The Frontline of Population Health: Community Health Workers

Presenters:
Michael Rhein
Dawn Heffernan

Moderator:
Lolita Ross
Community Health Worker Workforce Development: Exploring Leadership and Business Opportunities

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Michael E. Rhein, President & CEO
Institute for Public Health Innovation
Creating Careers and Economic Opportunity while Addressing Health Inequities
Objectives

✓ Describe the CHW role and scope of practice.
✓ Discuss why the time is now for leadership in promoting the CHW workforce.
✓ Identify 5 areas of leadership and business opportunity for public health institutes and other partners.
✓ Discuss examples from IPHI and session participants that align with these opportunities.
What is Distinctive About Community Health Workers (CHWs)?

✓ Do not provide clinical care.
✓ Generally do not hold a professional license.
✓ Expertise is based on shared life experience (and often culture and community) with people served.
✓ Rely on relationships and trust more than on clinical expertise.
✓ Relate to community members as peers rather than purely as clients or patients.
✓ Can achieve certain results that other professionals can’t.

Acknowledgement: Carl Rush, Community Resources LLC
CHW Scope of Practice

- Community mobilization and outreach
- Health promotion and coaching
- Service system access and navigation
- Care coordination and management
- Community-based support
- Participatory research

Current CHW Scope of Practice for the District of Columbia and Virginia.
Possible Roles of CHWs within a Healthcare Setting

- Extend the capacity and reach of the clinical care team for education and support
- Patient navigation
- Conduct prevention outreach and education
- Promote health literacy
- Supportive counseling
- Treatment adherence support
- Disease self-management support
- Conduct home visits and home-based support
- Engage patients and improve patient experience
- Serve as a cultural liaison (may incl. language services)
- Help to address social determinants of health by linking to community resources
A Time for Leadership in Promoting the CHW Workforce

✓ Strong evidence base for CHWs as cost-effective strategy to address health inequities
✓ Critical window of opportunity
  ▪ Unprecedented interest in the role of CHWs
  ▪ Health care reform
  ▪ Federal government support (CDC, HRSA, CMS, DOL)
  ▪ Medicaid rule change
  ▪ Many states involved in work to promote CHW workforce development and utilization
✓ CHW role is largely un-professionalized and poorly financed
✓ Despite increased attention, still a lack of widespread understanding of CHW role and value within health care systems.
✓ Risk that the CHW role and value could be diminished if professionalization and integration is not done well.
IPHI’s Role Creating Sustainable CHW Models

- CHW workforce and integrated care team training

Developing
Adapting
Implementing
Evaluating

CHW program models across the region to create best practices for the region.

- Creating partnerships with CBOs, medical providers, and Medicaid MCOs to test CHWs as a business strategy

- Facilitate state-level CHW policy development

- 400+ CHWs trained
- 25+ CHW employees
- 40+ CHW jobs create
- Thousands enrolled in CHW services across our region
Leadership and Business Opportunities

- Training CHWs, supervisors and employers/providers
- Serving as a CHW employer
- Developing, implementing and evaluating model programs
- Professionalizing the CHW workforce
- Creating CHW workforce sustainability
Leadership and Business Opportunity: Training CHWs, supervisors and providers

The Need:

- Many states/communities do not have adequate CHW training resources.
- Many CHWs are working or will start their jobs without adequate training.
- Ongoing, continuing education for CHWs is critical but typically missing.
- Many healthcare teams are ill-prepared to support CHWs and integrate them into their teams.

*IPHI example: Creating a recognized, high quality training program that generates revenue while maintaining accessibility to prospective CHWs.*

What are your experiences?
Leadership and Business Opportunity: Serving as a CHW Employer

The Need:

- There is a great need for more employed CHWs.
- Many providers have been hesitant at first to directly employ CHWs.
- Short-term grant funding can create job sustainability issues; employment intermediaries can help recruit the right individuals and sustain CHW employment across numerous grants and projects.

*IPHI examples: Initial employment of CHWs for a Medicaid MCO and a hospital system is leading to sustainable integration and systems change.*

What are your experiences?
GWU/IPHI Care Transitions Project - Outcomes

Chronic Heart Failure 30-Day Readmission Rates, – Overall Historical vs. Pre- and Post-Enrollment

- Overall Historical 30-day Readmit Rate (2011-2014): 23%
- Prior to Enrollment (n=73): 18%
- Post Enrollment (n=73): 11%
Leadership and Business Opportunity: Developing, Implementing and Evaluating Model Programs

The Need:

- The CHW workforce and its role in health care systems needs to be brought to scale.
- Many healthcare partners may be well-intentioned, but need technical support to design, implement and evaluate effective CHW programs.
- Many CHW models are best designed to work across various partner organizations, and thus a backbone organization can be helpful.
- Despite a strong evidence based, some policymakers and providers want local evidence; demonstrations and pilot projects can be useful in building support.

