

Community Health Worker Forum



DEPARTMENT OF
NUTRITIONAL SCIENCES



Oklahoma State
Department of Health



OKLAHOMA PUBLIC HEALTH ASSOCIATION

Understanding Community Health Workers as a Workforce

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Community Health Worker Forum – OSU – Stillwater, OK – March 12, 2020

Community Health Workers in the US: Recent Developments

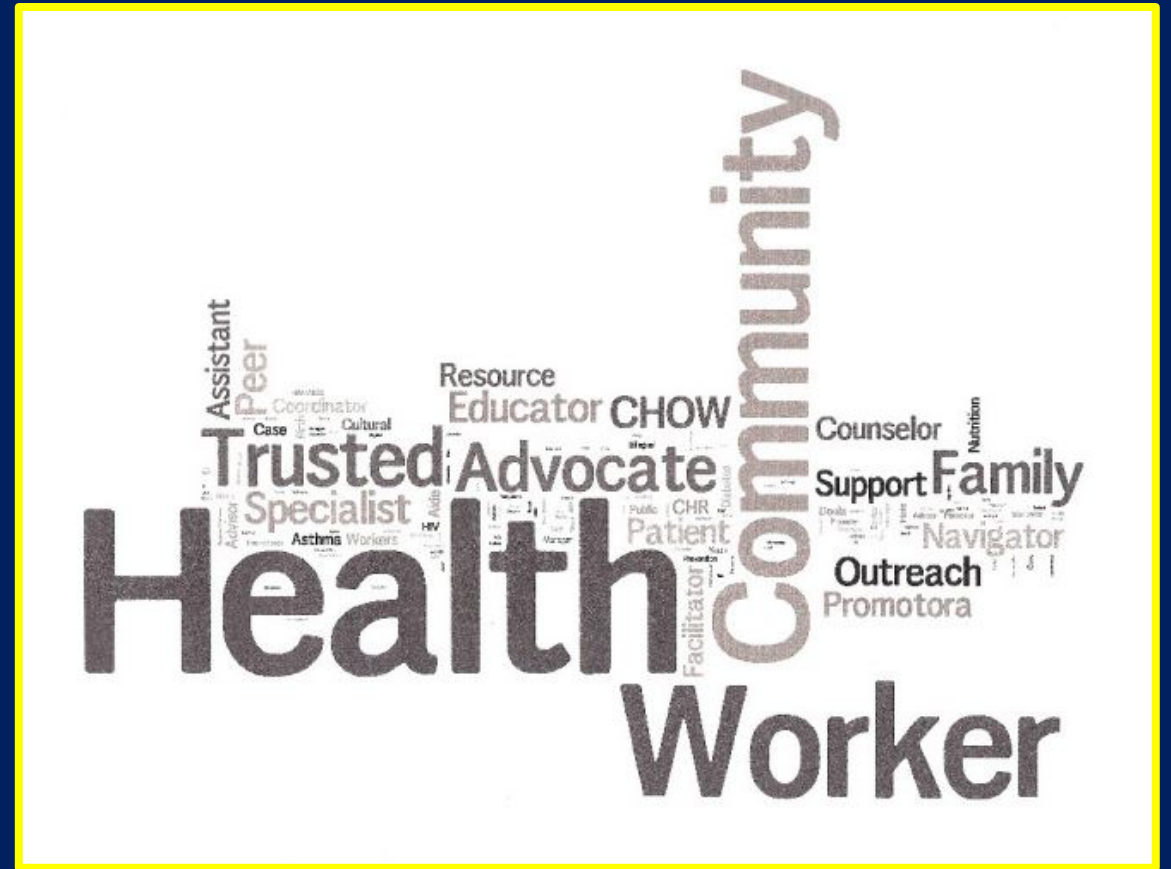
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Introduction

Community Health Workers (CHWs)¹ are

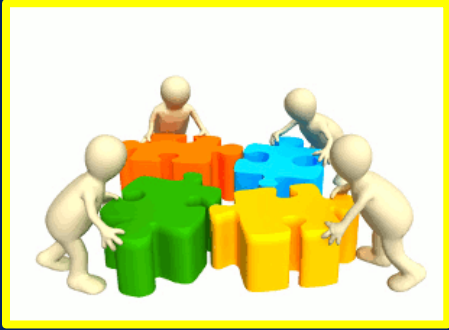
- Frontline public health workers who are trusted members of and/or have a deep understanding of the communities they serve
- Links between health or social services and community members



The CHW Workforce

- *Community Health Worker National Workforce Study (HRSA, 2007)*²
 - Estimated 86,000 CHWs in the U.S. in 2000 → 121,000 CHWs in 2005
- Renewed recognition of CHWs following HRSA's workforce study³
 - Development of public policy^{4,5}, and federal agency support for CHWs⁶⁻⁹
 - Attention to CHWs in peer-reviewed literature¹⁰⁻¹¹, popular press, & social media
 - Interest due to health reform focus on achieving the triple aim¹²⁻¹⁷
- *CHW Core Consensus or C3 Project (2014-2015)*¹⁸
 - Development of nationwide consensus on CHW core roles and competencies
- *National Community Health Worker Association (2019)* <https://nachw.org/>

Scope of Practice: CHW Roles



C3:
10
core
roles¹⁸

1. Cultural Mediation Among Individuals, Communities, and Health and Social Service Systems
2. Providing Culturally Appropriate Health Education and Information
3. Care Coordination, Case Management, and System Navigation
4. Providing Coaching and Social Support
5. Advocating for Individuals and Communities
6. Building Individual and Community Capacity
7. Providing Direct Service
8. Implementing Individual and Community Assessments
9. Conducting Outreach
10. Participating in Evaluation and Research

Competencies: CHW Skills



C3:
11
core
skills¹⁸

1. Communication Skills
2. Interpersonal and Relationship-building Skills
3. Service Coordination and Navigation Skills
4. Capacity Building Skills
5. Advocacy Skills
6. Education and Facilitation Skills
7. Individual and Community Assessment Skills
8. Outreach Skills
9. Professional Skills and Conduct
10. Evaluation and Research Skills
11. Knowledge Base

Competencies: CHW Qualities¹⁸⁻²⁰



C3 – Key Quality:

“connection to or deep understanding of the community served”

- Connected to the community
- Mature
- Friendly, outgoing
- Patient
- Open-minded, non-judgmental
- Motivated and capable of self-directed work
- Caring, compassionate

- Dedicated, desire to help the community
- Respectful
- Honest
- Eager to grow & learn
- Dependable, reliable
- Persistent
- Creative, resourceful
- Flexible, adaptable

CHW Contributions to Public Health and Health^{3,21}

- Public Health Interventions
 - Deliver community-based public health programs in underserved communities²²⁻²³
 - Promote positive lifestyle behavior changes²⁴⁻²⁵
- Disease Prevention and Management
 - Improve chronic disease management (blood pressure and HbA1c)²⁶⁻³⁰
 - Enhance disease prevention and screening³¹⁻³⁵
- Cost Savings
 - Facilitate insurance enrollment³⁶
 - Reduce unnecessary health service utilization³⁷⁻³⁸

CHWs as Team Members

- ACA led state and local agencies to include CHWs in health care teams^{39,40}
- Prior definition of CHWs as a distinct workforce was imperative
 - *Bureau of Labor Statistics of the U.S. Department of Labor* ⁴¹
 - *Occupational Handbook* ⁴²
- Distinguishing characteristic of CHWs
 - “Connection to or close understanding of the community served”^{43,44}
- CHWs work as team members in a variety of settings
 - Job descriptions need to include
 - CHW duties that complement team members’ duties
 - “community connection” in the job description
- Employing organizations
 - Revise or develop structures and processes to ***fully integrate*** CHWs

Training and Certification

- Trainings and certification are key to a strong workforce
 - Better recognition as health care team members; Appropriate wages; Facilitates Medicaid reimbursement^{45,46}
- Call for self-determination of the CHW Workforce
 - 2014 APHA Governing Council resolution⁴⁷
 - 2019 Unity Conference: “Nothing about CHWs without CHWs!”
- No national standard for CHW training or certification yet (*except: National IHS CHR Program*)
 - CHW trainings and credentialing/certification vary across states
 - Multiple pathways for training and credentialing remove barriers^{45,47}
- Training and credentialing of CHWS on the foundation of “community connection”⁴⁷
- *C3 Project* recommendations have the most recent guidelines for CHW training
 - Train the broad spectrum of CHW roles and competencies to increase employability
 - Continued training or education will be specialized depending on community and job requirements⁴³

Sustainability

- Few sustainable funding sources for CHWs (*exception: National IHS CHR Program*)
 - Need for long-term funding streams to benefit CHWs and employers, and communities served⁴⁸
- ACA has increased national-level funding opportunities for CHWs
 - Grant-funding for CHW programs, e.g. the Patient-Centered Outcomes Research Institute (PCORI)⁴⁹
 - Inclusion of CHWs in sustainable health systems transformations (integration into health care teams)
 - Changes to federal Medicaid rules allowed for reimbursement of preventive services^{45,50}
- Long-term financing of CHWs
 - What has worked for other states? → Identify strategies for future expansion⁴⁵
- Funding mechanisms are diverse
 - Government agencies, charitable foundations, hospitals, managed care organizations, employers, and public insurance programs (e.g., Medicaid)⁵¹
- *Return on Investment (ROI)* calculations to help advocate for CHW programs
 - *MHP Salud* toolkit to determine CHW program ROI: <https://mhpsalud.org/portfolio/roi-toolkit/>⁵⁶

Take-away Notes



- CHWs are frontline public health workers
- Nationally recommended scope of practice and competencies
- CHWs need to have a chair and a voice at the table
- Demonstrated contributions to public health and health
 - Public health interventions
 - Disease prevention and management
 - Cost savings
- Oklahoma can tie into established knowledge and experiences across the US to build an effective and sustainable CHW workforce for improved health outcomes.

