

MAKING THE CASE FOR COMMUNITY HEALTH WORKERS ON CLINICAL CARE TEAMS:

A Single-Session Implementation Guide





ABOUT MHP SALUD:

MHP Salud implements Community Health Worker programs to empower underserved Latino communities and promotes the CHW model nationally as a culturally appropriate strategy to improve health.



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BEFORE YOU BEGIN...

Please note that this guide is also accompanied by a powerpoint presentation which instructors may find useful. You can download the powerpoint [here](#).

INTRODUCTION



INTRODUCTION



With a long history of successfully and effectively addressing health disparities, Community Health Workers (CHWs) are capable of filling the gaps in services that many health care organizations experience in reaching underserved populations. However, the incredible potential to improve health outcomes that CHWs offer has yet to be fully realized in clinical settings. A significant obstacle to achieving full integration of CHWs on health care teams is confusion regarding the role of a CHW on part of clinical staff.

The session included in this guide is meant to address this obstacle in order to garner stronger support for CHWs on a clinical level. It is designed specifically for clinicians and tackles some of the most common misconceptions or concerns that they may have about including a CHW on a health care team. By the end of the session, clinicians will have a clearer picture of what the role of a CHW is on a care team and how they could directly benefit from working with a CHW.

SESSION FORMAT

This session is designed to be a full hour with some interactive group activities. It is best to complete the session with these activities because they will help the audience process the information. However, if time is limited, the session can be condensed by eliminating some activities.

HOW TO USE THIS GUIDE



This guide can be used by anyone who is an advocate for CHWs, including clinical and non-clinical staff at a hospital, clinic, health center, or someone from a nonprofit organization or public agency. To prepare for the session, this guide provides you with:

- **Content Review** – This section covers all of the content from the session in detail. It is recommended that you read this section prior to presenting the material so that you have a thorough understanding of all of the material and background information.
- **Facilitator's Guide** – The guide offers the basic structure for the presentation, as well as tips and notes for the facilitator.
- **[PowerPoint Template](#)** – The template is a suggestion of how to organize the information in the presentation. Talking points and tips for the presenter are included in the notes section.
- **Resource List** – The materials included on this list provide a deeper look into the role of clinical CHWs from different perspectives. Optionally, many of materials on this list can be printed and distributed as handouts during the presentation.

The content in this session is from research conducted by MHP Salud unless otherwise cited. Please feel free to adapt the session to your audience by including location and situation specific statistics, information, and anecdotes. However, if you alter any of the original content, please credit all sources as originally cited.

CONTENT REVIEW



INTRODUCTION



Although CHW programs have historically been grassroots, community-based programs, health care reforms have illuminated the important role a CHW can play on a health care team. In order to transition CHWs into clinical settings, it is important that clinicians understand exactly how a CHW can contribute to a care team and what the limitations of their position are. This review will define who a CHW is, discuss how CHWs and clinicians can work together, and explain how a CHW's work can positively impact a clinician's practice.

WHO ARE COMMUNITY HEALTH WORKERS?

The APHA's definition of a 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 worker 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."¹

While 'Community Health Worker' is the most commonly accepted job title nationally, CHWs are still known by a variety of different titles including peer educator, outreach worker, patient navigator, and *Promotor(a) de Salud*. Regardless of the title, what distinguishes a CHW is that they are part of the community they serve. Being considered part of the same community may be defined as being from the same geographic community or sharing life experiences that give them an unusually close understanding of a specific community.

¹American Public Health Association. (2016). Community Health Workers. Available at: <https://www.apha.org/apha-communities/member-sections/community-health-workers> (Accessed April 18, 2016).

WHO DO CHWS WORK WITH?

One of a CHW's most valuable attributes is that they are able to identify with and understand the distinct obstacles to receiving healthcare services that are present in the communities they serve. Their ability to relate to the patients based on shared life experiences makes them well equipped to work with any vulnerable, under-served, and/or hard-to-reach community.

WHAT DO CHWS DO?

When a pregnant and uninsured 18 year old girl discovered she was HIV positive, she was glad to have a CHW by her side. The CHW not only connected her with a health provider, but she attended all of her prenatal care appointments, contacted the local AIDS Council to help her find treatment, and attended all of her HIV therapy appointments as well. The CHW sat beside her during the girl's Caesarian Section and watched her give birth to a health baby boy.

As both skilled professionals and members of the community, CHWs are in a unique position to address health issues in any underserved community. Their greatest asset is their ability to establish a trusting relationship with the community. Using this relationship as a foundation, a CHW can then engage both health care providers and members of the community to work towards better health outcomes. The following roles are considered to fall within the CHW's general scope of practice in a variety of settings:

- Cultural mediation among individuals, communities, and health and social service systems
- Providing culturally appropriate health education and information
- Care coordination, case management, and system navigation
- Providing coaching and social support
- Advocating for individuals and communities
- Building individual and community capacity
- Providing direct service

-
- Implementing individual and community assessments
 - Conducting outreach
 - Participating in evaluation and research²

It is important to note that while a CHW possesses the necessary skills to fulfill each of these roles, it is unlikely that a CHW will be responsible for all of them in any given position. Which roles are assigned to a CHW will vary from organization to organization.

