Harmonizing the Community Health Worker and Social Work Relationship to Advance Health Equity

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Session 3280.0 Models of CHW Team Integration

GEOFFREY WILKINSON, JULIE SMITHWICK,
JESSICA AGUILERA-STEINERT,
JAZMYNE KEANE, MOLLY ZATONY
MADELINE KNIGHT WACHMAN, NAOMI COTTOMS

Presenter Disclosures

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Session Objectives

Describe findings from a literature review and examination of successful practice models involving the relationships between community health workers (CHWs) and social workers in health care and public health settings.

Describe the value of effective integration of CHWs and social workers for advancing health equity and objectives of health care reform.

Assess recommendations from a work group of national CHW leaders and social work allies for harmonizing the CHW and social work relationship in the context of workforce development to advance health equity and health system transformation.

Project Impetus

National workgroup under auspices of Boston University School of Social Work, Center for Innovation in Social Work and Health

Collaboration with University of South Carolina Arnold School of Public Health, Center for Community Health Alignment

Disclaimer: Several founding board members of National Association of Community Health Workers involved, but not formally representing NACHW here.

Considerations involving CHW/SW relationship in health and public health, e.g.:

- Workforce identities and scopes of work
- Respective roles in health teams
- Addressing SDOH

Methodology

Research question: What is the relationship between CHWs and SWs in health care and public health settings?

Search terms:

- Social work(er) and community health worker relationship
- Social work(er) and community health worker and health care
- Social work(er) and …
  - …public health
  - …manager, …supervisor
  - …behavioral health
  - …integrated health
  - …social determinants of health
  - …health outcomes

Methodology *(continued)*

> 100 studies scanned for relevance

29 studies reviewed

15 studies analyzed in depth (to date)

Anecdotal reports from team members:

- Model/promising programs
- Experiences, observations

Literature Search findings: CHW and SW roles

Limited number (8) of studies described CHW and SW roles within same settings in detail (some duplication of settings)

CHW and SW roles overlap in multiple domains, e.g., patient advocacy, connection to community resources, care coordination and advanced planning. (Raffo, et. al., 2017) Russell, et al., 2018; Berrett-Abebe, et al., 2019; Pan, et al., 2020)

Literature Search results: CHW and SW roles *(continued)*

SWers tend to be identified as supervisors and managers in CHW/SW relationship (Kangovi et al., 2017, 2018, 2020; Gunderson et al., 2018)

Well designed collaboration enables all health professions to operate at the "top of their training." (Berrett-Abebe et al., 2019)

Literature reports SW concern that CHWs will displace SWers (Spencer, 2010; Mcalearney, et al., 2020)

- In community-based roles addressing SDOH
- Less expensive to health care systems

Literature Search findings: Health and cost outcomes

CHW-oriented literature demonstrates ROI and improved patient outcomes with care models involving SW and CHW cooperation (Kangovi et al., 2017, 2018, 2020; Pan, et al., 2020).

Paucity of SW literature demonstrating cost or health outcomes (Steketee, et al., 2017).

Parochial Lens in SW Literature

SW-oriented studies tend to claim only for SWers professional roles that CHWs also perform, e.g.,

- Care coordination
- Community-based roles addressing SDOH/HRSN

SW-oriented studies tend to describe collaboration in terms of *how CHWs can promote SW* (Spencer, 2010; Stanhope, et al., 2015).

Parochial Lens in SW Literature *(continued)*

SW-oriented studies do not examine relevance of SWer connection to community or experience with CHWs in defining appropriate roles, e.g.,

- 'SW competencies are ideally suited for training and supervising CHWs' and for 'leading inter-professional teams working with populations with complex social needs' (Berrett-Abebe, et al., 2019)

SW-oriented literature, with exceptions, does not reflect consistent understanding of:

- CHW workforce identity/definition established in CHW-oriented research literature
- CHW core competencies

Literature Gaps

Few studies described respective roles of CHWs and SWs in integrated care teams in detail

Limited research on the impacts of SWers—or shared impacts of SWers and CHWs—in contributing to health outcomes, ROI, or patient satisfaction within particular settings.

- Literature on CHW impacts is comparatively robust.

Few studies examine claim that CHWs are displacing SWers in health care settings.

Relationship Continuum

Pockets of SW resistance, e.g.,

- "CHWs eating our lunch...."

