Community Health Workers

• Who are Community Health Workers?
• Why have CHWs been identified as key members of innovative teams implementing the Healthy Hearts California initiatives?
The community we live in can have a >10 year impact on our life expectancy.
Disparities in the social determinants of health have to be addressed by change in all aspects of our lives.
Affordable Care Act
Triple Aim

• Improving Access to care
• Improving Outcomes
• Lowering Costs
California State Health Care Innovation Plan

The California Innovation Plan includes four initiatives and six building blocks, which are collectively designed to achieve savings within three years, as well as to catalyze longer term transformations of the health care delivery system. The Innovation Plan brings together leadership from California’s public and private sector to work together to implement these initiatives and building blocks.

The Innovation Plan has three overarching goals designed to advance the Triple Aim:

1. Reduce health care expenditures regionally and statewide.
2. Increase value-based contracts that reward performance and reduce pure fee-for-service reimbursement.
3. Demonstrate significant progress on the Let’s Get Healthy California dashboard.

TRIPLE AIM

Lower Costs  Better Health Care  Better Health

Let’s Get Healthy California (LGHC) is the foundation for the Innovation Plan.

LGHC identifies six goals to achieve health and create health equity:
Healthy Beginnings, Living Well, End of Life, Redesigning the Health System, Creating Healthy Communities, and Lowering the Cost of Care.

INITIATIVES

MATERNITY CARE

C-sections are more costly than vaginal delivery and can lead to medical and maternal outcomes. C-sections have increased from 22% to 33% from 1980-2007. Reduce elective early deliveries. Reduce C-sections, increase vaginal birth after delivery.

HEALTH HOMES FOR COMPLEX PATIENTS (HHCP)

14 million CA adults have 1 or more chronic conditions. 35% of CA population account for 50% of health care expenditures. HHCP model provides care and support to hospital patients with higher coordinated care.

PALLIATIVE CARE

70% of CA adults report need for care in their homes only 36% have.

ACCOUNTABLE CARE COMMUNITIES (ACC)

60% of health care costs are due to chronic diseases, which are highly preventable, and in which significant racial and ethnic disparities exist. ACCs will prove the health of the entire community by linking community prevention activities with health care.

BUILDING BLOCKS

WORKFORCE

Workforce less than 25% off the ages needed for primary care. More training needed for workforce. Balance training opportunities for key healthcare professionals.

HEALTH INFORMATION TECHNOLOGY & EXCHANGE

Health IT and exchanges are transforming health care. Integration and efficiency improve quality and accountability. Adoption of health IT continues to increase, but uneven across the state.

ENABLING AUTHORITIES

There are no national rules and regulations. Implementation of meaningful use and other building blocks.

ACCOUNTABILITY

The California Partnership for Health Care Innovation and Building Blocks of the Innovation Plan is led by five key partners:

California Department of Health Care Services
California Department of Managed Health Care
California Department of Mental Health
California Office of the Patient Advocate
California Office of the Medical Assistance Program (CalMTP)

KEY PARTNERS

California Partnership for Health Care Innovation
California Department of Health Care Services
California Department of Managed Health Care
California Department of Mental Health
California Office of the Patient Advocate
California Office of the Medical Assistance Program (CalMTP)

Payment Reform Innovation Initiatives

Continuous innovations are needed to achieve the goals of the Innovation Plan.

Road open  No Detour

Public Reporting

Greater public reporting is needed to achieve transparency and accountability. This is the intent of the Innovation Plan.

Cost and Quality Reporting System

Lack of a central reporting system makes it difficult to track cost and quality of care.

Pay for Performance

A comprehensive reporting system that tracks performance needs to be implemented.

