Building the Community Health Worker Workforce in VT: A Promising Path to Quality Care

Centering the "Community" in Quality Health Care

Vermont Program for Quality in Health Care

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I believe that the community - in the fullest sense: a place and all its creatures - is the smallest unit of health and that to speak of the health of an isolated individual is a contradiction in terms. (pg. 146, Health is Membership)

VENDELL BERRY

Health Equity: A Principle AND a Destination

All have fair and just opportunities for good health – to live the healthiest life possible, no matter who we are, where we live, or how much money we make.

Paula Braveman, MD (2014) and RWJ Foundation

The absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically.

World Health Organization

UNEQUAL TREATMENT

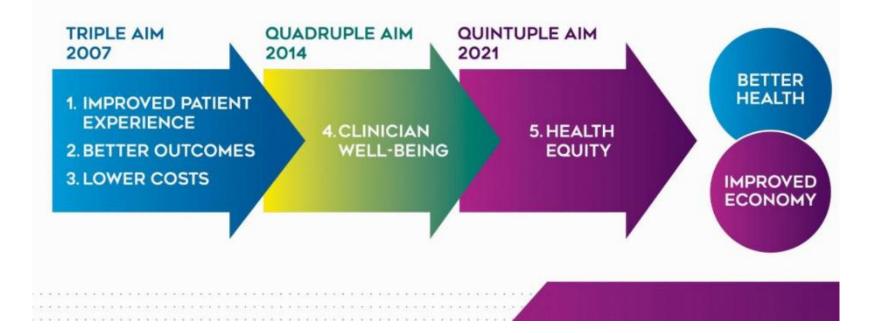
CONFRONTING RACIAL AND ETHNIC DISPARITIES IN HEALTHCARE Institute of Medicine: Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care: "Racial and ethnic minorities in the U.S. receive lower quality of health care than whites even when their insurance and income are the same."

Quality Care Must Be Equitable

Safe:	 Avoiding harm to patients from the care that is intended to help them. 			
Effective:	 Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively). 			
Patient-centered:	 Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions. 			
Timely:	 Reducing waits and sometimes harmful delays for both those who receive and those who give care. 			
Efficient:	 Avoiding waste, including waste of equipment, supplies, ideas, and energy. 			
Equitable:	 Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status. 			

Crossing the Quality Chasm The Institute of Medicine (IOM), 2001

EVOLUTION TO THE QUINTUPLE AIM



Health Equity and Health Care Improvement

... Health Equity requires a more fundamental transformation toward addressing upstream determinants of health.

The result is that the promise of quality improvement has been realized inequitably...

Quality improvement without equity as a fifth aim is a hollow victory.

--Shantanu Nundy, MD, MBA, Lisa A. Cooper, MD, et al.

Different health system requires different workers

A transformed health care system for communities and populations will require a transformed workforce.... with different knowledge and skills in

- ✓ prevention, care coordination, care process re-engineering
 - dissemination of best practices and team-based care
 - continuous quality improvement
 - the use of data to support a transformed system



PRESIDENT JOSEPH B. BIDEN, JR

CHWs were key in pandemic response AND ...

are key to supporting more than emergency response and recovery efforts

- Substance abuse
- > Interpersonal violence
- Mental health
- Lack of affordable housing
- Structural violence and racism
- Environmental hazards
- Disparate treatment and care

NATIONAL STRATEGY FOR THE COVID-19 RESPONSE AND PANDEMIC PREPAREDNESS

JANUARY 2021

NATIONALLY RECOGNIZED CHW 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 worker 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.



The full CHW definition is available on APHA's website (https://www.apha.org/aphacommunities/member-sections/community- health-workers)