VALUE OF A CHW

CHWs bring a skill-set and knowledge base to a health care team that is completely different from other team members. This offers the team a different perspective and new approaches as they search for solutions for their most complex and challenging cases. Relying on their deep understanding of the community and their training, CHWs are also able to connect and communicate with patients in a way that others on the care team may not be able to. As a result, CHWs can improve:

- Health outcomes
- Service delivery and cost of care
- Cost-effectiveness

Health Outcomes

There is a growing body of evidence demonstrating the direct link between CHW programs and improved health outcomes. Some examples include:

- Six studies of CHW interventions focused on cervical cancer prevention reported at least one positive outcome associated with the CHW intervention, including a significant increase in the number of patients receiving a Pap smear and a larger change in the number of patients ever having a Pap smear.³

²Community Health Worker Core Consensus Project (2016). Understanding scope and competencies: A contemporary look at the United States community health worker field.

Available at <http://files.ctcdn.com/a907c850501/1c1289f0-88cc-49c3-a238-66def942c147.pdf>

³Institute for Clinical and Economic Review. Community Health Workers: A Review of Program Evolution, Evidence of Effectiveness and Value, and Status of Workforce Development in New England. The New England Comparative Effectiveness Advisory Council. Boston, Massachusetts: July, 2013

- A study in New York showed that CHWs were able to improve the immunization status of Dominican children by 25 percent.⁴
- At least six published studies on CHW interventions on prevention and management of diabetes have shown at least one significant positive outcome, including changes in HbA1c levels and improved self-reports of dietary changes.⁵
- Multiple studies on CHW interventions with asthma patients have demonstrated positive results. One program for pediatric asthma patients in Boston showed that over the course of a year, emergency department visits related to asthma were reduced by 68% and hospitalizations decreased by 84.8%. Additionally, there were significant decreases in activity limitations, missed school days, and parental missed work time.^{6,7}
- Migrant and seasonal agricultural workers that received training or help from a CHW were more likely to take precautionary measures to prevent eye injuries.⁸
- Based on the success peer-to-peer breastfeeding support programs have had in increasing the number of women who initiate and continue to breastfeed, the Surgeon General advocated for peer support programs in a recent 'Call to Action' on breastfeeding.⁹

These studies represent only a portion of the different programs that have effectively used CHWs. Other CHW programs have produced positive results for HIV patients, homeless patients with tuberculosis, high-risk pregnant women or new mothers, immigrants, and newly-released prisoners. CHWs have also had notable success working with patients with chronic diseases, patients with co-morbidities, or poly-pharmacy patients because of their ability to dissect the obstacles each individual experiences in accessing care and develop solutions that directly and appropriately respond to their needs.

⁴Massachusetts Department of Public Health. (2015). Achieving the triple aim: Success with Community Health Workers. Available at <http://www.mass.gov/eohhs/docs/dph/com-health/com-health-workers/achieving-the-triple-aim.pdf> (Accessed July 1, 2015)

⁵Institute for Clinical and Economic Review, 2013.

⁶Massachusetts Department of Public Health, 2015.

⁷Institute for Clinical and Economic Review, 2013.

⁸Monaghan, P., Forest, L., Tovar-Aguilar, J., Bryant, C., Isreal, G., Galindo-Gonzalez, S., Thompson, Z., Zhu, Y., & McDermott, R. (2011). Preventing eye injuries among citrus harvesters: The Community Health Worker Model. *American Journal of Public Health*, 101, 2269-2274. doi: 10.2105/AJPH.2011.300316

⁹Office of the Surgeon General (2011). The Surgeon General's call to action to support breastfeeding. Publications and Reports of the Surgeon General. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21452448>

Service Delivery and Care

Although there are fewer documented examples, many healthcare providers and communities have also found that CHWs can help make health care systems more responsive by communicating information from the community back to health care providers, thus improving service delivery and the quality of care. For example, one doctor who worked with CHWs on a program based out of a hospital in Boston said, “[CHWs] teach me how to be a better doctor, to understand a patient’s whole context before constructing and communicating a care plan...they help me build a more meaningful relationship with even my toughest patients.”¹⁰ Doctors that worked with CHWs in another program in the Bronx, New York reported that CHWs helped them understand their patient’s backgrounds, constraints, and preferences, ultimately allowing the team to genuinely focus on the patient and their medical needs.¹¹

Cost Effectiveness

In addition to improving health outcomes and quality of care, CHW programs are often cost-effective because they allow a health care organization to utilize their resources more efficiently and reduce the use of unnecessary medical services. One program in Denver found a savings in health care costs of \$2.28 for every dollar invested in their CHW program. The Arkansas Community Connector Program, which tracked Medicaid services for over 900 patients, showed a three year savings of over \$2.6 million, for a final return on investment of \$2.92 for their CHW program.¹² A comparable study of a CHW program in New Mexico produced similar savings due to a reduction in ambulatory and emergency services.¹⁴ The savings at a hospital in New York that integrated CHWs into their clinical care teams to provide case management services and outreach was more than \$2 per each \$1 spent.¹⁵

¹⁰ Behforouz, H. (2014). Bridging the Gap: A community health program saved lives, then closed its doors. *Health Affairs*. 33(11) 2064-2067. doi: 10.1377/hlthaff.2013.0952

¹¹ Findley, S., Matos, S., Hicks, A., Chang, J. & Reich, D. (2014) Community Health Worker integration into the health care team accomplishes the triple aim in a patient-centered medical home: A Bronx tale. *Journal of Ambulatory Care Management*, 31 (1) 82-91

¹² Whitley, E.M., Everhart, R.M., Wright, R.A. (2006) Measuring Return on Investment of Outreach by Community Health Workers. *J Health Care Poor Underserved*. Feb; 17(1 Suppl):6-15.

