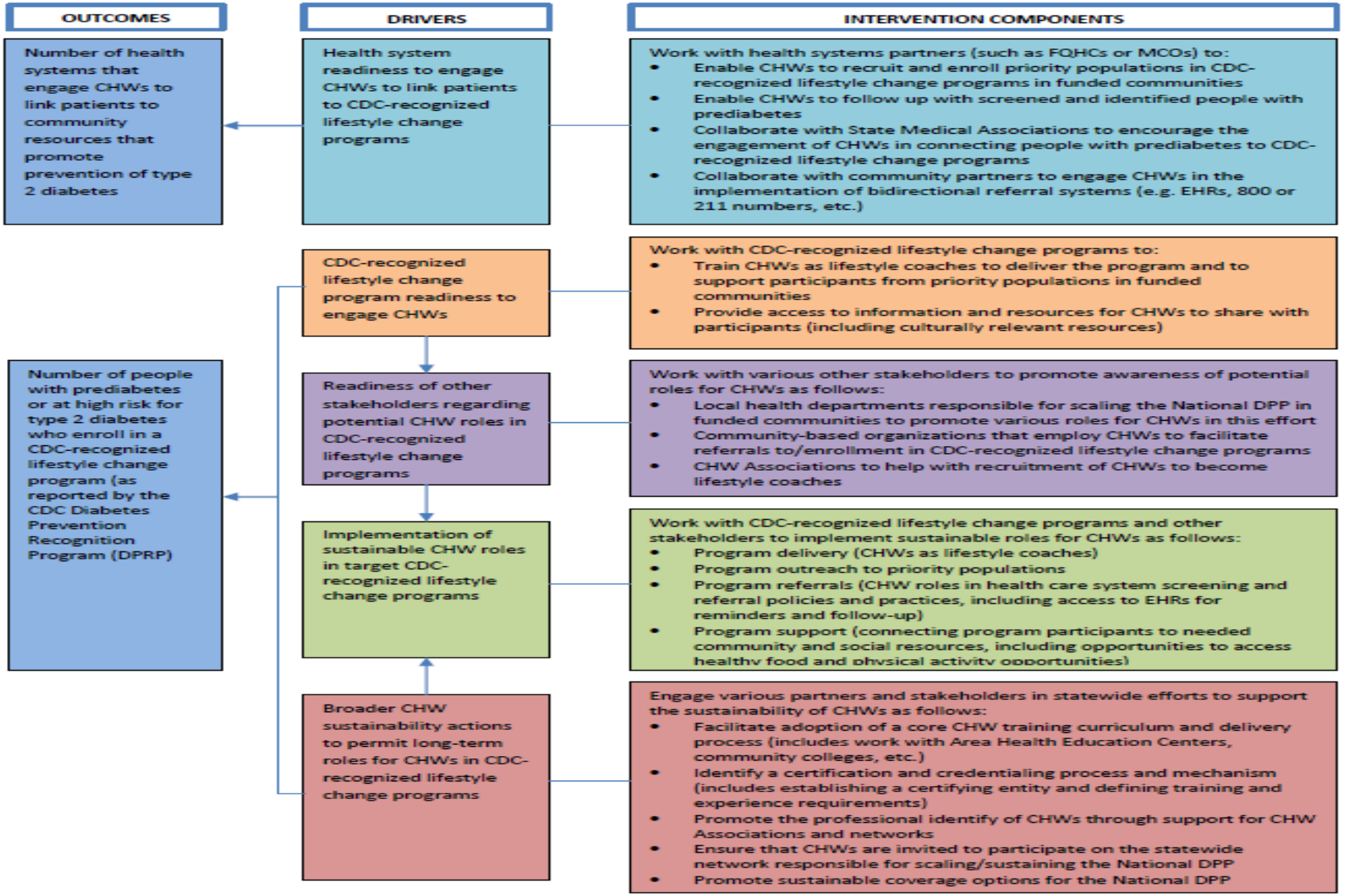
→ **Broader CHW sustainability actions**

We identified CHW-National DPP roles

- Participant Outreach and Recruitment
- Health provider referral follow-up
- National DPP delivery/support
- National DPP participant support

Increase engagement of Community Health Workers (CHWs) to promote linkages between health systems and community resources for adults with prediabetes or at high risk for type 2 diabetes

(Identify new or existing CDC-recognized lifestyle change programs best suited for CHW engagement.)



Ongoing engagement of CHWs in DSME and CDC recognized lifestyle change programs

- *Lessons learned from implementation of driver diagrams*
- *Actual vs Proposed reach of interventions (Performance Monitoring)*
- *Build evidence for ongoing CHW engagement in DSME & National DPP*

Thanks!

Bina Jayapaul-Philip

ify3@cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

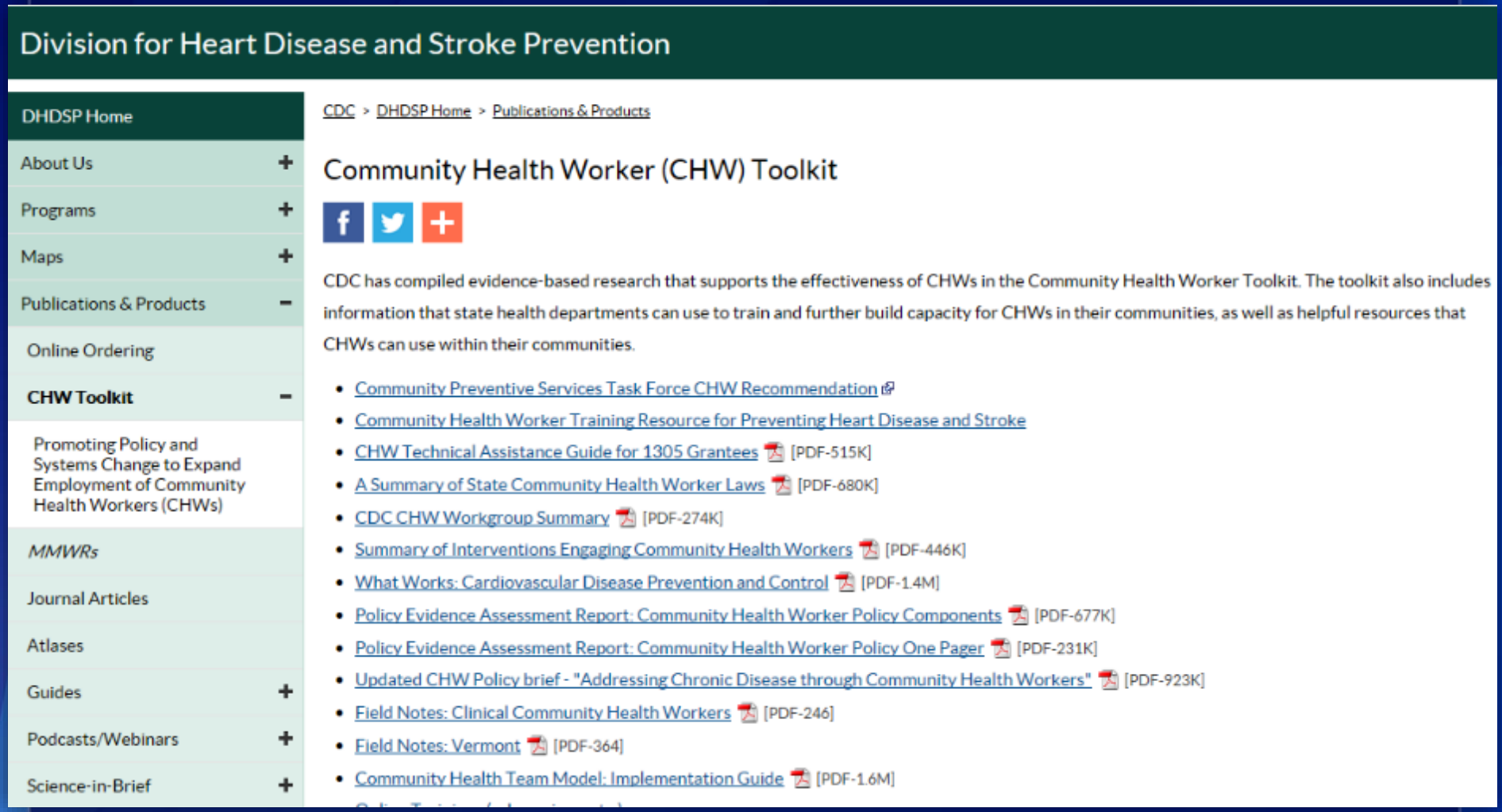
Implementation Guidance & Resources on Community Health Worker Interventions in 1305 and 1422:

