Leveraging Community Health Workers to Provide Care Coordination and Enabling Services
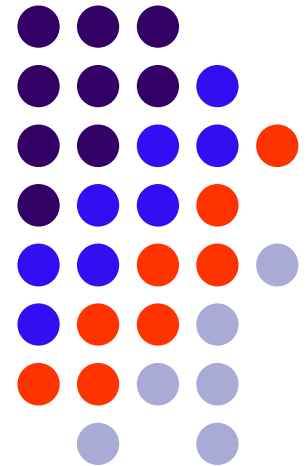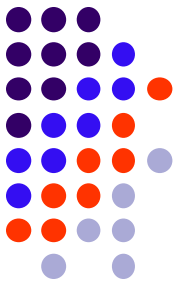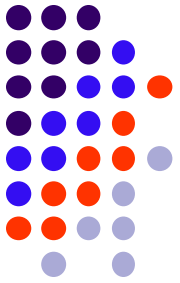
Feygele Jacobs, DrPH and Seth Doyle, M.A.

Welcome and Introductions

Seth Doyle, M.A., Community Health Improvement Program Manager, NWRPCA
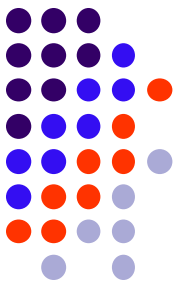
Feygele Jacobs, DrPH, President and CEO, RCHN Community Health Foundation
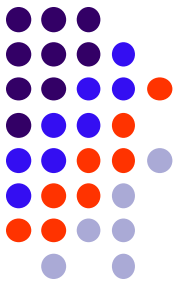
Agenda

- Welcome and Introductions
- Overview of Community Health Workers
- Project Background
- Study Focus and Methods
- Findings
- Discussion

Who are Community Health Workers (CHWs)?
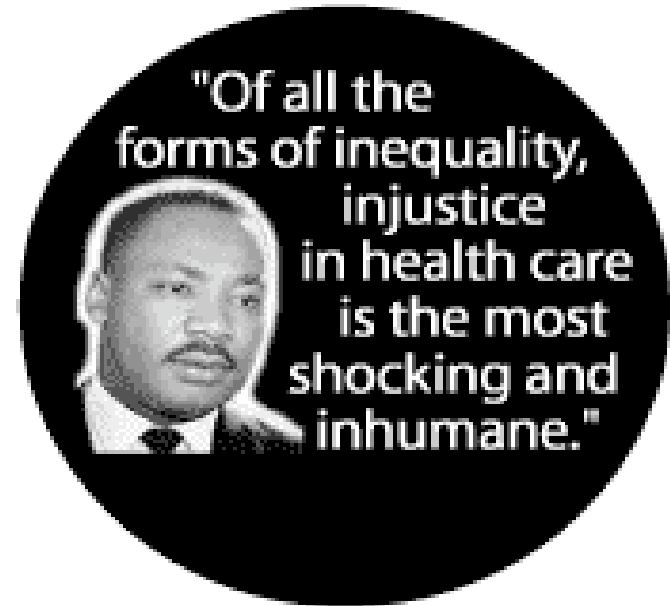
EMERGENCE OF CHWS IN U.S.

1962: Migrant Health Act

1964: Economic Opportunity Act

1968: Indian Health Service Establishes Community Health Representative Program
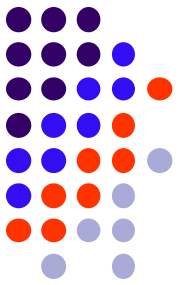

"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

"We are re-discovering the value and role of community health workers, and I've got to add it's about time."
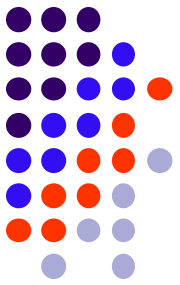
-- Dr. H. Jack Geiger

DEFINING THE FIELD

Bureau of Labor Statistics Standard Occupational Classification: DOL 21-1094 Community Health Workers--Assist individuals and communities to adopt healthy behaviors. Conduct outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health.

May provide information on available resources, provide social support and informal counseling, advocate for individuals and community health needs, and provide services such as first aid and blood pressure screening. May collect data to help identify community health needs. Excludes "Health Educators" (21-1091). Illustrative examples: *Peer Health Promoter, Lay Health Advocate*

DEFINING THE FIELD

American Public Health Association:

A Community Health Worker (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 CHW 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.

A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.
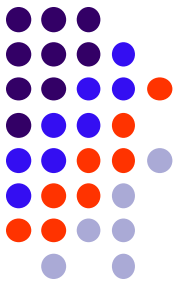
Key Characteristics
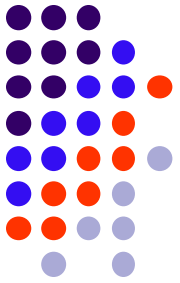
- Trusted member of the community being served

- Shared life experiences
  - Language
  - Culture
  - Race/Ethnicity
  - Sexual Orientation
  - Socio-economic circumstances
  - Chronic disease condition