*IPHI example: Positive Pathways 5-year demonstration leads to policy change within local Ryan White CARE Act program and sustainable integration of 10 full-time CHWs.*
Washington AIDS Partnership/IPHI Positive Pathways Project - Outcomes

Change in CD4 and Viral Load for Positive Pathways Clients Enrollment to 12 months (CD4 n=192; VL n=189)

Data analysis provided by Johns Hopkins Bloomberg School of Public Health as part of AIDS United A2C national evaluation.

Numbers in parenthesis are standard deviations.
*denotes significance at the 0.05 level; ***denotes significance at the 0.001 level
Test of Significance is compared to enrollment
Positive Pathways Treatment Cascade, 2011-15

- Enrolled: 1256
- Linked to care: 1116, Nat’l* = 80%
- Retained in care: 817, Nat’l* = 40%
- Suppressed viral load*: 823, Nat’l* = 30%

HAART data has 74% missing hence not shown.
Suppressed viral load has 25% missing. Interpret with caution.
*Indicates comparative level on national treatment cascade for all people living with HIV/AIDS.
National linkage to care figure is for people diagnosed within 2011 with one or more CD4 and viral load test within 3 months of diagnosis.
IPHI’s experiences with different types of CHW sites and approaches to improve access to care

- **CHWs within community-based organizations**: Connecting with health care providers from grassroots organizations that residents know and trust.

- **CHWs within community health centers**: Moving toward a patient-centered medical home model.

- **CHWs within health departments**: Providing more accessible, community-oriented government services.

- **CHWs within Medicaid MCOs**: Promoting prevention, improving health, and reducing cost among MCO members.

- **CHWs within hospitals**: Reducing readmissions, improving care transitions, and increasing use of outpatient preventive services.

- **Place-based models**: Providing access to health resources at a neighborhood level, such as within housing communities or from neighborhood centers.

- **Systems-level CHW interventions**: Placing CHWs across health care and community-based organizations for community-wide impact.
Leadership and Business Opportunity: Developing, Implementing and Evaluating Model Programs

What are your experiences developing, implementing and evaluating CHW-based services?
Leadership and Business Opportunity: Professionalizing the CHW Workforce

The Need:

- Legitimating CHWs as a recognized job class and clarifying their role relative to other professions.
- Ensuring CHWs are prepared for specific scopes of practice.
- Positioning CHWs as recognized providers of preventive health services that can be financed through public and private insurers.

**IPHI examples:**

- *Devising a CHW definition, scope of practice and core competencies and exploring certification in DC, MD, and VA.*
- *Developing professional associations to organize and engage CHWs.*

What are your experiences?
Leadership and Business Opportunity: Creating CHW Workforce Sustainability

The Need:

- CHWs are largely funded with soft money; there’s a need for more secure, sustainable financing, including through Medicaid.
- CMS has opened the door for Medicaid funding of preventive health services provided by non-licensed professionals like CHWs, but few states are taking advantage.
- Medicaid MCOs and providers may currently have more flexibility to support CHW services than they are currently using.

*IPHI example: Exploring Medicaid financing for preventive health services provided by CHWs.*

What are your experiences?
CHW Workforce Development in DC-MD-VA

DC
Prevention & Medicaid Financing Task Force
(IPHI co-chairs with DCPCA)

VA
CHW Advisory Group & CHW Policy Task Force
(IPHI co-chairs with VDH)

MD
Workgroup on Workforce Development of CHWs
(IPHI appointed member)

DC CHW Professional Assoc. (created 2012)

VA CHW Professional Assoc. (created 2015)

MD CHW Professional Assoc. (created 2014)

IPHI’s Center for the Community Health Workforce
Regional Training, TA, Resource Sharing & Policy Coordination
Questions and Discussion
Community Health Worker Training

Dawn Heffernan RN, MS, CDE
Director, Western MA Public Health Training Center
School of Public Health and Health Sciences
University of Massachusetts, Amherst

UMass Local Performance Site
of the New England Public Health Training Center
Community Health Worker Training

Break Out Session

• Introduction
• Community Health Worker Background
• Training Community Health Workers
• Break Out Session Activity
• Closing
Your Experience With CHWs - Poll

When prompted,
- Raise a **white** piece of paper if you are or have been a CHW
- Raise a **blue** piece of paper if you supervise or have supervised CHWs
- Raise a **green** piece of paper if you train or have trained CHWs
- Raise a **yellow** piece of paper if you are just learning about CHWs.

