APHN Public Health Policy Committee

Recommendations for Improving Community Health Worker and Public Health Nurse Collaboration
APHN 2016-2017 Public Health Policy Committee Members

- Jennifer Cooper (MD)
- Mallory Bejster (IL)
- Marni Kuyl (OR)
- Phyllis Rocco (NC)
- Judi Policicchio (MI)
- Linda Worman (AK)
Overview

Background

- Community health workers (CHW), then and now
- Key findings from the literature

Evidence based practice

- Nurse/CHW collaboration
- Stories from the field
- Recommendations
Background

CHW NOW AND THEN
HW History: “The Community Health Aide”

- Health Hostess
- Informed Interpreter
- Cooperative Relationships

Potts and Miller, 1964
CHWs in the Present

- National estimate: 48,130 CHWs in the workforce \(^1\)
- Employed in a variety of settings\(^2\)
  - Local government agencies
  - Community organizations
  - Outpatient centers
  - Primary care
  - Public health

\(^1\)Bureau of Labor Statistics (2015)
\(^2\)Hostetter & Klein (2015)
## Community Health Worker - Liability Potential

- Rowthorn, Plum, and Zervos (2016) conducted a qualitative review of the legal and regulatory barriers associated with implementing “reverse innovation” in the United States. This included tort liability, regulatory and administrative barriers.

- Minore, Jacklin, Boone and Cromarty (2009) performed a review of qualitative studies indigenous health care workers in Canada’s First Nation communities and found complaints of “conflicting and sometimes unrealistic expectations” and concerns about liability and accountability.

- Mishik and Ferry (1992) reviewed the composition of child abuse review teams in four branches of the US Armed Services identifying a need for the right mix of experience and skills on the team to avoid being implicated in child abuse charges themselves.

- Bradford (n.d.) reviewed medication administration in domiciliary care settings and found the skills and knowledge of lay health workers was insufficient to assume responsibility for the general task.
Key Findings from the Literature
COMMUNITY HEALTH WORKERS defined...

AMERICAN PUBLIC HEALTH ASSOCIATION (2016)

- a frontline public health worker
- a trusted member of the community.
- serve as a liaison/link/intermediary between health/social services and the community
- facilitates access to services and
- improve the quality and cultural competence of service delivery.
- builds individual and community capacity by increasing health knowledge and self-sufficiency
- performs outreach, community education, informal counseling, social support and advocacy

UNITED STATES DEPARTMENT OF LABOR (2015)

- Assist individuals and communities to adopt healthy behaviors.
- Conducts outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health
- Provides information on available resources, provide social support and informal counseling,
- Advocate for individuals and community health needs, and
- Provides first aid and blood pressure screening.
- May collect data to help identify community health needs.
How Do States Define the CHW Role?

- 10 states: Utilize APA definition
- 30 states: Utilize some other type of definition
- 9 states & DC: Have no definition

(National Academy for State Health Policy [NASHP], n.d.)
CHW Core Census (C3) Project

- Network of key stakeholders
- Identified 10 core roles, 11 core skills and core qualities of the CHW role
  - Descriptive, not regulatory, in nature
  - Meant to reflect the most current roles of CHWs
  - Of all CHW qualities, inherent connection with the community served is key

(Rosenthal et al., 2016)
## C3 Project

### CORE CHW 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 Assessments
- Conducting Outreach
- Participating in Evaluation and Research

### CORE CHW SKILLS
- Communication Skills
- Interpersonal and Relationship-building Skills
- Service Coordination and Navigation Skills
- Capacity Building Skills
- Advocacy Skills
- Education and Facilitation Skills
- Individual and Community Assessment Skills
- Outreach Skills
- Professional Skills and Conduct
- Evaluation and Research Skills
- Knowledge Base

(Rosenthal et al., 2016)
State Level CHW Regulation/Oversight

- Varies greatly between states
- Most common entity to oversee CHW standards
  - Dept of Health or Dept of Public Health
- Other models
  - Dept of Health and Human Services (MN)
  - Board of Nursing (OH)

(ASTHO, 2016b; Snyder, 2016)
CHW Training Requirements

- Again, varies greatly by state
- Over half of states have no CHW training requirements
- Training may be state sponsored or may be provided by the employing organization
  - Varying requirements

(ASTHO, 2016b; NASHP, n.d.)
CHW Certification

- Minnesota
  - Only university-run statewide CHW certification program

- Texas
  - State-wide certification program
    - Only paid CHWs must achieve certification

- Ohio
  - CHWs can receive a “certificate to practice”