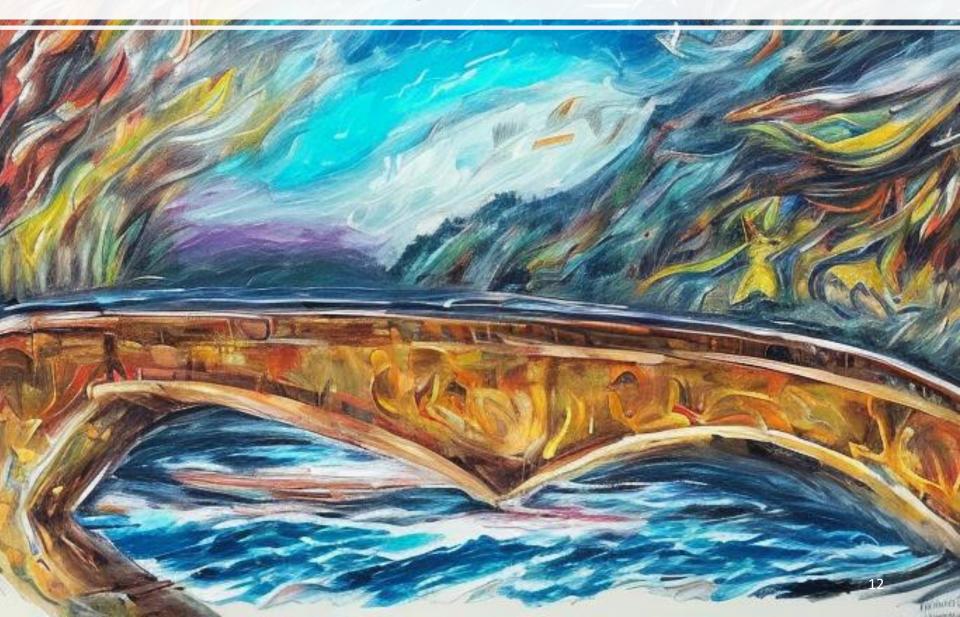




CHWs are a Proven Community-Based Workforce

- Share a socio-economic status, cultural affinity, language or other identity with their clients and lived experience
- Work with diverse populations in community settings and are trusted community leaders, grounded in community advocacy
- Build individual and community capacity and resilience in underserved areas and with marginalized populations
- Central to efforts to integrate medical, behavioral and social care in communities and address social determinants of health

CHWs: "Like a Bridge Over Troubled Waters..."



Community Health Worker Definition- Vermont



A Community Health Worker (CHW) is a frontline public health professional who is a trusted member of or has a close understanding of the community being served.



COMMUNITY HEALTH WORKER ROLES

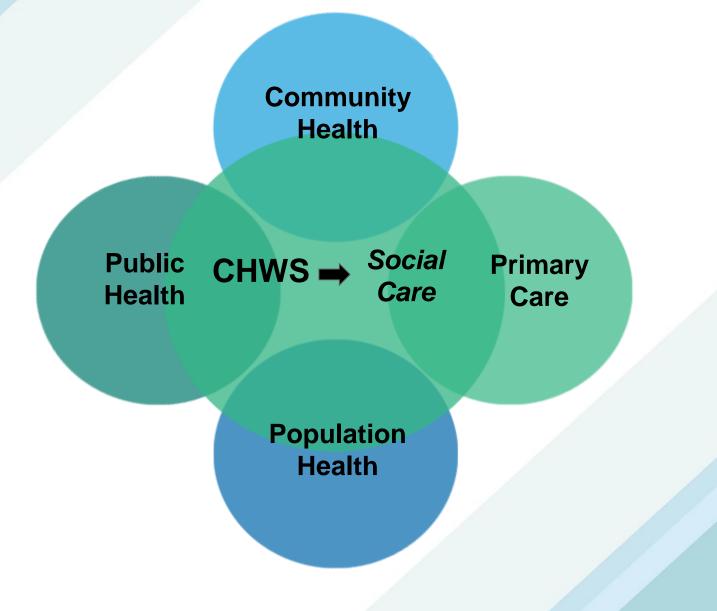
- Bridge/culturally mediate gaps between individuals, communities and the health and social service systems
- **Navigate** the health and human services systems
- Advocate for individual and community needs
- **Build** individual and community **capacity**
- Provide direct services (prevention & primary care)
- Provide culturally appropriate health education, information and outreach in community based settings

Community Health Worker Program Models

- Lay Health Worker/ Promotora de Salud Health Worker Model
- Member of Care Delivery Team Model
- Care Coordinator/ Manager Model

- Screening and Health Educator Model
- Outreach and Enrollment Agent Model
- Community Organizer and Capacity Builder Model

CHWS: A Workforce to Integrate Social Care into Health Care Delivery





Adding a CHW to the health care team is more than just adding another staff person. It involves changing the way care is delivered.

Finding Answers:

Disparities Research for Change RWJF



Individual-level Social Risk Factors & Social Needs

Social risk factors are specific individual-level adverse social conditions (i.e., adverse material and psychosocial circumstances) that are associated with poor health. Behavioral risk factors are not social risk factors. Social needs are the social risk factors that individuals (e.g., patients, clients, beneficiaries) identify and prioritize. Example: Food insecurity

Community-level Social Determinants of Health

Underlying community-wide social, economic, and physical conditions in which people are born, grow, live, work, and age. These conditions shape the distribution, chronicity, and severity of individual social risk factors and social needs. Example: Food desert

Societal-level

Structural Determinants of Health Equity:

The societal norms; macroeconomic, social & health policies; and the structural mechanisms that shape social hierarchy and gradients (e.g., power, racism, sexism, class, and exclusion), and, in turn, the distribution, quality, and chronicity of social determinants of health and social needs. Example: Supermarket redlining, structural racism