DHDSP's Evidence-based CHW Resources

Alberta Mirambeau, PhD, MPH, CHES
Health Scientist
Division for Heart Disease & Stroke Prevention

Mounting # of Resources…leading to mounting challenge

Community Health Worker Toolkit



http://www.cdc.gov/dhdsp/pubs/chw-toolkit.htm

Community Health Worker (CHW) Toolkit

CDC has compiled evidence-based research that supports the effectiveness of CHWs in the Community Health Worker information that state health departments can use to train and further build capacity for CHWs in their communities, as CHWs can use within their communities.

- Community Preventive Services Task Force CHW Recommendation
- Community Health Worker Training Resource for Preventing Heart Disease and Stroke
- CHW Technical Assistance Guide for 1305 Grantees [PDF-515K]
- A Summary of State Community Health Worker Laws [PDF-680K]
- CDC CHW Workgroup Summary [PDF-274K]
- Summary of Interventions Engaging Community Health Workers [PDF-446K]
- What Works: Cardiovascular Disease Prevention and Control [PDF-1.4M]
- Policy Evidence Assessment Report: Community Health Worker Policy Components [PDF-677K]
- Policy Evidence Assessment Report: Community Health Worker Policy One Pager [PDF-231K]
- Updated CHW Policy brief - "Addressing Chronic Disease through Community Health Workers" [PDF-923K]
- Field Notes: Clinical Community Health Workers [PDF-246]
- Field Notes: Vermont [PDF-364]
- Community Health Team Model: Implementation Guide [PDF-1.6M]

Interventions Engaging Community Health Workers to Prevent Cardiovascular Disease

A Community Preventive Services Task Force Recommendation

Krista Proia, MPH, CHES
Health Scientist
Karna, LLC

Community Guide Branch
Centers for Disease Control and Prevention (CDC)
October 26, 2015

Center for Surveillance, Epidemiology, and Laboratory Sciences
Division of Public Health Information Dissemination

Community Preventive Services Task Force Recommends Engaging Community Health Workers to Prevent Cardiovascular Disease

- Strong evidence exists that interventions that engage community health workers (CHWs) in a team-based care model improve blood pressure and cholesterol in patients at increased risk for cardiovascular disease.
- Sufficient evidence exists that interventions that engage community health workers for health education; and as outreach, enrollment, and information agents increase self-reported health behaviors in patients at increased risk for cardiovascular disease.
- Also interventions engaging community health workers can…
  - Improve appropriate use of healthcare services
  - Reduce morbidity and mortality related to CVD
  - Reduce health disparities and enhance health equity

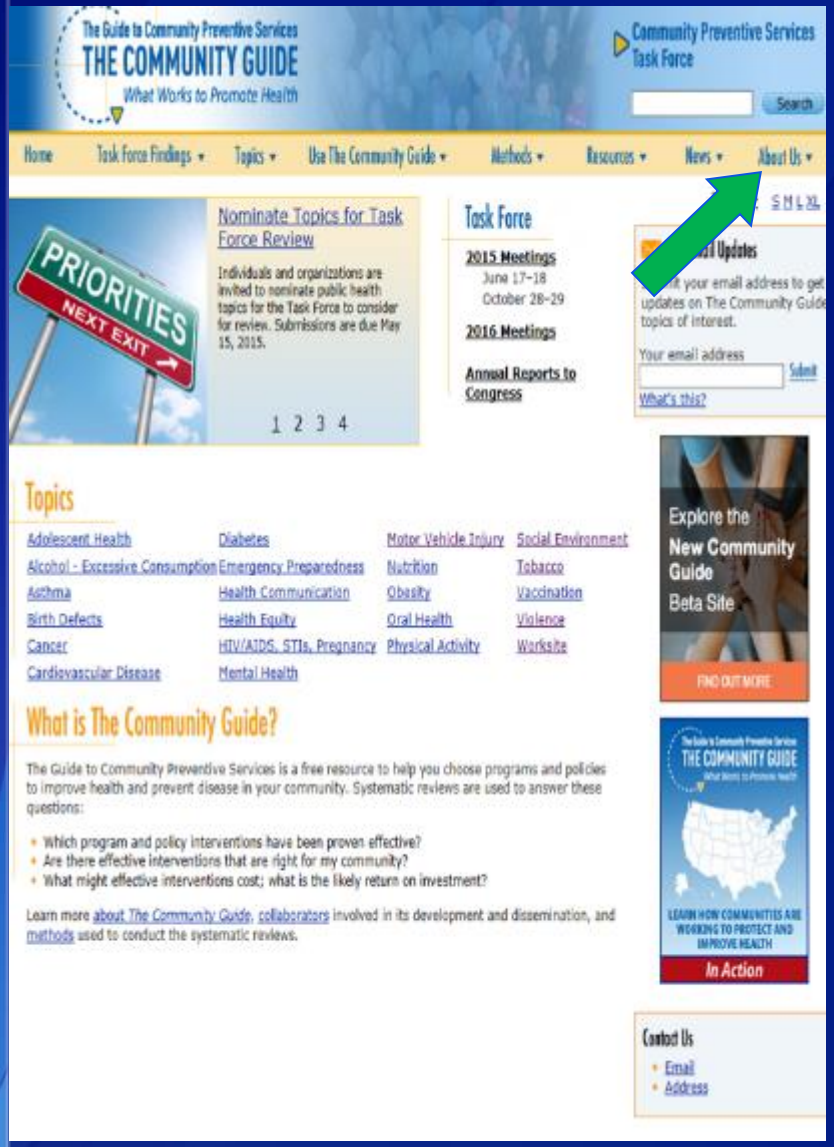
http://www.thecommunityguide.org/cvd/CHW.html

What is the Community Preventive Services Task Force?

