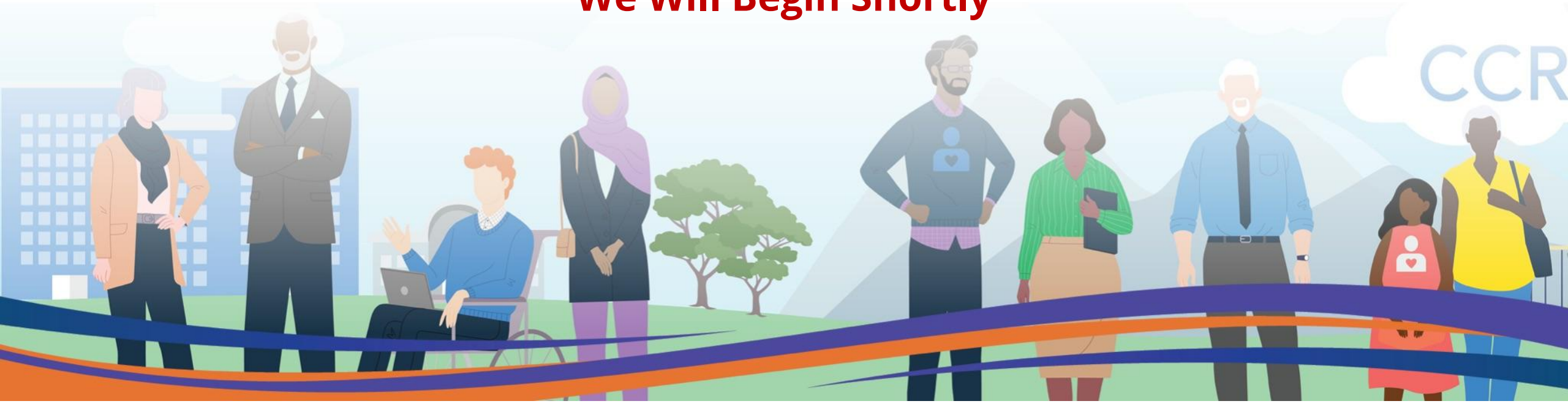
Presents

CHW Integration into Health Systems

02.23.23

We Will Begin Shortly



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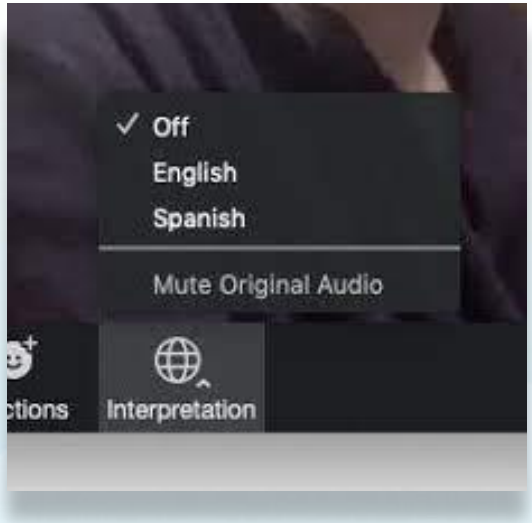

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Elija su idioma preferido

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closed captioning

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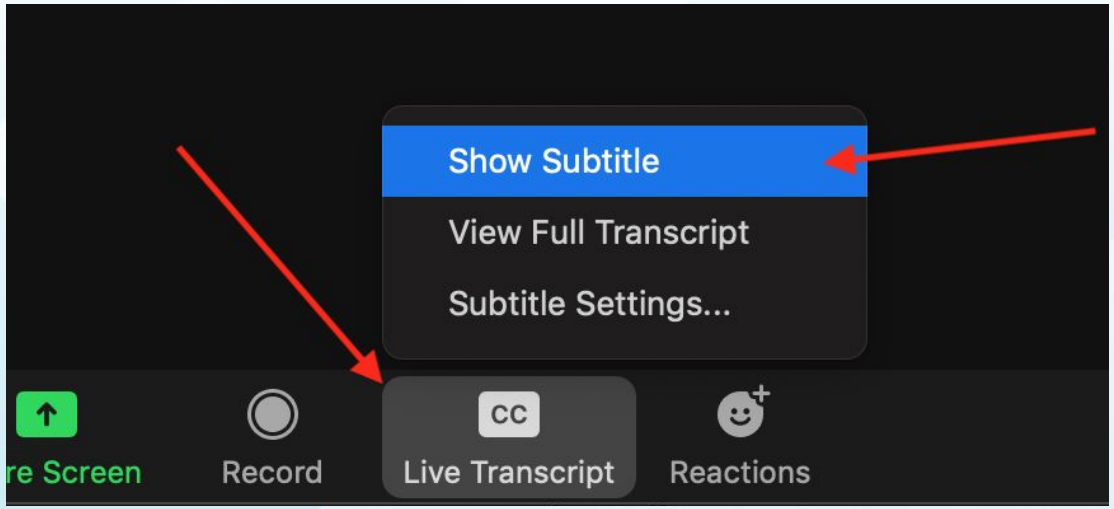