- Strong desire to help community

CHWS HAVE MANY TITLES

Outreach Worker

Health Advocate

Community Health Representative

Promotor(a) de Salud

Eligibility Worker

Patient Navigator

Lay Health Educator

Village Health Worker
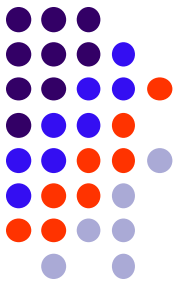
Care Coordinator

Peer Support Specialist
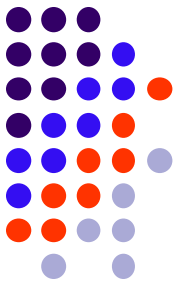
SKILLS OF CHWS

1) Communication Skills

2) Interpersonal Skills

3) Knowledge Base

4) Service Coordination

5) Capacity-Building Skills

6) Advocacy Skills

7) Teaching Skills

8) Organizational Skills

Source: The National Community Health Advisor Study

Core Roles of CHWs

1) Cultural mediation between communities and Health and Human Services system

2) Informal counseling and social support

3) Providing culturally appropriate health education

4) Advocating for individual and community needs

5) Assuring that people get the services they need

6) Building individual and community capacity

7) Providing direct services

Source: The National Community Health Advisor Study

A Framework for Public Health Action: The Health Impact Pyramid
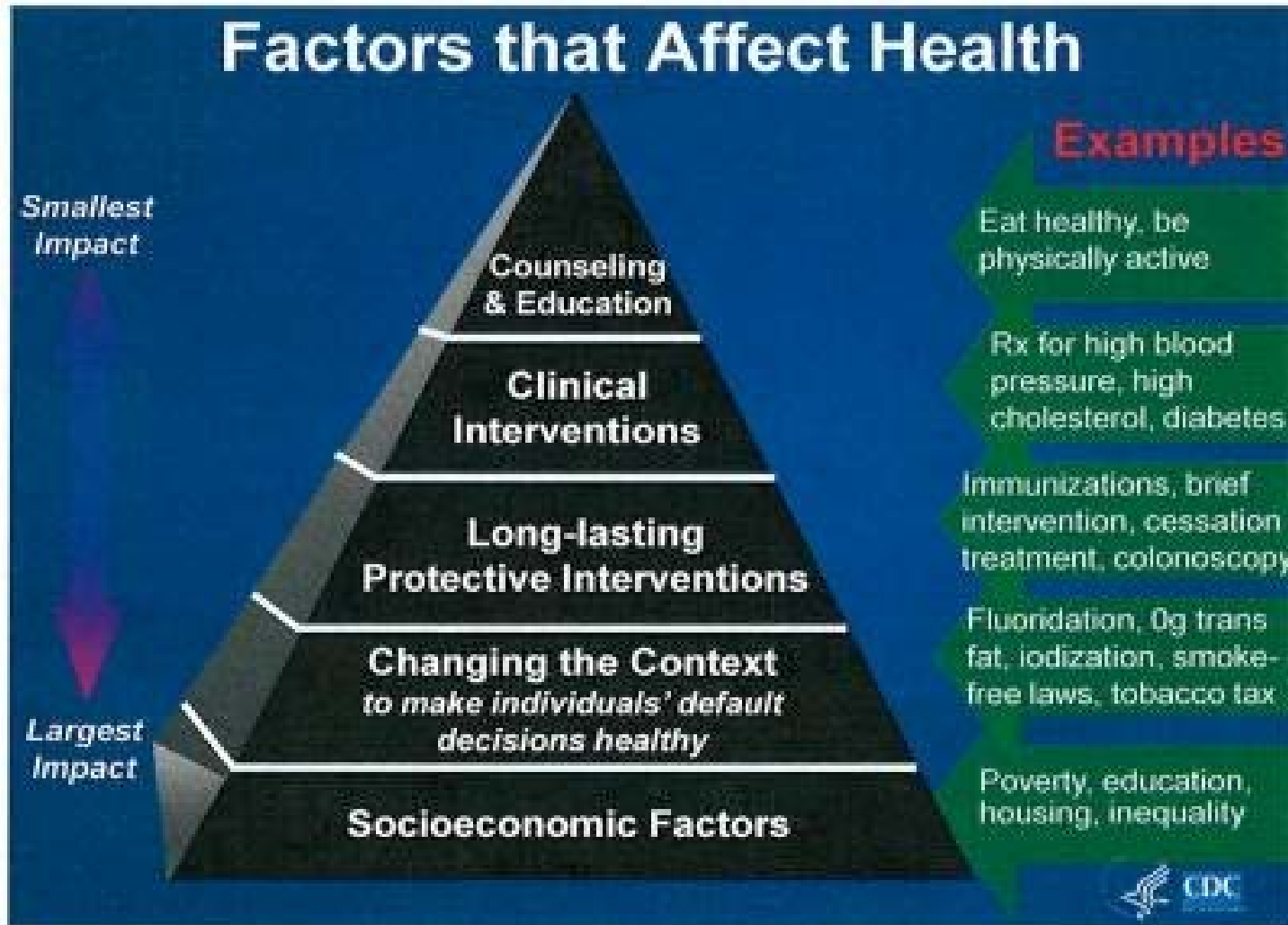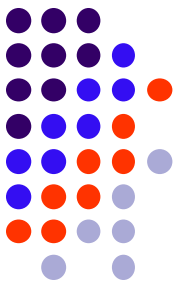
CHWS ARE UNIQUELY QUALIFIED TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH

"One of the first objectives for family physicians is to understand the living conditions patients face when they leave our office or when they leave the hospital. What is the social and environmental context they are going back to? How does it affect treatment plans?"

Steven Woolf, MD, MPH, AAFP News, 8/3/11

ACA PROVIDES OPPORTUNITY
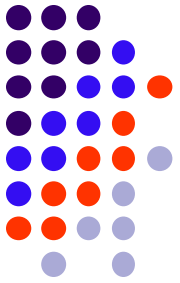
1. Expanded insurance coverage and access to healthcare

2. Improving quality of care (CMS Innovation Center)

3. Prevention and health promotion measures (PCMH, ACOs)

4. Promoting community and population-based activities (National Prevention Strategy, Prevention and Public Health Fund)

Source: Stoto, M.A. *Population Health in the Affordable Care Act Era*. Academy Health; 2013.

Project Background

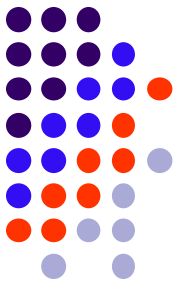- Study to get a regional, on the ground view. Builds on longstanding interests of NWRPCA and health center leadership to assess workforce needs and develop training, educational and developmental opportunities that best meet the needs of the populations served by CHCs, and specific work on CHWs.

- Goals / opportunities
  - Catalog and describe existing frameworks.
  - Contribute to general body of knowledge needed by CHCs to adapt to evolving environment.
  - Identify CHW contributions to CHC workforce needs.
  - Identify opportunities to replicate, enhance or bring models and current practices to scale.
  - With emergent health reform changes, consider opportunities for new or adaptive workforce strategies.
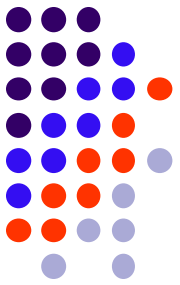
Study Focus

- Research conducted March – November 2016
- All Community Health Centers located in the Pacific Northwest region (Oregon, Alaska, Idaho, Washington) invited
    - identified via membership in or association with Northwest Regional Primary Care Association.
- Region chosen for:
    - Number of organizations,
    - PCA Interest,
    - History of CHW engagement,
    - Diversity of state policy frameworks and programs related to:
    - Medicaid expansion
    - safety-net care
    - CHW scope of practice, training requirements, certification approaches.

Methods

- Sequential, mixed-methods design
  - Primary data collection
  - Rationale: Quantitative input to inform further qualitative analysis and to address questions at different levels, from the more general aggregate level to the CHC-specific, organizational level, incorporating various perspectives of staff and leadership
- Survey of organizations in PCA region (N=92)
  - Objective discovery
  - Statistical analysis and interpretation
  - Identification of participants for interview,
- Document review - position descriptions (N=13)
- Key informant interviews using semi-structured guide (N= 24 individuals from 18 organizations)
  - Purposively selected to capture input from organizations in the region with differing characteristics related to location, size, primary population served.