¹³ Felix, H.C., Mays, G.P., Stewart, M.K., Cottoms, M., & Olson, M. (2011). Medicaid savings resulted when community health workers matched those with needs to home and community care. *Health Affairs*. 30:7, 1366-1374

¹⁴ Johnson, D., Saavedra, P., Sun, E., Stageman, A., Grovet, D., Alfero, C., Maynes, C., Skipper, B., Powell, W., & Kaufman, A. (2012). Community Health Workers and Medicaid Managed Care in New Mexico. *J Community Health*. 37(3):563-571.

¹⁵ Findley, S. et al., 2014.

WHY INCLUDE A CHW ON A CARE TEAM?

Including a CHW on a care team produces changes on multiple levels. Their work impacts each physician or clinician, the health care team, the health care organization, and the community.

Physician or Clinician

- Develop a more personal connection with patients: As peers, CHWs have a different kind of relationship with patients. As a result, CHWs can help clinicians gain a better understanding of their patient and their individual needs, leading to a more personal connection.
- Improve communication with patients: CHWs can both literally and metaphorically speak the same language as the patient, allowing them to pick up on details that others may miss. In other words, they can read between the lines to understand what a patient may actually be communicating versus what they are saying.
- Improve effectiveness and efficiency of patient visits: A CHW can help a patient prepare for a visit. They can help patients monitor their health conditions



leading up to an appointment, keep a record of a patient's progress towards health goals, help patients understand what questions to ask during the visit, and remind them of any documentation or paperwork they may need to bring to the appointment.

- Increase focus on medical issues: CHWs are better positioned to collect, analyze, and interpret information on social issues that influence a patient's health. By allocating CHWs to use their expertise in this area, clinicians are able to focus their time and energy on responding to the patient's medical issues.

"We can't make our patients better in 10-15 minutes because there are a lot of factors that shape their health. CHW's are much better [at addressing social issues] than me. They get more information that helps me understand my patient and allows me to focus on their medical issues."

-Dr. Rose Johnson, Center for Family Health, Michigan

Health Care Team

- Develop higher impact interventions and care plans: A CHW can help a care team better understand a patient's reality, including what resources are available to them and what barriers will prevent them from reaching health goals that are set out for them. This allows them to develop care plans that better respond to each patient's individual's needs.
- Stronger team coordination: The insight a CHW provides can help the team become more unified in their approach towards working with a patient. Many clinicians say they talk about patients differently as a result of working with CHWs, which in turn has helped teams become more cohesive.

Health Care Organizations

- Improve clinical performance and quality measures: Through the supportive services a CHW offers, CHWs can effectively promote preventative testing and screening, work with a patient to improve their self-management of chronic or complex conditions, provide follow-up care for patients, educate patients on the appropriate use of the emergency room, and promote the use of a primary care provider. These services can help a health care organization reach or improve their performance on quality of care, core clinical, or health outcome and disparities measures.
- Improve financial performance: By providing the services listed above, CHW

programs have been shown to reduce inappropriate use of emergency services, improve rates of preventative screenings, and reduce rates of missed appointments. As a result, health care organizations can expect to spend less per patient on treatment, especially on poly-pharmacy patients or patients with multiple or complex conditions. Although there may not be an immediate return on investment from a CHW program, evidence shows that over time a CHW program can contribute to reductions in the per-patient cost of treatment.

- Achieve or maintain Patient-Centered Medical Home (PCMH) status: As the CHW profession is deeply ingrained in building trust and relationships within the community, the core values of the CHW profession align well with the PCMH framework. In particular, a CHW has the capacity to improve a health care organization's ability to provide patient-centered access, culturally competent team-based care, care coordination, and care management and support.
- Improve the health care organization's 'brand' or reputation: Many underserved populations lack trust in institutions. As non-traditional health professionals, CHWs are able to act as a bridge from the health care system to the community, and vice versa. They breakdown stigmas and concerns that may prevent a community member from seeking services at a health care organization. By building trusting relationships with patients, they are inherently building trust in the organization.

