Scaling the Engagement of Community Health Workers and Promotores in the Bay Area: Charting a Path to the Future

The Greenlining Institute, 360 14th Street, Oakland, CA 94612

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Summary Proceedings

Table of Contents

I. Welcome / Introductions....... 1

A. Meeting Purpose / Context....... 1

B. CHW/P Survey Findings....... 1

II. CHW/P's and Employers Panel: A Sampling of Diverse Roles in Inter-disciplinary Teams....... 5

III. Small Group Discussion / Report Out: CHWs/Ps and Employers....... 8

A. What are day-to-day contributions of CHWs/Ps?....... 8

B. What are long-term health impacts of CHW/P contributions for people and communities?....... 9

C. What is the competitive advantage that CHWs/Ps bring to health organizations?....... 9

D. What challenges do organizations face in the engagement of CHWs/Ps?....... 10

E. What are exemplary practices of organizations in engaging CHWs/Ps?....... 10

IV. Small Group Discussion / Report Out: Training Programs....... 12

A. What are important qualities and characteristics for future CHW/P candidates?....... 12

B. What core competencies should be part of CHW/P training programs in California?....... 12

C. How should CHW/P training programs take into consideration the diversity of California's communities?....... 13

D. What methods and approaches are most effective for training CHWs/Ps?....... 13

V. State Recommendations: Scaling CHW/P Engagement....... 14

A. What is the leadership role for CHWs/Ps in the advancement of their field?....... 14

B. How do we ensure TA/capacity building for employers and training programs?....... 14

C. How do we ensure Inclusivity (e.g., validation of skills, supplemental training)....... 14

D. SB 10: What are the implications for CHWs/Ps?....... 15

VI. Closing....... 15

I. Welcome / Introductions

Participants were welcomed by East Bay Health Workforce Partnership (EBHWP) Co-Director Kevin Barnett, with acknowledgment of co-sponsorship by the City College of San Francisco CHW Training Program under the leadership of Tim Berthold. The convening (including the planning and an advance survey) was funded by the California Community Colleges Office of the Chancellor and was hosted by the Greenlining Institute. The approximately 60 participants included CHW/P training program leaders, health sector employers, community health workers and promotores, and members of the philanthropic community.

A. Meeting Purpose / Context

The purpose of the convening was to share preliminary findings from a survey of CHW/P training programs and health sector employers in the Bay Area and to initiate a dialogue among diverse stakeholders that focuses on how to align and build the capacity of CHW/P training programs and expand their engagement in the health sector.

Impetus for the convening was provided by the publication of the Meeting the Demand for Health report in February 2019, in which one of the top 10 priority recommendations (Recommendation 3.4) was to "Scale the Engagement of Community Health Workers, Promotores, and Peer Providers through Certification, Training, and Reimbursement." Among other elements, the detailed recommendation calls for a) a formal certification process for CHW/P training programs provided by community colleges and community-based programs, b) to expand and strengthen current training programs, c) to provide education and training for employers on expanded roles for CHWs/Ps, and d) to modify reimbursement methods to support sustained CHW/P engagement with a livable wage and opportunities for advancement.

The EBHWP has also engaged regional stakeholders in dialogue to examine these issues over the last two years through the Medical Assistant/Community Health Worker/Health Navigator (MA/CHW/HN) Working Group. A 2018 survey and report from the Working Group focused on strategies to align MA training programs.

B. CHW/P Survey Findings

The purpose of the survey was to conduct a comparative review of CHW/P training programs in the Bay Area, illuminating the breadth and diversity (e.g., program content, settings, time to completion, pedagogy), and to highlight the broad spectrum of employers and current roles of CHWs/Ps. The findings are intended to provide a starting point towards greater clarity and consistency across programs, while preserving unique characteristics for serving diverse populations and communities. They also build greater understanding of the current capacity of programs and potential for expansion in an environment of increased demand.