Community Health Workers in Oklahoma: History, Current Status, and Needs

Marshan Marick, DrPH, MPH

Health Education and Promotion, OSU-Tulsa

CHWs in Oklahoma

- Objectives:
 - Describe the history of CHW work in Oklahoma
 - Discuss the challenges for CHWs in Oklahoma

Introduction

- The work of CHWs is not new, but embedded into our communities

1950s-1960s:
Chinese Barefoot
Doctor program



- Recognition of work in rural and urban communities
 - IHS
 - Office of Economic Opportunity
 - Federal Migrant Act
- Recognition of field
 - Promotores de salud
 - Community Health Representatives
 - Lay Health Advisors

CHWs in Oklahoma

- Community Health Representatives (CHRs) were well established and utilized by tribes throughout the state
- Interest in CHWs grew in response to: increasing healthcare costs, access to care limitations, and poor health outcomes
- 1990s – 2000s –small funding opportunities for special projects using CHWs
 - OU Silver Clinic
- 2000 – 2010 – 1,037 CHWs in Oklahoma
- 2012 – First legislative bill introduced
- 2014—2016 –Organizing and training the workforce
 - Community Service Council
 - Oklahoma City County Health Department

CHWs in Oklahoma

- Estimated number of CHWs in Oklahoma in May 2017: 1110 employees⁵²
- Recent statewide CHW initiatives/projects include
 - 2017 White Paper – Described CHWs in OK and called for consensus building to establish a sustainable workforce in OKs health care system⁵³
 - *CHW Taskforce* – Convened by the *Healthcare Workforce Subcommittee* of the *Governor's Council for Workforce and Economic Development*⁵⁴
 - 2017 – Proposed definition and competencies for CHW certification policy recommendations to the state legislature
 - 2019 – Recommendations regarding CHW workforce development to the Healthcare Workforce Subcommittee
 - 2017 ASTHO Learning Community
 - 2018 CHW Pilot Study – Evaluated the effectiveness of OCCHD-trained CHWs in reducing preventable emergency department (ED) visits and hospitalizations among the uninsured⁵⁵
 - 2018-2019 PHF-funded Study – Develop a diabetes training for CHWs in Oklahoma
 - 2019 Oklahoma Public Health Association
 - First meeting of the *CHW Section* of OPHA
 - National CHWs speakers
 - 2019 OSU Grant from the *Oklahoma Shared Clinical and Translational Resources CERE* – Aims to conduct a statewide CHW stakeholder forum
 - 2019 RWJG – Tulsa HD and OCCHD have a RWJF grant focused on CHW trainings

CHW Challenges in Oklahoma

- Enumeration of the workforce
- Training and certification
- Reimbursement for work
- Need for CHW leadership

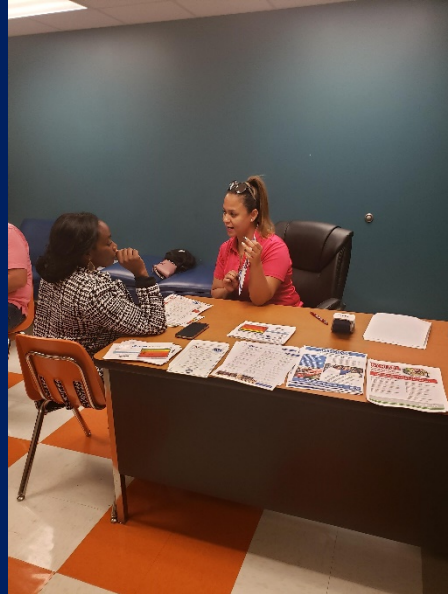


A Day in the Life of a Community Health Worker

Tamara Braxton, CHW

Community Health Worker Supervisor, OKC-County Health Department

CHWs/Navigators of OCCHD



Components Of Work of CHWs At OCCHD

CHWs are Frontline Public Health Workers in:

- My Heart
- Total Wellness
- Integrated Clinics
- Health at School
- Opioid Prevention Pilot Project
- Overall Agency communication and outreach events
- Navigation

CHWs Build Relationships with Clients

Community health workers (CHWs) are members of a target population and share many social, cultural, and economic characteristics. As trusted members of their community, promotoras provide culturally appropriate services and fulfill the following roles:

Patient advocate

Educator

Mentor

Outreach worker

Navigator



CHWs assist clients Navigate the Healthcare System

As a care coordinator or care manager, community health workers (CHWs) help individuals with complex health conditions to navigate the healthcare system. They liaise between the target population and a variety of health, human, and social services organizations. CHWs also support individuals by:

- Providing information on health and community resources

- Home Visits with clients

- Coordinating transportation

- Making appointments

- Delivering appointment reminders



CHWs provide Community Resources

CHW reviews personal needs questionnaire for emergency resources—defined as, “food, housing, transportation, utilities, opioid/substance use, mental/behavioral health, interpersonal violence (or safety) needs, and/or pregnant”, to provide resources and referrals in ‘real time’.



Most commonly requested Resources

- Food
- Housing
- Utilities
- Medical/Medication Assistance
- Safety



Community health workers can
improve
health outcomes, reduce
disparities,
and save money by helping people
navigate
the health care system, find
resources,
and live healthier lives.



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Rural Healthcare: Emerging Roles of Health Extension and CHWs



Community Health Worker Forum, OSU

Mar 12, 2020

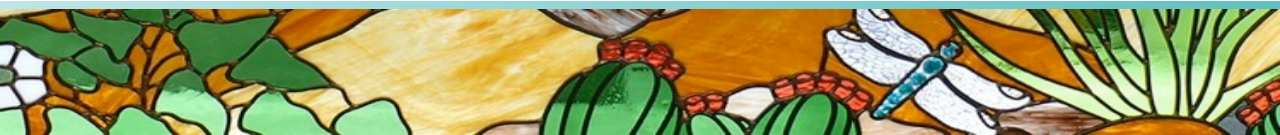
Arthur Kaufman, MD

Vice Chancellor for Community Health

Distinguished Professor of Family and Community Medicine

University of New Mexico

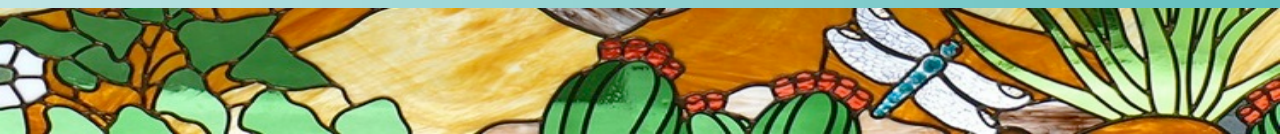
akaufman@salud.unm.edu



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Selected Rural Statistics: New Mexico

- 26/33 counties rural or frontier (1/3 pop resides)
- Majority of NM pop “minority” (46% Hisp, 40% non-Hisp white, 11% Nat Amer, 2% Afr-Amer)
- Rural Population: older, poorer, less insured, sicker (more diabetes, suicide, teen births, low prenatal care, alcohol/drug-induced deaths)
- Health Professional Shortages in Rural NM: primary care, behavioral health, dental

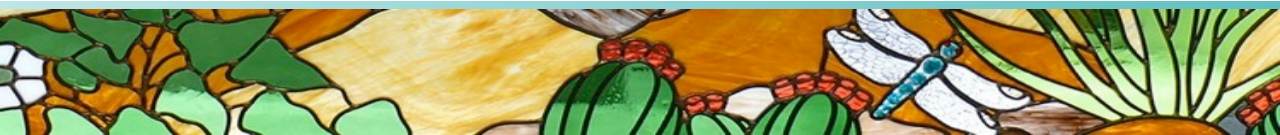


Quality Care is Not Enough

ex. Diabetes in Native Americans

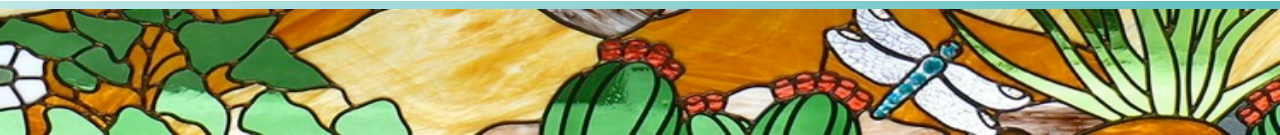
- Recommended Preventive Services:
 - Native Americans have best rates
- Deaths from Diabetes:
 - Native Americans have highest rates

