

Illinois Employers Forum
South Suburban College
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What employers need to know about community health workers

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Project on CHW Policy and Practice

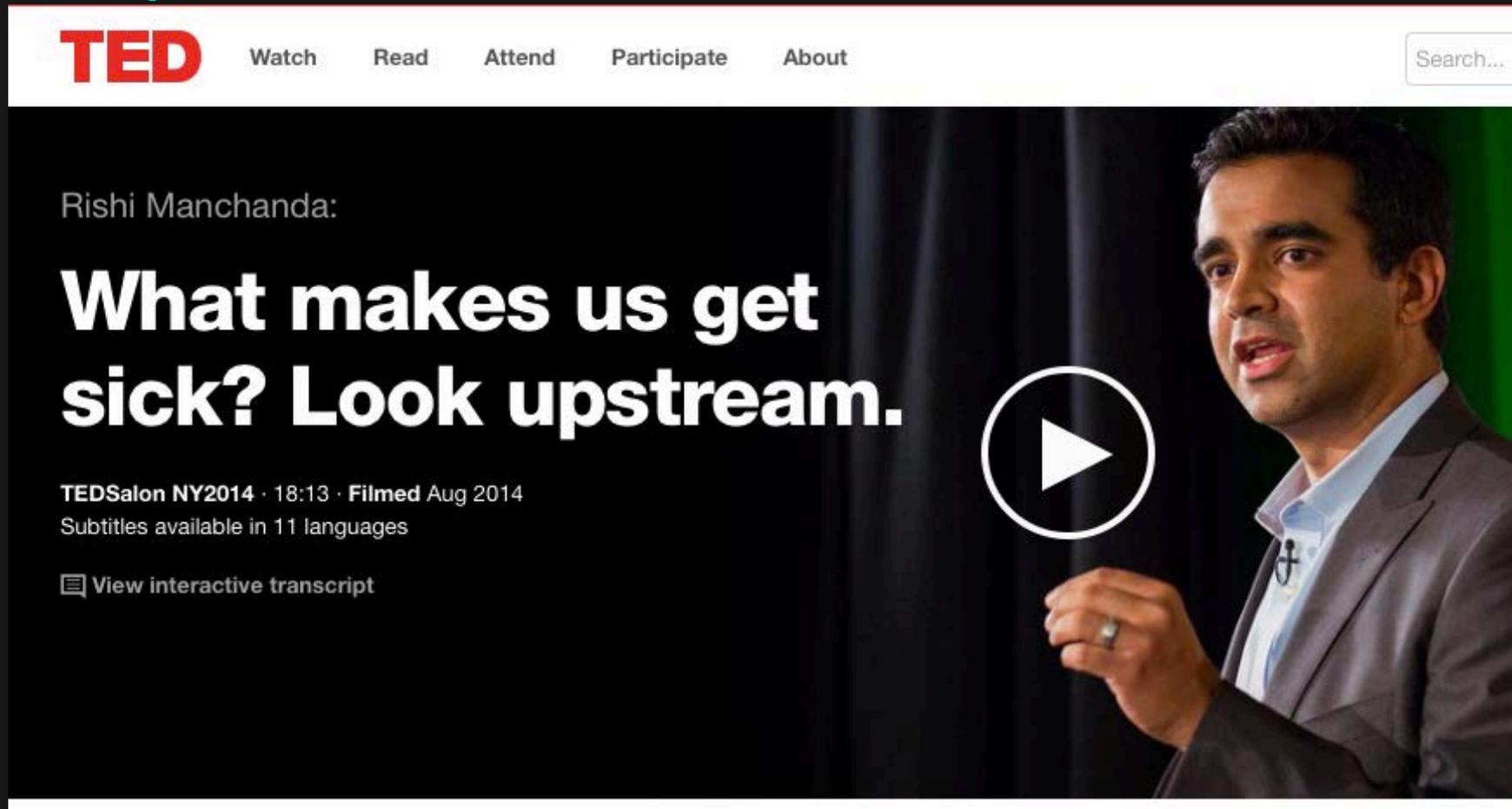
University of Texas – Houston, Institute for Health Policy



Topics for today

- Getting on the same page: who are CHWs?
- Why you should be interested: the demands of health care reform
- Employer FAQs
- How to get promised benefits: hiring, training, supervision

One physician's perspective



TED Watch Read Attend Participate About

Rishi Manchanda:

What makes us get sick? Look upstream.