Source: HealthBegins. Upstream Communications Toolkit



Social Needs

Social Determinants of Health

Structural Determinants of Health Equity

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The CHW Movement: From a Workforce to a Profession

CHWs are

A Unique Workforce	A Community- Based Workforce	A Historic and Diverse Workforce	A Cross- Sector Workforce	A Proven Workforce	A Precarious Workforce
Community Health Workers (CHWs) are a one-of-a-kind group of public health workers.	Grounded in and committed to community advocacy, CHWs build relationships with those around them and help build treatment capacity in underserved areas.	The history of CHWs goes back hundreds of years in the US. Today, CHWs are known by many different titles — community health representatives, promotoras, aunties, peers, outreach workers, and many others.	CHWs reduce barriers to healthcare and build capacity in underserved communities, helping their communities achieve optimal health and wellbeing.	CHWs have proven how integral they are to clinical, public health, and social systems.	They are among the lowest paid public health professionals, and frontline community work exposes them to communicable diseases, violence, and other forms of secondary trauma.

Source: <u>https://nachw.org/the-six-pillars-of-community-health-workers/</u>





Create a statewide CHW network of CHWs and allies to develop a more diverse, skilled, and sustainable workforce

VT CHW Workforce Project Goals



Advance CHW workforce development through investments in standardized competencybased trainings, other educational opportunities and creating career paths



Facilitate development of a member-led CHW professional organization/association to center CHW voices in a recognized profession

PROJECT OBJECTIVES

Establish a statewide voice through a CHW member-led organization that defines/preserves professional identity

- Engage and unite CHWs, allies, champions & other stakeholders in a network to co-create sustainable strategies related to CHW workforce
- Educate stakeholders on the impact of CHWs; promote uniform programs and best practices—from core trainings to credentialing to employment
- Expand the health care infrastructure with CHW workforce
- Advance a more diverse, skilled and sustainable CHW workforce



Why CHW Core Roles & Competencies? Why the VT CHW ALLIANCE Workgroup?

In 2020, the VT CHW Steering Committee developed a list of CHW skills and roles but there was still limited recognition of the qualities and skills they need to do that work.

The VT CHW Project has been working from January 2023 to build a state consensus on a list of CHW core:

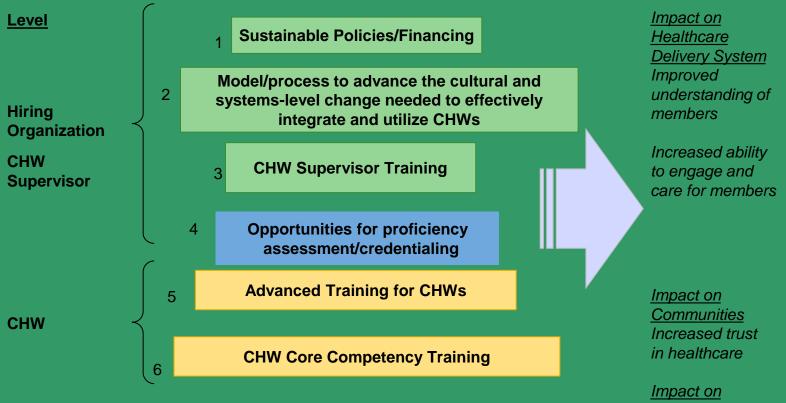
Also called Scope of Practice ROLES Qualities & Skills make up competencies & SkiLLS Individuals, Families, and Community Served