New Mexico Dept of Health 2010 Report on Ethnic Disparities in Health

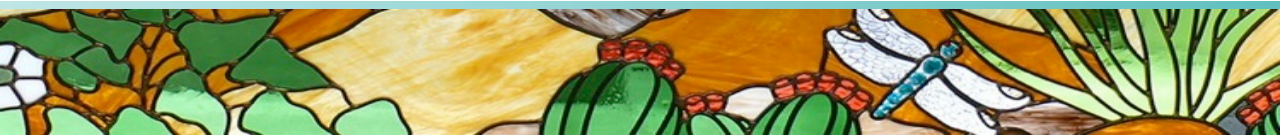
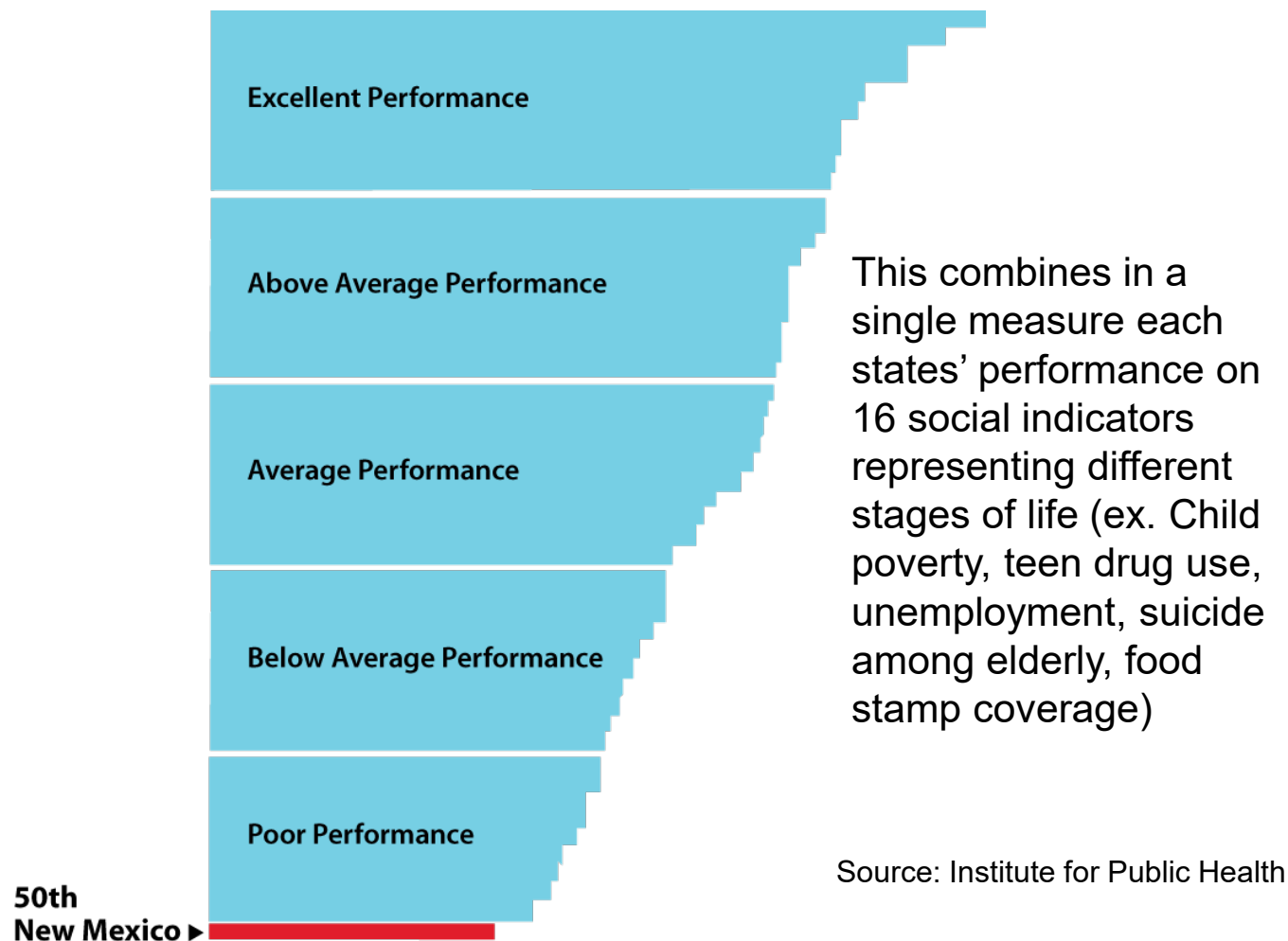


What are the Social Determinants? (Examples)

- Income
- Education
- Nutrition
- Housing
- Utilities
- Transportation
- Safety
- Built Environment
- Social Inclusion
- Discrimination

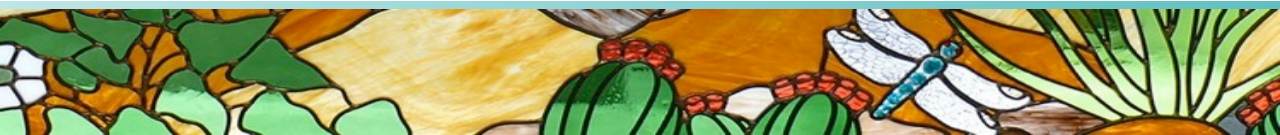
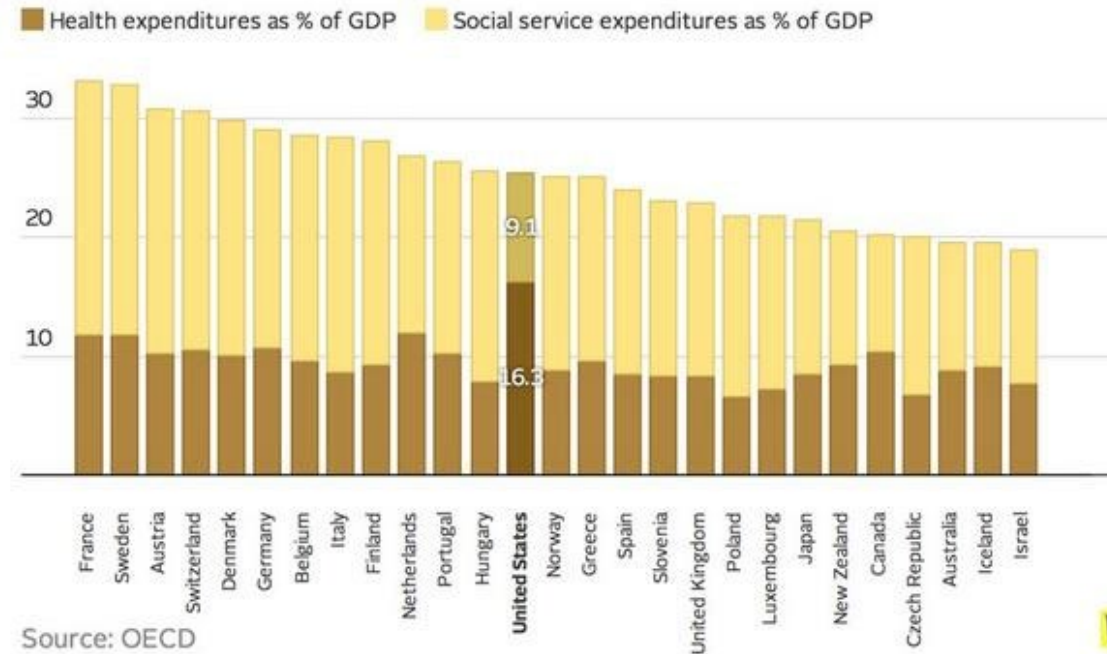


The Social Health of the Fifty States: Where is New Mexico?



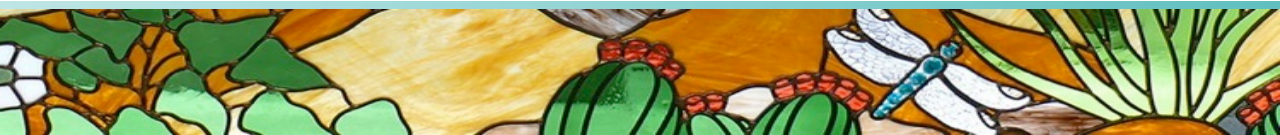
US Spends much less on Social Determinants than other western countries

The U.S. is an anomaly in health and social spending patterns



Determinants of Health

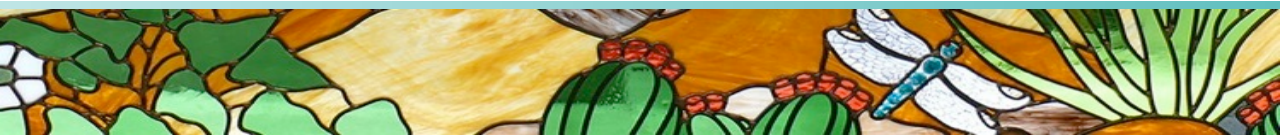
	<u>Contribution to Mortality</u>	<u>% Nat'l Health Budget</u>
• Lifestyle	43%	1%
• Biology/Genetics	27%	7%
• Environment	19%	2%
• Health Services	11%	91%



Addressing Social Determinants to Affect Health Risks and Conditions

Graduating from high school can
save as many lives as quitting
smoking!