TEDSalon NY2014 · 18:13 · Filmed Aug 2014
Subtitles available in 11 languages

 [View interactive transcript](#)

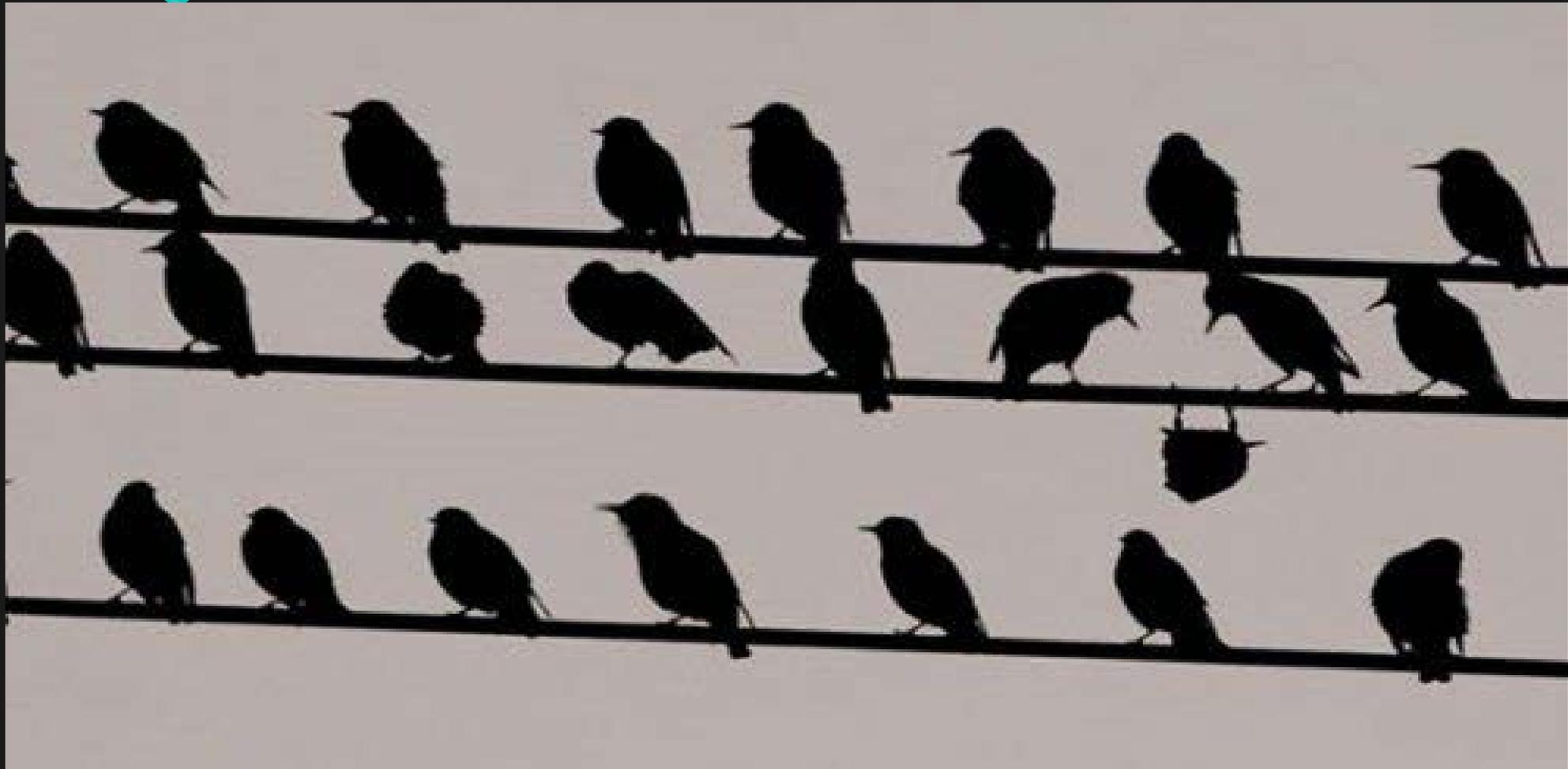


WHO ARE CHWs?