- **A non-federal, independent, rotating panel**
- **Internationally renowned experts in public health research, practice, and policy who…**
  - *Oversee the systematic review process*
  - *Produce recommendations and identifies evidence gaps to help inform decision making by various government and non-government entities*

CDC is mandated to provide scientific, technical, and administrative support for the Task Force

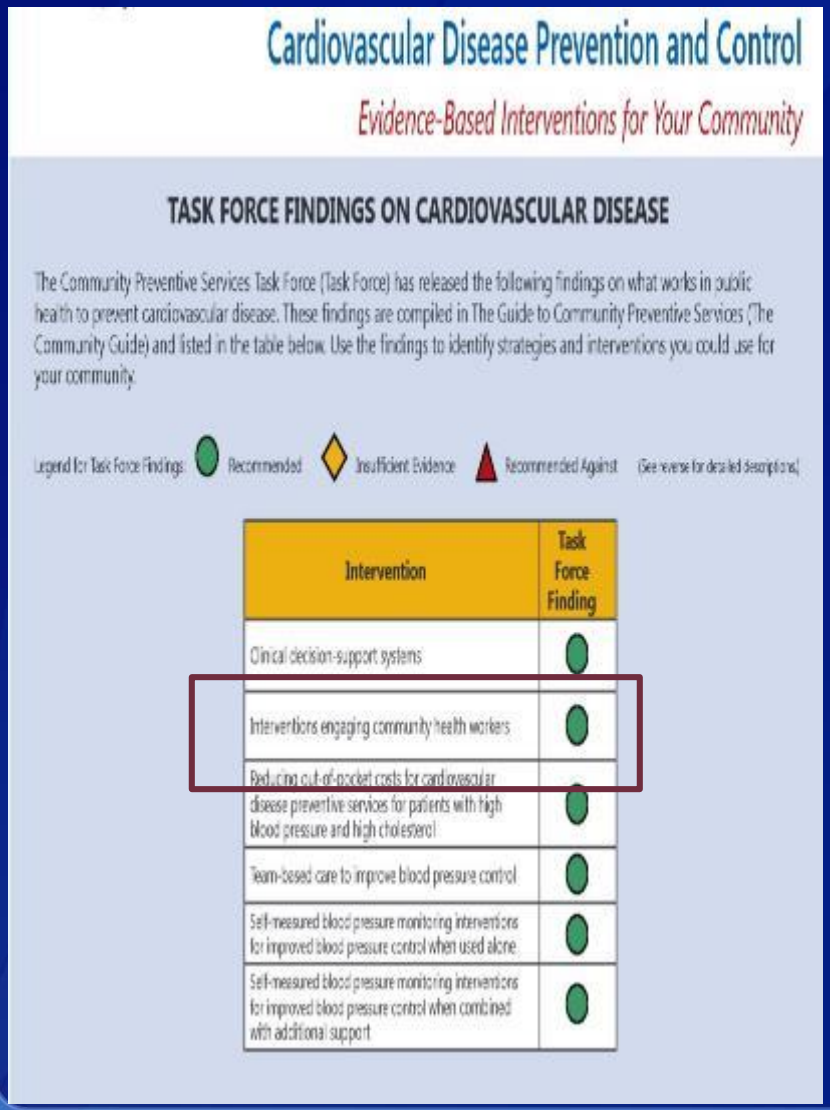
What is The Community Guide?



- **Credible source of systematic reviews and findings from the Task Force**
- **A focus on population-based interventions in**
  - *Communities*
  - *Health Care systems*
- **Provides evidence-based findings regarding use**

http://www.thecommunityguide.org/index.html

Findings of the Task Force



Cardiovascular Disease Prevention and Control

Evidence-Based Interventions for Your Community

TASK FORCE FINDINGS ON CARDIOVASCULAR DISEASE

The Community Preventive Services Task Force (Task Force) has released the following findings on what works in public health to prevent cardiovascular disease. These findings are compiled in The Guide to Community Preventive Services (The Community Guide) and listed in the table below. Use the findings to identify strategies and interventions you could use for your community.

Legend for Task Force Findings: Recommended; Insufficient Evidence; Recommended Against (See reverse for detailed descriptions.)

Intervention	Task Force Finding
Clinical decision-support systems	
Interventions engaging community health workers	
Reducing out-of-pocket costs for cardiovascular disease preventive services for patients with high blood pressure and high cholesterol	
Team-based care to improve blood pressure control	
Self-measured blood pressure monitoring interventions for improved blood pressure control when used alone	
Self-measured blood pressure monitoring interventions for improved blood pressure control when combined with additional support	

- Recommend
  - Based on strong evidence
  - Based on sufficient evidence
- Recommend Against
- Insufficient Evidence to recommend for or against

Why is this Recommendation Important?

- Adds to and supports the growing evidence-base surrounding the work of CHWs for cardiovascular disease prevention
- Findings reached using an evidence-based approach (i.e., systematic review of 31 included studies)
  - Allow you to keep up-to-date with overwhelming volume of literature
  - Help establish if scientific findings are consistent and can be generalized
  - Limit bias and helps improve accuracy of conclusions
  - Incorporate research into decision or policy making
  - Identify crucial areas and questions that remain unanswered

Applicability of Findings from CHW Review

Based on results for interventions in different settings and populations, CHW findings are applicable to the following:

- Adults and older adults at increased risk for cardiovascular disease with at least high blood pressure or high cholesterol
- Women and men
- African American, Hispanic, and low-income populations
- Urban environments
- U.S. healthcare system and community settings

Considerations for Implementation

- Intervention delivery method
  - One-on-one, face-to-face interactions in combination with telephone contact
- CHW intervention components delivered
  - Patient education, lifestyle counseling, information on community resources, and home visits
- Training and continuing education
  - Provide ongoing continuing education and training
  - Training includes aspects on collaboration with other providers
- Potential liability issues
  - Privacy and HIPAA issues when CHW is a provider of healthcare services
  - CHW used as substitute for licensed healthcare providers
- CHW integration into healthcare systems
  - Scope of work considerations
  - Communication with other providers

What Else Should You Consider?