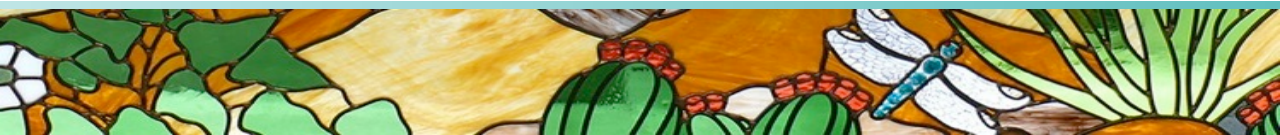
Krueger PM, Tran MK, Hummer RA, Chang VW (2015) Mortality Attributable to Low Levels of Education in the United States. PLoS ONE 10(7):e0131809. doi:10.1371/journal.pone.0131809



New Institutional Vision Statement

“The University of New Mexico Health Sciences Center will work with community partners to help New Mexico make more progress in health and health equity than any other state by 2020.”

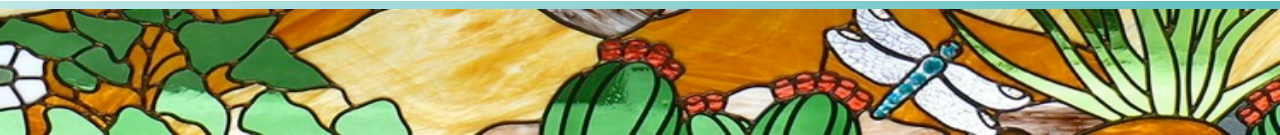
vision
2020



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Comments from a Sampling of Community Health Leaders

- Important to overcome image:
 - “University of ABQ,”
 - “UNM only present while grant funds last”
- UNM needs to:
 - Commit to long term partnerships
 - Build upon local wisdom, leaders, organizations, programs
 - Create central office at UNM, single telephone number
 - Have full-time presence in all communities like NMSU

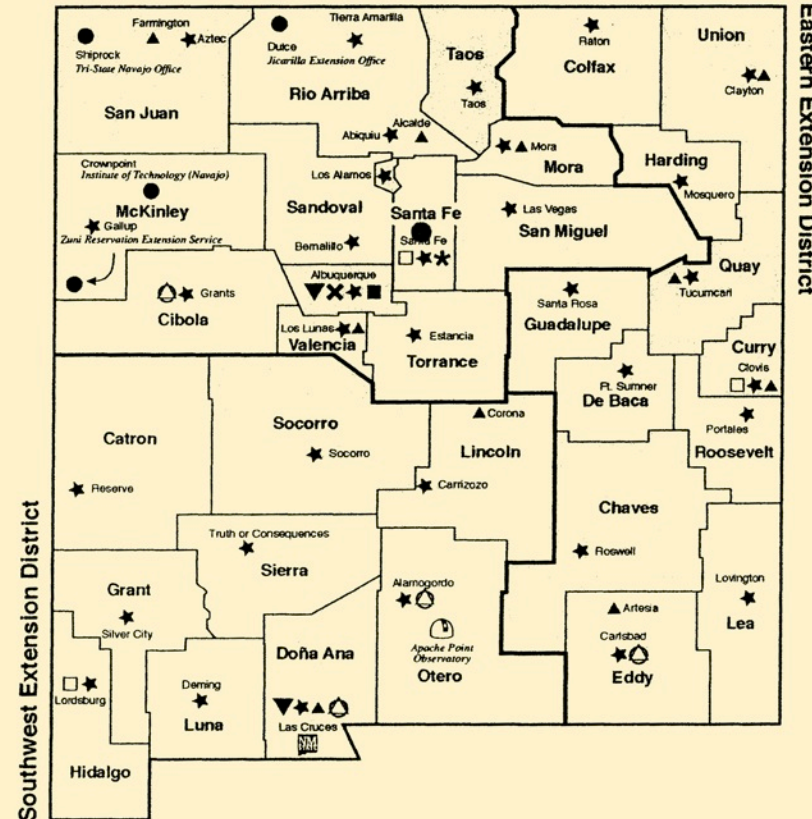


New Mexico State University



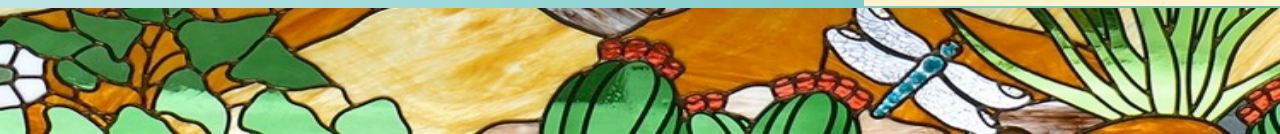
Major Partners: State of New Mexico, USDA
New Mexico Association of Counties

Northern Extension District



Facility Locations

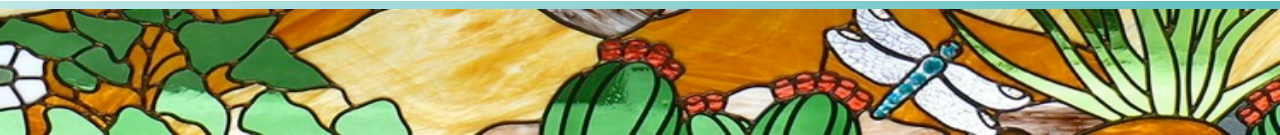
- ★ County Cooperative Extension Service Offices
- ★ Satellite County Offices
- Tribal Cooperative Extension Service Offices
- ▲ Agricultural Science and Research Centers
- Cooperative Extension Service District Offices
- Cooperative Extension Service Specialists Office
- ★ University Government Affairs
- NMSU Branch Colleges
- ✕ Admissions Office
- Santa Fe Ranch Demonstration Site
- NMSU Main Campus
- Apache Point Observatory
- ▼ CES/New Mexico Works Program



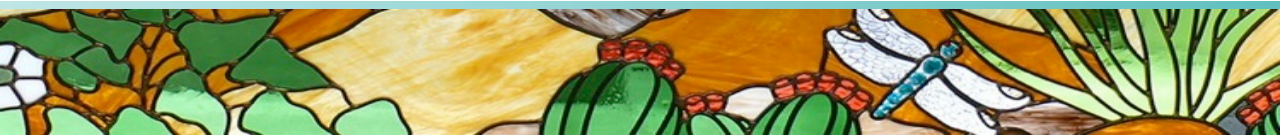
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New Health Workforce Members For Rural NM

- Health Extension Agents
- Community Health Workers
 - a) Social determinants their priority
 - b) Community is their base



Learning from Farmers!