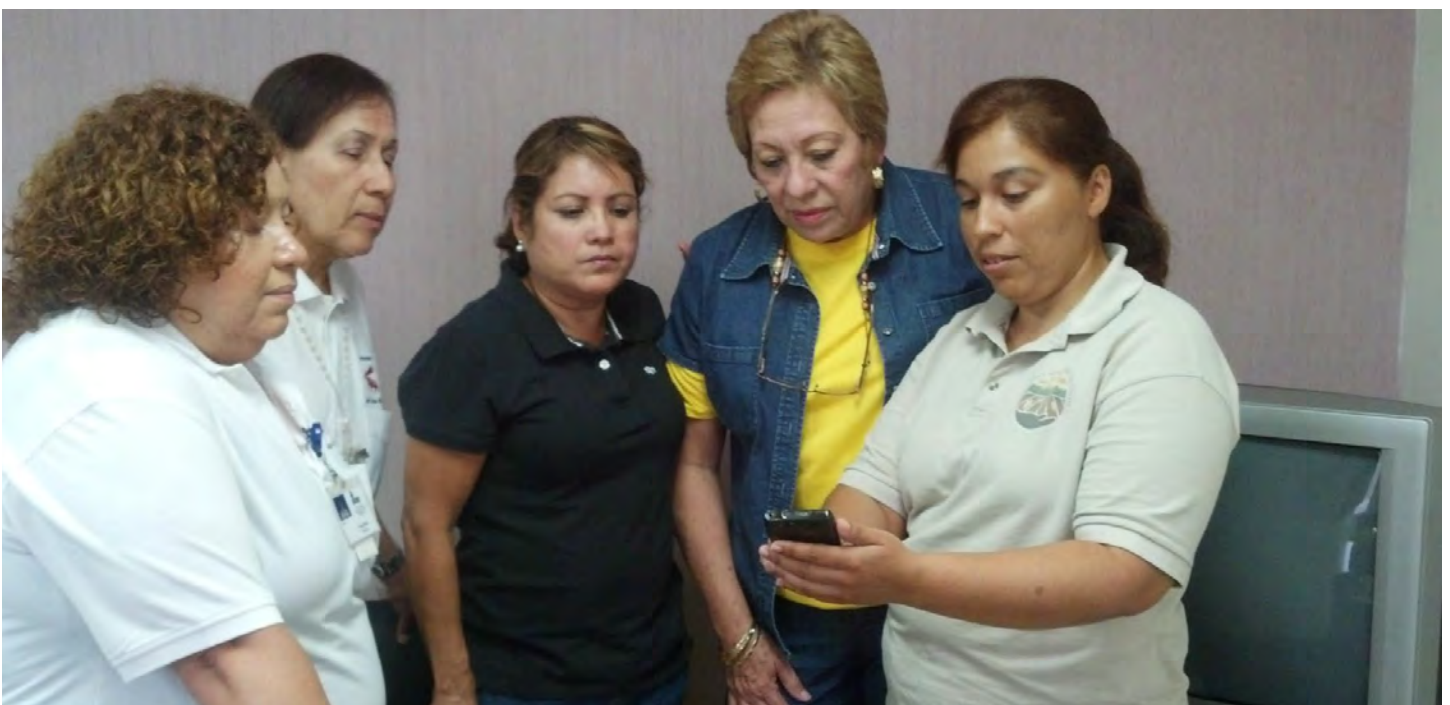
Community

- Improved health systems: The feedback loop a CHW initiates does not only travel from provider to patient. As advocates for their clients, CHWs can help health systems better understand the populations they serve, allowing them to provide more impactful care.
- Improve community capacity: By providing support and education, CHWs help patients learn how to navigate health care systems and empower them to advocate for their own health and their community's health. By developing this potential within the community, they increase community capacity.
- Improve population health: CHWs allow health care providers to increase access to services, improve the quality of care, improve service delivery, and reduce costs of care per patient. Ultimately, these improvements can lead to better population health outcomes, resulting in more healthy and vibrant communities.

THE CHW ROLE ON A CARE TEAM

The dual role CHWs play as skilled professionals and as peers to the community they serve distinguishes them from other members of a care team. They bring a unique perspective to the care team that is often missing and are able to establish relationships with patients that would not otherwise be possible. They also have a deep understanding of the physical, social, and cultural influences that impact a community's health, putting them in the best position to serve as a liaison between the community and health care providers.

On a team, CHWs can be considered the experts in the dynamics and culture of a community. They can provide the care team with invaluable insight into a client's health behaviors that can help clinicians make the best possible treatment decisions. While CHWs should be treated as peers on a clinical team for the expertise they bring, it is important to understand that CHWs have a very different role from clinicians. They do not have the credentials to perform clinical work or make clinical decisions and it is not their role to do so. However, they do possess their own expertise, which is critical in helping a care team understand the patient's reality and develop care plans that appropriately respond to each patient's individual situation.