Strategy and Intervention

- Health behaviors/topics
- Goals
- Type of delivery methods
- Time span
- Settings

Audience

- Age
- Education
- Gender
- Race/ethnicity
- Socioeconomic status

Organization

- Fit with mission
- Leadership support
- Availability of a project coordinator
- Resources
  - Finances/cost
  - Staff & expertise
  - Facilities
  - partnerships

Community

- Priorities and values
- Readiness for prevention
- Fit with other programs

What to Do with a Community Guide Recommendation

"Even if it is evidence-based, it is not certainty."

-McGinnis and Foege, 2000

- Not a cookbook or a one-size-fits-all solution.
- A combination of art and science
  - Art – community needs, values, capacities, resource
  - Science – information on effectiveness, cost

How Can You Use this CHW Recommendation?

Stakeholders use Community Guide information in a variety of ways

Thank you!

Kproia@cdc.gov

FOLLOW US ON twitter

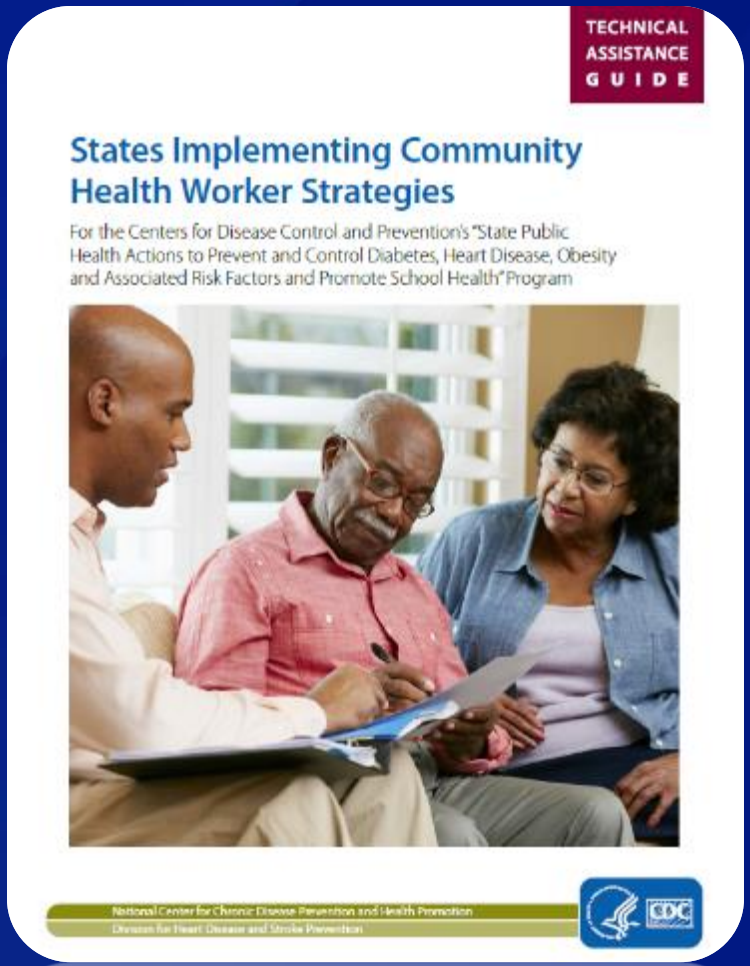
The Community Preventive Services Task Force is now on Twitter! Follow @CPSTF for evidence-based recommendations for public health

CPSTF

Key Areas of Discussion

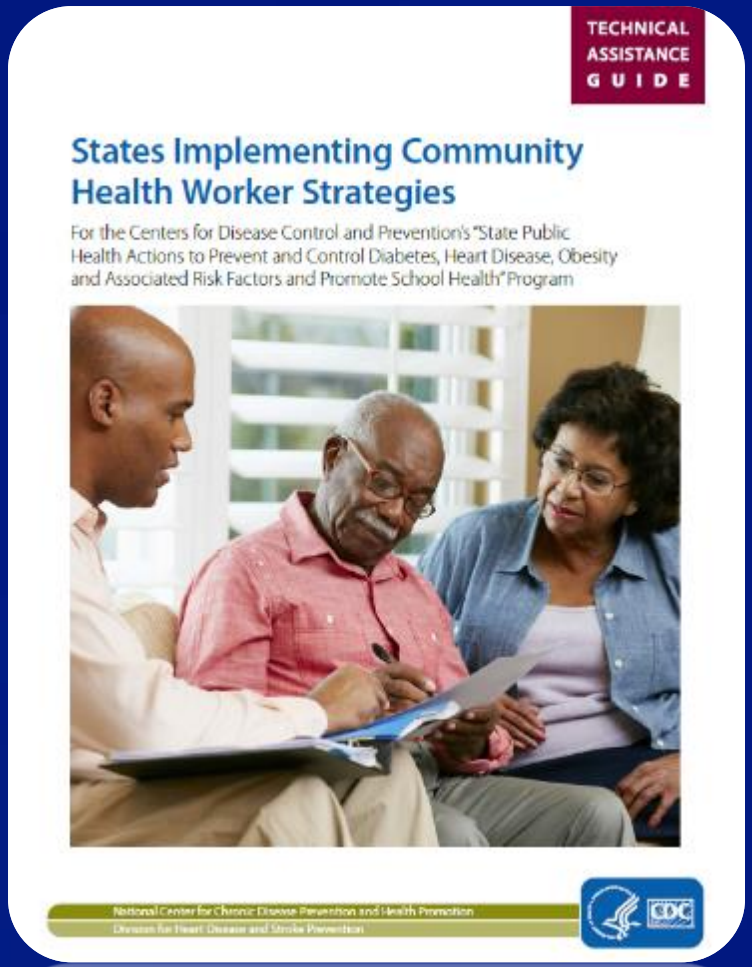
- *Resource Overview*
- *Key Highlights*
- *Audience*
- *How to use*
- *Stage of implementation:*
  - *Exploratory*
  - *Development*
  - *Full implementation*
  - *Maintenance*

CHW Technical Assistance Guide for 1305 Grantees



Technical Assistance Guide

- *Overview/Key Highlights:*
  - *Summarizes key themes*
  - *Offers practice-based recommendations*
  - *Relies on the evidence*
  - *Health system & community-clinical linkage focus*
  - *Resource section*
- *Audience:*
  - *Funded state partners implementing CHW strategies in 1305*