Survey Invitations, Responses and interviews By State

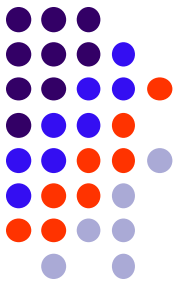| State	Invitations sent	Respondents	Percent of CHCs in state responding	Interview respondents (Organizational count)	Interview Respondents (Individual count)
Alaska	25	13	52.0	2	4
Idaho	13*	10	76.9	5	8
Oregon	30*	16	53.3	5	5
Washington	26	22	84.6	6	7
Total	92 organizations (94*)	59 organizations (61*)	64%	18	24

Characteristics of Health Centers and Respondents in NW Region
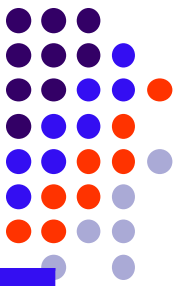
Key Characteristics	All Invited Centers	Responding Centers	Non-Responding Centers
Total visits	1,526,767	1,203,064	323,703
Mean # patients served	16,416	20,753	9,232
Patients at or Below 200% FPL	91.9%	92.0%	91.8%
Uninsured Patients	24.5%	23.3%	28.9%
Medicaid Patients	51.7%	53.2%	46.0%
Patients best served in language other than English	22.4%	24.8%	13.7%

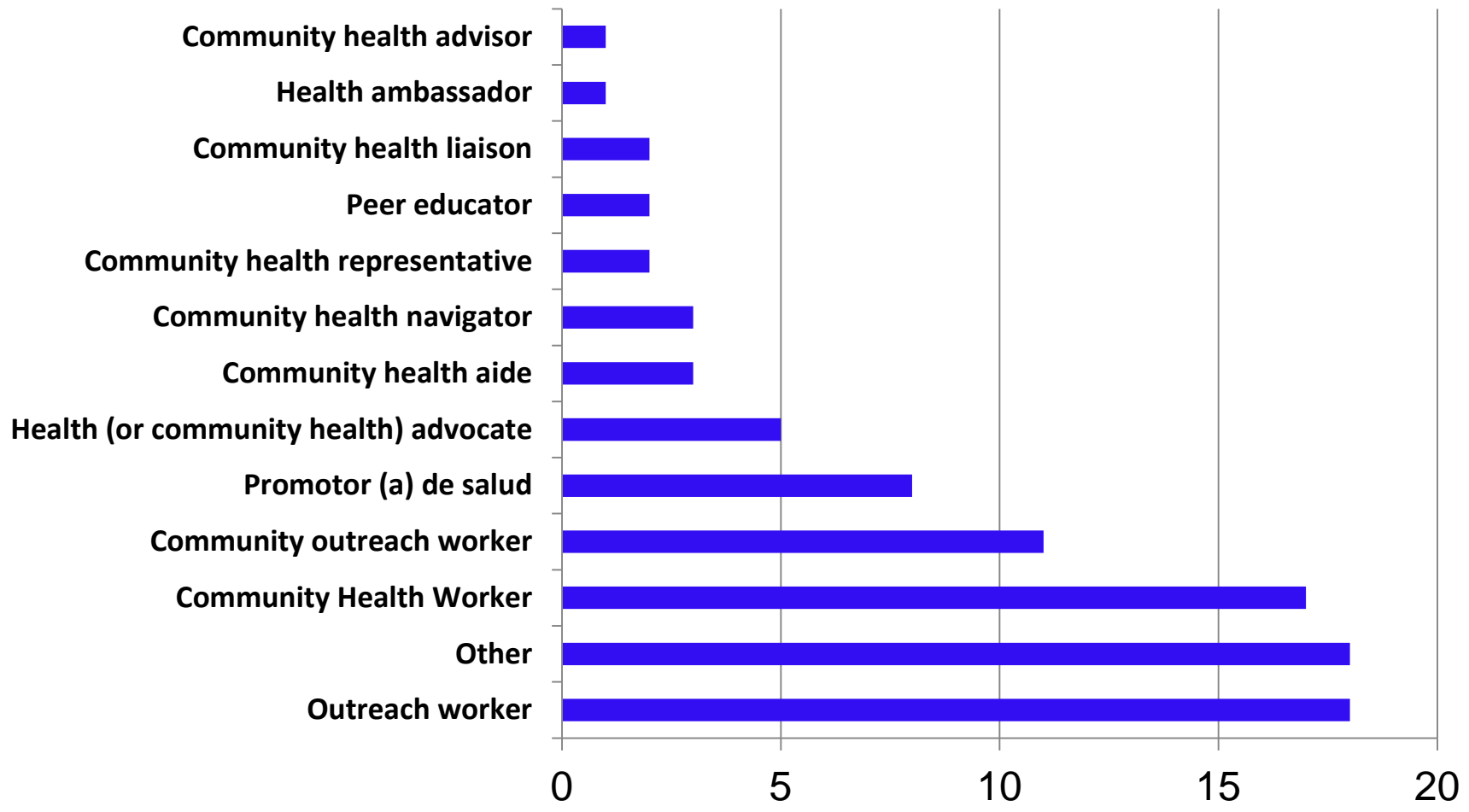# Utilization of CHWs by Survey Respondents (N= 59, 64% of survey group)
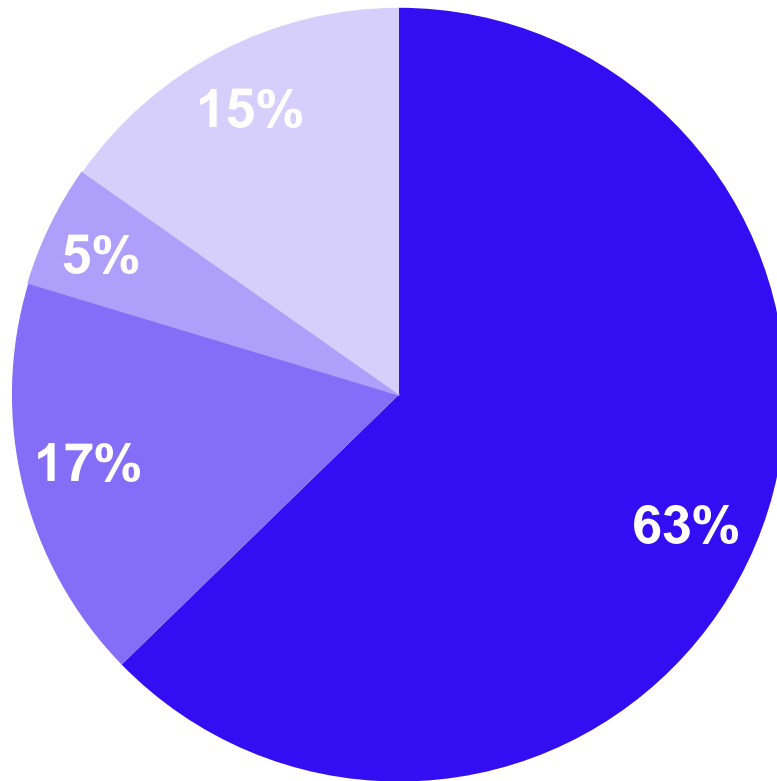
Legend:
- ■ Yes, we currently utilize CHWs in at least one program.
- ■ No, we do not utilize CHWs currently and have not utilized CHWS in the past but are considering adding CHWs
- ■ We have utilized CHWs in the past but do not currently
- ■ We do not utilize CHWs now and are not considering