Participants in the survey included:

- Alameda CO Health Coach Program
- Berkeley City College
- Cabrillo College
- City College of San Francisco
- Community Health Center Network
- Community Health Partnership SCC
- Diversity in Health Training Institute
- Hartnell College
- Homeless Prenatal Program
- La Clinica de la Raza
- San Jose City College
- Transitions Clinic Network

Survey components included:

- Content Scope
- Unique Program Elements
- Current & Growth Capacity
- Time to Completion
- Pedagogy
- Geographic Service Area
- Enrollment Requirements
- Employers Served
- Trainer Qualifications
- Program Cost

Possible categories of competencies identified by survey respondents might include:

- Assessment, Intake, System Navigation
- Care Coordination
- Health Education, Coaching
- In-Demand Health Care Topics
- Race, Ethnicity, Culture Understanding
- Public Health, Community Knowledge
- People Skills
- CHW History, Background, Roles
- Professional Skills
- Self-Care

In general, there is significant variation in program titles, descriptions, emphasis, and mix of competencies. This may be viewed as a strength, reflecting both the diversity of populations and communities served as well as the scope of potential issues to address in building health and well-being. Some programs have a specific topic area of focus while others provide training to specific cohorts. The most consistent content elements in training programs were in areas such as community health/public health, people skills, and care coordination. Among the most significant variations were in reported class time (varied from a low of 30 hours to a high of 227 hours) and field experience.

Examples of unique program elements include:

- Tailored educational topics for specific populations and communities.
- Performance-based completion exam administered by community-based experts.
- Popular education, community organizing model.
- Focus on low-income, justice-involved, GED, immigrants, refugees, undocumented.
- Provide social support, coaching, free educational materials.

Enrollment requirements identified by different programs include:

- GED or HS diploma
- Language competency
- Excellent communications skills
- Humanism, motivation
- Previous health care experience e.g. worked at community clinic, CHW volunteer
- Organization-specific: Interest in chronic disease mgmt, Sober for 2 years

Employers currently engaged by programs include:

- Federally qualified health centers
- Public and private hospitals
- Public health departments
- Homeless support services
- MediCal health plans
- Planned Parenthood
- Catholic Charities
- Senior centers
- Hospice care
- Prisons
- YMCA
- Food banks

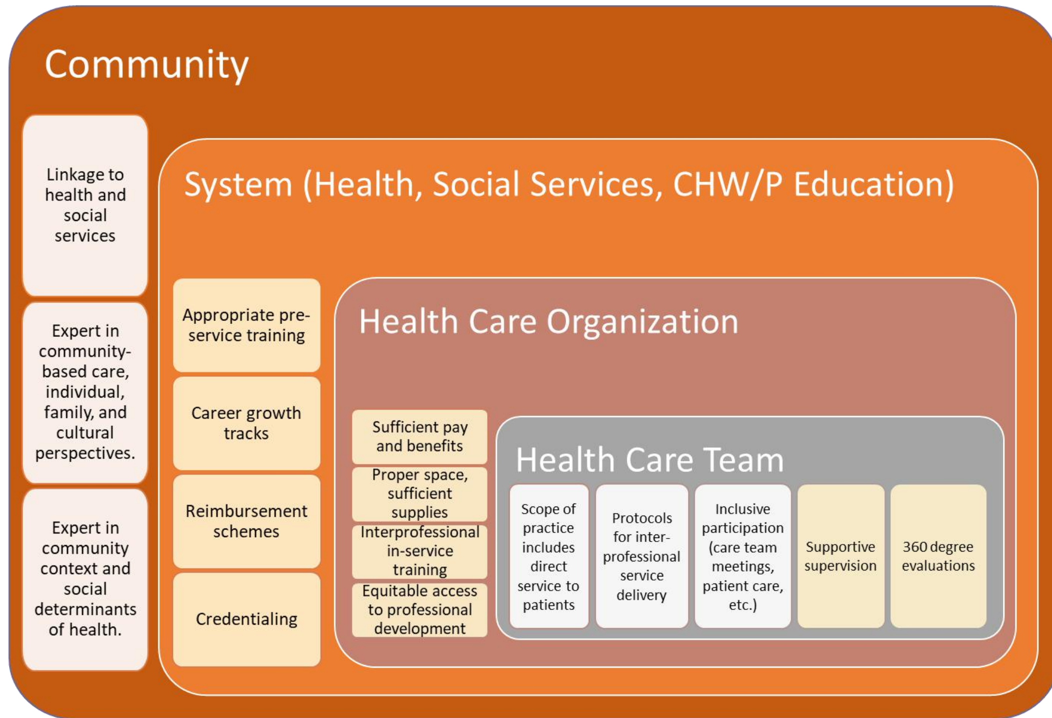
Trainer qualifications identified by programs include:

- MPH or related field
- Experience training CHWs/Ps
- ESL / Bilingual
- Health care industry experience
- Medical degree
- Experience in community clinics
- Experience in facilitation
- Knowledge of popular education and transformative learning
- Experience with immigrants

A sampling of potential roles for CHWs/Ps identified by programs and employers include:

- Case management
- Support patient preventive care
- Reduce barriers to services
- Communicate voice & preferences
- Reduce stigma re: mental health
- Promote health at community level
- Address SDOH at individual level
- Assess housing, food insecurity
- Advocate for health policies
- Assist with referrals
- Implement care plan
- Conduct home visits
- Help patients get to appointments
- Enter data into EHR
- Design of community events
- Conduct workshops (e.g., healthy eating, accident prevention)
- Reduce social isolation
- Collaborate with caregivers
- Reduce readmissions

The following graphic captures four dimensions of CHW/P engagement (i.e, team, organization, system, and community) and key factors to ensure full integration and effectiveness in addressing a broad spectrum of issues contributing to health and well-being at the individual and community level.


Factors For Fully Integrated CHWs/Ps
TRAINING / SUPPORT FACTORS
SCOPE OF PRACTICE FACTORS
Community
Linkage to health and social services
Expert in community-based care, individual, family, and cultural perspectives.
Expert in community context and social determinants of health.
System (Health, Social Services, CHW/P Education)
Appropriate pre-service training
Career growth tracks
Reimbursement schemes
Credentialing
Health Care Organization
Sufficient pay and benefits
Proper space, sufficient supplies
Interprofessional in-service training
Equitable access to professional development
Health Care Team
Scope of practice includes direct service to patients
Protocols for inter-professional service delivery
Inclusive participation (care team meetings, patient care, etc.)
Supportive supervision
360 degree evaluations

II. CHW/P's and Employers Panel
A Sampling of Diverse Roles in Inter-disciplinary Teams

A panel presentation provided participants with practical examples of current roles and challenges addressed CHWs/Ps in serving populations and communities across the Bay Area.

Panelists: Madonna Garcia-Crowley, CHW; Ann Finkelstein, MD
TCN-CHW Program Design
Transitions Clinic Network / La Clinica Vallejo (PPT)

The Transitions Clinic Network partners with several community agencies/departments with a significant focus on the social determinants of health. CHWs use intake assessment for re-entry clients to understand their variety of needs and to refer patients to resources. Their goal is to empower patients through medication intake and helping them take care of themselves. They collaborate with local community colleges to provide opportunities for re-entry folks to explore their lives.

The TCN CHWs help address a common distrust of the medical system; the CHWs are treated as peers building trust and support by helping people with systems navigation, using a peer training model. One of the most significant challenges to date is that organizations lack resources to continuously support the position, and Medi-Cal reimbursement is inadequate.

Q: How do you build relationships?

A: CHWs keep showing up to community events, meetings, etc.

Q: What's the difference between Community Outreach Workers and CHWs?