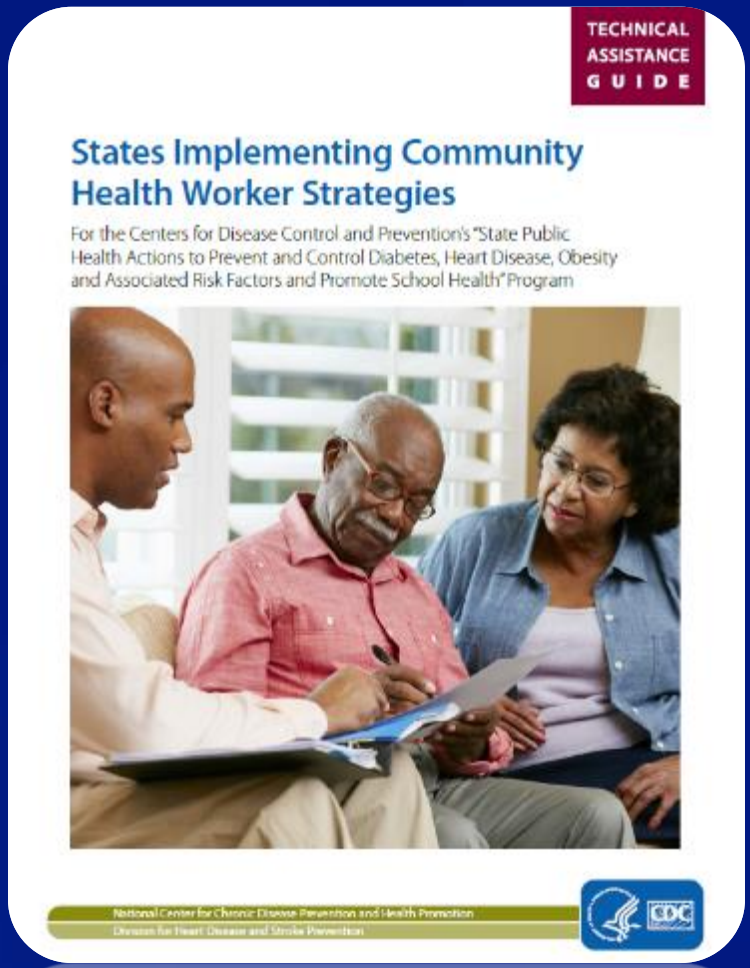


http://www.cdc.gov/dhdsp/programs/spha/docs/1305_ta_guide_chws.pdf

Technical Assistance Guide

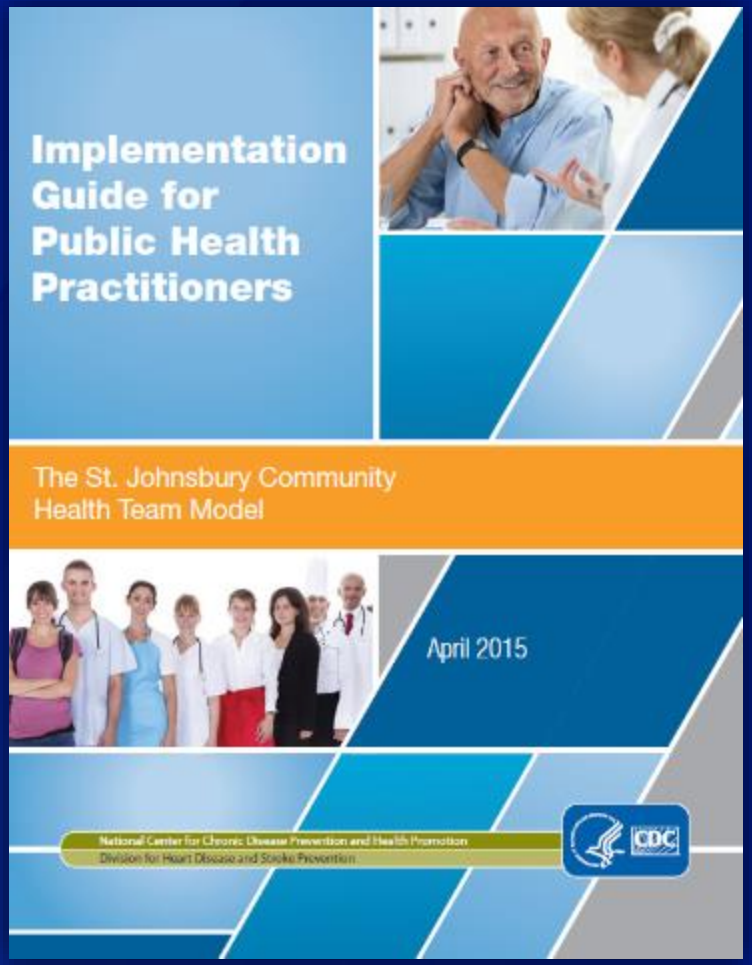
- *How to use:*
  - *Identify other successful strategies*
  - *Identify opportunities that might align with your context*
  - *Tailor and apply strategies*
  - *Connect to peers*
  - *Justify program*

- *Stage of implementation:*
  - *Exploratory*
  - **Development**
  - **Full implementation**
  - *Maintenance*



http://www.cdc.gov/dhdsp/programs/spha/docs/1305_ta_guide_chws.pdf

St. Johnsbury, VT Community Health Team (CHT) Implementation Guide



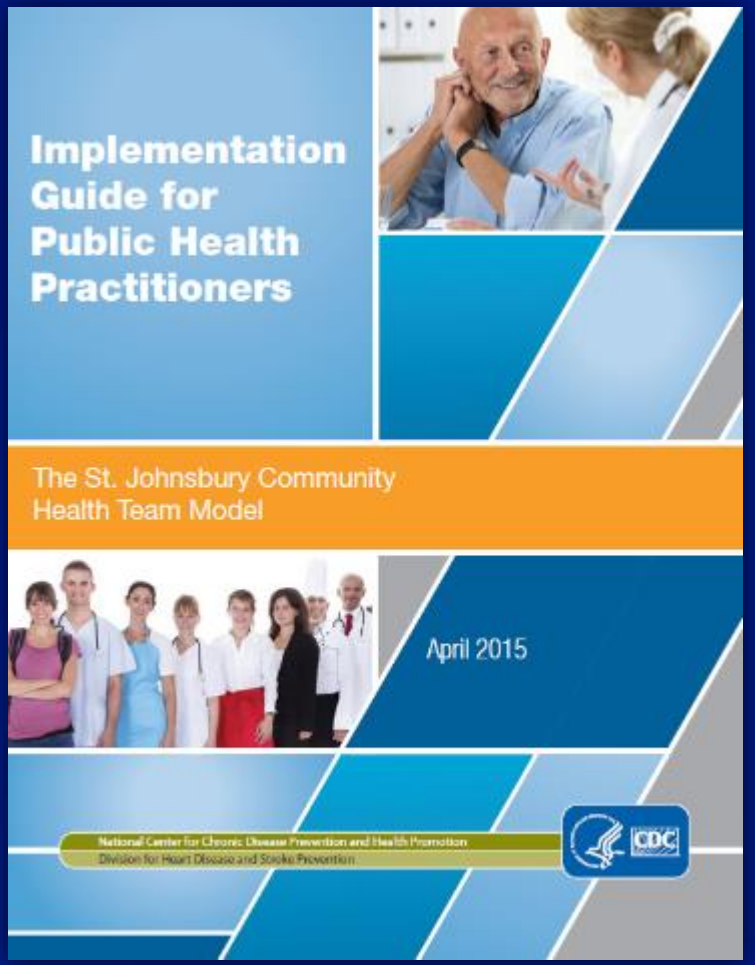
Broader Healthcare Community

Pharmacists
Medical Specialists
Physical Therapy, Occupational Therapy, Speech Therapy
Hospital (Inpatient & Emergency Room)
Chronic Disease Education
Long-Term Care

