

Building competencies and teams with Community Health Workers (CHWs)

PRESENTED TO:

MN Department of Health, Community Wellness Grant grantees and partners

September 12, 2018 (noon-1:00 pm)

Presented by CHW Solutions



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Community Wellness Grant*

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LEARNING OBJECTIVES

Participants will:

1. Be familiar with and have access to example tools to measure CHW competencies
2. Be familiar with and have access to example tools to delineate CHW and other team member roles
3. Articulate various agencies' experiences with, and recommendations about, building teams with CHWs

Tools are noted in purple, and located at: www.chwsolutions.com

TOPICS:

- CHW Alliance Supervisor Roundtable ideas
- Introduction to available tools
- Methods for building a CHW client base
- Agency examples:
 - *Carrie Harris, Volunteers of America*
 - *Jamie Andycha, People Inc*
 - *Connie Norman, Sanford Health*
- Q&A

Community Health Workers (CHWs) in MN: OVERVIEW

- Frontline health professionals trained to provide health education and self-management support
- Represent diverse backgrounds and can bridge cultural and linguistic barriers
- Trained to assess and address social determinants that impact health
- In MN, CHWs can obtain a certificate via a standardized 17-credit curriculum offered at several post-secondary schools, including one offered fully online
- MN Health Care Programs, including through managed care organizations, provide reimbursement for CHW services



For a great video on CHWs, see Dr. Rishi Manchanda's TED talk: "What makes us sick? Look upstream." https://www.ted.com/talks/rishi_manchanda_what_makes_us_get_sick_look_upstream

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MN CHW Alliance Supervisors Roundtable

- Regular meetings with call-in options
- Directory of CHW Supervisors around the state
- Contact co-chairs to be added to group:
 - *Jean Gunderson: gunderson.jean@mayo.edu*
 - *Angie Stevens: angiestevens328@gmail.com*

Advice from CHW Alliance Supervisors Roundtable, and follow-up conversations with representatives from Hennepin Healthcare and WellShare International

- Time (be patient—it takes time to build CHW teams)
- Shadowing
- Coffee/lunch (informal get-together with staff to build internal allies and advocates, and address concerns)
- Allow staff to ask questions about how adding CHWs will impact their own jobs
- Comprehensive on-site orientation and training
- ·Supervisor and peer support - orientation and ongoing
- Clearly defined roles when possible

Advice from CHW Alliance Supervisors Roundtable, and follow-up conversations with representatives from Hennepin Healthcare and WellShare International

- Start with a limited number of highly interested providers to develop a successful model that can be built upon with broader stakeholders
- CHW documentation within the clinical EHR system (as opposed to a peripheral system) to promote understanding of CHW work and communication between CHW and other team members
- Interdisciplinary daily huddles to discuss patient cases
- Interdisciplinary team shares ideas and resources
- Other roles (RN, SW, etc.) receptive to working with CHWs – understanding roles, scope – experience working with a well-trained CHW with supportive supervisor helps with this

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Available tools

- CHW vs. Social Services Worker responsibilities
 - *Volunteers of America*
 - *Sanford Health*
- Intercultural Mutual Assistance Association (IMAA) and Mayo
 - *CHW Internship Tracking Form*
 - *CHW Orientation Checklist*
 - *Patient Visit Summary Form*
 - *CHW Referral Form*
 - *Tiered Social Determinants of Health Patient Assessment and Tracking Form*
 - *Contacts:*
 - Jean Gunderson, Mayo (gunderson.jean@mayo.edu)
 - Tara Nelson, IMAA (tara.nelson@imaa.net)
- CHW Solutions
- Others...

Tools are noted in purple, and located at: www.chwsolutions.com

Available tools:



- **CHW Competencies for Supervisors**

- *CHW Core Competencies*
- *Appendix A—Hypertension, Prediabetes and Diabetes*
- *Appendix B—Check-in and Group Supervision Guide*
- *Appendix C—Example CHW Interview Questions*
- *Appendix D—Training Resource List*
- *Appendix E—CHW Best Practice Examples*

- All of these are template examples, to be modified by individual service providers to meet their own needs.

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Available tools:



CHW Core Competencies

■ WHAT?

- *Table to aid organizations and CHWs in documenting CHW knowledge, skills and training needs based on expected CHW skill sets*
- *Includes notations of which topics are covered in the MN CHW Certificate curriculum*

■ HOW TO USE?

- *Supervisor reviews with CHW upon hire, and at regular intervals to track progress*
- *Note gaps and training needs, and make a plan for providing the training*
- *Provides space to note dates of review, and observations of client interactions*
- *Meant to be used in addition to organizations' general orientation, on-boarding and policies and procedures.*

Tools are noted in purple, and located at: www.chwsolutions.com

Available tools:



Appendix A—Hypertension, Prediabetes and Diabetes

■ WHAT?

- *Same format as the Core Competencies*
- *Covers CHW competency expectations specific to hypertension, prediabetes and diabetes*

■ HOW TO USE?

- *Same as core competencies*
- *Includes sections on training CHWs to support patient blood pressure and blood glucose self-monitoring*

Tools are noted in purple, and located at: www.chwsolutions.com

Available tools:



Appendix B—Check-in and Group Supervision Guide

■ WHAT?

