Roles, Skills & Attributes Workgroup

AGENDA

September 24th

CHW Taskforce: The charge to this task force is to make recommendations at the policy and potentially, legislative level that will support the effective integration of Community Health Workers into our health and health care system.

Advanced Reading Materials:

- Healthier Washington Summary
- Quick Reference: CHWs in Affordable Care Act and Task Force charge
- Revised C3 roles document based on CHW Task Force feedback
- Feedback Themes on Roles from the first Taskforce Meeting
- Bibliography

Objectives:

- Develop a shared understanding of CHW best practices
- Come to agreement on:
  - Overarching themes
  - CHW Roles, Skills and Qualities

New Handouts:

- C3 qualities and skills documents

10am	Welcome and Introductions
10:10 am	Healthier Washington and the charge of the CHW Task Force
10:20 am	CDC Presentation
10:40am	Overarching Themes from the 1st Task Force Meeting
10:50 am	Roles and Qualities
11:45pm	Lunch and Break
12:15pm	Small Group Skills Discussions
1:45pm	Break
1:55pm	Opportunities
2:25pm	Close and Next Steps

Healthier WASHINGTON

Better Health. Better Care. Lower Costs.

The Healthier Washington initiative will transform health care in Washington State so that people experience better health during their lives, receive better care when they need it, and care is more affordable and accessible.

We are in the early stages of a five-year Health Care Innovation Plan that has brought together hundreds of people from many communities to put the best solutions to work for the people of our state. This work will improve the quality of life for everyone regardless of their income, education or background.

The plan recommends three core strategies

1. Improve how we pay for services

Presently, providers of health care services are paid every time they provide a service, even when the service doesn't work. Healthier Washington calls for rewarding providers when they achieve good outcomes. Information on effectiveness and cost will be collected and shared to help providers and consumers choose the best treatment options.

2. Ensure health care focuses on the whole person

The current system creates barriers to addressing physical health, mental health, chemical dependency, and basic living needs as early as possible and at the same time. Healthier Washington calls for methods of integrating care and connecting with community services to achieve the best possible result for individuals. It also adjusts how we pay for services to make care for the whole person possible.

3. Build healthier communities through a collaborative regional approach

Virtually all health care is delivered at the local level. Driven by local partners, the state will support a regional approach that provides resources to communities. Working together, communities can bring about changes that will improve health for the people they serve.

Estimate of savings: $1.05 billion

When the combined savings and avoided costs are estimated, adjusting our health system has the potential to save $1.05 billion in the first **three to five years.**

Benefits of a better system —two examples

CURRENT SYSTEM: Jan, 40, is employed, privately insured, but has no primary provider to coordinate her health care. Instead, she has visited three ERs five times in six months for an irregular heartbeat. She is overweight, pre-diabetic and frequently depressed, but untreated for all three. No problem was found with her heart and, due to her other issues, she doesn't follow ER recommendations.

Harry, 54, is covered by Apple Health and homeless. His chronic health problems could be treated in local doctors' offices, but he used the ER more than 50 times in 15 months. He's usually intoxicated, his issues are complex and he needs help connecting to housing, health care, and all the other services he needs.

For both Harry and Jan, ER doctors routinely repeat tests because they don't have access to health histories.

A BETTER SYSTEM: Jan has one provider who coordinates her health care. Harry has an outreach worker who connects him with housing, health care, and other services. Expanded data systems give Jan's and Harry's providers immediate access to health histories, enabling coordinated care without duplicated services. Health care services are effective, and unnecessary costs are avoided. Best of all, Jan and Harry become healthier because they receive all the services they need.

Contact:

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CHW Quick Reference

Affordable Care Act (ACA) Definition:

In 2010, sections 5101 and 5313 of the Patient Protection and Affordable Care Act defined CHWs in its list of health professionals.

"An individual who promotes health or nutrition within the community in which the individual resides -

> by serving as a liaison between communities and healthcare agencies;
> by providing guidance and social assistance to community residents;
> by enhancing community residents' ability to effectively communicate with healthcare providers;
> by providing culturally and linguistically appropriate health or nutrition education;
> by advocating for individual and community health;
> by providing referral and follow-up services or otherwise coordinating care; and
> by proactively identifying and enrolling eligible individuals in Federal, State, local, private or non-profit health and human services programs."

