Community Health Workers: Part of the Solution for Advancing Health Equity

Perspectives and Initiatives from the Pacific and Southwest Regional Health Equity Council (Region IX)

- 4pm ET
- Webinar will begin shortly.
Community Health Workers: Part of the Solution for Advancing Health Equity

Perspectives and Initiatives from the Pacific and Southwest Regional Health Equity Council (Region IX)
Moderator

Shené Bowie-Onye, DrPH

- Executive Director, California Healthy Kids and After School Resource Centers, Alameda County Office of Education
- Chair, RHEC IX Community Health Worker Subcommittee
First Polling Questions

What would assist most in establishing/sustaining CHW work in your community or workplace? Check all that apply?

- State Department Support
- Funding
- Federal Guidelines for Core Training
- Repository of Best or Promising Practices
- Regional Repository of CHW Organizations/Associations
Presenters

Anna Alonzo

- Office Chief for Chronic Disease for the Arizona Department of Health Services

Emma Torres, MSW

- Executive Director of Campesinos Sin Fronteras
ASTHO’s Community Health Worker webpage has resources on:

– Federal Medicare/Medicaid Rulings
– Legislative Tracking
– State Community Health Worker Programs
  • Massachusetts
  • Minnesota
  • Texas
– Other Resources
  ▶ http://www.astho.org/Community-Health-Workers/
Community Health Workers: Part of the Solution for Advancing Health Equity

Perspectives and Initiatives from the Pacific and Southwest Regional Health Equity Council (Region IX)
Webinar Objectives

▸ To highlight Region IX/RHEC’s focus on CHWs role in enhancing health equity and addressing the social determinants of health
▸ To discuss the history and current landscape of CHW practices in the region’s states and territories
▸ To discuss recommendations on how to build and sustain a regional system of support for CHW workers and organizations that utilize CHWs.
▸ To identify national resources that support the work of Community Health Workers
A national movement that will increase the effectiveness of programs and mobilize partners, leaders, and stakeholders with the goal of eliminating health disparities.
Regional Movements

Ten Regional Health Equity Councils (RHECs) have been established to:

› Mobilize regional action around common issues
› Leverage federal, regional, state, and local resources
› Infuse NPA goals and strategies into policies and practices
› Support and enhance state and community efforts
› Share stories and successes across the country
RHEC IX Mission & Subcommittee Goal

- To be effective agents of change to eliminate health disparities and achieve the highest possible level of health for all communities through the education and mobilization of leaders, partners, policy makers and community stakeholders in Region IX

- The Subcommittee proposed to identify solutions that demonstrate the value and impact of CHWs on health disparities and use the documented value of CHWs to educate and inform policymakers, payers, and other critical audiences.
Second Polling Question

What title is most often used in your community to describe this work?

- Community Health Worker
- Promotora / Promotores (male)???
- Lay Health Advisor
- Patient Navigator
- Peer Counselor
- Community Health Educator
Community Health Workers
Achieving Health Equity

Anna Alonzo
Office Chief of Chronic Disease Programs
Arizona Department of Health Services

Region IX Health Equity Council
ADHS Vision

To positively impact the health and well-being of all Arizonans by reducing the health burdens and cost burdens of chronic disease!
Major Goals

- Advance Policies that Address the risk Factors of Chronic Disease
- Identify and Eliminate Disparities in Specific Population Groups
- Implement CDC DP13-1305 Grant
- Assist in the Prevention and Early Detection of the Four Leading Disease-Related Causes of Death in Arizona via Tobacco Tax/Prop 303 funding:
  - Cancer
  - Heart Disease
  - Stroke
  - Pulmonary Disease
The Issues

- Health disparities are not decreasing
- Socioeconomic, environmental and cultural barriers continue to impede access to equitable care
- Rising health care costs for minority and low-income populations
- More people with chronic diseases
- Changing landscape of the U.S. population
Community Health Worker Model

- Utilization of Community Health Workers is one approach to improving social determinants of health
- CHW’s are effective in
  - Health outcomes
  - Health care cost savings
  - Overall access to health
  - Promoting prevention and chronic disease management programs
Community Health Workers

- Promotoras
- Promotores
- Community Health Advisor (CHA)
- Home Visitor
- Health/Patient Navigator
- Community Organizer
- Health Coach
- Public Health Aide
- Community Health Representative
- Care Coordinator
- Outreach Worker
- Case Manager
- Health Educator
Definition

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

Adopted from the American Public Health Association - 2009
Community Health Worker Model

- Do not provide clinical care or replace other health care providers
- They complement services delivered through the more formal health care network to provide more comprehensive and supportive care
- In the area of policy CHW’s engage community members in creating ideas to improve their community
- In the political arena they can develop relationships and advance a community’s policy agenda with entities such as school districts, health care systems, etc.
CHW Role in Healthcare Workforce