St. J CHT Implementation Guide

- *Overview/Key Highlights:*
  - *In-depth detail of CHW program*
  - *Multiple aspects addressed (e.g., team-based care, CHW financing, etc.)*
  - *Proposes concrete steps to implementation*
  - *Evaluation guidance and examples*

- *Audience:*
  - *Health system administrators*
  - *Community program implementers*
  - *Program managers of state public health departments*

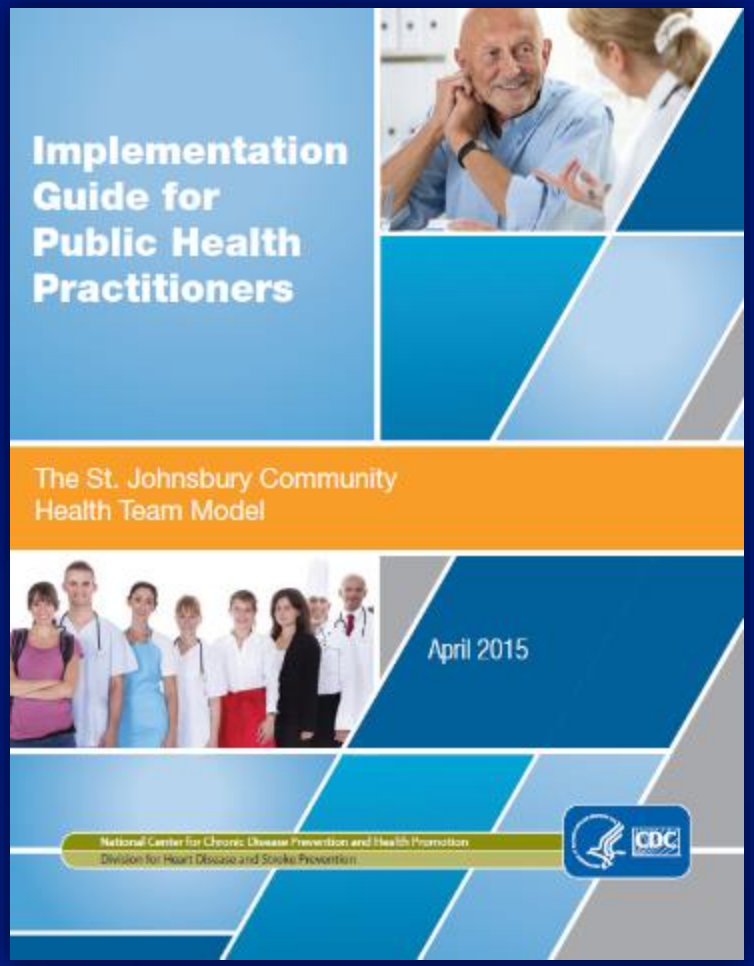


http://www.cdc.gov/dhdsp/docs/implementation-guide-practitioners-st-johnsbury.pdf

St. J CHT Implementation Guide

- *How to use:*
  - *Identify specific steps for adaptation and replication*
  - *Inform program's conceptual model*
  - *Consider program outcomes beyond health outcomes*
  - *Reference for potential evaluation activities*

- *Stage of implementation:*
  - *Exploratory*
  - **Development**
  - **Full implementation**
  - **Maintenance**



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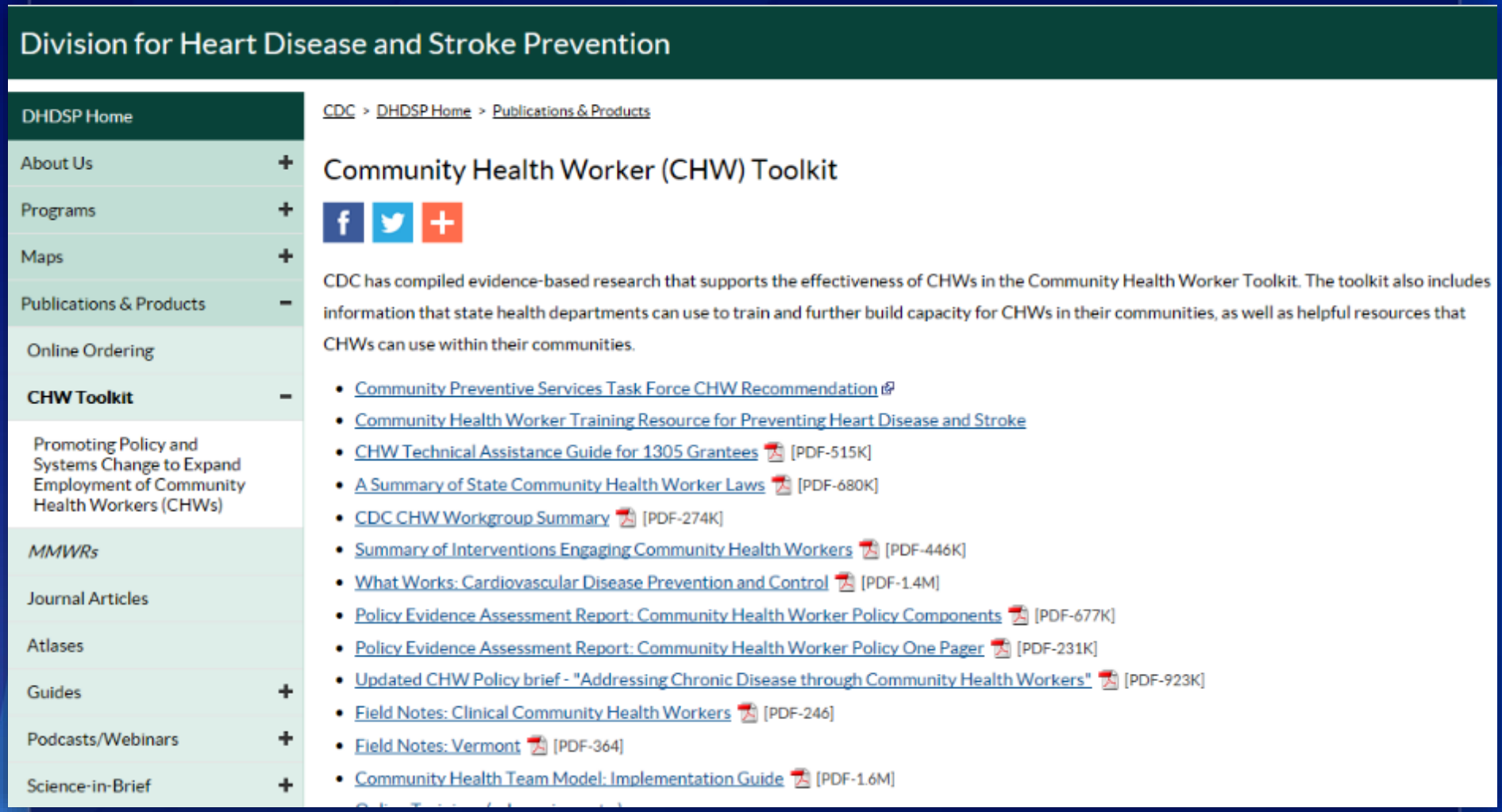
Community Health Worker Toolkit