Skills

Roles

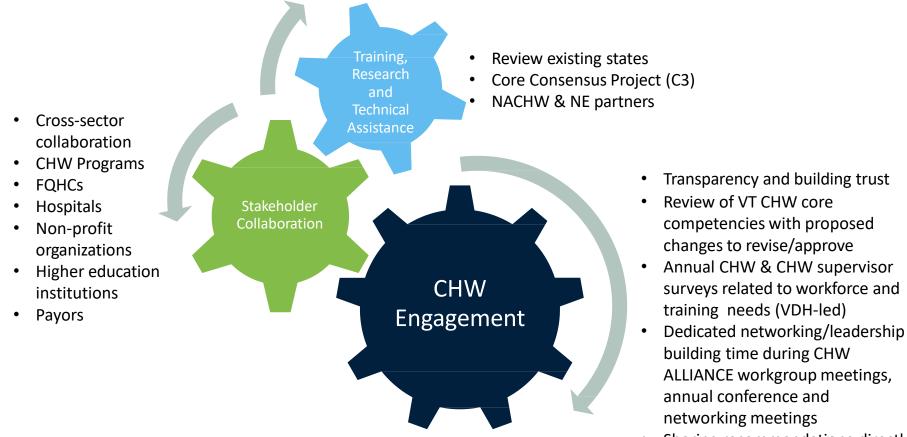
Qualities

Community Health Workers | Overview of Workforce Development Elements



Individuals Improved ability to achieve and maintain good health

Making a Path to a VT CHW Network

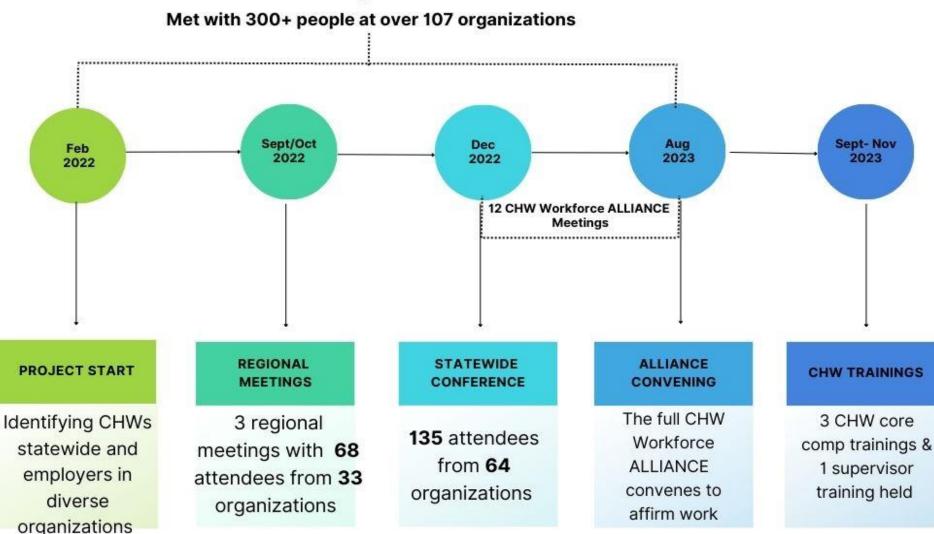


• Sharing recommendations directly





The VT CHW Workforce Initiative Project Timeline



Key Lessons Learned

- CHWs in VT are an underutilized but growing workforce in public health, health care, social services and community-based settings
- CHWs are geographically dispersed, carrying out CHW roles with many job titles (e.g., Care Coordinators, Resource Coordinators, Outreach Workers, SASH Coordinators, Cultural Brokers)
- More education is needed to support organizations' understanding of CHW roles and how they interface with those of other team members (e.g., social worker, case manager, care manager)
- More training/technical assistance is needed to support existing, new and emerging CHW programs, from CHW recruitment to successful team integration
- □ CHWs in VT have a strong desire to organize and network with each other
- CHW allies are positive about the future of CHW work and supportive of CHW expansion in their own organization

CHW Leadership & Participation: The VT CHW ALLIANCE...



Supports CHW leadership at every step

- Engaging CHWs' expert input as advisors, public representatives of the profession, and
- Consulting with and including CHW network "members" as stakeholders in the process
- Ensuring a majority of CHWs in workgroups on advisory groups

Promotes CHW self-determination

This value reinforces the American Public Health Association (APHA) CHW Section's resolution asserting 51% of committee members working on CHW–related policies and projects be CHWs.



Further develop, formalize and sustain a VT CHW memberled statewide organization/association



Encourage public and private investments in statewide, regional and local CHW workforce development initiatives

NEXT STEPS:



Continue to assess opportunities to enhance CHW capacity and sustainability with a wide range of stakeholders, including state and federal legislators



Promote sustainable training and mentoring opportunities for CHWs and avenues for professional recognition, credentialing and career pathways



Provide technical support, trainings and resources for CHW employer organizations and prospective employers, across service sectors

The Workforce We Need for the World We Want !

The National Association of Community Health Workers (NACHW) holds Community Health Workers must achieve national professional identity, policy leadership and sustainability to:

- Address growing U.S. public health worker shortages
- Strengthen pandemic readiness, especially at the community level
- Reduce cost and disease by prioritizing the social determinants of health
- Strengthen community investment and resilience
- Achieve racial and health equity for marginalized communities



NACHW NATIONAL CHW POLICY PLATFORM

NACHW calls on public and private institutions to:

RESPECT CHWs PROTECT CHWs PARTNER with CHWs SUSTAIN CHWs

Questions? Comments?



THANK YOU! We want to hear from you!

Want more information or interested in joining our work? Reach out to Katina at kcummings@svtahec.org, 802.885.2126 X 106

Learn more at svtahec.org



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