Given a CHW's unique expertise, there are specific responsibilities they are well suited to assume on a care team. With the appropriate training, CHWs are able provide any of the following services:

- Conduct outreach
- Measure and monitor blood pressure
- Assist with medication or treatment adherence
- Facilitate goal setting with patients
- Problem-solve obstacles to comply with a given treatment
- Navigate healthcare and other social service systems
- Provide health education
- Provide the patient and family with social support
- Assess how a self-management plan is progressing
- Assist patient in obtaining home health services¹⁶



¹⁶ Center for Disease Control and Prevention (2014). Addressing chronic disease through Community Health Workers: A policy and systems-level approach. Available from <http://chwcentral.org/addressing-chronic-disease-through-community-health-workers-policy-and-systems-level-approach> (Accessed April 8, 2015)

A recent study of CHW integration into clinical health care teams reported that the most common responsibilities CHWs on care teams were assigned included:

1. Helping people gain access to medical services
2. Advocating for individual needs
3. Teaching people how to use health care and social services
4. Helping people manage chronic conditions¹⁷

There are some responsibilities that are not appropriate for a CHW to assume on a care team. CHWs working in clinical settings do not:

- Give patients medical advice
- Do administrative work for the care team
- Complete or participate in clinical procedures (unless they have been specifically trained to do so)
- Analyze clinical data
- Make clinical decisions regarding a patient's care or care plan
- Provide formal counseling or therapy
- Administer medications, wound care, or other interventions (unless they have been specifically trained to do so)



¹⁷ Allen., C., Escoffery, C., Satsangi, A. & Brownstein, J.N. (2015). Strategies to improve the integration of community health workers into health care teams: A little fish in a big pond". Preventing Chronic Disease, 12, E124.

DEFINING THE CHW ROLE ON A CARE TEAM

The majority of any CHW's work revolves around providing social and other supportive services. Most CHWs do not receive clinical training, and therefore it is not as common for them to complete clinical procedures. However, some care teams do include the performance of some basic clinical procedures or interventions, such as taking vital signs during home visits, in the job description of the CHW. Whether or not clinical procedures are part of a CHW's job typically depends on the needs of the employer and care team. If the CHW position will include participation in clinical procedures, a CHW with the necessary credentials will be hired or the necessary training will be provided for them by their employer.

A common challenge to integrating CHWs on a care team is role overlap. There are commonalities in the expectations, job duties, and roles that a CHW could potentially assume on a care team to both Care or Case Managers and Nurses. However, CHWs remain distinct from other care team members because they are peers to the patients. Although they may perform similar tasks in their jobs, CHWs have different capabilities, as illustrated in the chart on the next page.



Primary Job Duties	CHW	Case/Care Manager	Nurse
Cultural mediation among individuals, communities, and health and social service systems	X		
Provide culturally appropriate health education and information	X		
Care coordination, case management, and system navigation	X	X	
Provide coaching and social support	X		
Advocate for individuals and communities	X	X	X
Provide direct services and administer health screening tests (as appropriate)	X		X
Build individual and community capacity	X		
Provide outreach	X		
Assist with medication or treatment adherence	X	X	X
Facilitate goal setting with patients	X	X	
Problem-solve obstacles to comply with a given treatment	X	X	
Assess how a self-management plan is progressing	X	X	X
Assist patient in obtaining home health services	X	X	

Care teams and the administration should work together to define the roles of each member of the care team to ensure their assigned responsibilities are best suited to their unique strengths and do not overlap with the services provided by other members of the care team. Ultimately, a CHW's position on a care team will be defined by the needs of the care team and will vary from one health care organization to the next.

CHW EDUCATION AND TRAINING

The expertise a CHW possesses that makes them so invaluable is largely derived from life experiences. The crux of a CHW's work is in their ability to reach community members as both a trusted peer and representative of a health care organization. A successful CHW is able to connect with, relate to, motivate, inspire, and gain the trust of the community they serve. They are also able to advocate for the clients and be their voice on the clinical team. In order to do this, a CHW must rely heavily on 'soft-skills' that are not easily taught in the classroom. For that reason, CHW employers do not always look for formal education or credentials when vetting candidates for a CHW position. More often, the most qualified CHWs demonstrate:

- A strong desire to and are passionate about serving the community
- Strong interpersonal communication skills
- An ability to gain respect and build rapport with community members
- A strong sense of empathy
- Creativity and resourcefulness
- Natural leadership ability or potential
- Responsive to the needs of others
- Cultural competence

Although many of the skills that are central to the CHW profession are not reflected by formal education or certification, CHWs typically do receive some training to prepare them for their work. This is particularly true of CHWs working in a clinical setting, as the requirement to be familiar with certain health topics and the health care system is usually necessary.

The educational and training requirements for a CHW will likely vary depending on their location and job responsibilities.

Location

Some states offer a CHW certification to verify that they have completed a state-approved training course and are proficient in the required CHW core competencies from that state. The core competencies are typically established by the state or the state CHW association. If there are no certification requirements or guidelines for education or training set in place

by the state, the state CHW association may offer recommendations on CHW training and education or the employer can determine the level of training the CHW should receive. An employer will typically provide at least 40 hours of training or orientation. If the CHW will need training on a specific health topic or skill, the employer will typically provide this in addition to the 40 hours.

Position

Although the job responsibilities of a CHW in a clinical position vary greatly, all CHWs in a clinical setting should have a good understanding of the health system. They can gain this knowledge from an external education or certification program or through their internal training within the organization. If the CHW will be required to provide services surrounding a specific health topic or will be required to complete any basic clinical procedures, training is typically provided by the employer. For example, a CHW may become CPR certified or certified in a curriculum for a diabetes self-management program.