A: In our case, the roles are similar, but Patient Navigators, for example, are used more for Emergency Department patients.

Panelist: Francis "Julian" Montgomery
San Francisco Health Plan

In the San Francisco Health Plan, CHWs directly engage with the patients. While they can't stop or start medications, they have wide control over the patient's care plan. They inquire about barriers, access care files, ask patients about their priorities (which often don't align with established clinical priorities), while emphasizing clinical needs. They also help people transition into the community (home, supportive housing, shelter), get access to primary care, navigate their care plan and ensure their safety.

Q: Have you sponsored volunteer or internship opportunities?

A: There are internship opportunities for graduate students, mostly from Berkeley. But the director wants to keep opportunities for CHW interns because they want to have people connected with communities that don't need orientations on how to do home visits and how to find safe spaces in the community.

Q: What are potential populations for CHWs to further address?

A: Any opportunity to engage CHWs is good because they are essential to successful care management.

Q: Are the RNs directly in the team or from the clinics?

A: Nurses are employed at the SF Health Plan, and the Health Plan partners with consortium clinics and hospitals. They have partners and members at all the providers. As Care Coordinators, CHWs focus on mental and physical health, but do acknowledge housing needs. Patients complete a housing assessment, and the CHWs try to coordinate housing and waitlist opportunities.

Q: How do you address housing needs?

A: As Care Coordinators, CHWs focus on mental and physical health, but do acknowledge housing needs. Patients complete a housing assessment, and the CHWs try to coordinate housing and waitlist opportunities.

Panelists: Lorena Carmona, CHW; Shanice Smith, LCSW
Roots Community Health Center

Roots has two centers in Oakland and one in the South Bay. They focus on the homeless population. On Tuesdays and Thursdays, they go to homeless encampments. They work with Community Cabins at 1449 Miller - They grant 6-month housing in sheds that provides resources and Oakland will help pay for first deposit once housing is found. Roots pay for employees to go to CCSF to become a CHW. They coordinate Care Connect/MediCal funds counties to keep high users out of Emergency Dept (mainly homeless). They do frontline work and connect clients to resources, transportation. They act as Health Navigators. Alameda Alliance of Health and Anthem Blue Shield directs them to patients that are often difficult to work with.

CHWs are necessary to help support LCSW on mental health support. As an LCSW, it helped to see the assessment from the CHWs to see where to start. They work as a team. The CHWs help reduce stigma against mental health and LCSWs. The frontline work of CHWs has a lot of potential influence on policy. We should empower CHWs and listen to them, follow their advice.

Q: How do you decide when you need to connect to mental health services?

A: When they encounter people with severe mental health issues, they connect them to an LCSW, who may refer to further mental health services.

Q: What's the interface between mental health and chronic care?

A: We use motivational interviewing and de-escalation tactics to address mental health issues. Chronic pain requires collaboration with doctors and RNs in treatment team meeting.

Q: How do you establish an ethic where doctors have respect for CHWs?

A: Doctors understand and respect the amount of direct knowledge they have and the trust they've built with patients and the community.

Q: How do you get nurses to follow your information?

A: Everyone acknowledges that there's a reason that some people are high users, or don't access care. CHWs bring in RNs when appropriate, and the RNs will forward that information, and potentially consult and educate the patient.

Q: Are you concerned about sustained funding? Are the positions built into their budget?

A: The local Health Plan funded it through strategic reserves, and through the state and health plan. After they started, they have regular "Look Backs" to see what's working and they get more or less funding post-review. They have a program for re-entry. They contract with hospitals and have new grants, so they haven't needed to lay off anyone. We hope to get another grant from CA Justice Department. Ideally from health plans or county public health.

III. Small Group Discussion / Report Out CHWs/Ps and Employers

A series of core questions were distributed for small group discussions at tables, report out, and large group dialogue. The following are notes captured by staff during the sessions and/or were drawn from flip charts and written notes shared by participants. We apologize for any and all errors in our efforts to capture everyone's input.