Accountability

The California Partnership for Health Care Innovation and Building Blocks of the Innovation Plan is led by five key partners:

California Department of Health Care Services
California Department of Managed Health Care
California Department of Mental Health
California Office of the Patient Advocate
California Office of the Medical Assistance Program (CalMTP)
CalSIM CHW Advisory Report
Barbara Masters   May 2015   44pgs

Report to the California Health and Human Services Agency
Secretary, Diana S. Dooley

Advancing Community Health Workers to Improve Health Outcomes and
Reduce Costs

Recommendations for the California State Health Care Innovation Plan

from The California State Healthcare Innovation Plan CHW Workforce Work
Group

Lupe Alonzo - Diaz, Deputy Director, Office of Statewide Health Planning and
Development, Co-Chair Kevin Barnett, California Health Workforce Alliance

http://www.chhs.ca.gov/InnovationPlan/CHW%20Work%20Group%20report%20FINAL.pdf
“The Innovation Plan provides California a meaningful opportunity to develop a range of approaches that fit the state’s health care dynamics and markets, as well as its long history with CHWs, to enhance, extend and sustain CHWs as a critical component of improving health of California’s diverse populations.”
Healthy Heart
Path to wellness...
Community Health Worker
CHW Job Titles
http://www.cachw.org/chw-job-titles/

- Community Health Worker
- Promotora (de Salud)
- Outreach Worker
- Community Organizer
- Patient Navigator
- Health Educator
- Peer Support Specialist
- Health Coach
- Doula
- Street Outreach Worker
- Many others… (>180)
Discussion kit
Who is a Community Health Worker?

- Peer Recognition
- Community Recognition
- State/National Recognition
- Employer Recognition

Attributes | Life
---|---
Education | Work

Passion

Diversity is our UNITY

Contact: Carol West
carolwestchw@gmail.com
(707)481-7965
http://www.cachw.org/
Passion

Why do we want to do this work? (Important selection criteria)

• Deep relationship of trust
• Unwavering commitment to serving our community
• Tenacious motivation to see things through
• Personal connection through shared experience
• Advocate for self, family, neighbors and friends
• Lived experience creates a desire to “pay it forward”
• Deep personal commitment to being an agent of change
• Driven to see equity and social justice in our communities
Attributes/Qualities

• Cultural and linguistic competency
• Trusted member of the community
• Compassionate
• Empathic
• Non-judgmental
• Collaborative
• Tenacious
• Courageous
• Friendly outgoing
• Mature
• Dependable
• Persistent
• Resourceful

“of all qualities, a close connection to the community served is seen as the most critical quality for a CHW to possess” (The C3 Project)
Culture, Language and Health Literacy
http://www.hrsa.gov/culturalcompetence/index.html

• Effective health communication is as important to health care as clinical skill

• To improve individual health and build healthy communities, health care providers need to recognize and address the unique culture, language and health literacy of diverse consumers and communities

• (Code Shifting- work; home; friends; clinic team meeting )
Code Shifting
“If you talk to a man in a language he understands, that goes to his head. If you talk to him in his language, that goes to his heart.” Nelson Mandela

http://www.brainyquote.com/quotes/quotes/n/nelsonmand121685.html
Life Experience

• Chronic condition patient expert (Family member)
  – Heart Health
  – Diabetes
  – Asthma
  – Cancer (Patient Navigator)
  – HIV

• Peer
  – Mental/Behavioral Health
  – Addiction-Drug and alcohol
  – Incarceration
  – Teen parent
  – Homelessness
  – Immigration

• Community Organizing
• Advocacy
• Policy change
Work Experience (Paid or unpaid)

- Roles
- Diversity of job titles (>184 http://www.cachw.org/chw-job-titles/)
- Practical application of skills
- On the job training (OJT)
- Apprentice model (Earn as you learn)
- Knowledge of community resources
- Network of service providers
Upstream Interventions

https://letsgethealthy.ca.gov/sdoh/
Education

- High School Health Pipeline Programs
  - Valley High Health Tech
- Community Based Organizations
  - Adelante Promotores Academy (Chula Visa Collaborative)
  - Vision y Compromiso
  - Esperanza Housing
  - Latino Health Access
  - Center for Well-Being
- Community College
  - City College of San Francisco (22 units)
  - Santa Rosa Junior College (22 units)
  - Berkley City College
  - Mission College
  - San Diego City College
  - Fresno City College
  - Sacramento City College (In development)
- Employer-On the Job Training (OJT)
- Apprentice Model (earn as you learn)
FOUNDATIONS for COMMUNITY HEALTH WORKERS
Tim Berthold, Editor
Second Edition