Even though training requirements differ depending on location, position, and organization, there are nationally recognized core skill areas for CHWs that remain consistent across the many different settings they work in. These include:

- Communication
- Interpersonal and relationship-building
- Service coordination and navigation
- Capacity building
- Advocacy
- Education and facilitation
- Individual and community assessments
- Outreach
- Professional skills and conduct
- Evaluation and research
- Relevant knowledge base (core principles of public health)¹⁸

A clinician can expect that a CHW in a clinical position is proficient in these core skill areas, regardless of their educational background.

18 Community Health Worker Core Consensus Project (2016). Understanding scope and competencies: A contemporary look at the United States community health worker field. Available at <http://files.ctctcdn.com/a907c850501/1c1289f0-88cc-49c3-a238-66def942c147.pdf>

CONCLUSION

CHWs serve a function on a health team that is not available through other team members or sources. The value their work adds to the team not only improves the individual practice of a clinician, but also improves the way a team works together, the way a health care organization serves the community, and leads to an overall improvement in the community's health. For more information on integrating CHWs into clinical settings, please see the included resource list or contact MHP Salud at info@mhpsalud.org.



FACILITATOR'S GUIDE



Objectives:

1. Participants will define who Community Health Workers (CHWs) are and what they do.
2. Participants will be able to list at least 5 roles a CHW can play on a health care team.
3. Participants will identify at least 3 benefits of having a CHW on a health care team.

Materials:

- PowerPoint slides and projection equipment
- Printed case study - 1 per participant (*see Appendix A*)
- Handouts from resource list (optional)

Time: 1 hour

Plan:

1. Introduction

Time: 5 minutes

- a. *Slide 1* - Introduce yourself and your organization. Ask each person in the room to introduce themselves (if less than 20 participants).
- b. *Slide 2* - Explain the objectives for the presentation. If applicable, explain why this training is important at this particular time. For example, if the health care organization recently received funds to start a CHW program.

2. Define ‘Community Health Worker’

Time: 5 minutes

- a. *Slide 3* - Use the American Public Health Association definition to define the term ‘Community Health Worker’:
 - i. “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 worker 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.”¹

a. *Slide 4* - List other common titles for CHWs:

- i. Peer Educator/Peer Health Educator
- ii. Community Health Representative
- iii. Health Coach
- iv. Health Aide
- v. Patient Navigator
- vi. *Promotor(a) de Salud*

b. *Slide 5* - Explain who CHWs typically work with.

- i. CHWs have had international success working with a variety of different populations. Their ability to relate to a community as a peer makes them highly qualified to work with any hard-to-reach, underserved community.

Facilitator’s Note: If possible, it is a good idea to tailor slide 5 towards your audience by including information specific to the populations they serve. For example, if there is a large Spanish-speaking population in the area, be sure to include examples of how CHWs have had success with Spanish-speaking populations.

Slide 6 - Give a brief overview of the primary roles CHWs fill in the general scope of their practice:

- i. Cultural mediation among individuals, communities, and health and social service systems
- ii. Providing culturally appropriate health education and information
- iii. Care coordination, case management, and system navigation
- iv. Providing coaching and social support
- v. Advocating for individuals and communities

¹ American Public Health Association. (2016). Community Health Workers. Available at: <https://www.apha.org/apha-communities/member-sections/community-health-workers> (Accessed April 18, 2016).

- vi. Building individual and community capacity
- vii. Providing direct services
- viii. Implementing individual and community assessments
- ix. Conducting outreach
- x. Participating in evaluation and research²

3. Value of a CHW

Time: 5 minutes

- a. *Slide 7* - Discuss how CHWs are able to improve overall population health by addressing three common obstacles found in the health care system:
 - i. *Slide 8 - Health outcomes*: Through health promotion, culturally-competent education, patient advocacy, and skilled case management, CHWs have been connected to improving health outcomes for underserved populations.
 - Discuss clinical outcome data related to working with a CHW
 - ii. *Slide 9 - Service delivery and quality of care*: CHWs can communicate information from the community regarding barriers to service to health care providers, allowing providers to adapt their services, thus improving service delivery and the quality of care.
 - If possible, include an anecdote from a local source
 - iii. *Slide 10 - Cost-effectiveness*: The health promotion, education, and case management services that a CHW can offer help patients better manage chronic or complex conditions, appropriately utilize a primary care provider, attend scheduled appointments and visits, and reduce emergency room visits, making care more cost-effective over time.
 - Review data from Return on Investment studies

² Community Health Worker Core Consensus Project (2016). Understanding scope and competencies: A contemporary look at the United States community health worker field. Available at <http://files.ctctcdn.com/a907c850501/1c1289f0-88cc-49c3-a238-66def942c147.pdf>

4. Why a CHW on a Care Team

Time: 10-15 minutes (10 minutes without the activity, 15 minutes with the activity)

- a. *Slide 11 – Case Study*: In small groups, ask participants to review the case study and discuss the questions on the bottom. Leave a few minutes to allow participants to share their answers.
- b. *Slide 12 - Review* how a CHW's work can impact health care on multiple levels:
 - i. Physician/Clinician
 - Develop a more personal connection with patients
 - Improve communication with patients
 - Improve effectiveness and efficiency of patient visits
 - Increase focus on medical issues
 - ii. Health Care Team
 - Develop higher impact interventions and care plans
 - Stronger team coordination
 - iii. Health Care Organization
 - Improve clinical performance or quality measures
 - Improve financial performance
 - Achieve or maintain Patient-Centered Medical Home status
 - Improve the organization's 'brand' or reputation
 - iv. Community
 - Improved population health

Facilitator's Note: If you are familiar with the audience and know why they are or are not interested in a CHW prior to the presentation, highlight relevant information in this section of the presentation. For example, if you know the organization is struggling to meet a specific clinical measure, emphasize how CHWs help improve this specific clinical measure or goal.