A. What are day-to-day contributions of CHWs/Ps?

Client Health Management

- Support with managing chronic conditions
- Health education and coaching
- Provide informal counseling and social support.
- Reduce stigma of mental health and promote self-care.
- Use trauma-informed care techniques.
- Provide informal and formal case management/facilitation/care coordination: setting appointments, adjusting treatment plans, ensuring continuum of care.
- Aid communication between the different team members who manage the patient's condition. Use EHR system for care team communication and data entry.

Client Intake and Support

- Support with intake surveys and assessments.
- Serve as the front line gatekeeper and face of the organization. Build trust with organization
- Serve as cultural mediators through shared life experiences. They are able to "code switch" and translate community and organization language for the client.
- Provide 'quality time' and help empower the client by using motivational interviewing and active listening techniques.

Systems Navigation

- Guiding patients through system using proper referrals to secondary and wraparound services. Assure respectful and confidential treatment/services.
- Serve as bridge between patients and service providers: they are the voice for clients/patients and help break down information between patient/client and providers

Community Education and Advocacy

- Serve as community ambassadors and actively outreach to the community
- Supporting community members with lifestyle improvement and behavioral change. Turn ambivalence into desire for change. Scale preventative care efforts.
- Act as system changers by providing a voice and advocating for policy change
- Develop community partnerships and provide leadership. Legitimize the program and issues
- Inclusive program development

B. What are long-term health impacts of CHW/P contributions for people and communities?

People

- Healthy people who are making healthy decisions and are more engaged in their health care.
- Equitable experience, increase feeling of self-worth
- Diabetes/asthma control. Lower incidence of chronic disease
- Longer life expectancy
- Health effects of increased sense of belonging through powerful relationships

Systems

- Reduced bias in healthcare: homophobia, racism; barriers for poor people
- Reduced wait time for appointments
- Increase quality and time for face-to-face patient interactions by providers
- Lower healthcare costs
- Greater allocation of budgets for programs that address the social determinants of health

Communities

- Mental health issue acknowledged as a stress common in community
- Increased housing security
- Healthy community environments
- Increased community resilience and activation
- Increased stable healthy housing, clinics in neighborhood, access to health, affordable food
- More robust democratic participation

C. What is the competitive advantage that CHWs/Ps bring to health organizations?

Community Representative

- Represent the community; have the lived experience; code switching
- Viewed as trusted advisors; increase engagement and trust, especially in emerging populations
- Contribute to deeper knowledge of clients/patients and their living situations
- Translate clinical information and serve as a bridge to cultural healing practices
- Do the work people in "white coats" can't do
- Deep understanding of the whole person and associated social determinants of health
- Promote sense of self-empowerment, reduce hopelessness of patients

Care Transformation

- Community-focused, holistic approach to patient care
- Shift power dynamics within organization and increase collaboration across health teams
- Greater understanding among clinicians of factors underlying high utilization & poor health
- Help clinicians pursue more difficult health issues and practice at the top of their license
- Reduce the demand for preventable emergency department and in-patient utilization

D. What challenges do organizations face in the engagement of CHWs/Ps?

Resources

- Lack of sustainable funding
- Insufficient staffing and expertise to train other members of health care teams
- Lack of healthcare benefits + livable wage
- Lack of professional development support
- Getting senior leadership buy-in to sustain CHW roles in health organization
- Lack of behavioral and mental health services when CHWs increase referrals
- Driving demand where supply of services and clinical healthcare workers are limited
- Recruiting bilingual CHWs who are also qualified in CHW skills
- Onboarding: Background check - incarceration, drug history, TB test

Care team

- Poor integration into care team
- Lack of voice in organizational decisions and patient care decisions
- Lack of organizational cultural competencies
- Inappropriate supervision; narrow scope and one-way lines of communication
- Competition/overlapping scopes of practice and roles
- Changing responsibilities as patient/client and community needs change