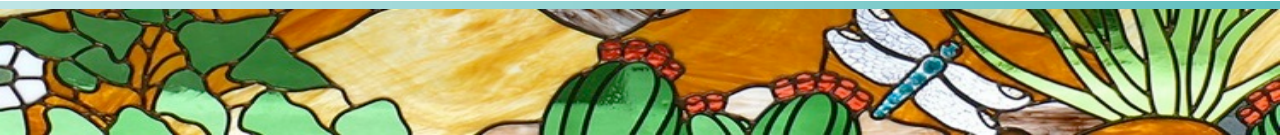


Establish Health Extension Rural Offices

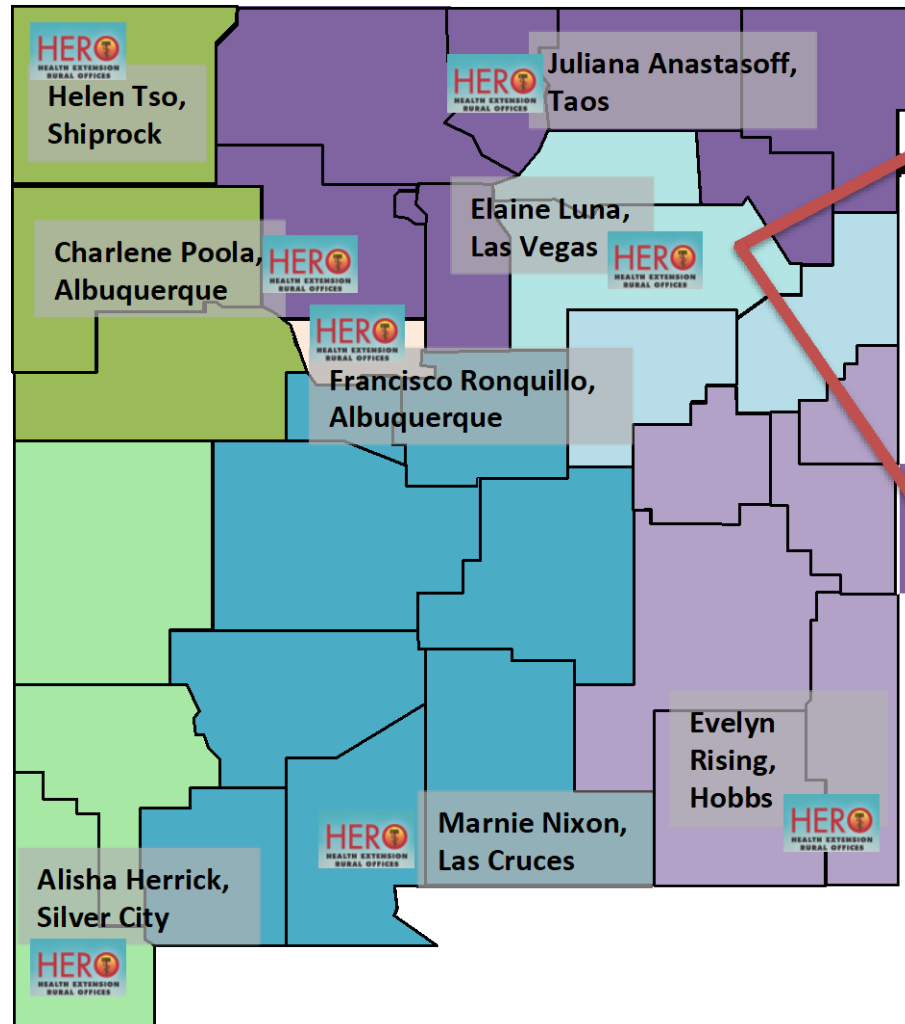


- Place full-time agents in rural communities across the state
- Link community health priorities with UNM resources
- Monitor effectiveness of university programs in addressing community health needs

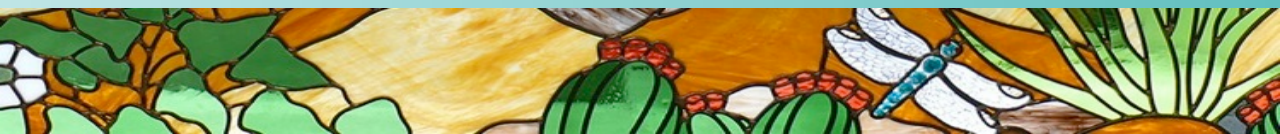
Kaufman, A, et al: Health Extension in New Mexico: An Academic Health Center and the Social Determinants of Disease. The Annals of Family Medicine, Jan. 2010, vol. 8 No. 1.



Map of HEROs and their regions

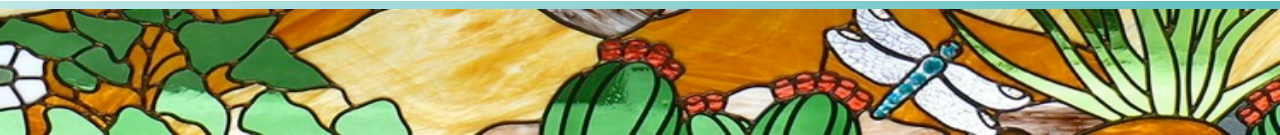


Components of HERO Hub



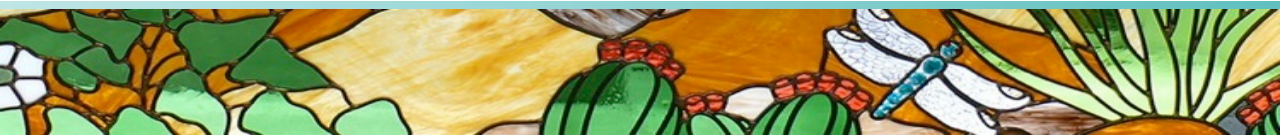
Urban Example of Coop Ext/Health Ext Collaboration

- Community Health Centers without resources for patient education
- Chronic Diseases Diabetes, Obesity, Hypertension in primary care
- Nutrition Classes HERO recruited Coop Ext. Agent to teach nutrition classes within primary care clinic

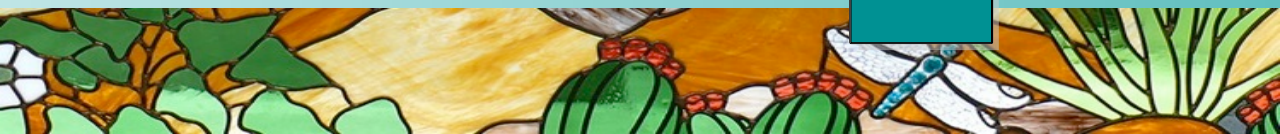
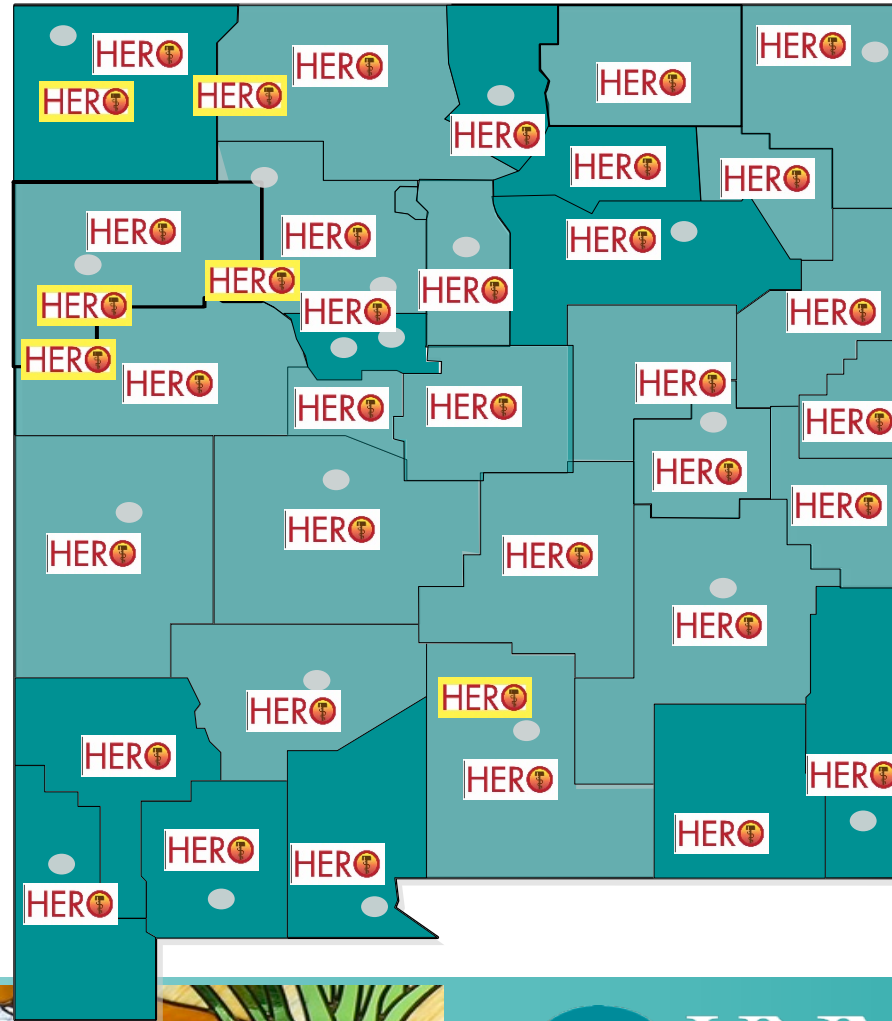


Rural Example of Coop Ext/Health Ext Collaboration

- High School Graduation: NM HS grad rate is one of lowest in country, especially Hispanic, Native American communities; Health sector among biggest employers
- Ethnic diversity: of health workforce not keeping pace with diversity of nation
- 4-H kids into Health Careers: UNM's pipeline programs working with NMSU's 4-H program

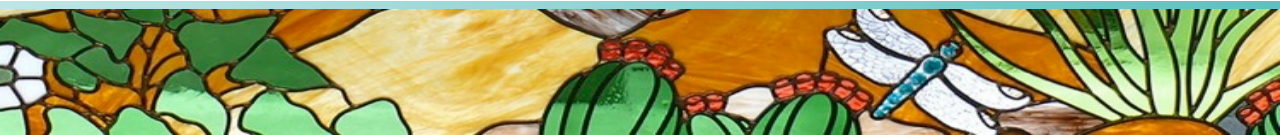


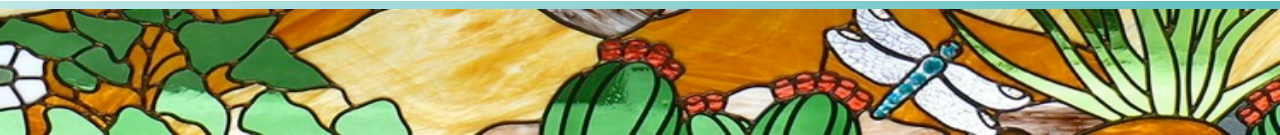
New State Funding—a HERO in every County and in 6 Tribal Communities