5. A CHW's Role on a Care Team

Time: 10 minutes

- a. *Slide 13* - CHW's bring a unique expertise, skillset, and perspective to a care team. For this reason they should be treated as peers on the team. However, CHWs do **not** have a clinical role on a care team.
- b. *Slide 14* - Provide an overview of what a CHW should and should not do on a care team to help the audience better understand what the CHW position would look like in practice.
 - i. CHWs DO:
 - Conduct outreach
 - Measure and monitor blood pressure
 - Assist with medication or treatment adherence
 - Facilitate goal setting with patients
 - Problem-solve obstacles to comply with a given treatment
 - Navigate healthcare and other social service systems
 - Provide health education
 - Provide patients and their family with social support
 - Assess how a self-management plan is progressing
 - Assist patients in obtaining home health services
 - ii. CHWs DO NOT:
 - Give patients medical advice
 - Do administrative work for the care team
 - Complete or participate in clinical procedures (unless specifically trained to do so)
 - Analyze clinical data
 - Make clinical decisions regarding a patient's care or care plan
 - Provide formal counseling or therapy

- Administer medications, wound care, or other interventions (unless specifically trained to do so)

Facilitator's Note: Many clinicians have hesitations about including CHWs on a care team because they worry that they do not have clinical training. Be sure to emphasize that although they do not have clinical expertise, CHWs have their own very important expertise that can have a significant impact on a clinician's practice. You may need to put extra emphasis on a CHW's role, explaining that although they should be considered a peer to the clinicians, CHWs do not perform clinical work.

Slide 15 - The roles CHWs on care teams most frequently report are:

- i. Helping people gain access to medical services (86 percent or surveyed clinical CHWs)
 - ii. Advocating for individual needs (86 percent or surveyed clinical CHWs)
 - iii. Teaching people how to use health care and social services (78 percent or surveyed clinical CHWs)
 - iv. Helping people manage chronic conditions (77 percent or surveyed clinical CHWs)³
- d. *Slide 16* – Discuss overlap in a CHW's role with other members of the team.
- i. Compare the primary roles of a clinical CHW with those of a Case/Care Manager and Nurse. Explain that although a CHW's role may overlap with other members of a care team, they have capabilities that other members of the care team do not have.
- Use the table found in PowerPoint template

³ Allen., C., Escoffery, C., Satsangi, A. & Brownstein, J.N. (2015). Strategies to improve the integration of community health workers into health care teams: A little fish in a big pond". Preventing Chronic Disease, 12, E124.

6. CHW Education and Training

Time: 10 minutes

- a. *Slide 17* - Discuss the non-traditional educational background of a CHW.
 - i. The majority of a CHW's expertise is derived from life experiences, not formal training.
 - ii. Due to the social nature of their position, CHWs rely heavily on interpersonal and other 'soft' skills. These skills may be enhanced by training but are not easily taught in a classroom environment.
 - iii. As formal training is typically not the best indicator of success in this profession, CHW employers look for these traits instead:
 - A strong desire to and are passionate about serving the community
 - Strong interpersonal communication skills
 - An ability to gain respect and build rapport with community members
 - A strong sense of empathy
 - Creativity and resourcefulness
 - Natural leadership ability or potential
 - Response to the needs of others
 - Cultural competence
- b. *Slide 18* – Discuss different training options, including state and employer training.

Facilitator's Note: Do some research and include information about your state's CHW education or certification requirements. Include this information in the presentation.

- i. Some states offer a certification program to verify that a CHW has completed a training course and is competent in state-established CHW core competencies.
- ii. An employer will offer a training and/or orientation in addition or instead of this. The training/orientation is typically a minimum of 40 hours.
- iii. If the CHW will need training on a special health topic or skill, the employer will typically provide that training in addition to their 40 hour training/orientation.
- iv. All CHWs in a clinical setting, regardless of their training, should be proficient in the following core skill areas:
 - Communication
 - Interpersonal and relationship-building
 - Service coordination and navigation
 - Capacity building
 - Education and facilitation
 - Individual and community assessments
 - Outreach
 - Professional skills and conduct
 - Evaluation and research
 - Knowledge base (core principles of public health)

Facilitator's Note: Another common concern that clinicians have about CHWs in clinical settings is their preparation to work a clinical field. They may be doubtful that a CHW is qualified to work in a clinical setting, so it is important to clearly explain that what makes a CHW most qualified for their positions is their proficiency in 'soft skills'. The majority of the knowledge and skills they will use on the job are learned through life experiences.