Pie chart values: 63%, 17%, 5%, 15%

Titles in Use for CHW Staff

Bar chart showing titles in use for CHW staff (approximate values):
- Community health advisor: 1
- Health ambassador: 1
- Community health liaison: 2
- Peer educator: 2
- Community health representative: 2
- Community health navigator: 3
- Community health aide: 3
- Health (or community health) advocate: 5
- Promotor (a) de salud: 8
- Community outreach worker: 11
- Community Health Worker: 17
- Other: 18
- Outreach worker: 18

Numbers of CHW Titles in Use by Respondent Organizations
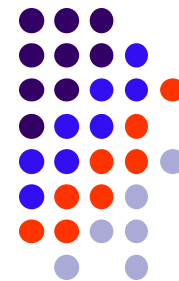
# Respondents (N=37)	# Titles Reported for Front-Line Health Worker Positions
13	1
11	2
5	3
6	4
1	8
1	9

Exploring Titles and Roles

"I don't feel that community health worker is a job title. And there's no one job description necessarily. And you can call whenever you want to. But they have to have the heart of a health worker." (Oregon)

Work Focus of Front-Line CHWs
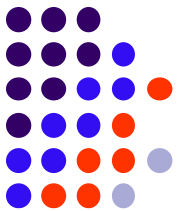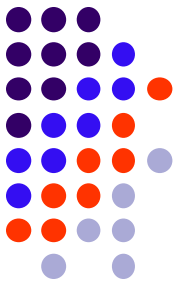
| Question	Yes - # of Respondents	Yes - Percent	No - # of Respondents	No - Percent
Do the CHWs at your health center primarily focus on specific health conditions / issues?	11	30%	26	70%
Do the CHWs serve primarily designated vulnerable populations?	29	78%	8	22%
Do the CHWs focus on defined age groups?	4	11%	33	89%
Do CHWs in your health center work directly with individual patients?	36	97%	1	3%
Do CHWs work with groups of patients at the health center?	19	53%	17	47%
Do your health center's CHWs work with the broader community in your neighborhood or area?	33	89%	4	11%
Do CHWs in your health center work in multidisciplinary teams with other staff?	27	73%	10	27%

Exploring Work Focus

"Health workers today have probably one, two, three, four or more primary roles."   (Oregon)
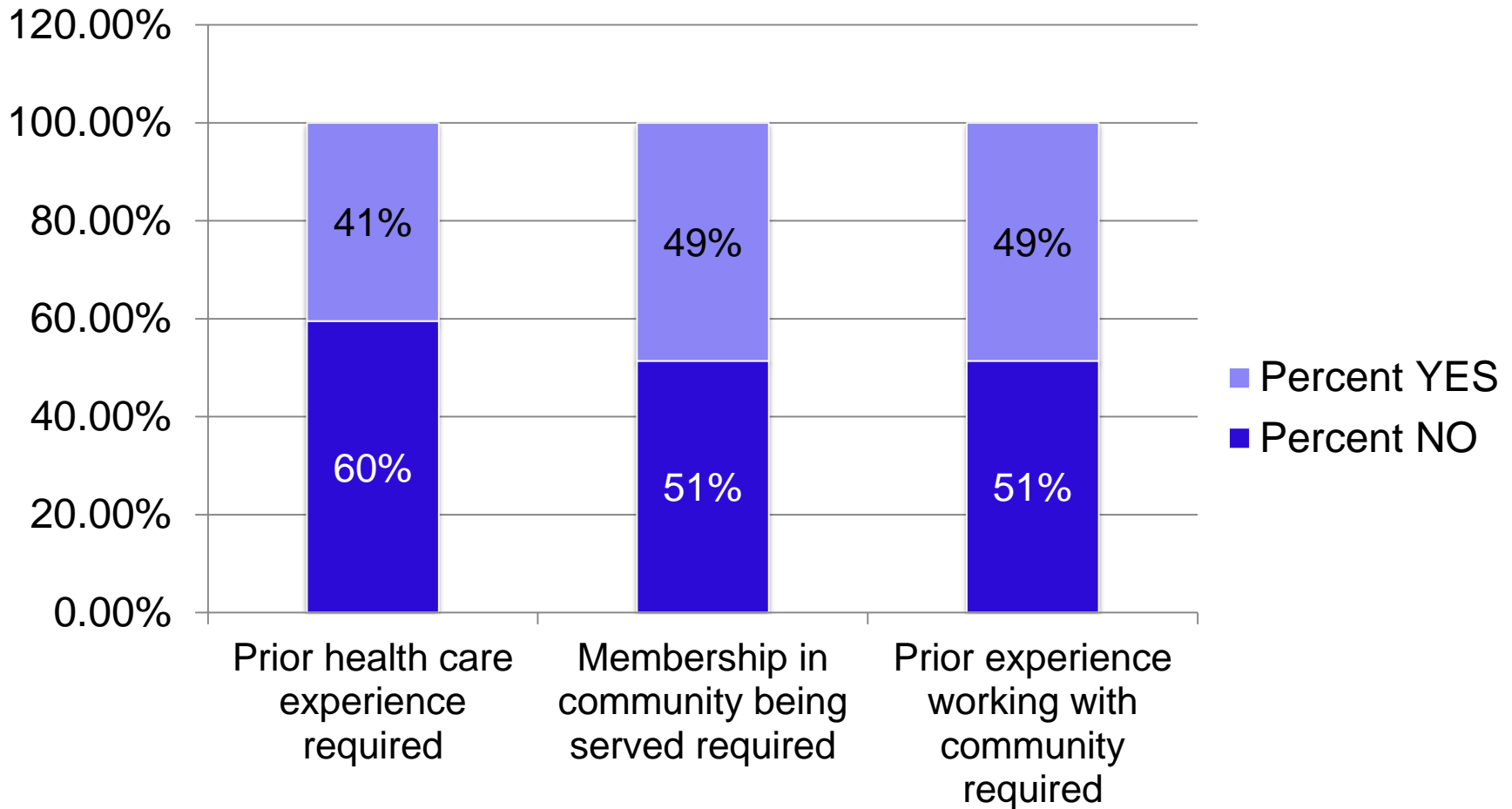
Exploring Work Focus
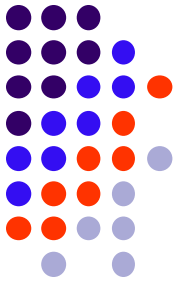
"*It is really an effort to engage the patient population as well as the communities and trying to identify areas that we may see as disparity or gaps within a certain population and figure out how we actually reach out to them.*" (Idaho)

Requirements For CHW Staff
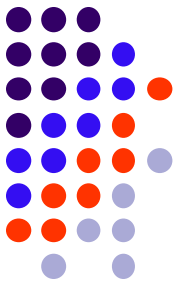
Exploring Cultural Competence

"To me, health workers essentially are about having people that our patients can connect with as an empathetic peer, somebody with a similar background, of experience, or of culture." (Oregon)