Lessons from Other Countries

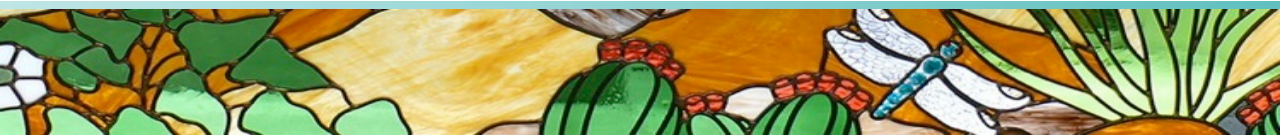
- Community Health Workers:
 - Kenya
 - Brazil





Rural Retention in New Mexico

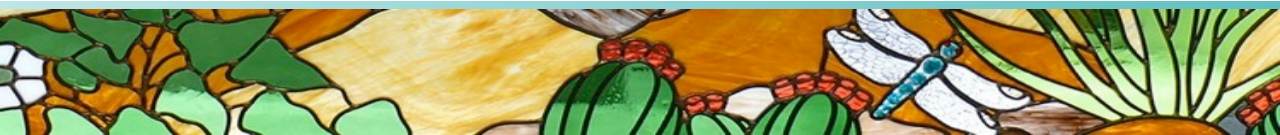
- Physicians – least
- Nurses – more
- Medical Assistants – much more
- Community Health Workers - most



4 in 5 Physicians Surveyed

- Patients social needs as important as medical conditions
- Not confident in their capacity to address social needs
- Unmet social needs leading to worse health for all, not just those with low income

Robt Wood Johnson Foundation



Social Determinants



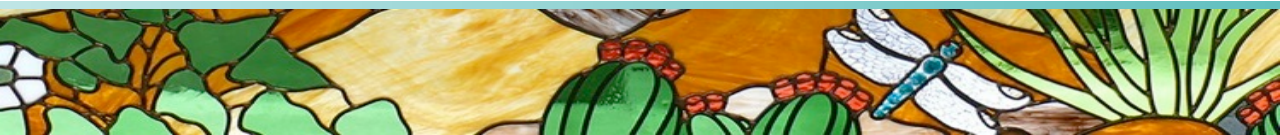
Name _____ Age _____

Address _____ Date _____

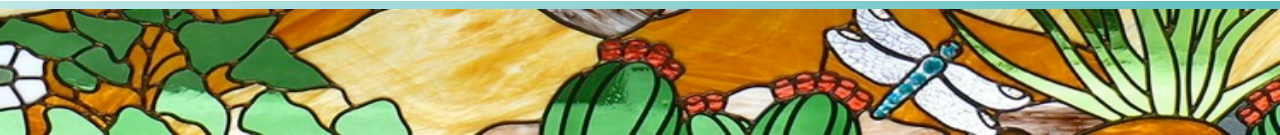
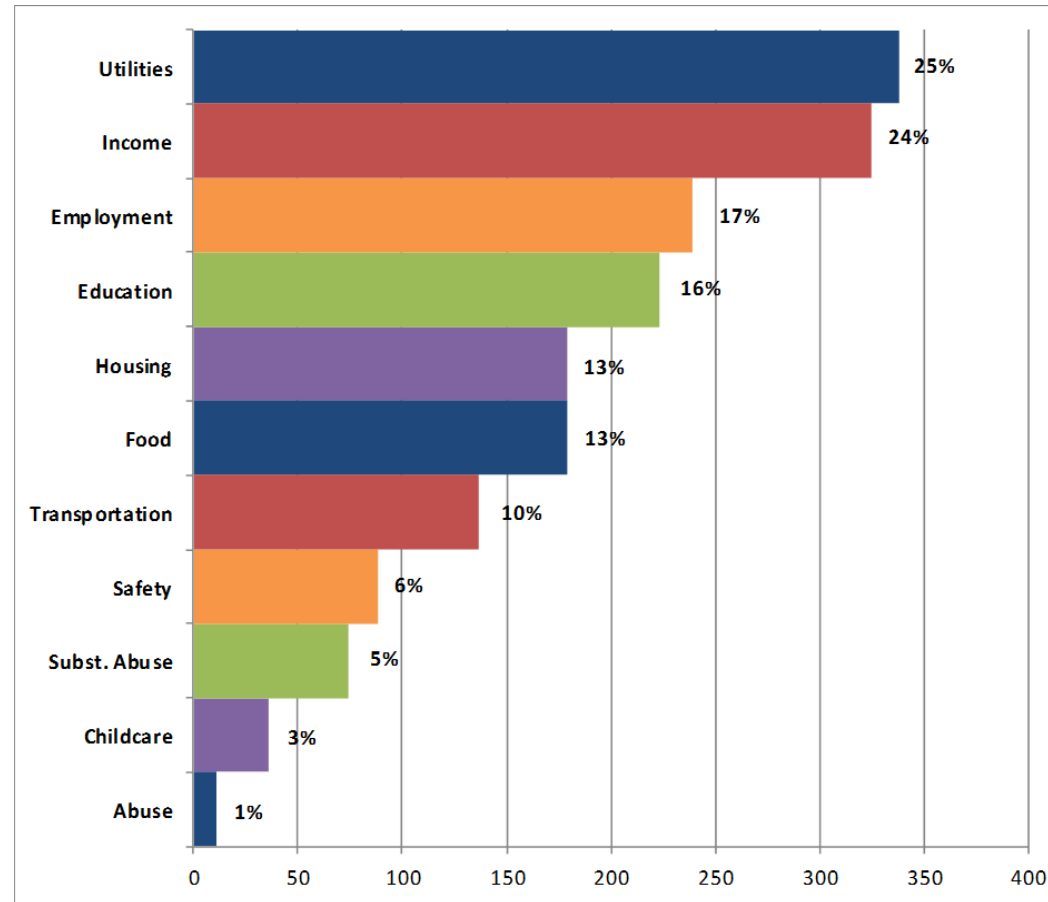
Referral to Community Health Worker for:

- | | |
|--|---|
| <input type="checkbox"/> Food Assistance | <input type="checkbox"/> Employment Assistance |
| <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> Education Assistance |
| <input type="checkbox"/> Utilities Assistance | <input type="checkbox"/> Substance Abuse Assistance |
| <input type="checkbox"/> Transportation Assistance | <input type="checkbox"/> Safety Assistance |
| <input type="checkbox"/> Daycare Assistance | <input type="checkbox"/> Domestic Violence Assistance |
| <input type="checkbox"/> Legal Assistance | <input type="checkbox"/> Other |

Provider Signature



Well Rx Survey Responses (N = 3,048)







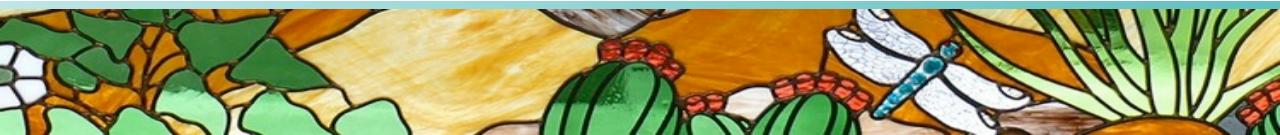
CHW, Gwen Blueeyes' Notes from Clinic Visit.

Concerns:

Actions: “took pt to ISD...got on food plan...paid stamps”

month’s rent, got her health insurance”

“Lack of income—fears losing car, being evicted from apartment.”



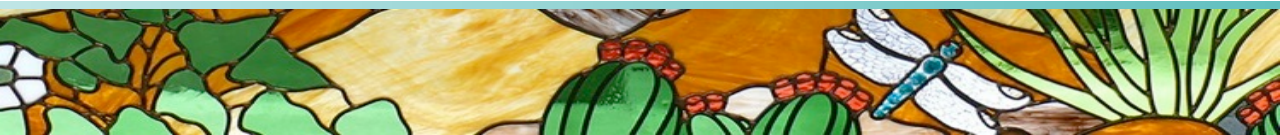
Outcomes of CHWs in Clinical Care

- Health insurers, hospitals, universities hiring CHWs to address Social Determinants
- CHWs help “manage” high users - ROI ~4:1
- Patient-Centered Medical Homes more cost-effective when CHWs included