Exemplary programs involving mutual respect and collaboration

Shared appreciation of potential value of harmonizing the CHW/SW relationship in the context of health care reform (payment reform and care models moving 'upstream')

Emerging program development and research, e.g.,

- CHW Behavioral Health Program, Boston
- Memphis Co. HIV/AIDS program

PASOs- an example of mutual appreciation for different areas of expertise

- Mission is: *to build a stronger South Carolina by supporting Latino communities with education, advocacy and leadership development.*
- Founded in 2005 by a dual MSW/Community Health Worker to respond to growing Latino immigrant population—their assets and specific health needs coupled with lack of culturally appropriate service capacity
- 21 CHWs and 7 allied professionals; additional 50 volunteer and part-time CHWs
- Serve 23 of South Carolina's 46 counties via CHWs at affiliate organizations

- Mutual learning and support:
  - Social workers with focus on communities and organizations helped CHWs build skills and confidence with advocacy; supported with protocol development related to child abuse, crisis management.
  - CHWs taught SWers about trust building, humility, relationship building and cultural appropriateness.
- Resulted in some cross training—SWers who had community identity became CHWs; two CHWs are in SW training.
- PASOs supporting SC efforts to develop better career ladders for CHWs

For more info: Maria Martin, maria@scpasos.org

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- 4 MSWs and 11 CHWs on Healthy Start program team. MSWs have CHW qualities, so also certified CHWs
- CHWs are trained in infant development, healthy pregnancies, screening for postpartum depression (in addition to what they already can do as CHWs)
- CHWs are main point of entry with family and community; spend majority of time in homes/community; refer to SW when one of the issues noted above is found.
- SWs have more in-depth training in responding to domestic violence, child abuse, mental health needs, social-emotional concerns, and patients who are at higher medical risk.

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- SW helps CHW with more in-depth needs clients have; CHW helps SW with expertise in a certain area (i.e. certain neighborhood or community, specialty like lactation or former experience as a med tech)
- They respect each other's roles (but this has taken time and dialogue).
- To help harmonize the relationship, leadership encourages them to rely on each other, view each other's expertise, with the goal of best serving the patients' needs and avoiding burnout from "trying to do it all."

For more info: Lamikka Purvis; lpurvis.familysolutions@scorh.net

CHWs and Social Workers share key common ground

Shared values

- Social justice
- Individual and community empowerment
- Cultural responsiveness
- Self-determination
- Socio-ecological approach

Areas of natural collaboration

- System changes
- Clinical and community linkages
- Primary care settings
- Addressing SDOH—assessment, resources, advocacy
- Care coordination

Recommendations

Apply an equity lens in designing care models and team roles.

Effective Care Models

Focus on health outcomes & patient/client experience.

Maximize respective professional capacities.

Balance workforce representation with community demographics in addressing health disparities.

Workforce Identity

Begin with clarity on CHW definition:

- CHWs are 'front line public health workers with close relationships and understandings of the communities they serve, who typically come from those communities, who can develop trusting relationships with community members quickly based on shared lived experience.' (APHA, 2014)

  Increase SW understanding of CHW core competencies (cf., CHW Core Consensus Project)

- CHWs may be SWers, and SWers *may* be CHWs, but doing community-based work doesn't make one a CHW.

CHW and SW Roles

Address intersectional dynamics of race, ethnicity, class, and power.

Avoid parochial turf battles.

Preserve/promote advocacy roles for both professions.

Collaborate to address SDOHs and promote primary prevention, integrated primary care, and BH.

Ideal integration model enables CHWs to leave the clinic/hospital setting to serve clients in their homes and communities.

Supervision

Include antiracism content in supervisory training.

Suitability of SWers to supervise and train CHWs depends on level of experience with CHWs and with communities served.

Excellent supervisory model: senior CHW supervises CHWs, with clinical consultation from SWer.

Research

Pursue additional research involving SW and CHW roles, capacities and potential impacts.

- Claim that CHWs are replacing SWers in health care deserves research, should not be accepted *a priori*.
- Examine respective roles and value in care coordination, HRSN assessments and referrals, community-connected care, etc.

Assess and document supervisory best practices.

Research and develop model programs for IPE.

Advocacy

Advance complementary opportunities for SWers and CHWs in changing health system.

- Logical extension of MH parity laws and SW 3rd party billing is SW focus on BH integration.
- Shift to value-based payments may increase coverage for non-clinical services to address HRSNs.

Coordinate through national organizations to harmonize the CHW/SW role as promising strategy to advance health equity.

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Contact Information

Geoffrey Wilkinson: gww@bu.edu

Julie Smithwick: Julie.Smithwick@sc.edu

Jessica Aguilera-Steinert: j.aguilerasteinert@bostonabcd.org

Jazmyne Keane: jazkeane@bu.edu

Molly Zatony: mzatony@bu.edu

Madeline Knight Wachman: madiwachman@gmail.com

Naomi Cottoms: ncottoms@aol.com