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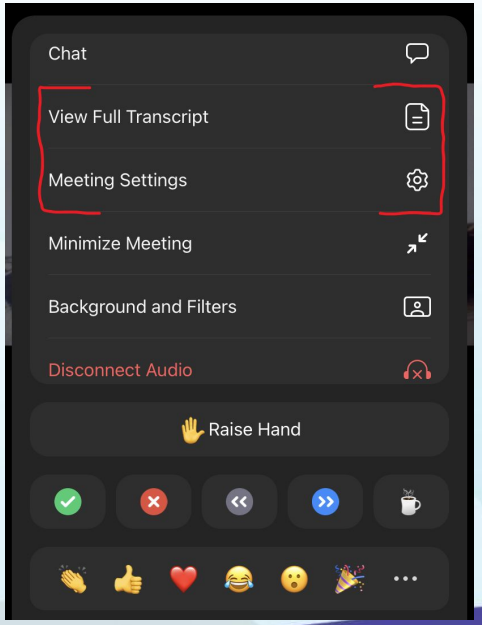
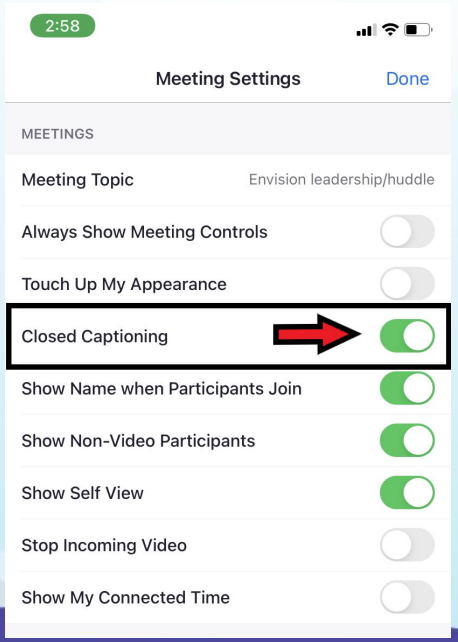




welcome

operating agreements

Zoom

- Stay on mute when you’re not talking
- Use chat box for questions
- Do what you need to take care of yourself

today's agenda

- Envision News
- Webinar Content Linked to Grant Strategies
- Presentation on Community Health Worker Integration into Health Systems
  - Massachusetts Department of Public Health
  - FQHC...
  - Kansas Department of Health and Environment
- Wrap-up / Poll
- Communities of Practice

who is envision?

- collaboration of CHWs & allies working with CDC to elevate the role of CHWs
- supports Community Health Workers for COVID Response and Resilient Communities recipients
- commitment to equity

envision news

New CHW Council Members

Tokie Dunn

Shanteny Jackson

Lorena Sanchez

Honey Estrada

Dantia Hudson

- **Webinars**
  - Evaluation and program implementation webinar- most months
  - CDC special studies webinar Thurs. March 2, 3pm ET session, 7pm ET session
  - CDC webinar- year 3 guidance Wed. March 8, 2-3pm ET

Visit our website and make sure you're signed up for envision news and events emails.

Connecting Healthcare Integration to CCR Strategies

- Strategy CB3: Integrate CHWs into organizations and care teams to support the public health response to COVID19 among priority populations* within communities.

- Strategy CB4: Develop and disseminate messaging that educates organizations and care teams on the critical role CHWs play in delivering services and managing the spread of COVID-19 among priority populations* within communities.

- Strategy IR4: Integrate CHWs into Organizations and Care Teams to support the public health response to COVID-19 among priority populations* within communities.

CHW Integration Definition

Integration of CHWs means that CHWs are brought into organizations and care teams as active members of the team to contribute to COVID-19 response efforts, ideally as equal participants whose role in fulfilling the mission of the organization or care team is understood and valued by colleagues. While the extent of integration may vary CHWs are integrated into a team if they are performing the C3 roles

Objectives

- How to approach health care systems - where to begin.
- Share one CCR-2109's/FQHC partnership for integrating CHWs into healthcare setting
- Steps CCR-2109 can take to advance CHW integration into Health Care Systems
- Provide examples from a CCR-2109 recipient of communication materials to use with health care systems

Massachusetts Department of Public Health

Shareva Delgado
Community Health Worker (CHW),
Technical Assistance Coordinator for the
Department of Public Health

Nathalie Bazil
Provides Training and Technical
Assistance for MA CRC grant
Community Health Worker

Linda Barros
Director of the Office of
Community Health Workers

CHW Integration into Health Systems

Office of Community Health Worker (OCHW)

Linda Barros, Director of OCHWs
Shareva Delgado, TA CCHW
Nathalie Bazil, TA CCHW

Objective

Description: It is essential for health systems to incorporate CHWs into their organization. This webinar will provide insights from the Massachusetts Department of Public Health on how they have supported a local community health center successfully integrate CHWs into their facility.