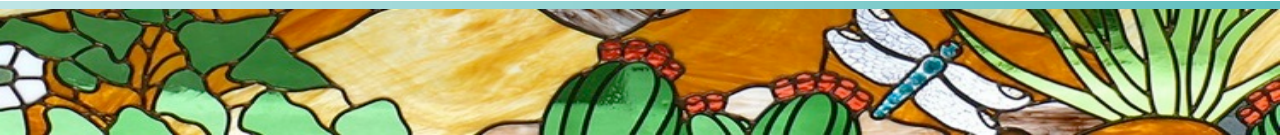
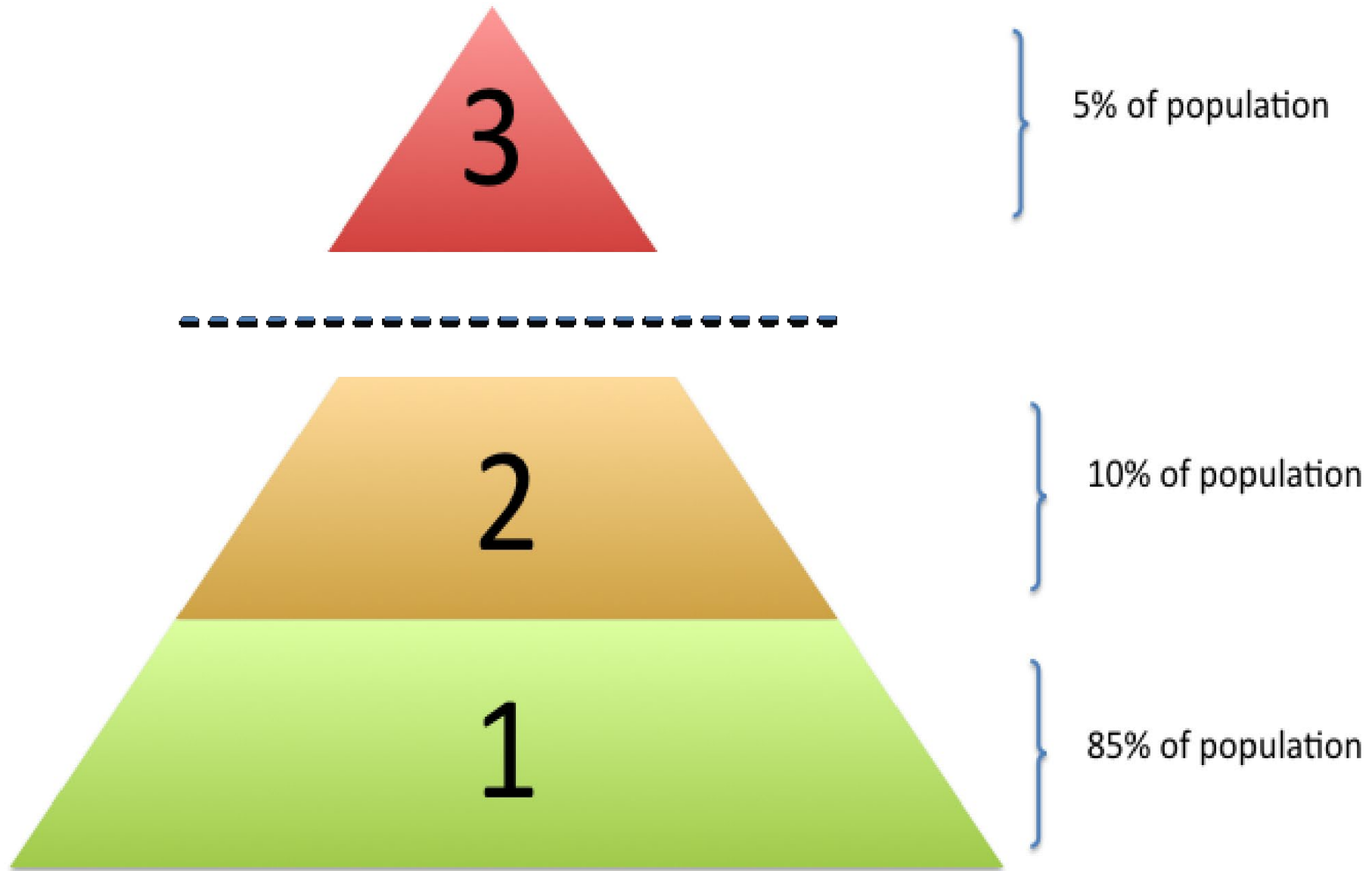
Johnson D, et al. Community Health Workers and Medicaid Managed Care in New Mexico. J Community Health. 28 Sept 2011.

Nkouaga C, et al. Diffusion of Community Health Workers Within Medicaid Managed Care: A Strategy to Address Social Determinants of Health. Health Affairs Blog. July 25, 2017.

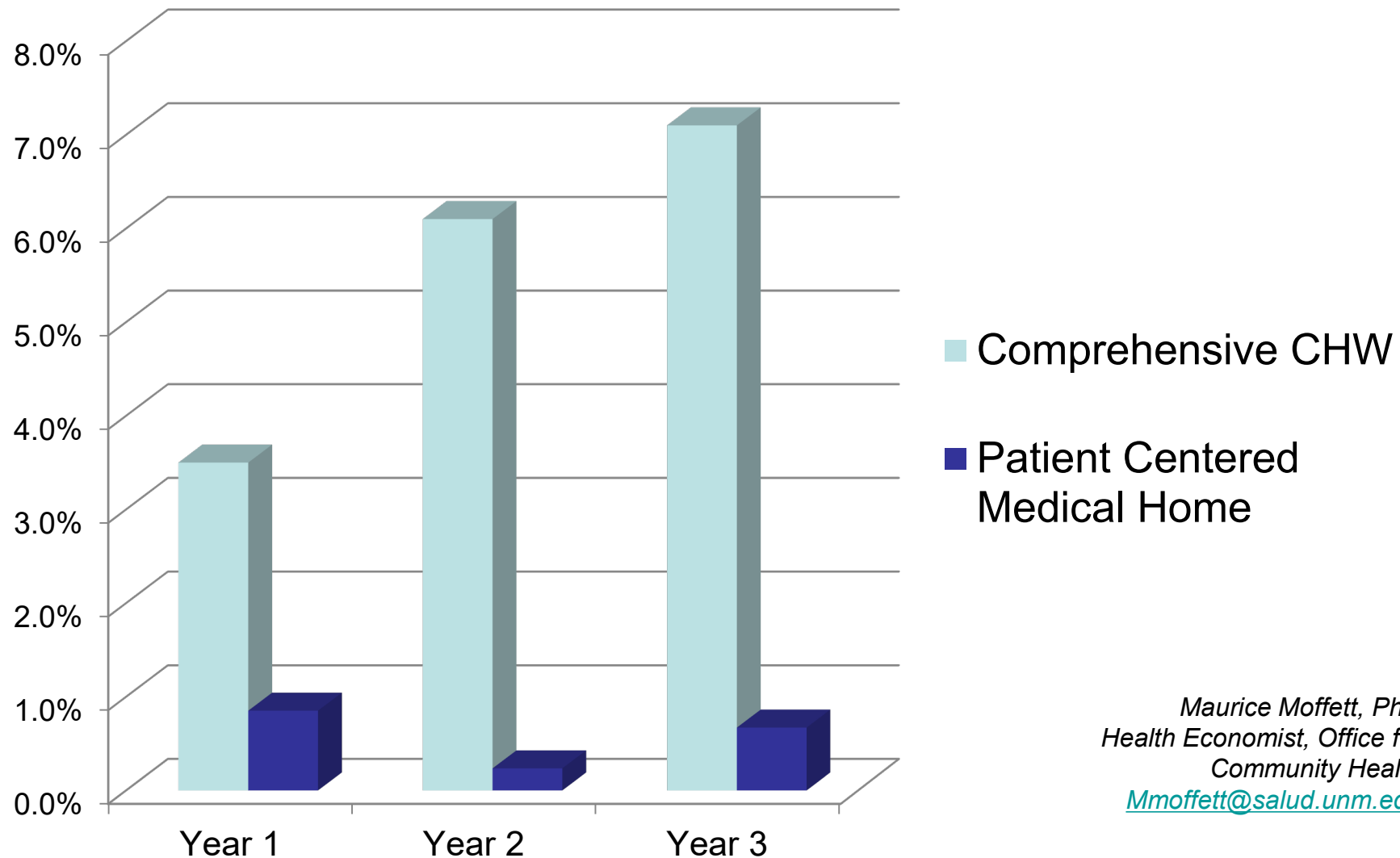
Moffett M, et al. Community Health Workers Bring Cost Savings to Patient-Centered Medical Homes. 2017 J Community Health DOI 10.1007/s10900-017-0403-y



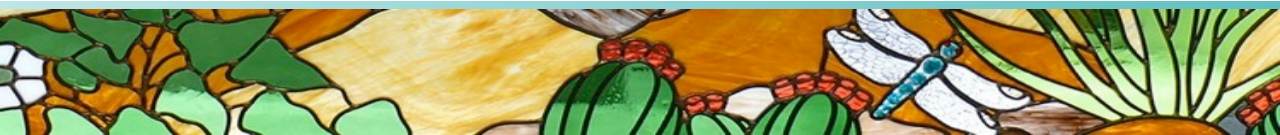
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Anticipated Cost Savings by Program