Professional bias

- CHWs/Ps aren't volunteers, they're skilled professionals
- Legacy dynamics impede recognition of CHW/P contributions
- Inadequate recognition of spectrum of critical skills
- Trusting CHW training and the CHW profession
- Cultural insensitivity within organization, between communities and health organization
- Not being bilingual = bias against hiring

Policy

- State regulations limit payment for interns
- Labor union issues
- Hiring undocumented workers

E. What are exemplary practices of organizations in engaging CHWs/Ps?

Hiring Practices

- Hire local people with lived experience. Have flexibility in hiring practices
- See language diversity as a strength and adjust for people who don't speak English
- Commit to cultural humility, stay flexible, and be willing to learn
- Understand what draws people in: pipeline, community, and continuing education
- Provide living wages
- Have clear expectations on CHW's role

- Inform and educate on Social Determinants of health, evidence-based practices, etc.

Inclusiveness

- Clarify process for warm hand-offs
- Provide growth opportunities: continuing education, advancement, leadership development
- CHWs/Ps included in setting standards
- Training for supervisors, curriculum for how to engage, mobilize CHWs
- Evaluations across the board (staff, upper management)
- Peer support/supervision
- Share and/or implement network models

IV. Small Group Discussion / Report Out Training Programs

The afternoon agenda shifted to a focus on training programs, with a continuation of small group discussions at tables and report out and dialogue with the larger group.

A. What are important qualities and characteristics for future CHW/P candidates?

Community

Lives and works in the community
Shared experience
Cultural humility
Bilingual or speaks community's language

Leader and Problem Solver

Leadership / building trust
Conflict resolution skills
Resilience / perseverance / grit
Self-awareness/self-correction
Flexible / Resourceful
Passionate

People Skills

Empathy
Emotional intelligence
Personable
Enjoy people / Curious
Temperament
Good listener and communicator

B. What core competencies should be part of CHW/P training programs in California?

People / Individual Care

Intake/assessment/screening
Motivational Interviewing
Therapeutic listening (non-judgmental)
De-escalation
Preventative care: nutrition and heal
Client-centered counseling
Crisis intervention/ suicidality assessment
Mental health first-aid training
Trauma-informed care and practice
Substance use (incl. Narcan training)
Health ed/literacy; medical terminology
Chronic disease
Infectious disease/STIs prevention
CPR
Debunking myths e.g. harms of vaccination
Medication management

Systems

Referral sources/services
Health insurance/benefits
Service coordination / system navigation skills
Documentation of services
Case management; EHR/EMR
Comprehensive treatment plans
Confidentiality (HiPPA/FERPA)

Community

Home assessment
Social determinants of health
Public health/ecological model
Community advocacy / organizing
Local public policy knowledge; policy advocacy
Group facilitation
End-of-life care, advanced directives
Knowledge/experience with immigrants, homeless, formerly incarcerated, LGBTQII, disabled
Social marketing

Individual/Interpersonal Skills

Critical thinking
Cultural humility
Boundaries and ethics
Good communication (verbal and written)
Active listening
Non-judgmental, relatable
Teamwork
Leadership
Self-care /compassion fatigue/Secondary trauma
Multi-tasking ability
Computer competence

C. How should CHW/P training programs take into consideration the diversity of California's communities?

Create flexibility for addition of specialized programmatic elements as issues are identified
Need specific focus on implicit biases of all forms
Training with updates on changes in public benefits, social security
Ensure training on technology for optimal use of communications
Knowledge of state and local public policies, updates on changes and their implications
Specific emphasis on recruitment of diverse learners
Inclusion of different learning modalities to take optimal advantage of differences
Ensure consistent inclusion of the history of CHWs/Ps across cultures