Exploring Cultural Competence

"And so, as I noted, all of our health workers have been bicultural and bilingual and we ask our self questions, are we more effective workin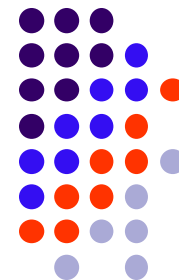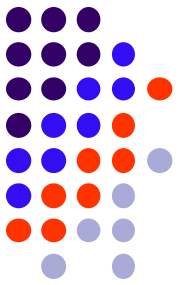g with our Hispanic community than we are with our non-Hispanic community, which is mostly white, non-Spanish speaking? And it's an interesting question. Not that everybody Hispanic is the same -   But I see a definite sense in our Hispanic patients, there's a sense of connection and community as a Hispanic person. And, we don't see the same kind of a thing in our non-Hispanic patients or white patients primarily and there's not that sense of community. So, anyway, for them, it's about making a human connection and -- right, because - it's kind of the idea that people don't care how much you know until they know how much you care."   (Oregon)

CHW Education and Training

Education

Pie chart:
- Bachelor's degree 8%
- Some college 3%
- Associate's degree 0%
- No specific educational requirement 14%
- Other (please specify) 22%
- High school diploma Or GED 53%

Training

Bar chart:
- Program-specific training 64%
- Core competency-based training 53%
- Certification 28%
- Other (please describe) 14%
- None of the above 11%
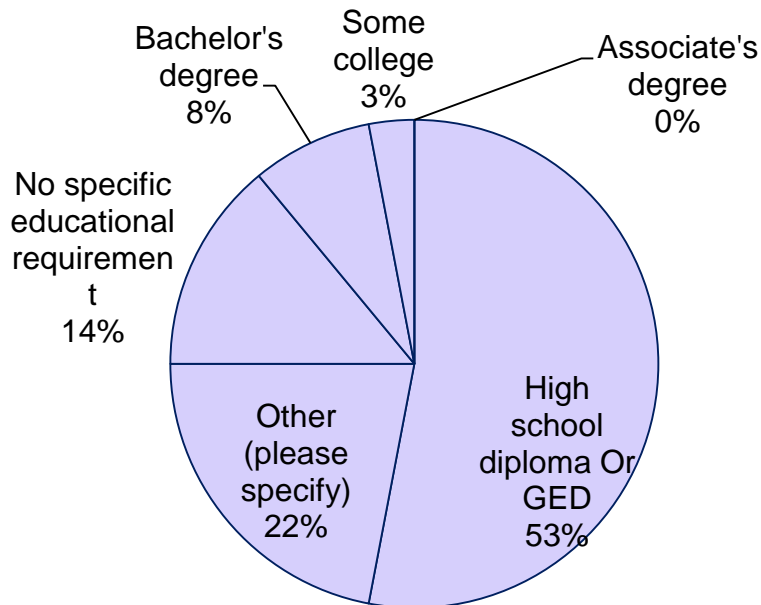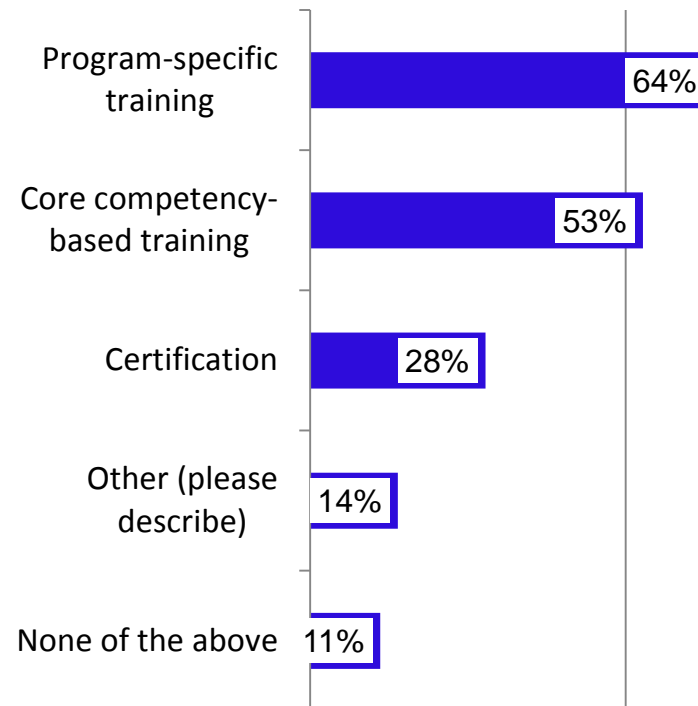
Exploring Training

" *And it does take time to, you know, to get a community health worker fully trained, just because we wanted to have a lower barrier in the beginning but it does take some time to get them up to speed. The training of healthcare professionals really needs to focus on being inter-professional. That is how we practice these days; that's not always how people are trained. I think that's another piece that we need to look at.*" *(Washington)*

Exploring Certification
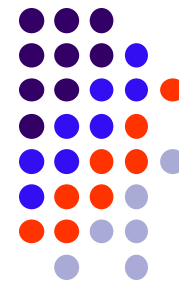
"I think my worry is that if you build in a certification that you create a workforce shortage. Right now, we can look and recruit somebody that meets our expectations and it's a fit for our patient practice and our patient panel. But when you create a certification, then you create a limiting factor about who can be considered to be a community health worker. And on one hand you want to say, well that creates consistent standards And so, I think my fear would be, taking something that was well intended about raising the bar, and actually creating a workforce barrier that meant that we didn't have a workforce that we could draw from to do community health activities."   (Idaho)
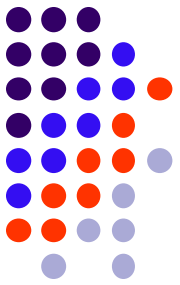
CHW Funding and Reimbursement

Funding Sources

Source of Funding	Response	%
Federal grants	29	81%
Self-generated revenue	16	44%
State agency grants	13	36%
Local agency/ local government grants	9	25%
Other (please describe)	7	19%
Private foundations	6	17%
Non-profit organizations	3	8%

Reimbursement

28%

72%

■ CHW Services reimbursed

■ CHW Services Not Reimbursed
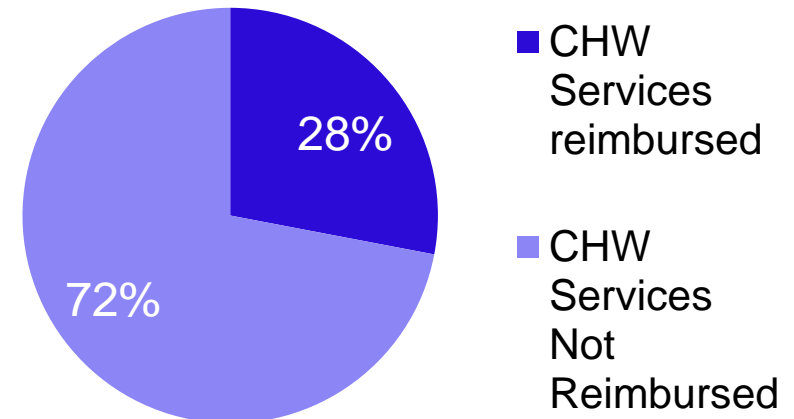
Reimbursement and Funding, by State