Explanation of Roles, Skills and Qualities:

Role: Jobs or responsibilities that have expectations attached to them.

Skill: The expertise or abilities to effectively perform a role (e.g. meet the expectations).

Qualities: For our purposes, attributes, characteristics and qualities mean the same thing. These are essential personal characteristics or traits of a CHW.

Example of a CHW Role:

Role #2:

Providing Culturally Appropriate Health Education and Information

a. Conducting health promotion and disease prevention education in a manner that matches linguistic and cultural needs of participants or community
b. Providing necessary information to understand and prevent diseases and to help people manage health conditions (including chronic disease)

Skills needed for this role:

- **Communication Skills**
  a. Ability to use language in ways that engage and motivate
  b. Ability to communicate with empathy
  c. Ability to use the language of the community served (may not be fluent in language of all communities served)
- **Interpersonal and Relationship-Building Skills**
  a. Ability to provide informal coaching and social support
  b. Ability to use interviewing techniques (e.g. motivational interviewing)
  c. Ability to practice cultural humility
- **Education and Facilitation Skills**
  a. Ability to use a range of appropriate and effective educational techniques
  b. Ability to facilitate group discussions and decision-making
  c. Ability to collect and use information from and with community members

Draft CHW Roles based on Feedback from Washington's CHW Task Force

Draft Community Health Worker Roles

1. Cultural Mediation among Individuals, Communities, and Health and Social Service Systems

a. Educating individuals and communities about how to use health and social service systems (including understanding how systems operate)

b. Educating systems about community perspectives and cultural norms (including supporting implementation of Culturally and Linguistically Appropriate Services [CLAS] standards)

c. Building health literacy and cross-cultural communication

2. Providing Culturally Appropriate Health Education and Information

a. Conducting health promotion and disease prevention education in a manner that matches linguistic and cultural needs of participants or community

b. Providing necessary information to understand and prevent diseases and to help people manage health conditions (including chronic disease)

3. Care Coordination, Case Management, and System Navigation

a. Participating in coordinating care and/or managing services with individuals

b. Making appropriate action steps with individuals and providing follow-up

c. Facilitating access to services by addressing other barriers

4. Providing Cultural and Social Support

a. Providing individual support and informal coaching

b. Motivating and encouraging people to obtain care and other services

c. Supporting self-management of disease prevention and management of health conditions (including chronic disease)

d. Planning and/or leading support groups

5. Advocating for Individuals and Communities

a. Acting as an advocate for individuals

b. Advocating for the needs and perspectives of communities

c. Connecting to and advocating for basic needs (e.g. food and housing)

Revision of the Community Health Worker Common Core (C3) Scope of Practice and Core Competencies document used with PERMISSION. Contact the Community Health Worker Common Core (C3) Project for more: info@c3project.org

d. Building awareness for influencing policy change

6. Building Individual Potential and Community Relationships

a. Training and building individual potential with CHW peers and among groups of CHWs

b. Building and capturing community relationships

c. Building and empowering individuals… Building individual potential

7. Providing Essential Services

a. Providing basic services (e.g. first aid, diabetic foot checks)

b. Providing basic screening tests (e.g. heights & weights, blood pressure)

c. Providing basic risk assessment screening (e.g. safety, housing, & health)

d. Meeting basic needs (e.g. direct provision of food and personal health-related items)

8. Implementing Individual, Family and Community Assessments

a. Participating in design, implementation, and interpretation of individual-level assessments (e.g. home environmental assessment)

b. Participating in design, implementation, and interpretation of community-level assessments

9. Conducting Outreach

a. Case-finding and recruitment of individuals, families, and community groups to services and systems

b. Follow-up on health and social service encounters with individuals, families, and community groups

c. Home visiting to provide education, assessment, and social support

d. Presenting at local agencies and community events

10. Participating in Evaluation and Research

a. Engaging in evaluating CHW services and programs

b. Identifying and engaging research partners, including community consent processes

c. Leading culturally appropriate and community driven research

d. Participating in evaluation and research:

i. Identification of priority issues and evaluation/research questions
ii. Development of evaluation/research design and methods
iii. Data collection and interpretation
iv. Documenting and tracking individual and population level data
v. Sharing results and findings
vi. Engaging stakeholders to take action on findings
vii. Informing people and systems about community assets and challenges