http://www.cdc.gov/dhdsp/pubs/chw-toolkit.htm

Improvements Ahead

- *DHDSP CHW Toolkit*
  - *Re-organization of items*
  - *Addition of brief descriptions*
  - *Links to other CDC CHW resources*
- *CDC-wide CHW webpage*

To provide suggestions on ways to improve the CHW Toolkit, please email: CHWwork@cdc.gov

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CDC's Approach to Engaging Community Health Workers (CHWs) in Diabetes Prevention and Diabetes Self-Management Education
1305 ~ Wisconsin Approach

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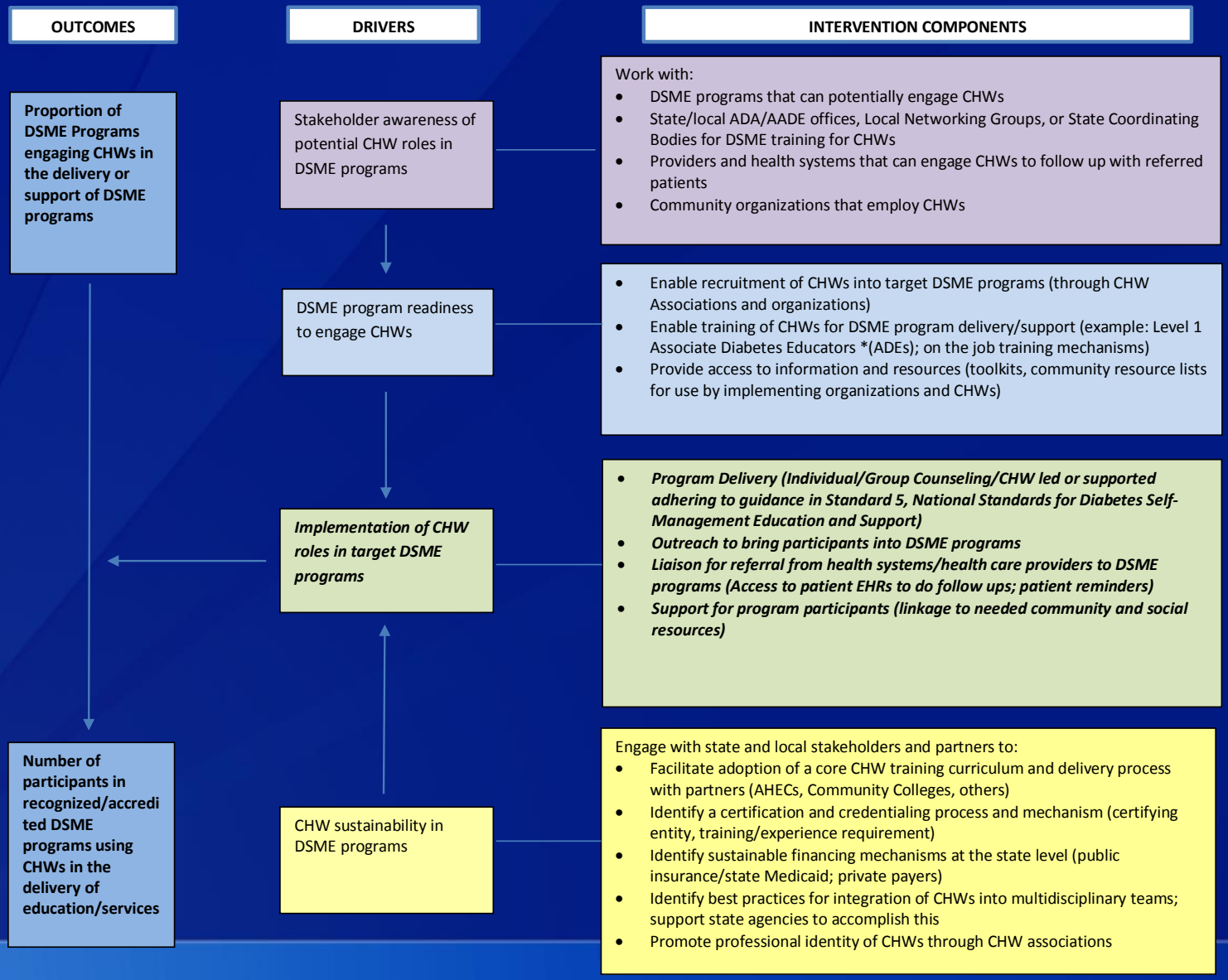
Wisconsin is working towards…

- *Increase the number of recognized/accredited DSME programs using CHWs in the delivery of education/services*
- *Increasing the number of participants in recognized/accredited DSME programs using CHWs in the delivery of education/services*

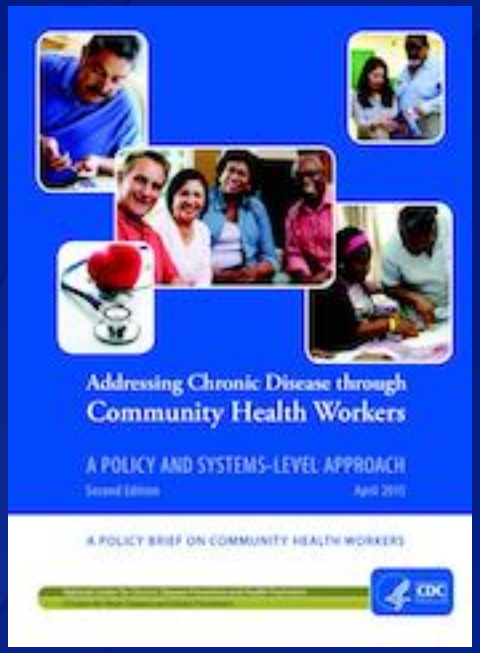
Driver Diagram for CHW-DSME Intervention in DP 13-1305