If none of these situations apply to you, use a piece of paper to write 1 to 5 words about your relationship with the CHW profession.

Please pass your colored paper to the center of the table to be collected.
Value of CHWs

Workforce Surveys
• 2007, National Workforce Study estimated 120,000 worked in U.S.
• 2009, Massachusetts estimated 3,000 CHWs worked in the state

Policy and Other Initiatives
• 2006, Massachusetts recognized CHWs in Health Reform Laws
• 2010, CHWS recognized in national Patient Protection and Affordable Care Act
• Community Health Worker Core Consensus Project (C3)
• Achieving the Triple Aim: Success with Community Health Workers

Massachusetts Department of Public Health, Achieving the National Triple Aim: Success with Community Health Workers, May 2015
The Beginning

The day I recognized why we need CHWs
Who Are CHWs And Why Do They Succeed?

- CHWs are trained frontline staff who bridge communication and cultural gaps between services and low-income, underserved populations
- CHWs are hired primarily for their special understanding of and ability to relate to the populations they serve
- CHWs are peers who encourage openness and trust
- CHWs are trained to help clients address social, economic, and other barriers
Unique Role of Community Health Workers

- Outreach
- Care Coordination
- System Navigation
- Advocacy
- Cultural Mediation
- Education
Community Health Worker Training

- 80 hours, Massachusetts Board of Certification of CHW core competency requirements
  - 64 hours core competencies
  - 16 hour of special health topics

mass.gov/dph/community health workers
www.machw.org/
Adult Learning Principles of Training

• Readiness
• Experience
• Autonomy
• Action
Universal Principles About Learning

- Why
- What
- Structure
- Response
- Feedback
- Reward
Community Health Worker Training

Ten Core Competencies

- Outreach Methods & Strategies
- Individual & Community Assessment
- Effective Communication
- Cultural Responsiveness & Mediation
- Education to Promote Healthy Behavior Change
- Care Coordination & System Navigation
- Use of Public Health Concepts & Approaches
- Advocacy & Community Capacity Building
- Documentation
- Professional Skills & Conduct

Handout: Massachusetts Board of Certification of Community Health Workers Core Competencies for Community Health Workers, Revised and Approved by the Board on May 2014
Outreach Methods and Strategies

- Develop and implement outreach plans in collaboration with colleagues, based on individual, family, and community needs strengths and resources.
- Identify and share appropriate information, referrals, and other resources to help individuals, families, groups, and organizations meet their needs.
- Initiate and sustain trusting relationships with community-based organizations and other resources to promote client services, care, education, and advocacy.
- Conduct outreach with attention to possible safety risks for self, clients, and colleagues.
- Use a range of outreach methods to engage individuals and groups in diverse settings.
CHW Core Competency Training

**Face-to-Face Materials**
- Classroom Facilitator Guide
- Participant Workbook
- Professional Development Tool
- Videos
- Assignments
- Pre-test and Post-test Evaluations

**Blended Materials**
- Online Asynchronous Content
- Participant Workbook for download
- Videos offline
- Assignments
- Webinar Slides and Facilitator Guide
- Pre-test and Post-test Evaluations
- Technical Assistance
Assessment

- Tests versus Exams
- CHW Core Competency Training – embeds learning checks in class activities, pre-work, and homework
- Points
Outreach Plan: 4 Parts

- **Part 1** About Your Assigned Work
- **Part 2** Assessment
- **Part 3** Tailoring Program Strategies and Methods
- **Part 4** Work Plan
Outreach Plan

Outreach Plan Examples: Exhibits 1 and 2
Vulnerable Underserved Population

Pairs activity:

At your tables, form pairs (trios if odd number of people).

Discuss with your partner a vulnerable or underserved population in your community.

• What are their characteristics? What makes them vulnerable?
• What outreach strategy would you implement? Why do you think the strategy would be effective?
Lessons Learned

• It is critical to involve CHW in the development of their profession and in the development of training for CHWs.
• Role of the CHW supervisor is essential.
• Mentoring CHWs is important for their success.
• CHW training is critical to their professional identity.
Lessons About Personal and Professional Identity
Take Home Message

- What do you want to know more about?
- What stood out the most for you?

Contact Information
Dawn Heffernan RN, MS, CDE
dheffernan@schoolph.umass.edu
413-545-6142
www.umass.edu/wmphtc/
www.bu.edu/nephtc/