Feedback Themes from Community Health Worker Taskforce Meeting #1

1. **CHWs are members of or have an unusually close relationship to the community they serve,**
2. **The CHW definition, roles, skills and qualities should:**
   a) Encompass the work of CHWs in multiple contexts (e.g. not entirely focused on clinical settings, so narrowly prescribed that the job is defined as rote or routine, and covers both paid and volunteer CHWs)
   b) Encompass a variety of perspectives (e.g. employers, government and CHWs)
   c) Be inclusive of work with youth, families, individual adults, and communities
   d) Be written in accessible language with limited jargon
3. **Focus on health not just health care (e.g., human services, bridging silos, etc.)**

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CREATING ENDURING HEALTH EQUITY

Community Health Workers

Evidence Base

Overall Descriptions

- Brownstein N, Hirsch GR, Rosenthal EL, Rush C. Community health workers "101" for primary care providers and other stakeholders in health care systems. J Ambul Care Manage. 2011; 34(3):210-20.

  Thorough documentation of the role and contributions of CHWs, with attention to the role of CHWs in multi-disciplinary healthcare teams. An excellent overview of the issues that face the field.

- Rosenthal EL, Wiggins, N, Brownstein JN, Johnson S, Borbón IA, De Zapien JG. The Final Report of the National Community Health Advisor Study: Weaving the Future. Tuscon, AZ: University of Arizona; 1998.

  This is probably the best overall summary about CHW practice. It is widely cited.

- U.S. Department of Health and Human Services, Health Resources and Services Administration. Community Health Worker National Workforce Study [Internet]. Rockville (MD): HRSA; 2007 Mar [cited 2013 Mar 4]. Available from: http://bhpr.hrsa.gov/healthworkforce/reports/chwstudy2007.pdf

  Describes a comprehensive national study of the CHW workforce and the factors that affected its utilization and development.

- Witmer A, Seifer SD, Finocchio L, Leslie J, O'Neil EH. Community health workers: Integral members of the health care work force. Am J Public Health. 1995; 85(8 Pt 1):1055-8.

  Seminal study that established credibility for CHWs and is still frequently cited.

Effectiveness of Community Health Workers

- The Institute for Clinical and Economic Review. Community Health Workers: A Review of Program Evolution, Evidence on Effectiveness and Value, and Status of Workforce Development in New England. Final Report – July 2013. Available from: http://cepac.icer-review.org/wp-content/uploads/2011/04/CHW-Final-Report-07-26-MASTER2.pdf

- Balcázar H, Wise S, Rosenthal EL, Ochoa C, Rodriguez J, Hastings D, et al. An ecological model using promotores de salud to prevent cardiovascular disease on the US-Mexico border: the HEART Project. Prev Chronic Dis. 2012; 9:110100. DOI: http://dx.doi.org/10.5888/pcd9.110100

  Addresses the effectiveness of CHWs in reducing cardiovascular disease.

- Centers for Disease Control and Prevention. Addressing chronic disease through community health workers: A policy and systems-level approach [Internet]. Atlanta: CDC; 2011 Mar [cited 2013 Mar 5]. Available from: www.cdc.gov/dhdsp/docs/chw_brief.pdf

Provides evidence of the value and effectiveness of CHWs in preventing and managing chronic diseases. It also describes policy changes that can support CHWs and their work.

- Anthony S, Gowler R, Hirsch G, Wilkinson G. Community Health Workers in Massachusetts: Improving Health Care and Public Health. Report of the Massachusetts Department of Public Health Community Health Worker Advisory Council [Internet]. Boston: Massachusetts Department of Public Health; 2009 Dec [cited 2013 Mar 5]. Available from: http://www.mass.gov/eohhs/docs/dph/com-health/com-health-workers/legislature-report.pdf

  A detailed report on CHWs in Massachusetts for the state legislature. Describes who CHWs are and what they do and makes recommendations for sustaining the CHW workforce.