CHW Reimbursement

Legend:
- State Children's Health Insurance Program (red)
- Medicare (blue)
- Medicaid (light gray)
- Medicaid Managed Care (black)
- Commercial HMO (pink)
- Private/Commercial Insurer (dark blue)
- Other (please specify) (light red)

CHW Funding

Legend:
- Federal grants (red)
- State agency grants (blue)
- Local agency/ local government grants (light gray)
- Private foundations (black)
- Non-profit organizations (pink)
- Self-generated revenue (dark blue)
- Other (please describe) (light red)

35

Exploring Financing and Reimbursement

"I will say that if finances weren't an issue we probably would have two or three times more community health workers than we have now."   (Oregon)
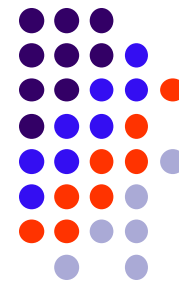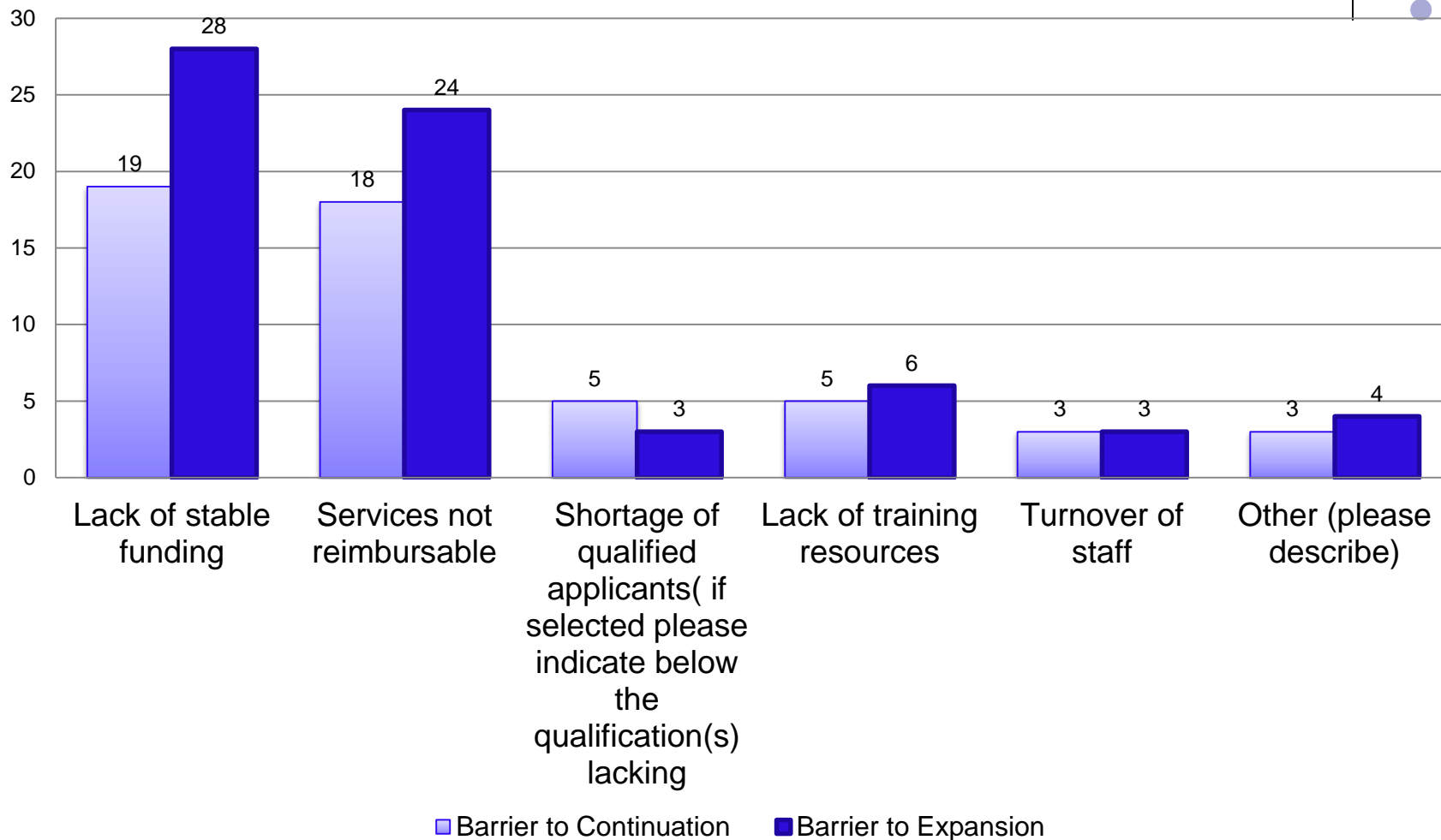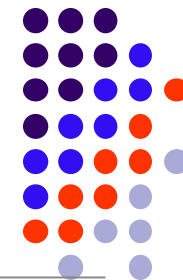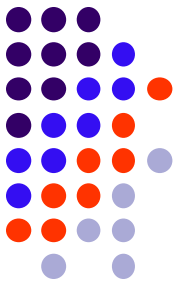
Exploring Financing and Reimbursement

"I think it calls for a reality check on the payer mix of community health centers. So I'll start with that. So, the reality is that when your payer mixes that are in the 60, 65 percent uninsured and even tipping it to 70 percent uninsured, there's a lot of things that we would love to have and we don't get to have. And it really stinks, to be really honest, to have to make some really difficult decisions to say some things that are incredibly valuable and I can't afford them, I don't care how important they are, I have to get back to core purpose, minimalist, bare minimum and things are tough. And we've been in those positions a number of times when you have payer mixes that bad, that there are lots of things that you have to forego… So I would say community health workers are in a bigger category, and that is – that sometimes just we're trying to run community health centers on really limited means and that's really unfortunate for our patients." (Idaho)

Reported Barriers to Continuation or Expansion of CHW Services

Bar chart with x-axis categories: Lack of stable funding, Services not reimbursable, Shortage of qualified applicants(if selected please indicate below the qualification(s) lacking, Lack of training resources, Turnover of staff, Other (please describe)

Barrier to Continuation: 19, 18, 5, 5, 3, 3
Barrier to Expansion: 28, 24, 3, 6, 3, 4

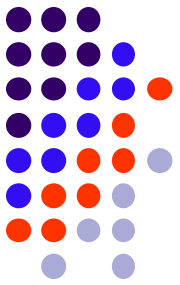Legend: ■ Barrier to Continuation   ■ Barrier to Expansion