- trusted member of the community
- liaison/link/intermediary
- facilitates access
- builds capacity



CHWs are unlike other health-related professions



CHW role: national consensus (C3 Project)

1. Cultural Mediation among Individuals, Communities, and Health and Social Service Systems
2. Providing Culturally Appropriate Health Education and Information
3. Care Coordination, Case Management, and System Navigation
4. Providing Coaching and Social Support
5. Advocating for Individuals and Communities
6. Building Individual and Community Capacity
7. Providing Direct Service
8. Implementing Individual and Community Assessments
9. Conducting Outreach
10. Participating in Evaluation and Research

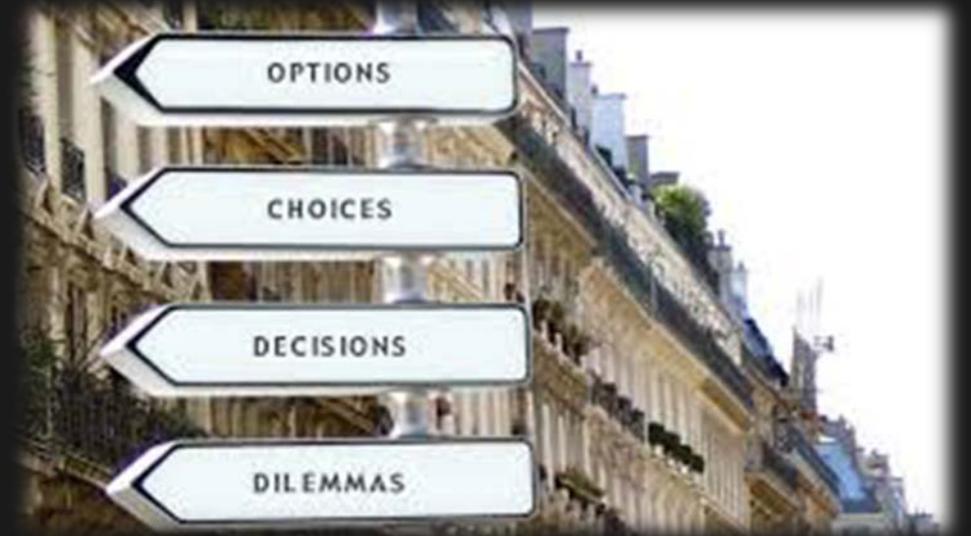
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WHY YOU SHOULD BE INTERESTED!

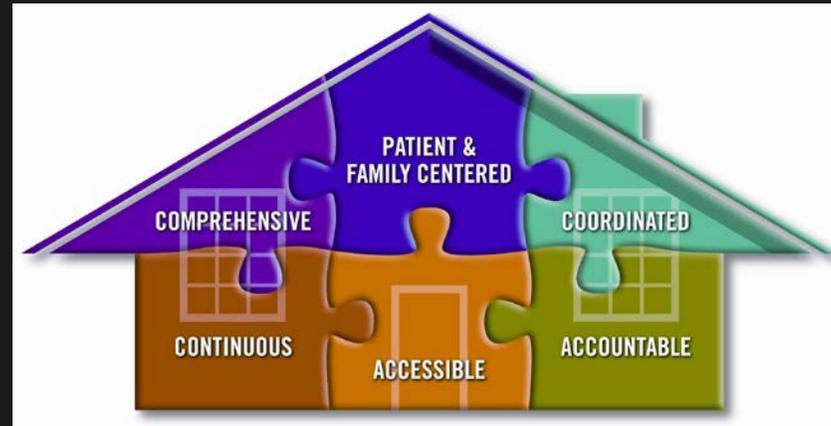
1. CHWs and Medicaid
2. The demands of health care reform
3. Distinctive capabilities of CHWs in health care

1. CHWs and Medicaid

- Roots of CHWs in anti-poverty/OEO
- Taxpayer stake in value
- Low-income recipients have multiple issues, including access



2. The demands of health care reform: new care structures



- Add accountability for health status
- ...need tools for a public health approach



3. Distinctive capabilities of CHWs in health care

- Relationship
- Trust
- Candid and continuous communication
- Social and Behavioral Determinants



EMPLOYER FAQs

1. Evidence: CHW effectiveness and ROI
2. Financing: promising strategies
3. Quality assurance and liability

1. Evidence of CHW impact on health outcomes is clear in many areas

- Birth outcomes: clearest evidence of preventive impact
- Diabetes: A1c, BMI, HTN, health behaviors
- Asthma: symptom control, missed days
- Cancer screening rates > early detection
- Immunization rates
- Hospital readmissions (care transitions)

Financial ROI can be dramatic - net 3:1 or better:

- Molina Health Care: Medicaid HMO reducing cost of high utilizers
- Arkansas “Community Connectors” in home-and community based care
- Community HUB “Pathways” reducing LBW/premature deliveries
- Texas hospitals: redirecting uninsured from EDs to primary care
- Langdale Industries: self-insured industrial company working with employees who cost benefits program the most