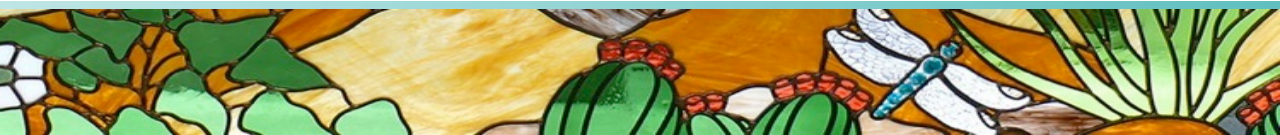
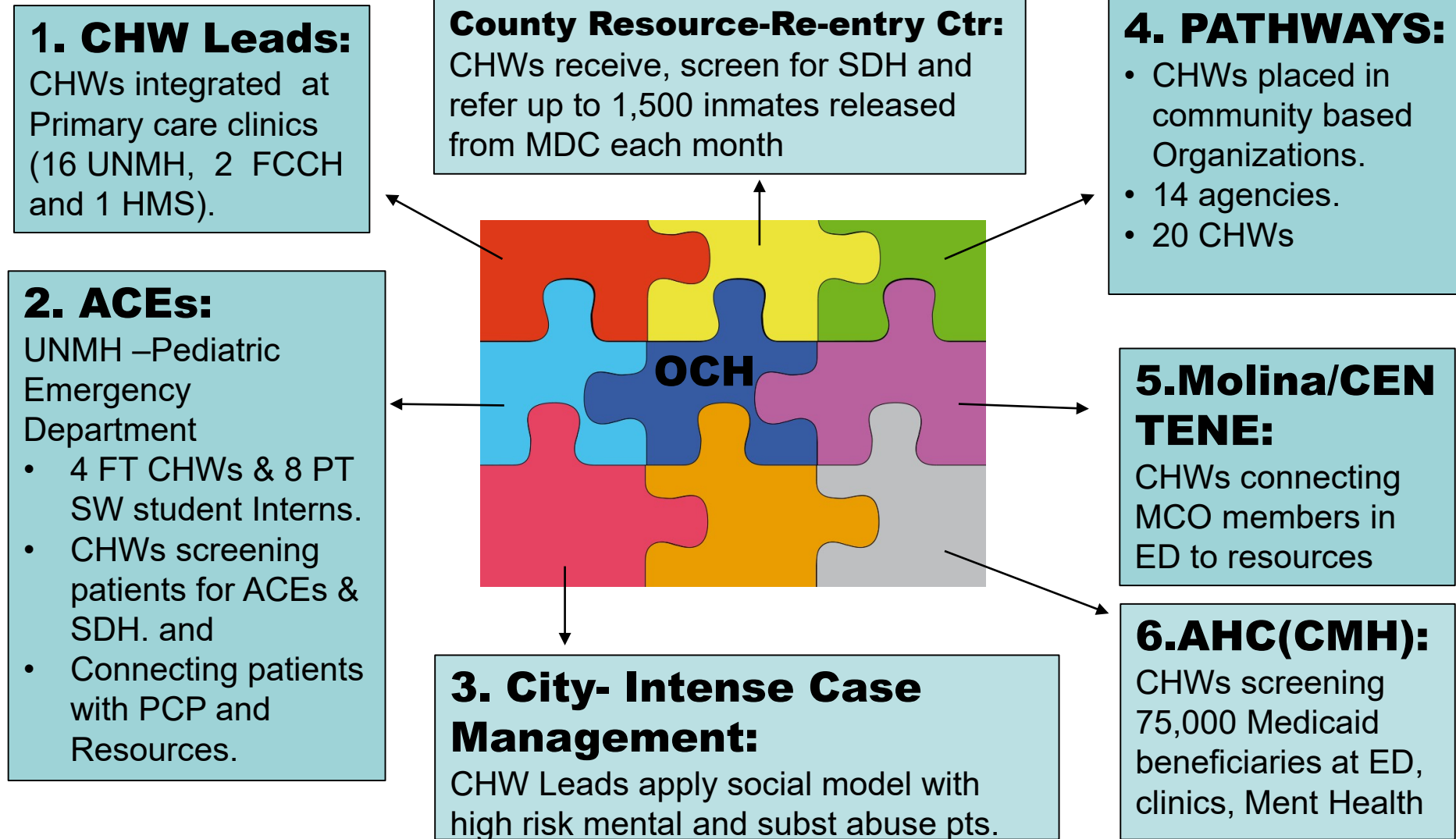


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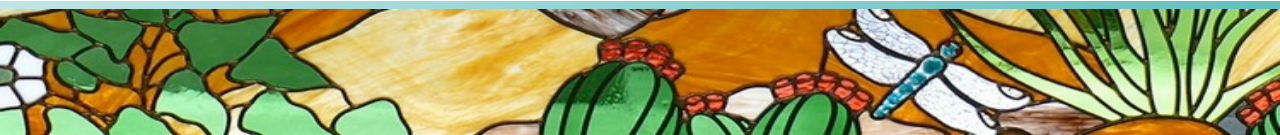
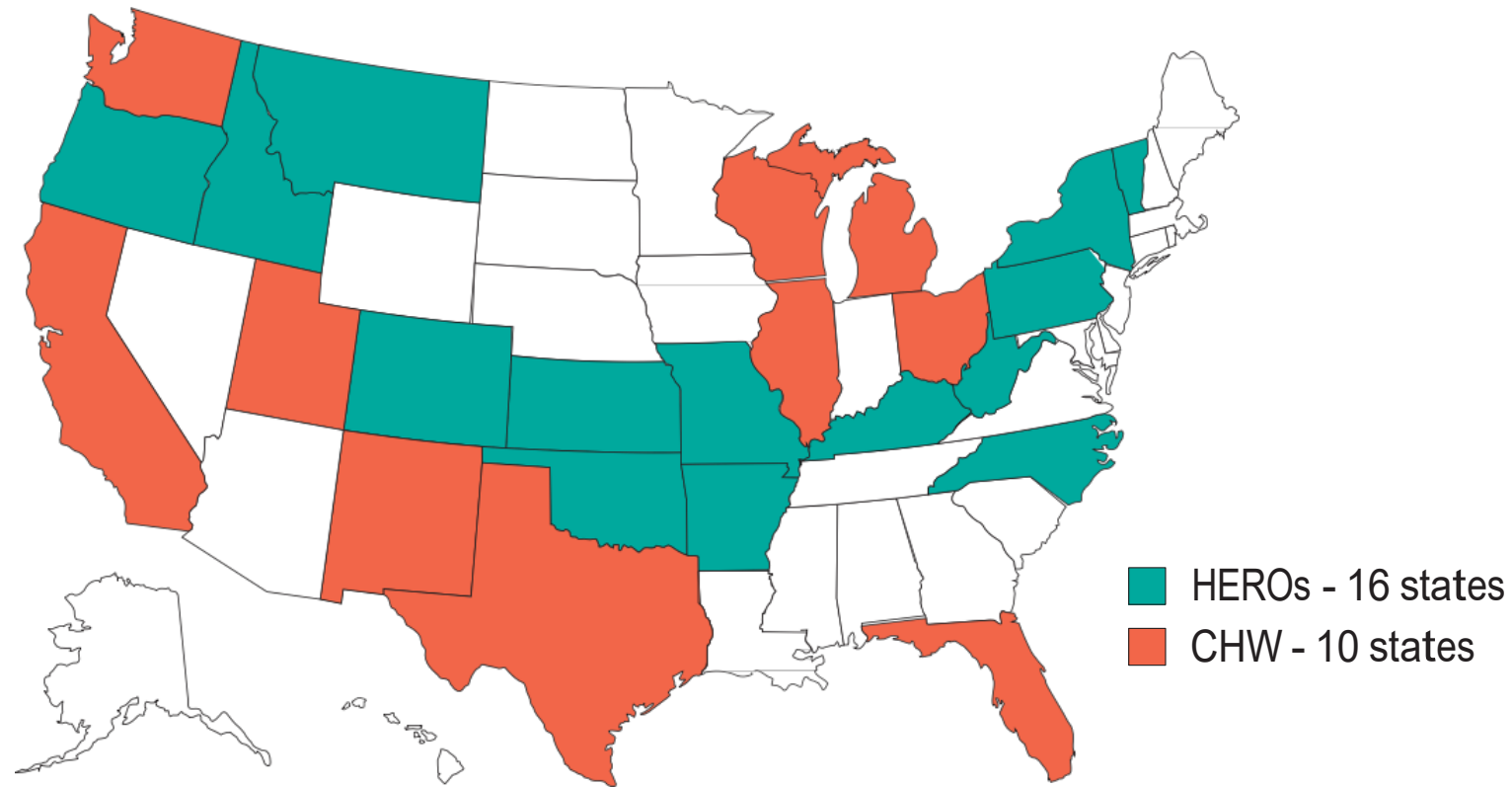


UNM HEALTH SCIENCES CENTER

OCH-COMMUNITY HEALTH WORKER INITIATIVES



States Developing Health Extension or Community Health Worker Programs



Community Health Worker Forum



DEPARTMENT OF
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Oklahoma State
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OKLAHOMA PUBLIC HEALTH ASSOCIATION