- Includes:
  - Trust, rapport and understanding in a cultural manner
  - Function as the “bridge” to communicate with the individual and families on their health issues
  - Improving the individual experience of care
  - Improving the health of communities
  - Reducing the health disparities and per capita costs of care for populations
  - Working within health systems
Community Health Workers in Arizona

- 1960s -- Community Health Representatives in Tribal communities
- 1980s -- Un Comienzo Sano/Healthy Start Promotora Program in Yuma, Arizona (University of Arizona)
- 1998 -- First National Study of CHWs by the University of Arizona’s Rural Health Office
- 1999 -- Arizona Prevention Research Center study effectiveness of CHW model
- 2000’s – Health Start Program
- 2011 – Hypertension System Care Grants
- 2012 – Wesley Community Health Center Prop 303 Funding/Health in All Policy Health Start ASTHO
Hypertension System of Care Grant

- Hypertension System of Care Grant:
  - Effective Jan 1, 2011
  - Ended June 30 2012

- ADHS – Contracted with:
  - Yuma County Public Health Department
  - University of Arizona

- Yuma County then contracted with:
  - Regional Center for Border Health
  - Sunset Community Health Center non-contracted, voluntary participation as well.
Hypertension System of Care Grant

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NATIONAL PARTNERSHIP FOR ACTION to End Health Disparities
Hypertension System of Care Grant

- This was a system integration grant.

- Primary Objectives:
  - Detailed Training of Community Health Workers on topics surrounding hypertension.
  - Integration of a HTN Patient identification, education and “navigation” program at the CHC level
The Issues

- Health disparities are not decreasing
- Socioeconomic, environmental and cultural barriers continue to impede access to equitable care
- Rising health care costs for minority and low-income populations
- More people with chronic diseases
- Changing landscape of the U.S. population
CHW Role in Healthcare
Workforce Challenges

- Establishing a defined system in advancing the education and training for CHWs.
- Definition of roles within the health care system overall avoiding of jobs
- A consistent outlook for the CHW integration into mainstream health care, as well as the challenges for developing the profession further
- Language and terminology barriers among the healthcare systems
- Sustainability (ACO’s, Medicaid)
Community Health Worker Model Concerns

- CHW’s not fully recognized as a professional workforce
- Sustained financial support needed to impact at-risk or unreached populations
- Need for increased training to providers and other clinical/non-clinical staff on how to work with/utilize a CHW
- Navigators vs. CHW’s
- Need for support
Arizona Community Health Worker Movement

- Establishing an Arizona State CHW Advisory Board
  - Certification/ Training
  - Continue advocating for the CHW workforce in AZ
  - Provide constant communication between CHW leadership and Arizona Department of Health Services

- Modeled by other states who have been successful in supporting the CHW workforce

- Annual Assessment to measure where and how many CHWs are employed in Arizona
AzCHOW Workforce Coalition

- Network of organizations collaborating with the Arizona Community Health Worker Outreach Network (AzCHOW) to support the sustainability of the Arizona CHW workforce.
- University of Arizona Prevention Research Center has taken the lead
- 40+ members and growing
- Identify CHW Definition
- Scope of Practice
- Core Competencies
- Workgroups:
  - Workforce Development
  - Definition and Awareness
  - Data and Credibility
  - Sustainable Financing
Arizona Community Health Worker Workforce Coalition

CHW Scope of Practice

- Outreach & Community Mobilization
- Home –Based Support
- System Navigation
- Case Management & Care Coordination
- Health Promotion & Health Coaching
- Community/Cultural Liaison
- Participatory Research

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Arizona CHW Workforce Coalition

CHW Core Competencies

- Communication
- Interpersonal Skills
- Knowledge Base
- Service Coordination
- Capacity Building
- Advocacy
- Teaching
- Organizational Skills

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CDC DP13-1305 Grant

- Five Year Grant
- Combines the former CDC Diabetes, Heart Disease, Obesity and School Health categorical programs into a new collaborative grant.
- Maximizes impact while reducing duplication of resources.
- Supports the development of core public health activities including Partnership Engagement, Workforce Development, Strategic Communication, Surveillance & Epidemiology, and Evaluation
Community Health Workers in Arizona

- Hire CHW Program Manager
- Team Based Care in Health Systems
- Healthcare Extenders to Support Self Management
- Engagement of CHW to support Community-Clinical Linkages
- Included CHW strategies in 1305 Supplemental funding and 1422 grant and other funding opportunities
## Enhanced Component Proposed Strategies

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<thead>
<tr>
<th>Domain 3  Health Systems Interventions</th>
<th>ADHS</th>
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<tbody>
<tr>
<td>Increase use of team-based care in health systems</td>
<td>Implement CHW model in one clinic for mgmt. of diabetes and HTN and increase referrals</td>
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<table>
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<tr>
<th>Domain 4  Community-Clinical Linkages</th>
<th>ADHS</th>
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| Increase use of health-care extenders in the community in support of self-management of high blood pressure and diabetes | Implement Community Pharmacist Medication Adherence Program
Collaborate with the University of Arizona to support infrastructure development, training, etc for CHW’s |
University of Arizona, Federally Qualified Health Centers (FQHCs), Non-FQHC’s, Local Health Departments, Fire Departments
Summary Picture of CHW Interventions

- 18 states are doing one or more CHW interventions
- Of these 3 are doing all 3 CHW interventions (AZ, Michigan and NE)
- 5 are doing 2 CHW interventions
- The remaining 10 states are doing one or the other of the interventions in Domain 3 or 4
What is Happening Around the Nation?