Massachusetts DPH OCHW history

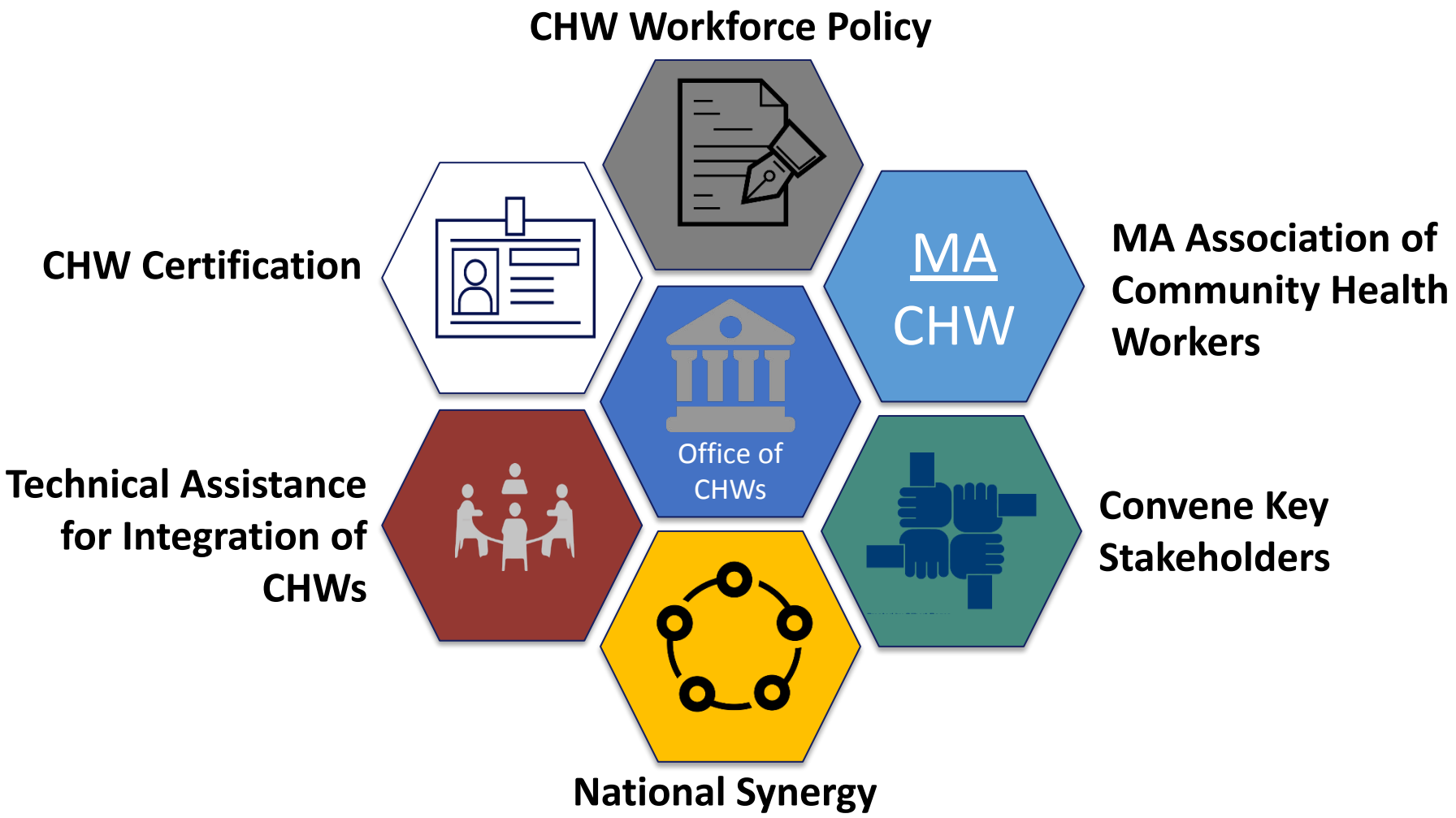
2000s:

- Created MA Association of CHWs (MACHW) - state CHW network, led by CHWs
- Began to survey CHWs and CHW supervisors
- Established CHW best practices for DPH community-based vendors through contract policy
- The Office of Community Health Workers was formally established

2010s:

- An Act Establishing the CHW Board of Certification was voted into law
- Invested in CHW core training
- Convened partners to build consensus on core competencies

MA DPH OCHW Workforce Development



Integrating CHWs in Health Systems

1. ***Full access and intermediate or expert training with the Electronic Health Record (EHR)***
   - It is imperative that a CHW can access the EHR to read through and synthesize past visits and other activities.
2. ***Primary Care***
   - At a minimum, CHWs should have a strong and established relationship with primary care teams and the means to send and receive messages with all team members through the EHR.
3. ***Behavioral Health and other Departments***
   - CHWs should be able to communicate with other colleagues about the patients they are working with.
4. **Access to reporting platforms used within the health center**
   - Many health centers use data visualization and reporting platforms, such as REDCap. Others have built reporting into their EHR
5. ***Authority to make appointments***
   - CHWs should be able to make appointments within the health center for patients they are working with.

The Community Health Centers (CHCs) that currently work with the COVID-19 Response and Resilient Communities **(CCR)** serve a multi-cultural population within their community.

Serving communities with higher rates of COVID-19

1. Communities as stratified by race, ethnicity, income, language and culture, or other sociodemographic characteristics.

2. Communities that have chronic conditions, limited access to healthcare, health system navigation capabilities and the most affected by Social Determinants of Health (SDOH).

MA CCR -2109 Goals

TRAIN	TRAIN: Increased skills/capacity/roles of CHWs to provide support for COVID-19 public health response efforts among priority populations
ENGAGE	ENGAGE: Increased community engagement of those at highest risk for poor health outcomes in local policy, system, environmental (PSE) change
DEPLOY	DEPLOY: Increased workforce of CHWs stationed at Local Boards of Health (LBoH) in engaging communities in managing the impacts and root causes of COVID-19 inequities
Integrate	INTEGRATION: Integrate CHWs in community-based clinical care and LBoH

Resources

Thank you!