7. Conclusion

Time: 5 - 10 minutes (5 minutes without the discussion question, 10 minutes with the discussion question)

- a. *Slide 19 - Discussion question:* In the same small groups, ask participants to discuss how they believe a CHW could benefit their practice.
- b. *Slide 20 - Give time for questions.*
 - i. *Slide 21 - Provide a list of additional resources. the quality and cultural competence of service delivery.”⁴⁹*
- a. *Slide 4 - List other common titles for CHWs:*
 - i. Peer Educator/Peer Health Educator
 - ii. Community Health Representative
 - iii. Health Coach

49 American Public Health Association. (2016). Community Health Workers. Available at: <https://www.apha.org/apha-communities/member-sections/community-health-workers> (Accessed April 18, 2016).



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# **APPENDIX A:**

## **Bronx-Lebanon Hospital**

### **Case Study**

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BRONX LEBANON HOSPITAL CASE STUDY

The Chair of Family Medicine at the Bronx-Lebanon Hospital in New York became concerned that providers could not achieve lasting health improvements for patients with complex issues. After covering basic diagnostic and treatment issues, medical providers had no time for meaningful discussions with patients. Furthermore, providers could not reach patients who did not come for care. A member of the department proposed that they turn to CHWs to introduce the missing care management elements.

Initially, hospital leadership was disinterested in the CHW model, but the Department Chair used a combination of enthusiasm, persistence, and regular communication to gain support from the Family Medicine team, and the hospital administration. He reported frequently on the development and implementation of the program. The Department's preliminary calculations showed that the CHW program return on investment was more than \$2 per \$1 invested. This evidence secured the hospital administration's support for the CHW program.

At first CHWs were hired as "health educator" contractors, but eventually CHWs were hired directly as full-time hospital employees. The initial 2 CHW positions were grant funded. When 2 more positions were added, the department used private funds. In 2012, the hospital administration formally added and funded 7 CHW positions.

All CHWs were trained on the core competencies recommended for New York: outreach and community mobilization, community/cultural liaison, case management and care coordination, home-based support, health promotion and health coaching, system navigation, and participatory research. Given that communication is key to their work, CHWs were trained to use active learning and listening techniques and how to use verbal and nonverbal cues. Any disease focused training was offered through subsequent in-service training, for example, on asthma management or healthy eating.

The primary role of the CHWs was care management. In addition, the CHWs helped their clients connect to services with community partners, facilitate appointments, provide follow-up and escort as needed, and visit the patients in the home. During these visits, CHWs incorporate coaching on the self-management activities as identified by the patient's goals for accomplishing the activities recommended by the PCMH team. Each CHW worked with an average of 33 patients per year and were expected to make 2 home visits per

day and 3 joint clinic/hospital visits per day.

The department used Continuing Medical Education courses, rounds with CHWs, team meetings, and staff meetings as opportunities to help the clinical staff understand how CHWs were being integrated into care teams. The participation of the CHW in routine monthly clinic team meetings was key. The division of labor was worked out with different members of the care team so that each knew when and how to involve the CHWs. The aim was for the CHW to be a full member of the medical team, not a secondary member “as needed” or on referral.

One innovation of this program was adding patient group meetings. These were meetings with the patients in which the physician and CHW would take turns talking, with the physician focusing on the medical questions and the CHW focusing on engaging the patient. The CHW gives feedback to the physician on the nonverbal cues. For example, CHWs alert the physician to cues indicating a patient is not literate. The CHW then coaches the physician on appropriate analogies, examples, and stories to use with patients without having to embarrass the patient by asking directly about their literacy. The CHW’s suggestions help forge better interactions between the patient and physician. The physicians have come to highly value the partnership with the CHW, so much that when a CHW was out sick, the physician did not want to continue with the planned group visit without the CHW.

Source: Levine, D. M., Bone, L. R., Hill, M. N., Stallings, R., Gelber, A. C., Barker, A. & Clark, J. M. (2003). The effectiveness of a community/academic health center partnership in decreasing the level of blood pressure in an urban African-American population. *Ethnicity and Disease*, 13(3), 354-361.



Questions for Discussion

- ☐ What conditions facilitated the integration of a CHW on the care team in this case?
- ☐ What were some of the barriers staff encountered during the CHW integration process and how were they handled?
- ☐ Are there aspects of this case study that are similar to the community or location where you work?

Resource List

[Clinical *Promotora* Job Description:](#) Reviewing this sample job description can offer more insight into what the essential functions of a CHW in a clinical setting are.

[Integrating *Promotores\(as\) de Salud* into Patient-Centered Medical Homes:](#) This e-book discusses the role of a CHW in a Patient-Centered Medical Home (PCMH), the value they can add, and key considerations for integrating them into a PCMH

[9 Tips to Integrate *Promotores\(as\)* Into Health Center Care Teams:](#) This tool offers a quick and condensed overview of how to prepare a health care team for the integration of a CHW.

[Guide to Integrating Community Health Workers into Health Disparity Initiatives:](#) This guide delves deeper into how CHWs can work on specific health initiatives, such as diabetes or cancer.

[Brief Report: ROI Analysis of CHW Programs:](#) This brief report provides more details on using Return on Investment Analysis on CHW programs.