Community Health Worker Associations in the States

Source: Centers for Disease Control and Prevention, 2011; National Conference of State Legislatures, 2011.
Questions?

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Third Polling Question

What role does the individual play in your community or workplace? Check all that apply.

- Outreach
- Healthcare Services Education
- Information/Data Collection
- Informal Counseling or Social Support
- Connection to Community Services
- Health Insurance Enrollment or Education
- Community Advocacy
- Liaison Between Community Members and Providers
Promotores de Salud/Community Health Workers Vital Part of the National Medical Workforce To Reduce Health Disparities

▸ Emma Torres, MSW, Executive Director and Founder of Campesinos Sin Fronteras
▸ US/Mexico Border Health, Commission Member
▸ HHS, Office of Minority Health National Promotora Steering Committee
Who Are Promotores de Salud/Community Health Workers?

- Promotores/Community Health Workers (CHW’s), Clinical Navigators, Comadres, CHR’s, Outreach workers, etc. are front-line public health workers and trusted members of their community.
- They represent the population they serve, culturally, linguistically, educationally and economically.
- They know first hand and understands the needs of the community they serve.
- They develop trusting relationships with their clients.
- They serve as liaisons, intermediaries and advocates between the health system and their clients.
- They go to were their target group works, lives, worships and plays.
- They serve as advocates in accessing health care.
Promotores de Salud/Community Health Workers

- Are culturally and linguistically competent to serve those they represent.
- Build capacity and self sufficiency among those they serve.
- Are multi-task, multi-faceted,
- They educate, provide informal counseling, social support, and advocacy.
- Promotoras/CHW’s facilitate access to cultural and linguistic appropriate health care
- Promotoras improve service quality in communities and clinics.
The goals of the HHS Promotores de Salud/Community Health Workers Initiative are to recognize the important contributions of promotoras in reaching vulnerable, low income, and underserved members of Latino/Hispanic and other minority populations, and promote the increased engagement of promotores to support health education and prevention efforts and access to health insurance programs.

For more information regarding the National Promotores de Salud Initiative Steering Committee, please visit: http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=55
The Promotora/CHW program is an evidence based model that has been endorsed by the Health Resources and Services Administration, the US/Mexico Border Health Commission, the Arizona Public Health Association, the Centers for Disease Control and Prevention, National Association of Community Health Centers, National Diabetes Association, Robert Wood Johnson Foundation, US Health and Human Services, the White House among many, many others.

- In 2009, the US, Department of Labor, included the promotora model/CHW as an allied health care occupation
- In 2010 identified as key part of Affordable Care Act implementation
The Promotora Model is employed in many community and clinic settings

- Promotoras work in diverse settings in Chronic Disease Prevention & Control Programs, as ACA Navigators, Certified Application Assisters, outreach workers, lay educators, Zumba instructors, etc.
Environmental Health Programs

- *Controla el Tabaco, Controla tu Vida
- *Americorps/ Pesticide Prevention Education and Training
- *Asthma Prevention Education
- Health Fairs: Dia Del Campesinos and Melon Festival
“LA FAMILIA CONTRA LA DIABETES”
Physical Activity and Nutrition Classes

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“TEATRO del PUEBLO”
Use Popular Learning Strategies

“WORTH THE WAIT”
Teen Pregnancy Prevention

“CICATRIZES EN EL ALMA”
Domestic Violence Prevention

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DEVELOPMENT OF YOUTH LEADERS THROUGH COMMUNITY SERVICE LEARNING
Key Support Required To Implement Effective Promotoras/CHW Program

- Understanding and Valuing the Work of Promotores/CHW’s
- Having Strong Administrative Buy-In
- Be willing to work non-traditional hours
- Provide on-going cross training opportunities for the Promotores/CHW’s
- Include them in organization’s planning of any community efforts
- Have on going volunteer recruiting strategies to build a strong pull of Promotoras for future hiring opportunities
- Reimbursement (clinical settings)
- Pay them
Sources of Funding for Promotores/CHW’s

▸ Several Health and Human Service Agencies such as: HRSA, CDC, INH, CMS and others are familiar with and value the work of promotores. Develop your programs including promotores in all your grant applications.

▸ Foundations such as Robert Wood Johnson, Community Catalysts, Legacy, and Marguerite Casey are strong supporters of community and leadership development

▸ Most State Health and Human Services support Promotores

▸ Office of Minority Health are strong supporters of the model
Questions?

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Questions and Discussion