- CHW inclusion checklist
- Community Health Worker (CHW) Toolkit
- MACHW
- Approved Training and Education Program
- CHW in MA Improving Health Care and Public Health


EDITH MERCY WAMBUI NJUGUNA, CCHW
Lowell Community Health Center
Driven by the desire to understand where people are at

Caring Health Center

Johanna Lopez
Director of Social Care and Community Health Workers Initiatives

Cherece Burston
Community Health Worker
Coordinator of Social and Community Health Worker Initiatives

Kiara Olmo
Community Health Worker

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Integration of Community Health Workers in a Federally Qualified Health Center

Presented by:

Johanna Lopez, MS
Director of Social Care and CHW Initiatives

Cherece Burston, CHW
Coordinator of Social Care and CHW Initiatives

Kiara Olmo, CHW
CCR Community Health Worker

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Background: Caring Health Center

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Background: Caring Health Center

Section 330 Federally Qualified Health Center (FQHC) in Springfield, Massachusetts; 6 sites + 2 regional jail-based dental sites.

Founded in 1995 in response to a community health disparity: disproportionate rates of low-birth-weight babies among African Americans in Springfield.

51% consumer-led Board of Directors; accessible, quality healthcare, provision of healthcare regardless of ability to pay.

Mission Statement

We are committed to eliminating health disparities and achieving health equity through providing accessible, value-driven healthcare for diverse, multi-ethnic communities in Western Massachusetts.

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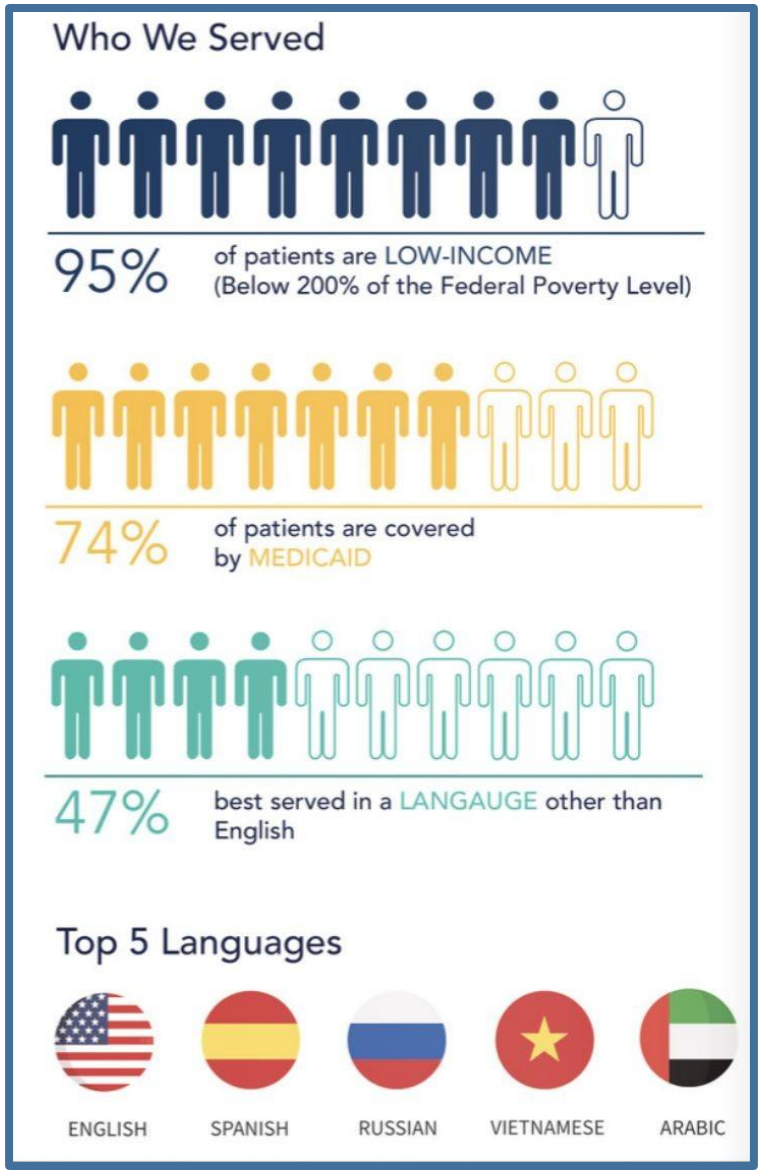
Background: Caring Health Center

- Medical home to the largest Refugee Health Assessment Program in the state; serves patients in more than 30 languages.
- Comprehensive quality care:
  - Medical, Dental, Behavioral Health, Substance Use Disorder Treatment, Reproductive Health, Chronic Disease Management, Pharmacy.
  - Outreach & Enrollment, CHW, WIC, and more!
- Approximately 19,000-20,000 patients served annually; 75,00 visits.
- Culturally, linguistically diverse patient population.
- Social Determinants of Health (SDOH):
  - 40% < high school education, 40% food insecure, 37% low health literacy, 52% low medication adherence (based on representative research sample[1]).



1. Susan J Shaw, Josephine D Korchmaros, Cristina Huebner Torres, Molly S Totman, Jeannie K Lee, The RxHL study: community-responsive research to explore barriers to medication adherence, *Health Education Research*, Volume 34, Issue 6, December 2019, Pages 556–568,

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History of CHW Integration

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Community Health Worker Program

- CHC staffs a well-established team of 12+ CHWs across Wellness, ACO Care Management, Women's Health, Behavioral Health, Optimizing Virtual Care, Research and COVID Response teams.
- All CHWs complete the CHW Core Competency Course; obtain CHW Certification through MDPH/MACHW and receive training specific to their dedicated program area.
- Similar roles, including SDOH screening/intervention, care coordination, health education, outreach.
- Developed (and continually curate) comprehensive Community Resource Directory with community-based resources (food, housing, LGBTQIA+, legal, domestic violence, childcare).