2. Financing: promising strategies

- Flexibility of Medicaid health plans
- Moves to value-based payment
- Self-financing: look for potential internal ROI
- Integration in team-based care in PCMH and ACO
- Integration of population health and behavioral health

3. Quality assurance and liability

- Concerns over CHWs' minimal clinical training
- QA is a matter for good worker training and supervision
 - Negotiate strategies based on shared commitment
- Liability: not really an issue
 - Analogy to other professions is based on misperceptions
 - States have ruled licensing CHWs is not necessary or appropriate
 - No known instances of lawsuits over CHW actions

GETTING THE PROMISED BENEFITS

1. Hiring the right people
2. Qualities of good CHW training
3. Integrating CHWs into teams
4. Working with community partners

1. Hiring the right people

- Look for the 3 C's of community
 - Connection TO the community
 - Credibility WITH the community
 - Commitment TO the community
- Accept unconventional qualifications
- User-friendly job postings
- Work with community partners to find "natural helpers"



2. Qualities of good CHW training

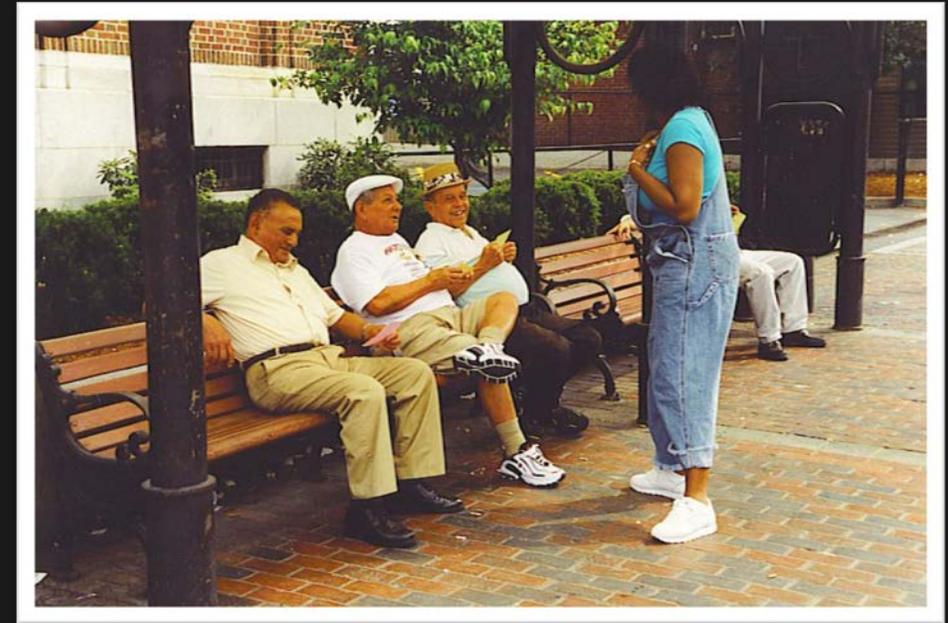
- Devote major attention to core skills (interpersonal)
- Use appropriate methods (experiential/participatory)
- Don't over-mediocalize!
- Don't skimp!

CHW Core Skills (C3 Project)

1. Communication Skills
2. Interpersonal and Relationship-Building Skills
3. Service Coordination and Navigation Skills
4. Capacity Building Skills
5. Advocacy Skills
6. Education and Facilitation Skills
7. Individual and Community Assessment Skills
8. Outreach Skills
9. Professional Skills and Conduct
10. Evaluation and Research Skills
11. Knowledge Base

3. Integrating CHWs into clinical operations/teams

- Role of direct supervisor is crucial
- Supervision requires special skills because of:
 - CHW role(s) and working style
 - Attributes of people who become CHWs
 - System challenges (including organizational culture)
- Supervision responsibilities:
 - Administrative
 - Employee development
 - Organizational relationships



Process of integration

- Organizational assessment: how big a change?
How ready are we?
- Planning for integration: what pieces need to be in place?
- Working with other team members: education and advocacy
- Working with the CHW: familiarization; cultural adaptation

4. Working with community partners

- Consider outsourcing CHW services
- Build on community connectedness of CBOs
- Build CBOs into Community Health Needs Assessments and Community Health Improvement Plans
- Roles for CHWs in research

Thank you!

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