JOSSEY-BASS  A Wiley Brand
CHW Core Consensus Project (C3)  
(Progress Report 5.1.2016) (43 pgs)

- Understanding Scope and Competencies: A Contemporary Look at the United States Community Health Worker Field

- Building National Consensus on CHW Core Roles, Skills and qualities

- info@C3project.org
Core Skills

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
Roles

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
Stackable Credentials/ Specialty Training

- Heart Health
- Asthma
- Cancer
- Diabetes
- Nutrition
- HIV
- Addiction
- Housing
- Pregnancy and Parenting
- Health Insurance
- Many others (c/f 184 job titles)
OSHPD Career Pathways

Jeff Oxendine

Community Health Worker (CHW)/Promotores Workforce System Pathway
Healthy Hearts CALIFORNIA

American Heart Association
Life is why

AMA American Medical Association

TARGET: BP™
Motivating Millions to Lower Blood Pressure
Million Hearts®
Begin with You

Working Together to Prevent
One Million Heart Attacks and Strokes

1 of every 3
deaths is caused by
heart disease and stroke

Health care costs for heart attack
and stroke: $312.6 BILLION

Leading cause of PREVENTABLE
DEATH in people 40–65
years of age

2 MILLION+
heart attacks and strokes each year

To prevent 1 million heart attacks and strokes, health care professionals and public health workers should do what we know works:

FOCUS ON THE ABCS
A - Aspirin when appropriate
B - Blood pressure control
C - Cholesterol management
S - Smoking cessation

USE HEALTH IT
electronic health records and other health IT to identify patients who need support to improve their ABCS and then track their progress over time.

USE TEAM-BASED CARE
Use clinical innovations, including:
• Use everyone who interacts with patients to the top of their skills and license
• Self-measured blood pressure monitoring with clinical support
• Reward and recognize excellence in the ABCS

By doing what we know works, health care professionals, health care systems, and public health organizations can help prevent 1,000,000 heart attacks and strokes and meet these goals by 2017:

47% to 70% increase in aspirin use for secondary prevention
46% to 70% increase in blood pressure control
33% to 70% increase in cholesterol management
23% to 70% increase in help for those who want to quit smoking
20% reduction in sodium consumption
50% reduction in trans fat consumption

* For more information on effectiveness of team-based care, visit:
www.thecommunityguide.org/cvd/teambasedcare.html
www.cdc.gov/media/dpk/2013/dpk_13_in_2013.html
www.millionhearts.hhs.gov
Key Components of Million Hearts™

Excelling in the ABCS
Optimizing care

- Prioritizing the ABCS
- Health tools and technology
- Innovations in Care Delivery

Keeping Us Healthy
Changing the context

- No smoking
- Reduced sodium
- No trans fats
Start to Finish: Your Toolkit to Plan and Run a Heart Health Program

The toolkit is divided into the following sections:

Overview
1 Plan Your Program
2 Run Your Program
3 Sustain Your Work
4 Get Help and Support

(12 sessions multicultural Curriculum)
Social Determinants of Health

https://letsgethealthy.ca.gov/sdoh/
Breaking the cycle of Poverty

• The best CHW are from the communities we serve and have the same SDOH as those we serve.
• Our life challenges reframed are expertise to help others
• If we are serious about impacting issues of poverty and social determinants health
• New CHW programs need to budget to pay CHWs a living wage
“If wealth was the inevitable result of hard work and enterprise, every woman in Africa would be a millionaire.”

— George Monbiot

The Self-Attribution Fallacy
Sustainability

• CHW have been identified as growing innovative workforce that helps to increase access to care, improve outcomes and reduces costs

• Savings to the system recovered by the work of Community Health Workers need to be reinvested in CHW workforce development
Questions?

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