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Wellness Center

5 Guiding Principles

Culturally tailored and meaningful.	Led by trained and certified leaders, with capacity-buil ding opportunities to develop community wellness	Cost-free.	Group-based classes and programs provide community and social network support.	Located within the primary care health center, acting as an extension of primary care.

- These 5 guiding principles were **identified by community and patients** through qualitative interviews.
- Therefore, our patients determined the overall approach to the Wellness Center.

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Wellness Center

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Wellness & Chronic Disease Management

In-House Self-Management Programs:

- **Chronic Disease Self-Management Program (CDMSP)**
  - 6 Weeks, Virtual
  - English, Spanish
- **Diabetes Self-Management Program (DSMP)**
  - 6 Weeks, Virtual
  - English, Spanish
- **Matter of Balance (MOB) Program**
  - 6 Weeks, Virtual
  - English, Spanish
- **Nutrition Workshops w/ Registered Dietician**
  - Weekly, Virtual
  - English, Spanish
- **Personal Training w/ Wellness Specialist**

Participants Receive FREE Loaner Tablets, YMCA Trial Passes, Bus Passes, & Grocery Gift Cards

Ongoing Rolling Enrollment

Community-Based Self-Management Programs:

- **Diabetes Prevention Program (DPP)**
  - 1 Year, Virtual
  - Partners: YMCA, Enhance Asian Community on Health (EACH), & Latino Health Insurance Program (LHIP)
  - English, Spanish, Portuguese, Vietnamese, Chinese, Adaptive DPP for Mobility Disabilities
- **Pediatric Weight Management Program**
  - 6 Months, In-Person
  - Partner: YMCA
- **Walk With Ease Program *(Mobility Disabilities)***
  - 6 Weeks, Virtual
  - Partner: Springfield College - Physical Therapy Department
- **Stay Active & Independent for Life (SAIL) Program *(Fall Prevention)***
  - 10 Weeks, In-Person
  - Partner: Springfield College - Physical Therapy Department
- **SNAP-Ed Cooking Workshops**
  - Quarterly, Virtual, 1 Hour
  - Partner: Ascentria Care Alliance - SNAP-Ed Program

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CHW Program Integration Today

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Community Health Worker Integration: A Culturally Diverse Team