- Alaska
  - Dept of Labor setting up exam/training through Primary Care Association
    - Apprenticeship

- Massachusetts, New Mexico, and Texas have a board to recommend certification standards

(ASTHO 2016a; ASTHO, 2016b; Zahn et al., 2010)
CHW Supervision

- Only 4 states require CHWs to be supervised by a medical professional
- Lack of clear supervision/oversight standards can serve as a barrier of CHW effectively becoming part of a health care team
- Licensed health professionals, such as public health nurses, are well-suited to provide CHW supervision using professional management, supervisory, and delegation skills
- More research is needed on the most effective CHW supervision strategies

(ASTHO, 2016b; Hill et al., 2014; Minnesota Community Health Worker Alliance, 2016; Snyder, 2016; Toone & Burton, 2016)
Team-Based Model

- Community Preventive Task Force (2015)
  - Review of 31 studies related to interventions with a CHW component for HTN and high cholesterol
  - While many studies showed improvement, the largest improvement for individual’s blood pressure and cholesterol occurred when CHWs were part of a team-based model of care
Team-Based Model

- Tri-Council for Nursing (2017) Statement
  - Highlighted movement in healthcare to community-based models
  - Supported team-based community models of care that include RNs and incorporate CHWs using best practices
Nurse/CHW Collaboration
Why a Nursing and CHW Collaboration?

- Nursing offers a set of skills to assess the physical, spiritual and mental health of the client.\(^1\)

- Nursing offers a level of accountability to the CHW program without changing the CHW’s role or their purpose within the community.\(^2\)

- Nursing is present in the community – nearly half of all nurses work outside of the hospital setting.\(^3\)

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1 American Nurses Association, 2010
2 Budden, Zhong, Moulton, Cimiotti (2013)
3 Health Services Research Administration, 2010
Models of Nurse/CHW Partnerships

Public Health
- Public health departments
  - Potts (1964) – Farmworker Community

Community Health
- Health care providers, linked to a health care system and working in a local community
  - Esperat (2012) – Nurse Practitioner/CHW
  - Allen (2012) – Nurse Practitioner/CHW

Academia
- University programs developing and testing theory
  - Lorig – Stanford Chronic Care Model
Commonalities in Nurse/CHW Partnership

Esperat, 2012 and Allen, 2011; Potts (1964) and APHA (2016)

Commonalities:

- Focus on the social determinants of health
- Established a level of trust within the community
- Identified and removed barriers
- Provided a link to established systems of care
Diverse Communities

Diverse Needs

Creates Opportunity

Public Health Nurses:
- Assess community need
- Identify outcomes
- Plan community programs using community health workers to remove barriers created by culture, values, and traditions that are different from our own
- Implement programs using
  - Care coordination
  - Health education and promotion
  - Communications
  - Regulatory action
- Evaluate
- Publish

1 American Nurses Association, 2013
Success Stories of PHN & CHW Collaboration

COLORADO, ARKANSAS, VIRGINIA
PHN working with Promotoras to reach a Latino population in Denver, Colorado

Maria Kneusel
Who are Promotoras?

- Also known as *Promotoras de Salud* or *Community Health Workers* (CHW).

- Lay members of the Hispanic community, usually women, who receive specialized training from public health organizations or providers.

- Take an active role in improving the wellbeing of their community by educating others and by providing peer support, and companionship through illness.

- Serve as cultural brokers between community members and the health care system and often focus on helping individuals achieve improvements in self-efficacy.
Promotoras in Denver

- A grassroots organization that collaborates with local health care organizations to improve the health of Latinos in the Denver Metro area.
- Providing Promotora services to the Denver Latino community.
PHNs Help Support the Work of Promotoras by:

• Providing them with training on various health topics.
• Serving as a resource for questions they may encounter when offering education and peer support to community members.
• Conducting diagnostic and screening services or procedures during Promotora-led programs.
PHNs Leading Promotoras

PHNs can practice leadership in their work with Promotoras by:

- Recognizing that Promotoras are the experts on their own community, and acknowledging them as co-leaders.
- Making all interactions positive, encouraging, and empowering.
- Modeling compassionate care
- Being ethical and providing high quality services
- Advocating for their work (training and funding)
- Connecting them to existing educational opportunities (ex. CDC’s online CHW course)
- Paving paths to nursing careers
Keeping it Organic

- In this culture and era, it is easy to buy into the illusion that regulation always makes things better.
- Some things should be kept organic.
- Much of what Promotoras provide cannot be boxed and sold: friendship, companionship, understanding, empowerment, belonging, worth, connection, humanness.
Zenobia Harris

PHNs working with CHWs in Rural Arkansas
Key to the success of the initiative is the role of the community health workers (CHWs). These women, ages 35 to 55, know about the communities where they work because that’s where they live. They are based in the local health units and are supervised by public health nurses. Their core work is to contact and interest those who are at greatest risk for poor health or educational results, and then link them to the health professionals they need, as well as an array of local and state public service agencies.