Summary CHW of Roles and Functions

Coordination of Clinical Services (96)*	Health Promotion Education/Prevention (73)*	Resource Identification (40)*	Engagement/Advocacy- Individual & Comm. Levels (37)*	Coverage/Enrollment (18)*
• Behavioral/ mental health •Case management •Home visits • Establish/ Maintain care relationships •Maternal child health •Motivational Interviewing •Oral health/ dental •Patients with chronic illness •Paraprofessional services •Self management •Tailoring and Targeted interventions	•Events or Community Activities •Work with Groups •Health ED •*Wellness* •Working with community not exclusively patients •*Screening* •Outreach to Schools	•*Address social determinants* •Facilitate referrals for non-medical resources and services • Navigation of services	•Liaison to and with providers, community groups •Outreach •Civic engagement • Advocacy	•Work with assigned but unengaged individuals •Insurance information, resources, counseling •*enrollment*

* Interview findings: Mentions by interview respondent
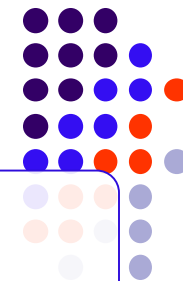
Approaches to CHW Utilization in NWRPCA CHCs
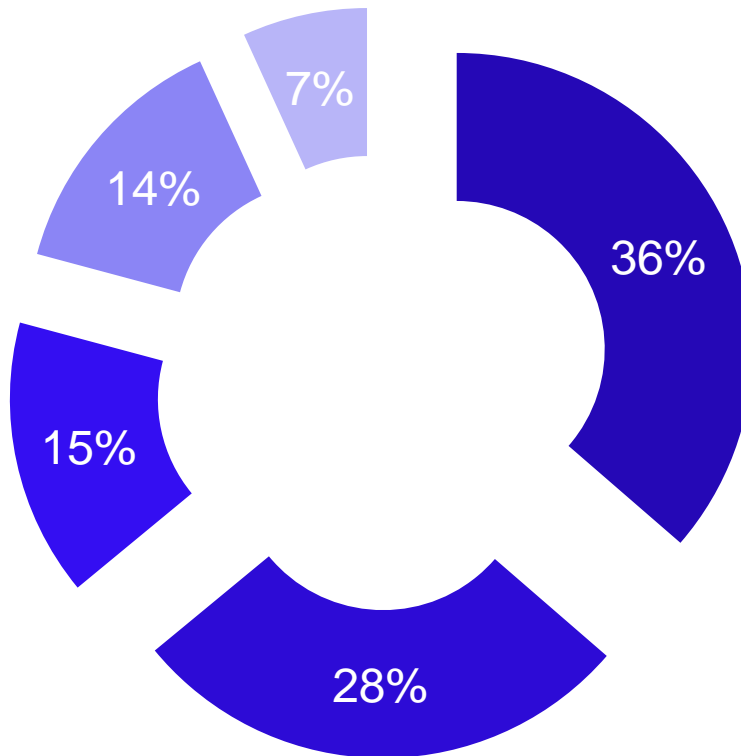
- Coordination of Clincal Services — 36%
- Health promotion, education, prevention — 28%
- Resource Identification — 15%
- Engagement /Advocacy — 14%
- Coverage/ Enrollment — 7%

Summary of Six Core Competencies

Communication (38)
- Language and Cultural competency
- Good verbal capabilities

Interpersonal (32)
- Soft skills - empathy, trust, compassion, ability to relate, natural leaders
- Peer support

Content and Role-Based Knowledge (25)
- Responsive to needs of special populations
- Awareness of social determinants
- Community assessment
- Medical assisting
- Insurance

Outreach and Advocacy (21)
- Outreach
- Engagement / Advocacy
- Leadership

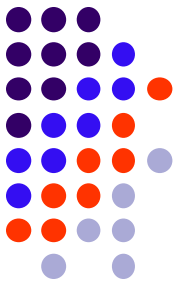**Organizational and workplace skills (18)**
- Problem solving
- Data entry, computers, analysis, documentation
- Organizational skills
- Customer service

Teaching (8)
- Understanding and conveying relevant information
- Apply popular education techniques
- Capacity building

Function/ Competency Analysis (Partial)

Role/ Functional Category	Key Competencies
Coverage/ Enrollment	
• How CHWs Utilized - engage with assigned but unengaged	Problem Solving
Coordination of Clinical Services	
• How CHWs Utilized – Case Management	Language and cultural competence Peer support
• How CHWs utilized - establish /maintain primary care relationships	Responsive to needs of special populations
• How CHWs utilized - Maternal/ child health	Responsive to needs of special populations
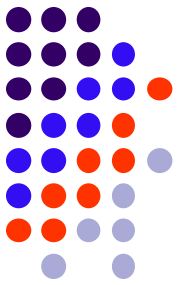
Rationale/ Competency Analysis

Rationale

Competencies

- **CHWS as a Bridge**

  Problem Solving

  Communication, verbal capability

  Soft skill empathy, trust, compassion, ability

  Language and cultural competence

  Engagement – Advocacy

- **Removing Barriers to Care**

  Problem Solving

  Soft skill empathy, trust, compassion, ability to relate

  Responsive to needs of special populations

- **Rationale - respond to unique local issues**

  Soft skill empathy, trust, compassion, ability to relate

  Language and cultural competence

- **Rationale - improve community health**

  Communication, verbal capability

  Soft skill empathy, trust, compassion, ability to relate

Comparison of Findings to Published Studies (HRSA and Findley)
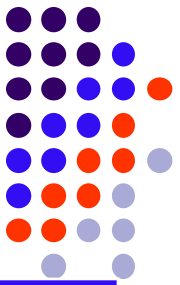
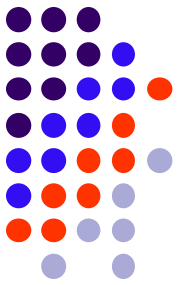| Assessment of NWRPCA CHC Members (Jacobs, 2017)	HRSA (2007) Five prevailing Models of Care	NY Study Findley, Matos (2012) Five Consensus Scope of Practice Elements	Comments
Engagement/Advocacy at the Individual and Community Level;	Organizer	Outreach and community organizing	Little emphasis on organizing or direct advocacy among NWRPCA study group. Primarily Outreach and Access focused.
Coordination of Clinical Services	Member of care team	Case management and care coordination	Case management one component of broader coordination role for NWRPCA respondents; development of patient competencies highlighted
Health Promotion Education/ Prevention	Screening & health education provider	Health education and coaching	
Coverage/Enrollment	Outreach-enrolling informing agent		
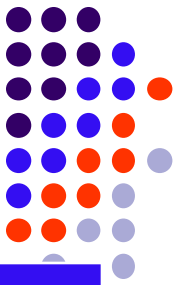
Comparison, continued

Assessment of NWRPCA CHC Members (Jacobs, 2017)	HRSA (2007) Five prevailing Models of Care	NY Study Findley, Matos (2012) Five Consensus Scope of Practice Elements	Comments
	Navigator, primarily for medical services	Systems navigation, i.e. Patient navigation Interpretation and translation Computer skills and ability to access information	For NWRPCA CHC respondents, NY systems navigation elements embedded for study group in both resource identification and clinical role/function. Medical services navigation (HRSA comparable, embedded in Coordination of Clinical Services)
		Home visits	Not a distinct theme for NWRPCA respondents, rather a function embedded primarily but not exclusively in coordination of clinical services
Resource Identification			For NWRPCA respondents, Identification and integration of non-clinical resources a key & distinct theme.