Community Health Worker, Case Manager and Recovery Coach Provider Assignment

PROVIDER	Medical CHW	Ext. Num	Behavioral Health CHW	Ext. Num	Recovery Coach	Ext. Num	Covid-19 Response CHW	Ext. Num	Telehealth CHW	Ext. Num	Refugee Health Case Managers	Ext. Num
FNP (Family Care Provider)	Genralist CHW 1	xxxx	BH CHW 1	xxxx	RC 1	xxxx	CCR CHW	xxxx	Virtual Care CHW 1	xxxx	RH Case Manager 1	xxxx
FNP (Family Care Provider)	Genralist CHW 1	xxxx	BH CHW 1	xxxx	RC 1	xxxx	CCR CHW	xxxx	Virtual Care CHW 1	xxxx	RH Case Manager 1	xxxx
MD (Family Care Provider)	Genralist CHW 1	xxxx	BH CHW 1	xxxx	RC 1	xxxx	CCR CHW	xxxx	Virtual Care CHW 1	xxxx	RH Case Manager 1	xxxx
FNP (Family Care Provider)	ACO CHW 1	xxxx	BH CHW 2	xxxx	RC 1	xxxx	CCR CHW	xxxx	Virtual Care CHW 1	xxxx	RH Case Manager 1	xxxx
PA-C (Family Care Provider)	ACO CHW 1	xxxx	BH CHW 2	xxxx	RC 1	xxxx	CCR CHW	xxxx	Virtual Care CHW 1	xxxx	RH Case Manager 1	xxxx
FNP (Family Care Provider)	ACO CHW 1	xxxx	BH CHW 2	xxxx	RC 1	xxxx	CCR CHW	xxxx	Virtual Care CHW 1	xxxx	RH Case Manager 1	xxxx
MD Pediatric	Generalis CHW 2	xxxx	BH CHW 3	xxxx	RC 1	xxxx	CCR CHW	xxxx	Virtual Care CHW 1	xxxx	RH Case Manager 1	xxxx
MD Pediatric	Generalis CHW 2	xxxx	BH CHW 3	xxxx	RC 1	xxxx	CCR CHW	xxxx	Virtual Care CHW 1	xxxx	RH Case Manager 1	xxxx
MD Pediatric	Generalis CHW 2	xxxx	BH CHW 3	xxxx	RC 1	xxxx	CCR CHW	xxxx	Virtual Care CHW 1	xxxx	RH Case Manager 1	xxxx
MD Pediatric	Generalis CHW 2	xxxx	BH CHW 3	xxxx	RC 1	xxxx	CCR CHW	xxxx	Virtual Care CHW 1	xxxx	RH Case Manager 1	xxxx
MD Adult Provider	CCR CHW	xxxx	BH CHW 1	xxxx	RC 1	xxxx	CCR CHW	xxxx	Virtual Care CHW 1	xxxx	RH Case Manager 2	xxxx
PA-C (Urgent Care Provider)	CCR CHW	xxxx	BH CHW 1	xxxx	RC 1	xxxx	CCR CHW	xxxx	Virtual Care CHW 1	xxxx	RH Case Manager 2	xxxx
FNP (Family Provider)	CCR CHW	xxxx	BH CHW 1	xxxx	RC 1	xxxx	CCR CHW	xxxx	Virtual Care CHW 1	xxxx	RH Case Manager 2	xxxx
FNP (Urgen Care Provider)	CCR CHW	xxxx	BH CHW 1	xxxx	RC 1	xxxx	CCR CHW	xxxx	Virtual Care CHW 1	xxxx	RH Case Manager 2	xxxx
PAC (Adult Primary Care Provider)	ACO CHW 2	xxxx	BH CHW 3	xxxx	RC 2	xxxx	CCR CHW	xxxx	TBD/New Hire Coming Soon	xxxx	RH Case Manager 2	xxxx
NP (Adult Primary Care Provider)	ACO CHW 2	xxxx	BH CHW 3	xxxx	RC 2	xxxx	CCR CHW	xxxx	TBD/New Hire Coming Soon	xxxx	RH Case Manager 2	xxxx
PAC (Adult Primary Care Provider)	ACO CHW 2	xxxx	BH CHW 3	xxxx	RC 2	xxxx	CCR CHW	xxxx	TBD/New Hire Coming Soon	xxxx	RH Case Manager 2	xxxx
NP (Adult Primary Care Provider)	ACO CHW 2	xxxx	BH CHW 3	xxxx	RC 2	xxxx	CCR CHW	xxxx	TBD/New Hire Coming Soon	xxxx	RH Case Manager 2	xxxx
NP (Adult Primary Care Provider)	ACO CHW 3	xxxx	BH CHW 4	xxxx	RC 2	xxxx	CCR CHW	xxxx	TBD/New Hire Coming Soon	xxxx	RH Case Manager 3	xxxx
PA-C (Family Care Provider >12yr)	ACO CHW 3	xxxx	BH CHW 4	xxxx	RC 2	xxxx	CCR CHW	xxxx	TBD/New Hire Coming Soon	xxxx	RH Case Manager 3	xxxx
MD (Family Care Provider)	ACO CHW 3	xxxx	BH CHW 4	xxxx	RC 2	xxxx	CCR CHW	xxxx	TBD/New Hire Coming Soon	xxxx	RH Case Manager 3	xxxx
PA-C (Adult Primary Care Provider)	ACO CHW 3	xxxx	BH CHW 4	xxxx	RC 2	xxxx	CCR CHW	xxxx	TBD/New Hire Coming Soon	xxxx	RH Case Manager 3	xxxx
NP (Adult Primary Care Provider)	ACO CHW 3	xxxx	BH CHW 4	xxxx	RC 2	xxxx	CCR CHW	xxxx	TBD/New Hire Coming Soon	xxxx	RH Case Manager 3	xxxx
PharmD (Diabetes Clinic Pharmacist)	Wellness CHW 1 /Wellness CHW 2	xxxx	BH CHW 2	xxxx	RC 2	xxxx	CCR CHW	xxxx	TBD/New Hire Coming Soon	xxxx	RH Case Manager 3	xxxx
PA-C (Diabetes Clinic Provider)	Wellness CHW 1 /Wellness CHW 2	xxxx	BH CHW 2	xxxx	RC 2	xxxx	CCR CHW	xxxx	TBD/New Hire Coming Soon	xxxx	RH Case Manager 3	xxxx
PharmD (Medication Therapy Management)	Wellness CHW 1 /Wellness CHW 2	xxxx	BH CHW 2	xxxx	RC 2	xxxx	CCR CHW	xxxx	TBD/New Hire Coming Soon	xxxx	RH Case Manager 3	xxxx
PharmD (Medication Therapy Management)	Wellness CHW 1 /Wellness CHW 2	xxxx	BH CHW 2	xxxx	RC 2	xxxx	CCR CHW	xxxx	TBD/New Hire Coming Soon	xxxx	RH Case Manager 3	xxxx

English Español (Spanish) नेपाली (Nepali) عربي (Arabic) हिंदी (Hindi) دری (Dari)/ پښتو (Pashto)

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Community Health Worker Program

- Conduct targeted registry-based outreach to engage patients in specialty clinics and wellness programs with ***focus on cross-referral and integration.***
- Complete SDOH assessments, provide brief intervention and linkages to resources.
- Process e-referrals, schedule appointments, provide tracking/reminders.
- Accept warm-handoffs/referrals, provide care coordination, health education.
- Facilitate group-based classes.
- Coordinate facilitated referral to internal/community-based programs.
- Will provide tobacco cessation visits (billable).