D. What methods and approaches are most effective for training CHWs/Ps?

Straightforward, accessible curriculum
Training available in various languages
Combination of classroom, field, and online training
Create role play situations that provide hands-on practice in different scenarios; e.g., how to speak with clients with mental health issues, how to show respect, how to document, how to manage patient and provider interactions
Put CHWs/Ps in leadership role in training
Peer-to-peer training
Popular education - have students share experiences and teach each other
Emphasize contextual learning; empathetic and sensitive to educational trauma
Engage CHWs/Ps as preceptors for medical residents
Clarification of Roles: clinical, public health; limited by workplace roles
Include focus on self care/burnout reduction

V. Key Questions Moving Forward

The day of dialogue closed with a large group discussion to address key questions to be addressed in the coming year.

A. What is the leadership role for CHWs/Ps in the advancement of their field?

Create new statewide structure on training programs
CHWs as preceptors for medical residents
Fund CHWs to attend important convenings
Create a state advisory committee that includes substantive participation of CHWs/Ps
Local public policies have important health implications, so there is a need to incorporate public policy/municipal policy education as one of their core competencies
CHWs on boards of directors

B. How do we ensure TA/capacity building for employers and training programs?

Need a broad focus that includes local health departments, non-profits, physicians, clinics. CHWs have different names, and people don't have enough knowledge of their potential contributions

Ensure documentation and reallocation of returns on investments to reduce preventable utilization

Directly involve employers to help shape the program together (curricula and internships)

C. How do we ensure Inclusivity (e.g., validation of skills, supplemental training)

Inclusivity

Meet people where they are. Many recent immigrants fear the education system, so we need to make sure there's equality and equity in outreach and engagement.

Support with 8540, document for undocumented; if they have a GED, they can get 8540 and access to CA funds, which could help pay for community college.

Help undocumented people get tax IDs to get contractor jobs
Help students go back to college or get their GED; or recognize that GED requirement is outdated
Help pay for materials for students
The current health care system is racist; people in the system need to own up to all the manifestations

How to validate the knowledge of experienced CHW/Ps

- Share and/or implement network models
- More conferences/convenings for CHWs/Ps that allow them to have difficult conversations
- ID experienced CHWs/Ps, and hire them as mentors for younger trainers
- Give CHWs/Ps credit for training students
- Establish academy that helps review applications for credentialing
- Make sure certifications are grandfathered in

- CHWs/Ps with 10-12 years of expertise need to be trained in their own language
- Amount to disclose on tax form is a barrier

Some expressed concerns that students may be daunted by or avoid the CHW/P profession if there is credentialing of the programs, but acknowledge that others may find the credentialing process provides a career advantage.

D. CHWs/Ps and SB 10: What are the implications?

The Governor vetoed the bill at least in part because the structures for the programs and positions haven't been solidified. If they do become solidified, there's a huge possibility to get a bill passed.

Need acknowledgment that CHWs/Ps have been doing behavioral health work for a while. We should advocate for BH services to have a team care model, and CHWs and Ps should be a part of it.

There's a huge unmet need in our communities to be more proactive in addressing mental health

The Cultura y Bienestar program at La Clinica provides early intervention/mental health services for clients that have no resources. As long as they don't have high mental health needs, they can provide services; and if they do, they provide a warm hand off.

VI. Closing

EBHWP and CCSF CHW leaders thanked participants for their engagement, and Carlina Hansen of the California Health Care Foundation shared an update on their new initiative to scale the engagement of CHWs/Ps. The EBHWP will support continued dialogue and planning at the regional level in 2020.

Next steps:

1) Draft a set of standard competencies that should be included in a training certificate program and receive input and approval from our employer partners.
2) Continue to work with providers to understand their perspective on the importance of CHW's in their delivery system and explore what the providers would like their CHW's to do and how they would fit in to their team.
3) Continue to directly engage CHWs and Promotores in the design and development of strategies to scale their engagement in the improvement of health and well-being in our communities.