



Integrating Community Health Workers in the Health Care Team

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What is a Community Health Worker?

“Community Health Workers (CHWs) are trusted, knowledgeable frontline health personnel who typically come from the communities they serve. CHWs bridge cultural and linguistic barriers, expand access to coverage and care, and improve health outcomes.

As critical links between their communities and the health care system, CHWs reduce health disparities; boost health care quality, cultural competence and affordability; and empower individuals and communities for better health”

-As defined by the American Public Health Association



What Does a CHW Do?

- Cultivate strong relationships with patients
- Deliver culturally and linguistically competent health education
- Address patient's basic needs and social determinants of health
- Deliver evidence-based, face-to-face services in patient's homes or in a community or clinical setting
- CHWs are typically from the communities they serve and can help clinical teams bridge communication and cultural gaps
- Teaches evidence-based group classes such as Diabetes Self-Management, I Can Prevent Diabetes, Living Well with Chronic Conditions, Strong Fast Fit

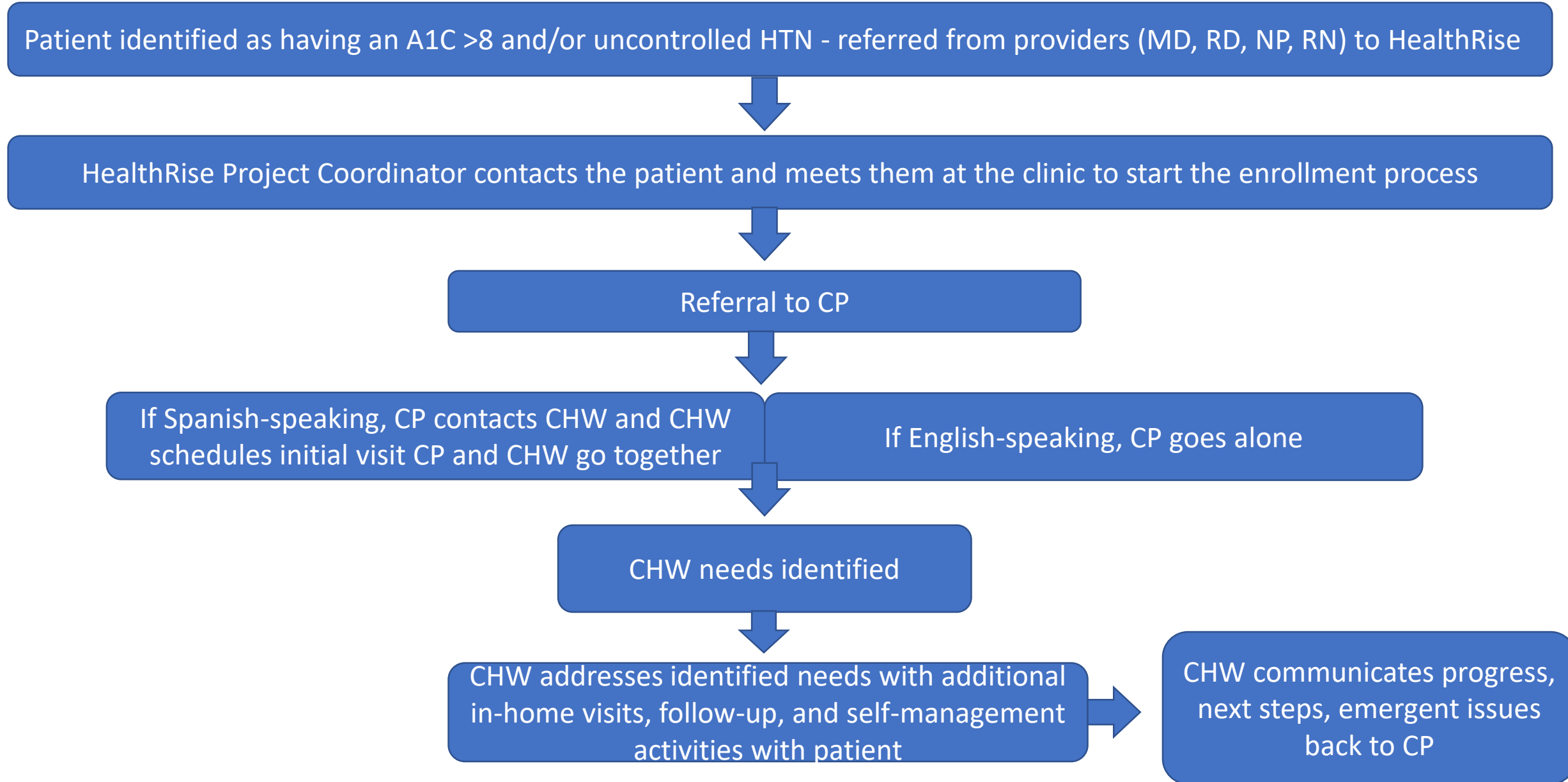


CHW – CP Partnership at Regions EMS for HealthRise

- Regions Hospital Foundation was awarded a HealthRise grant from the Medtronic Foundation to partner with West Side Community Health Services and St. Paul Fire
- Provide services in English and Spanish to patients from La Clinica and East Side Family Clinic
- Patient eligibility: A1C >8 and/or uncontrolled hypertension
- Primary contact location: patient's home
- Secondary contact location: clinic (before or after a scheduled appt) and/or another community location familiar to the patient
- Weekly/bi-weekly in-home visits
- CPs provide hands-on patient care, medication assessments and management, vitals, EKGs, physical exams, blood samples



HealthRise Work Flow



CHW Role with Diabetes Patients

- Enforce CP/Clinical messaging
- Assist patients with ongoing learning about how food choices impact BGLs
- Help to address food insecurity issues
- Connect patients to Diabetes Self-Management classes
- Assist patient with self-management skills around daily BGL testing as directed by their care team
- Identify and address social determinants of health and connect patients to resources
- Use motivational interviewing to address willingness to change, goals, and progress on a regular basis



HealthRise Team Communication

- CHW's primary contact is the CP assigned to the patient
- CP communicates directly with the patient's clinical care team
- If Spanish-speaking, CP will communicate through the CHW
- CP and CHW attend in-home visits together eliminating the need for interpreter services and maximizing the opportunities for CHW interventions
- CP and CHW communicate frequently in-person or by phone to discuss patients, review progress, identify next steps, and plan visits
- CHW will attend clinical visits as needed to support the patient

Things to Consider When Adding a CHW to the Care Team

Thoughtfully approach the hiring process

- What languages and cultures represented in the patient population?
- Where to find certificate-holding CHWs?
- How much MA reimbursement is needed to support CHW activities?

Provide training and clear tracks for progressing and program growth

- “Stay in your lane”
- CHW scope fidelity
- What curriculums are available within the care system for CHWs to use?

Encourage and promote full integration within the care team

- Clearly define roles, educate the clinical team about the CHW functions, access, expectations
- Encourage CHW participation in care conferences, appointments, and classes

Provide support and mentorship to prevent turnover and burnout

- Public Health successful strategy – identify from within and fund CHW school opportunity



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Community Health Worker services made easy

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