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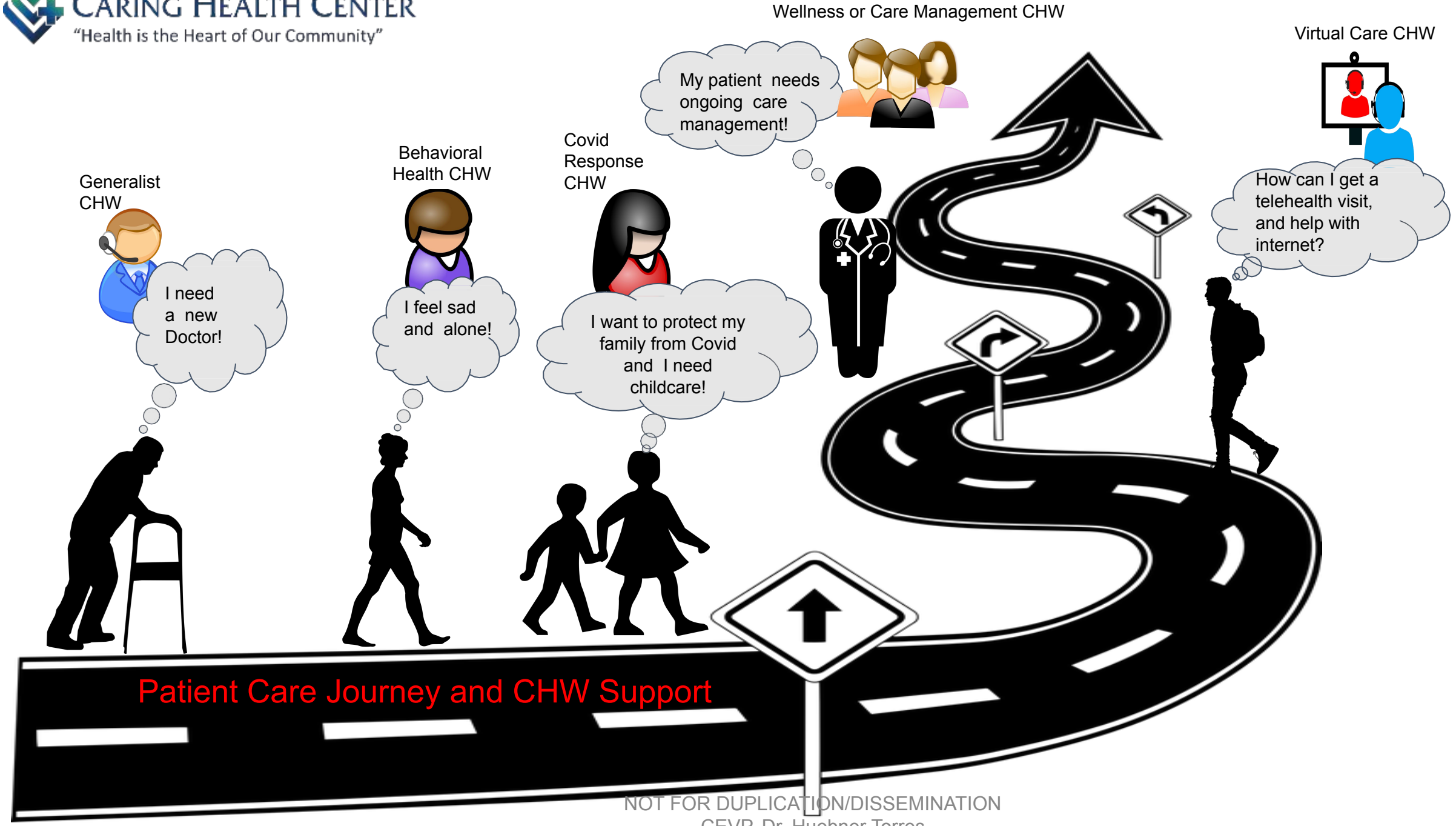

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MDPH Community Health Workers for COVID Response and Resilient Communities (CCR) Program

- CHW works closely with the infection control and covid vaccine mitigation team.
- CHW conducts social health related screenings, both at community events as well as in-house at the health center.
- The CHW reaches out to patients due for COVID vaccine utilizing a workqueue system that is integrated in the EHR.
    - Including registries of priority populations
- Outreach and engage out of care patients with primary care services
- Collaborates with local hospital to support the public health response to COVID-19 among priority populations within communities.
- CHC will integrate a new CHW to work with the Local Board of Health.

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Community Health Worker Supervisor Role

Team Meeting	CHW 1:1 Supervision	CHW Referral Assignment
• Review/Discuss program plans, tasks, next steps • Identify issues/challenges with day-to-day tasks (e.g., workflow barriers) • Brainstorm solutions • Make team-based decisions • Set expectations (e.g., caseload productivity) and model leadership (e.g., navigating increased requests) • Motivational Interview (MI) skills practice support • Disseminate health center-related updates, policy changes, initiatives	• What's working well? What is not working so well? • Assess current successes, challenges, performance and questions about caseloads to provide support for CHWs. • An opportunity to understand CHW strengths & areas for improvement, supervision & mentoring.	• 9110 Community Health Worker report in the Epic referral workqueue. • Review and assign the referrals to a designated Community Health Worker. • Include special instructions or guidance under the comment section pertinent for the CHW during patient navigation/outreach. • In basket message is sent to the CHW informing of the referral notating that contact is to be initiated within 72 hours of receipt of referral assignment.

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Presenter Contact

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Thank you!

