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[Home](#) > Guidelines Set for Community Health Workers to Participate in CCOs


Guidelines Set for Community Health Workers to Participate in CCOs

But more work needs to be done to develop the training and education programs

By: Amanda Waldroupe

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March 26, 2012—Community health workers who will work with coordinated care organizations (CCOs) will be expected to need 80 hours of training and education, but not be licensed, according to recommendations that a subcommittee of the Oregon Healthcare Workforce Committee expects to approve Wednesday.

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The committee, called the Non-Traditional HealthCare Workforce Subcommittee, was created by the Oregon Health Policy Board to create standards and guidelines for a state-wide workforce of community health workers.

Once CCOs get under way in August, community health workers will engage with patients outside of a doctor's office, visiting them at home, connecting them to health and social services, and working closely with people who have chronic health conditions so they can remain out of the hospital and lead healthier lives.

"They are a very essential piece of the healthcare system," said Teresa Rios Campos, coordinator of Multnomah County's Capacitation Center and co-chair of the subcommittee.

Kelly Volkman, manager of Benton County Health Department's Health Navigation Program, who sits on the subcommittee, agrees.

What makes community health workers unique within the health care system, she said, is their ability to relate to the patient and motivate and encourage them to improve their health.

"Community health workers do a better a job than anyone else," Volkman said. "They have the linguistic, cultural, community and shared life experience [of the patient]. They understand in ways that [healthcare providers] never could."

Not only do they work with patients over a long span of time, community health workers can empower patients, teaching them to take a more assertive role in their healthcare.

"It's make the leap from getting someone education to helping them make lifestyle changes," Volkman said. "Knowledge does not equal behavior change. You have to work with people in a different way and breakdown those barriers."

"We provide cultural, accessible information and teach the concepts in a way that people will understand. We don't lecture people. We really empower people," Campos said. "The heart of the model is based on social justice and overcoming health inequalities."

House Bill 3650, which passed by the Legislature last year, created coordinated care organizations and set in motion the overhaul of the Oregon Health Plan's delivery system. These CCOs are expected to employ the following workers: community health workers, personal navigators and peer wellness specialists.

Community health workers will work with a small population of patients who have multiple illnesses and barriers to accessing care, and make sure they don't fall through the cracks by reminding them to take their medications and not miss physician appointments.

Personal navigators will help patients find social and healthcare services not available through the CCO.

Peer wellness specialists have a very specific task: finding appropriate mental health services for patients and working with mental health providers.

In creating these recommendations, the subcommittee tried to draw a fine line between developing standardized criteria and not creating barriers.

One of the biggest challenges was simply learning what these workers are expected to do. Currently, their training and job descriptions

can vary from organization to organization, said Judith Woodruff, the Northwest Health Foundation's healthcare workforce program director and a subcommittee member.

Determining how many hours of training and education were needed presented another challenge. "Some felt 40 hours wasn't enough, and maybe 120 hours was too much. Everybody was coming from a different paradigm," Volkman said.

As far as regulation is concerned, the subcommittee didn't find it necessary for community health workers to be licensed.

"Part of what makes a community health worker so valuable is that they're not part of the mainstream medical profession," Woodruff said. "There are some community health workers who haven't had a day of education and they are the more effective, amazing community health workers I know."

Another challenge is making certain there's a sufficient infrastructure to provide adequate training and education throughout the state.

Central Oregon Community College offers a 36-hour community health worker course, and other community colleges offer similar programs. But Noelle Wiggins, director of Multnomah County's Capacitation Center, worries that programs at community college programs may not be appropriate.

"We need a coherent, well-planned system of training programs," she said. "We have to think about how we're going to involve community health workers as trainers, and we have to think about how to use an appropriate methodology."

Having the appropriate infrastructure for training will continue to be discussed by the subcommittee, Woodruff said. "This is an evolving process. The committee is still very active."

For community health workers to be successful, said Wiggins and Volkman, a culture change is needed so providers – who are often well-trained and educated in a specialized field of healthcare—are willing to accept community health workers as a vital part of the work force.

"If I don't understand what it means to be a community health worker, and I don't listen to them, I'm going to underutilize them or marginalize them," Volkman said. "Community health workers would be set up to fail."

"They are not well understood at this point, and that can impair their effectiveness," Wiggins said. "In order to maintain the heart of the community health worker profession, it is absolutely necessary for us to look at things in a different way, and not try to fit them into existing categories."

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