- Gilkey M, Garcia CC, Rush C. Professionalization and the experience-based expert: Strengthening partnerships between health educators and community health workers. Health Promot Pract. 2011; 12(2):178-82.

  Discusses the importance of health educators and CHWs to work to advance supportive and complementary practices.

- Krieger JW, Takaro TK, Song L, Weaver M. The Seattle-King County Healthy Homes Project: A Randomized, Controlled Trial of a Community Health Worker Intervention to Decrease Exposure to Indoor Asthma Triggers. Am J Public Health. 2005; 95(4):652-9.

  CHWs conducted a series of home visits for children with asthma. Asthma symptom days and use of urgent health services decreased.

Policy work in other states

- Mason, T, Wilkinson GW, Nannini, A, Martin CM, Fox DJ, Hirsch G. Winning policy change to promote community health workers: Lessons from Massachusetts in the health reform era. Am J Public Health. 2011; 101(12):2211-6.

  Provides a summary of how Public Health, a health foundation, and a CHW lead statewide organization worked together to integrate CHWs into Massachusetts public policy.

- Rosenthal EL, Brownstein JN, Rush CH, Hirsch GR, Willaert AM, Scott JR, et al. Community health workers: Part of the solution. Health Aff (Millwood). 2010; 29(7):1338-42.

  The appendix has a useful chart summarizing state policies targeted at increasing the integration of CHWs.

- Matos S, Findley S, Hicks A, Legendre Y, Canto LD. Paving a path to advance the community health worker workforce in New York state: A new summary report and recommendations. New York: The New York State Community Health Worker Initiative; 2011 Oct [cited 2013 Mar 5]. Available from: http://nyshealthfoundation.org/uploads/resources/paving-path-advance-community-health-worker-october-2011.pdf

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CREATING ENDURING HEALTH EQUITY

This report describes recommendations of scope of practice, training and credentialing, and financing from a statewide planning effort.

Training CHWs

- Duthie P, Hahn J, Philippi E, Sanchez C. Keys to successful community health worker supervision. Am J Health Educ. 2012; 43(1):62-4.
- Minnesota Community Health Worker Alliance [Internet]. [Place unknown]: Minnesota Community Health Worker Alliance. Frequently Asked Questions; [date unknown] [cited 2013 Mar 5]. Available from: http://www.mnchwalliance.org/Education_FAQ.asp
- Minnesota Community Health Worker Alliance [Internet]. [Place unknown]: Minnesota Community Health Worker Alliance. Minnesota CHW Scope; [date unknown] [cited 2013 Mar 5]. Available from: http://www.mnchwalliance.org/scope.asp
- Cleary, J. Community health workers: bridging barriers to care. Minnesota Health Care News [Internet]. 2012 Nov [cited 2013 Mar 5];10(11):16-9. Available from: http://issuu.com/mppub/docs/mhcnnov12

These three documents provide an overview of how Minnesota trains, certifies, and employs CHWs.

- Ruiz Y, Matos S, Kapadia S, Islam N, Cusack A, Kwong S, et al. Lessons learned from a community -academic initiative: The development of a core competency-based training for community-academic initiative community health workers. Am J Public Health. 2012; 102(12):2372-9.

The impact of core competencies training on CHWs.

Cost Savings: The Financial Return on Investment

- Felix HC, Mays GP, Stewart MK, Cottoms N, Olson, M. The Care Span: Medicaid savings resulted when community health workers matched those with needs to home and community care. Health Aff (Millwood). 2011; 30(7):1366-74.
- Johnson D, Saavedra P, Sun E, Stageman A, Grovet D, Alfero C, et al. Community health workers and Medicaid managed care in New Mexico. J Community Health. 2012; 37(3):563-71.

CHWs provided community-based peer support to Medicaid managed care enrollees who were frequent users of healthcare. Hospitalizations, ER use, and prescriptions were reduced when the CHWs provided education and social support.

- Rush CH. Return on investment from employment of community health workers. J Ambul Care Manage. 2012; 35(2):133-7.