Kansas Department of Health and Environment

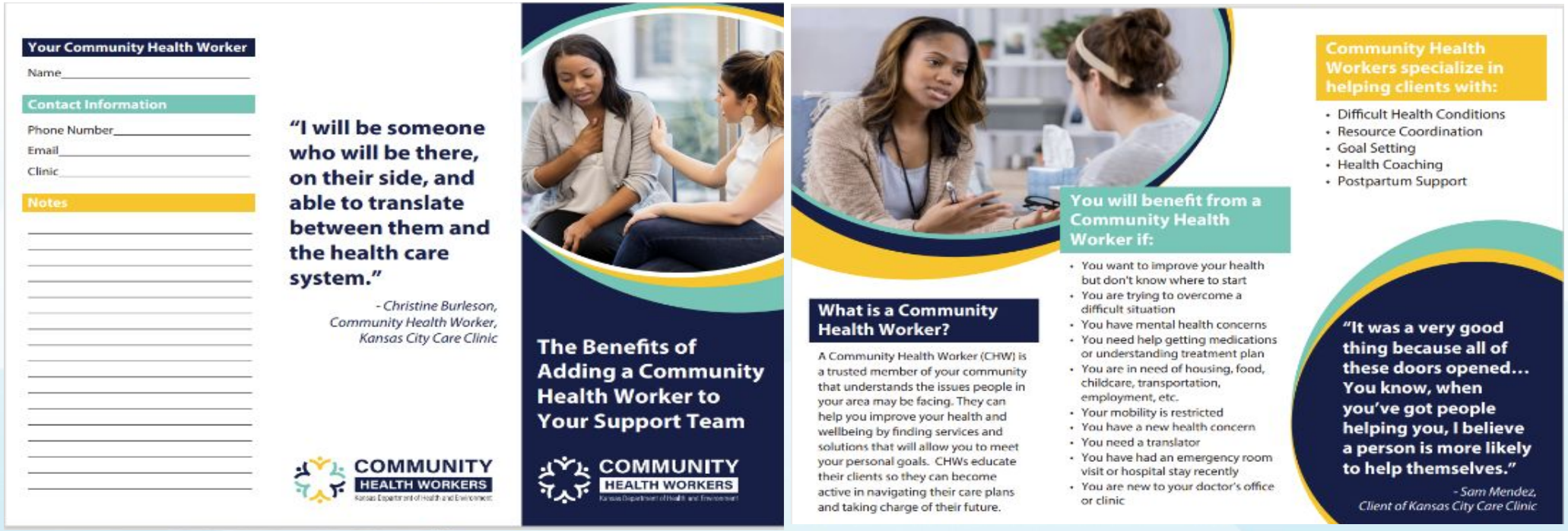
Juliet Swedlund
Program Manager in the Community Health Worker Section

Jackie Catron
Section Director of the Community Health Worker Section

Kansas Community Health Workers: chosen by their community

https://vimeo.com/744373373

CHW Brochure



Your Community Health Worker

Name_____

Contact Information

Phone Number_____

Email_____

Clinic_____

Notes

"I will be someone who will be there, on their side, and able to translate between them and the health care system."

- Christine Burleson, Community Health Worker, Kansas City Care Clinic

COMMUNITY HEALTH WORKERS

Kansas Department of Health and Environment

COMMUNITY HEALTH WORKERS

Kansas Department of Health and Environment

The Benefits of Adding a Community Health Worker to Your Support Team

What is a Community Health Worker?

A Community Health Worker (CHW) is a trusted member of your community that understands the issues people in your area may be facing. They can help you improve your health and wellbeing by finding services and solutions that will allow you to meet your personal goals. CHWs educate their clients so they can become active in navigating their care plans and taking charge of their future.

You will benefit from a Community Health Worker if:

- You want to improve your health but don't know where to start
- You are trying to overcome a difficult situation
- You have mental health concerns
- You need help getting medications or understanding treatment plan
- You are in need of housing, food, childcare, transportation, employment, etc.
- Your mobility is restricted
- You have a new health concern
- You need a translator
- You have had an emergency room visit or hospital stay recently
- You are new to your doctor's office or clinic

Community Health Workers specialize in helping clients with:

- Difficult Health Conditions
- Resource Coordination
- Goal Setting
- Health Coaching
- Postpartum Support

"It was a very good thing because all of these doors opened... You know, when you've got people helping you, I believe a person is more likely to help themselves."

- Sam Mendez, Client of Kansas City Care Clinic

CHW benefit your patients

Transform a life.

Consider the benefits of having a ***Community Health Worker*** working with your patients.

A Community Health Worker (CHW) is a nonmedical health worker who has a common community, culture and language with the patients they serve.

This commonality allows CHWs to build trusting relationships with patients to be the link between health care, social services and other community resources.

CHWs serve their patients by offering education, informal counseling, social support and advocacy.

Patients that benefit the most from working with a CHW include those who are:

- New to your practice and community.
- Navigating a new life situation.
- Struggling to manage one or more health conditions.
- Requiring social services (housing, transportation, food, job security or childcare).
- Expressing mental health concerns.
- Encountering new health worries or concerns.
- Restricted in their mobility.
- Limited English proficiency.
- Seeking help to improve their health but are not sure how to get started.
- Trying to avoid going to the Emergency Department for routine visits.

For more information, visit www.kdheks.gov/chw.

COMMUNITY HEALTH WORKERS
Kansas Department of Health and Environment

Kansas
Department of Health and Environment

Thank you

Communities of Practice

- All Tribe gathering & Sustainability

  March 8th @ 12 CST /10 PST/ 1 EST/ 11 MST (90 minutes)
- Spanish Speakers: Establishing the space/Meet and Greet

  March 16th @ 12:30 CST/10:30 PST/1:30 EST/11:30 MST (90 minutes)
- CHW Integration into Health Systems

  March 27th @ 12:30 CST/10:30 PST/1:30 EST/11:30 MST
  - Four-part series
  - March, April, May, June

our next webinar

- CDC call for CCR-2109 and CCR-ETA 2110 recipients- 2 Session

  March 2, 2023 3:00 EST, 2:00 CST, 12 PST

  March 2, 2023 7:00 EST, 6:00 CST, 4:00 PST

- CCR-2109 Year 2, Period 1 Performance Measures Webinar: AMP Updates

  March 8, 2023 2:00 EST, 1:00 CST, 11:00 PST

wrap up

- Satisfaction poll instructions
- Materials will be sent out in a follow-up email
- Also accessible via AMP, Envision website, or YouTube

Q&A

drop questions in the chat or raise your hand

if you have a question for our panelists

thank you