- *At a minimum, supervisors and CHWs should check-in bi-weekly to troubleshoot issues and offer support.*
- *Program Goals and Outcomes, Documentation, Barriers/Issues, Client Stories, Training Needs, Other*
- *Section on Group Supervision with sample questions to guide conversations*

■ HOW TO USE?

- *Supervisor and CHW review check-in questions together and make follow-up notes*
- *For Group Supervision:*
 - *Start with a guiding question (for example, “What’s worrying you now?” “What’s something positive that happened recently?”)*
 - *Conversations will typically develop easily from just one question*
 - *Ultimately the group assumes leadership of itself in these conversations*

Tools are noted in purple, and located at: www.chwsolutions.com

Available tools:



Appendix C—Example CHW Interview Questions

Appendix D—Training Resource List

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Available tools:



Appendix E—CHW Best Practice Examples

■ WHAT?

- *Documents summarizing best practices CHWs should follow for clients with specific conditions/needs*
- *Prediabetes, Diabetes, High Blood Pressure, Blood Pressure Self-Monitoring*
- *Format: Overview statement of condition, Educational messages, Resources, References*

■ HOW TO USE?

- *Have supervising clinicians review and sign-off on contents of best practices*
- *Train CHWs on best practices, and set expectation that CHWs will use the messaging and resources with patients*
- *In-conjunction with specific patient education resources you want your CHWs to use with patients*

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Methods for building a CHW client base

- CHWs can play a key role in identifying and maintaining patients
 - *Deep community reach*
 - *Already established trust within the community*
 - *Familiarity with locations where community members live, shop, learn, worship, eat, etc*
- Strategies are most effective when the CHW becomes a “regular”
- Be consistent with appointments, communication, and services
- Use tools that are easy to use, concise, and give a concrete answer/result
 - *American Diabetes Association “Type 2 Diabetes Risk Test” Blood pressure screening and HTN conversation*
 - *American Academy of Physicians “Social Needs Screening Tool”*

Becoming Part of the Team with Referral Agencies, Primary Care, and Health Plans

- Accepting referrals
 - *Define criteria for referred patients*
 - *Establish timeline for first point of contact (be consistent with this)*
 - *Develop methods to report back to the referral agency*
 - *Establish what kind of information the PCP/agency wants to know*
 - *Be aware of goals and work plans that have been established by the PCP/agency*
 - *Be prepared to document all contacts, even if they do not ask for all of the information*
- Communicating with Care Coordinators
 - *Establish a practice of reaching out to a patient's Care Coordinator after the second or third encounter*
- Further Team Integration
 - *Participate in team meetings (if possible)*
 - *Participate in events/trainings hosted by the referral agency (if possible)*

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Volunteers of America MN



- Overview of our CHW services:
- In 2017 we integrated two full time CHWs into our social service team
 - Our grant focuses on those with hypertension, pre-diabetes and diabetes in MPHA high rises working with seniors and disabled adults
 - The CHWs provide individual health education and screens

Volunteers of America MN



Tools and advice for building CHW competencies and teams:

- Important to differentiate the roles between the social workers and the CHWs so they stick to their scope of practice
- I used the Competency Templates provided by CHW Solutions

Volunteers of America MN



- One template was on general core competencies such as communication and professional skills
- the other assessed knowledge of diabetes and hypertension knowledge
- I assessed each CHW individually
- I crossed off and initialed each that I felt they were competent with and circled the ones that I thought they needed help with
- I took notes in the “need training” line
- Put a date when they had a training or were competent with the topic
- After reviewing my thoughts with the CHWs I started looking around for free classes or trainings they needed

Volunteers of America MN



- Suggestions:
- I asked the CHWs to save CEUs or completion certificates
- Don't procrastinate! It takes time to go through all the categories
- Make the categories are appropriate to the line of work the CHWs will be doing
- This can be used in partner with a yearly review



- First CHW joined the team in October, 2016
- 2 Full-Time CHWs
- Services provided within PI programs and in the community
- Ohio Pathways Model
- Large focus on chronic disease education, prevention, and management
 - *Topic examples: nutrition, movement, sleep hygiene, disease specific education, tobacco treatment*

Tools and advice for building CHW competencies and teams:

- CHW integration into teams
- Utilization of health and wellness screening tools – build this into the intake process so teams are required to consider referring the client to a CHW
- Clear communication on what a CHW is and how it's different than other roles
- Identify organizational “champions” to help promote CHW services
- Identify, memorialize, and disseminate clear process and procedures for CHW services. We found that lack of referrals was often due to lack of clarity on what the role, how to refer, and who is an appropriate referral
- Create a communication plan to introduce, train, and reinforce this new role

Sanford Health of Bemidji, MN

Overview of our CHW services:

- We started in 2015, currently I am the only CHW. I work in a clinical setting, I cover a variety of services, working with different clinics/providers on chronic conditions such as diabetes, etc. I also offer evidence based workshops on chronic conditions- such as diabetes, fall prevention, pain management and chronic conditions self management. We are still growing this program.

Sanford Health of Bemidji, MN

Tools and advice for building CHW competencies and teams:

- We use evidence based education and experience always helps!
- Action planning- provider support and community knowledge
- Know scope of practice, reinforce it with others.
- Patience and perserverence!

Q&A



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