

A Community Health Worker Consortium Meeting Proceedings

Increasing American Hospital Association Members' Utilization of Community Health Workers on Clinical Care Teams



National
Urban League

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Changing Lives.*



INTRODUCTION

Community health workers (CHW) are community members who work in the community setting and serve as connectors between health care providers and consumers to promote health among groups that have traditionally been underserved. CHWs provide the necessary support and health education that is needed for individuals to successfully modify behaviors, increase engagement in their treatment plan development and increase the likelihood of improved health outcomes. Studies reveal that offerings of structured programs in a familiar environment serve to correct negative stereotypes about health care providers and stigmatism associated with seeking treatment. Furthermore, they are cost efficient and beneficial to health care consumers. Every dollar invested in CHW programs saves many more in avoided emergency room visits, improved nutrition and food security, prevention of diseases, management of chronic illnesses and early treatment. However, despite the many positive contributions CHWs bring to delivering high quality care, they experience significant barriers to becoming integrated members of the clinical care team. A number of American Hospital Association (AHA) institutions have recognized the pivotal role CHWs can play within a collaborative care model and have made initial strides to expand their involvement in their hospitals.

With this context in mind, the AHA and the National Urban League (NUL) hosted November 2017 35 attendees at the Community Health Worker Consortium Meeting in Chicago, Illinois. Attendees represented academic, community-based and hospital/health system organizations in addition to federal and state agencies. Organized by Cynthia Washington (Interim President & CEO, Institute for Diversity and Health Equity - AHA), Jonathan McKinney (Executive Fellow – AHA), Nimaako Brown (Senior Director, Health & Wellness – NUL) and facilitated by Jeffrey Ring, PhD (Principal, Health Management Associates), the 1.5 day meeting covered three main topics: 1) how CHWs are defined, 2) CHW credentialing, and 3) funding sources and strategies for sustainability.

SETTING THE STAGE: THE OPENING SESSION

Cultivating an environment conducive for productive, engaging and intentional discussion was critical to the success of this meeting. Prior to the meeting, organizers sent a pre-survey to participants to measure their incoming knowledge on the three focus areas. Dr. Ring identified articles for pre-consortium materials as well as videos to support an emotional connection to the convening's purpose. During the first half day of the convening, Dr. Ring led participants in an in-depth review of the survey results, a discussion of the University of Pennsylvania 2017 Research Brief *Community Health Worker Support For Disadvantaged Patients With Multiple Chronic Diseases: A Randomized Clinical Trial*. Attendees also viewed a brief video that focused on the power of empathy in creating connections in clinical spaces. At the end of the first half-day session, attendees were well acquainted, discussed in detail **five key CHW approaches** (see below) and had established an emotional connection to the convening's purpose.

FIVE KEY CHW APPROACHES:

1. Active Listening
2. Health Literacy
3. Shared Decision-making
4. Wellness and Self-care
5. Empathic Connection

DISCUSSIONS

The second day of the CHW Consortium began with Dr. Ring expertly weaving the prior day's discussions into a thought provoking conversation of a Politico Article titled "New York borrows a health care idea from Africa" that was shared in the Welcome Packet. The article's subtitle was "When it comes to stretching resources, America has some things to learn" and it chronicled a CHW and her impact on her clients in NYC. Afterwards, a short review of the five key CHW approaches led to the start of the day's main topics. For each of the three topic areas we intended to focus our discussions for the day, we wanted to shine a light on our audience expertise. As a result, we began each discussion with brief presentations from our subject matter experts (SMEs). In advance of the consortium, organizers provided SMEs with presentation templates to ensure information would be delivered concisely and as uniformly as possible.