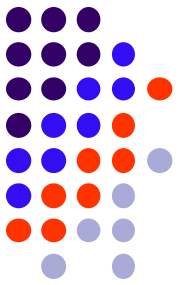# Community Health Worker Core Consensus (C3) Project - Skills

- Communication
- Interpersonal/ relationship building
- Service coordination and navigation
- Capacity building
- Advocacy
- Education and Facilitation
- Individual and community assessment
- Outreach
- Professional skills and conduct
- Evaluation and research

Source: The Community Health Worker Core Consensus (C3) Project: 2016 Recommendations on CHW Roles, Skills, and Qualities
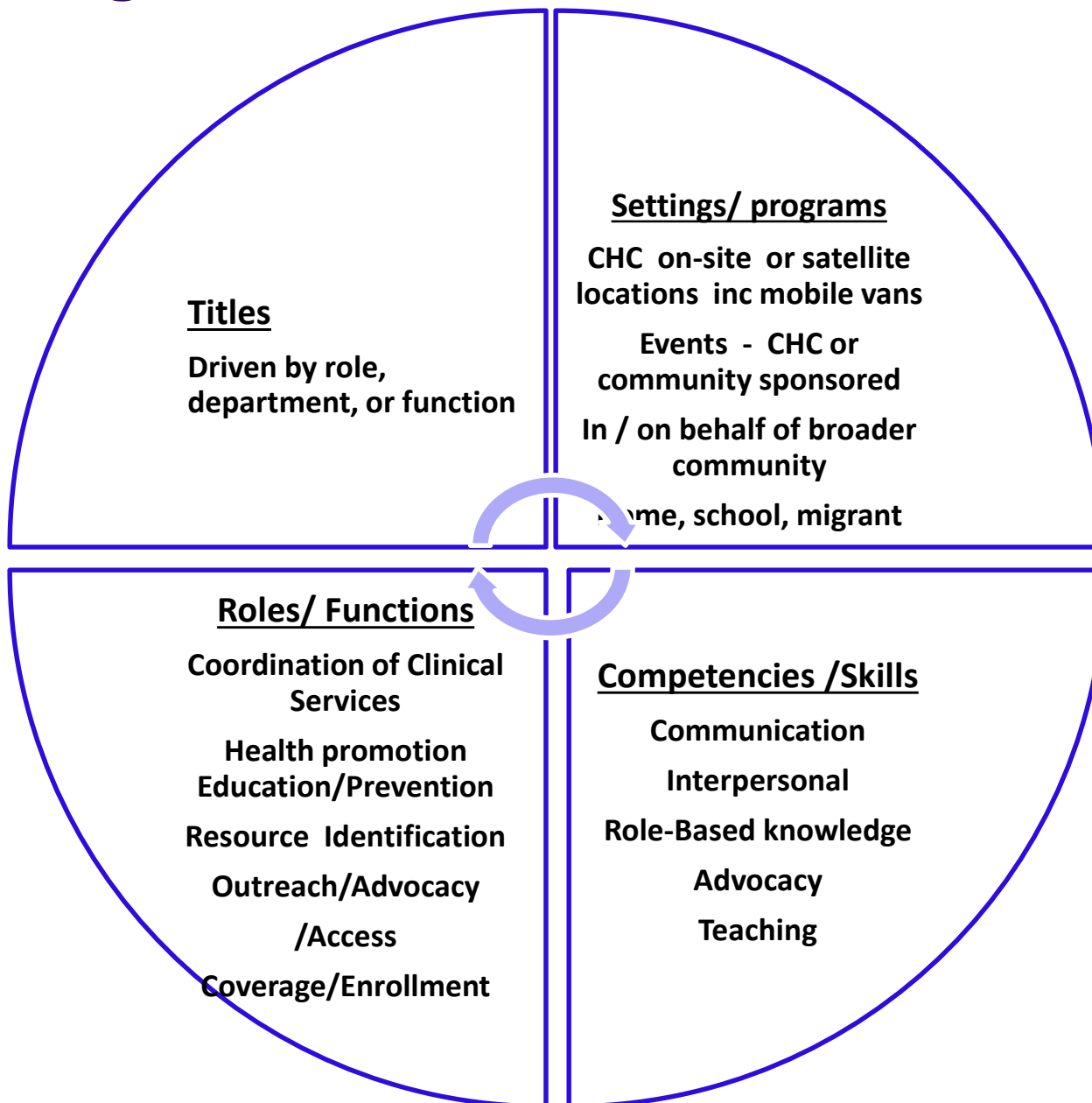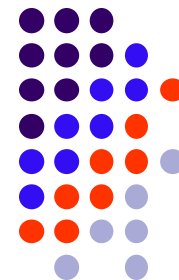
Community Health Worker Core Consensus (C3) Project - Roles

- 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 Assessment
- Conducting Outreach
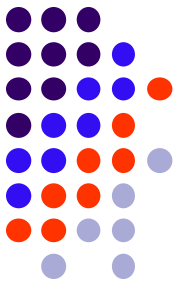- Participating in Evaluation and Research

Source: The Community Health Worker Core Consensus (C3) Project: 2016 Recommendations on CHW Roles, Skills, and Qualities

Revisiting the Quadrant Framework

Titles

Driven by role, department, or function

Settings/ programs

CHC on-site or satellite locations inc mobile vans

Events - CHC or community sponsored

In / on behalf of broader community

Home, school, migrant

Roles/ Functions

Coordination of Clinical Services

Health promotion Education/Prevention

Resource Identification

Outreach/Advocacy /Access

Coverage/Enrollment

Competencies /Skills

Communication

Interpersonal

Role-Based knowledge
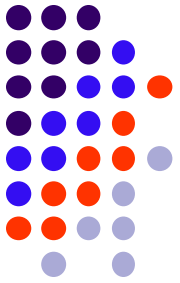
Advocacy

Teaching

In the final analysis …

"Wellness is beyond just going to see a provider when you're sick and taking medication and doing all of these kind of passive things. Really if we can have CHWs engage them in something that's proactive, we can really get ahead of the curve." (Oregon)

Discussion
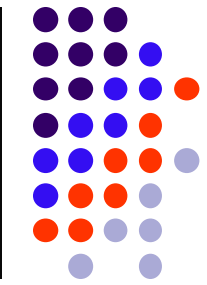
- Questions ?
- Issues for further exploration?

Thank you

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