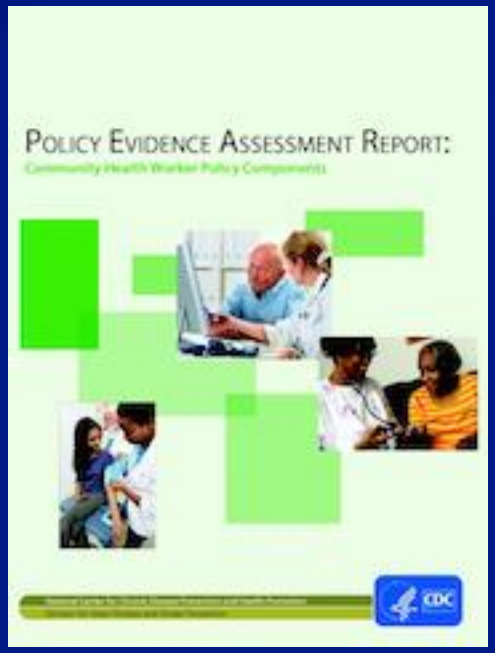
INCREASE ENGAGEMENT OF CHWs IN DIABETES SELF MANAGEMENT EDUCATION PROGRAMS – THE STATE HEALTH DEPARTMENT ROLE

Identify the subset of target new or existing DSME programs best suited for CHW engagement



CDC CHW toolkit documents that guide the sustainability driver





http://www.cdc.gov/dhdsp/pubs/chw-toolkit.htm

1305 Strategies

- Educate Providers/Health Systems
- Engage Community Organizations employing CHWs
- Engage State/Local ADA/AADE

→ Stakeholder awareness

- Develop Curriculum-based training programs
- Recruit CHWs
- Provide resources for use by CHWs

→ DSME program readiness

- Develop sustainable state wide model for reimbursement
- Identify state certification pathways

→ State level sustainability actions

STAKEHOLDER AWARENESS

Activity: *Identify health systems who employ or have interest in employing community health workers in their ADA or AADE programs*

Output: *CDC emerging practice document featuring Wheaton Franciscan Health Care (to be released latter this year)*

Activity: *Identify health systems where Community Health Workers provide patient support*

Output: *2015 CHW census survey results where CHW indicate which health systems they interact with on behalf of community members*

DSME PROGRAM READINESS

Activity: *Enable training for CHWs for DSME program delivery/support*

Outputs:

- *Partner with the statewide organization the Wisconsin Institute for Healthy Aging in training and supporting CHWs to provide Stanford's Diabetes Self-Management Program (72 Promotores, CHWs, and tribal members (CHRs) have been trained to date)*
- *CHWs/Promotores have been trained in the National Diabetes Prevention Program*
- *Partner with United Voices (WI CHW association) to promote the AADE Level One training opportunity with their membership*

Activity: *Provide access to information and resources*

Output: *Partner with other CHW allies to create a supervisor toolkit and disseminate via Wisconsin Statewide Area Health Education Center (AHEC) website*

STATE LEVEL SUSTAINABILITY ACTIONS

Training *: Partner with the Department of Workforce Development Bureau of Apprenticeship Standards to create a standardize statewide training program designed to meet the needs of health systems and delivered through the Wisconsin Technical College System to increase the number of CHWs trained*

Sustainable Financing Mechanisms: *Partner with the Wisconsin Public Health Association as part of a diverse stakeholder group to work towards reimbursement for preventative services, including services provided by CHWs*

Create local return on investment data in collaboration with health systems to build the case for reimbursement.

Identify best practices for Teambased care: *Partner with the Wisconsin Nurses Association in creating a best practices document for broad dissemination. Educate all members of the task force as to the CHW role*

RESOURCES

- *CDC Technical Assistance documents*
- *CDC CHW Toolkit*
- *Community Guide – Cardio Vascular Disease and soon to be available Diabetes*

Thanks!

Sherri Ohly

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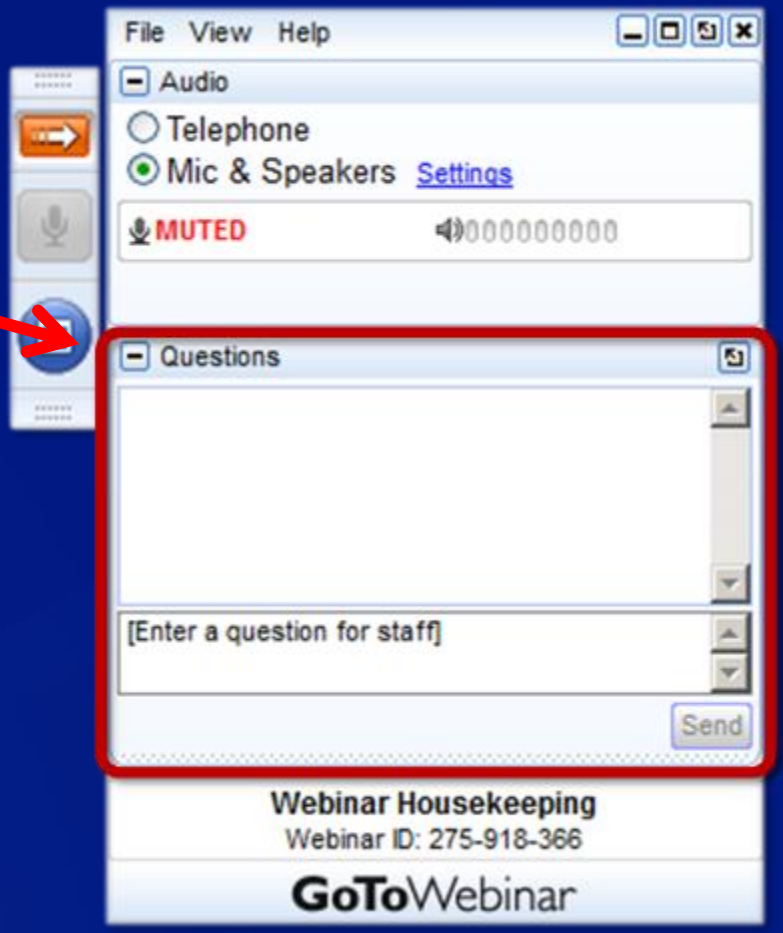
Q&A

- **Submit questions and comments via the Question Pane on your Control Panel**



Thank you!

For more information please contact Centers for Disease Control and Prevention

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