Defining Community Health Workers	
Universal Definition of CHWs	Leticia Boughton-Price
Role of CHWs	Venus Gines
Value of CHWs	Julia Delgado
Credentialing of Community Health Workers	
Process & Requirements of Certification	Lyndon Pryor
Qualification of Certification	Cynthia Williams
Certification Challenges	Dawnavan Davis, PhD
Funding Sources & Strategies for Sustainability	
Exploration of Funding Sources	Laura Vail and Mildred Hunter
Funding Sources for Sustainability	Scott Tornek

KEY FINDINGS

DEFINING COMMUNITY HEALTH WORKERS:

The American Public Health Association (APHA) CHW definition is acceptable, fully defines the broad CHW position and should be widely adopted and promoted. By using the APHA definition as a foundation, specific CHW roles and responsibilities can be cultivated to meet community needs. CHW training entities, CHWs and medical education institutions are recommended to support other clinical and social supporting staff in better understanding CHW roles to decrease defensiveness. This can be accomplished via regular in-service trainings led by CHW trainers and CHWs in addition to incorporating CHW-medical student collaborative work in medical training institutions.

COMMUNITY HEALTH WORKER CREDENTIALING:

For CHWs working in clinical institutions, some type of training validation is required to maximize acceptance and support billing/accounting purposes. While both the pros and cons of CHW credentialing were discussed, the group agreed that core competencies for all levels of training should be streamlined and recommended the development of a process to approve curriculum using previously identified core competencies. Additionally, establishing national core competencies and training curriculum could allow for levels of credentialing as part of a national strategy to develop a credentialing program (similar to Southern Illinois College). Utilizing a train-the-trainer model for credentialing and developing trainer accreditation is another possible method for streamlining CHW training and credentialing.

FUNDING SOURCES AND STRATEGIES FOR SUSTAINABILITY:

A key discussion point during the meeting was how to leverage hospital operations' budgets to support existing CHW programs. The hospital and health system representatives shared that this tactic is often the more efficient method to employ CHWs when other hospital protocols or systems have yet to be developed to support CHW hiring. Additionally, hiring CHWs as contract employees vs. hospital employees was shared as a strategy for efficiently integrating CHWs into clinical settings. Lastly, breaking down barriers to hiring (i.e. hospital requiring bank accounts, online only applications, etc.) was reviewed as being critical to ensuring a non-discriminatory and widely accessible application processes.

Policy and legislative action to sustain CHW programs, both in and out of hospital organizations, was discussed as a necessary step in securing long-term support for CHWs. This includes engaging with identified legislative champions at the federal, state and local levels as well as using data, ROI, etc. to tell the story to legislators who may be unfamiliar with the benefits of CHWs. It was recommended to leverage existing CHW legislation language (i.e. Texas) to support new policies and funding allocations as well as partnering with national organizations (i.e. FEMA, Institute of Medicine, My Brother's Keeper) to amplify the message.

Lastly, engaging CHW clients in policy action activities and developing proposal applications was shared as a best practice for creating a well-rounded approach. Utilizing social media campaigns (i.e. "Where's my CHW?") with outcomes and ROI infographics in addition to publishing more outcome studies about CHWs was recommended for amplifying the message about the benefits of CHWs.

DESIGNING A SUSTAINABLE CHW PROGRAM IN A CLINICAL SETTING

Following our three-part discussion and a break, we engaged in an incredibly interactive activity that gave each attendee the opportunity to create their own sustainable CHW program. Dr. Ring asked participants to envision their CHW program as a vehicle and to consider the following:

- What does it look like?
- What condition?
- Who is driving?
- Who are the passengers and what are they doing?
- What else is on the road and is the vehicle facing any obstacles?
- What in the surrounding landscape might affect progress?

Afterwards, participants drew their CHW Program vehicles on large sheets of paper and Dr. Ring once again led everyone in a thoughtful and intentional discussion that revealed CHW program values, stakeholders, funding priorities and integration processes.

CLOSING

The CHW Consortium concluded with discerning action steps that were developed in small groups as the final convening activity. Jonathan McKinney and Nimaako Brown shared that a strategic advisory group would be created to support ongoing work to develop a compendium of resources to promote to the integration of CHWs on clinical care teams.

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