-Zenobia Harris
Helped pregnant teens talk to parents about their unintended pregnancy. This included setting up access to prenatal care and family planning services once the baby was delivered.

Assured that children got timely immunizations and health screenings.

Helped patients get prescriptions filled for doctor-prescribed drugs, especially for chronic diseases such as hypertension and diabetes.

Helped gain ARKIDS coverage for community youth, overcoming common misconceptions that children were ineligible.

Helped individuals get Medicaid spend-down coverage if they had previous unpaid medical bills.

Provided assistance to the local health units by following up on missed appointments for immunizations, maternity services, family planning, etc., either by telephoning clients or making home visits.
STAR.Health Year 1 Results

- CHWs made 5,482 public contacts; 1,111 were personal and substantial, with 49% taking place in the clients’ homes.
- 30% contacts took place at various community sites.
- 21% contacts were at the county health unit.
- Purpose of most of these contacts: assess the needs of the client and provide referral assistance.
- Type of needs/assistance needed varied greatly.
PHN and CHW Collaboration
Institute for Public Health Innovation (IPHI)
& Resource Centers  Residential Housing District Richmond, VA
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
- 30+ CHW employees
- 40+ CHW jobs created
- Thousands enrolled in CHW services across our region
The Resource Centers in Richmond, VA:

Satellite health clinics located in renovated low-income housing communities that aim to REMOVE BARRIERS to health care services, including:

- Lack of knowledge, transportation and trust
- PROVIDE SERVICES that focus on health promotion & prevention
- CONNECT individuals to local medical homes
- INVEST in indigenous leaders who provide support to the community
Resource Center Space
Who are our Community Advocates?

Trained community leaders who understand the barriers of their own neighborhood and educate, motivate, and inspire other community members to make positive lifestyle choices, and inspire other community members to make positive lifestyle choices.
Shikita Taylor, Community Advocate

“I do what the community needs me to do. I make sure that residents have healthcare and insurance so that they can have access to their own physician. I call and make appointments for residents who are unable to do so for themselves. If they need jobs, I will find one on the bus line that would interest them. Whatever they need I try to make sure I get information for them.”
Community Advocate and PHN Relationship

1. Coordination and navigation to medical homes and resources that address social determinants of health

2. Improved professional development and overall self-sufficiency of CAs

3. Relational and physical connection for city resources into public housing developments
For more information on these models:

Colorado: Maria Kneusel
  ➢ kneuselm@duq.edu

Arkansas: Zenobia Harris
  ➢ zharris@prodigy.net

Virginia: Stephanie Toney
  ➢ Stephanie.Toney@vdh.virginia.gov
Nurses are the most trusted profession among consumers. However, nurses cannot be everywhere, everyday, connecting with everybody in a meaningful way.

CHWs are by definition, caring, action oriented individuals who live in the same environment and talk the same talk as those we need to reach to raise the level of health in our communities.

By endorsing a collaborative team based model between PHNs and CHWs we can extend our reach and help erase the health inequality that exists in our own communities.
Use of CHWs within communities should not be purely an economic decision, but should be based on evidence-based practice models.

PHNs, CHWs, and other stakeholders should together discuss the best way to integrate CHWs into community-based practice models. (Minnesota Community Health Worker Alliance, 2016; Snyder, 2016)

Use of PHN knowledge and experience related to care of populations/communities to work with and mentor CHWs.
Recommended APHN Position Statements on PHN/CHW Roles & Collaboration

- Greater standardization of CHW training, responsibilities and supervision in each state will help encourage community-based care models to include PHN and CHW collaboration.

- Communities should do an assessment to determine the role, training, supervision, participation and outcomes of CHWs in their respective communities (Association of State and Territorial Health Officials, 2016).

- The CHW can most effectively contribute to population health outcomes when part of team model that includes PHN (Community Services Task Force, 2015. The Tri-council for Nursing 2017).
“Today, we are faced with two choices...

... We can continue—each agency and each profession defensively on our separate ways, leaving gaps, overlaps, and confusion in our wake or we can learn to use our special skills in inventive and creative ways more in keeping with the needs and demands of the people we serve.”

-Blum, Wahl, Lemon, Jorlin & Kent, 1968