Community Health Workers & Promotores de Salud (CHW/Ps)

• CHW
  • “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.” (APHA)

• Promotores de Salud
  • A Spanish term “used to describe trusted individuals who empower their peers through education and connections to health and social resources in Spanish speaking communities” (MHP Salud, CDC)

https://www.apha.org/apha-communities/member-sections/community-health-workers
Community Health Workers in California

• 5,720 CHWs estimated to be employed in California, as of May 2019*

• This estimate from the Bureau of Labor Statistics does not necessarily account for Promotores de Salud, or unpaid CHW/Ps

Some context

California, USA
• Population ~39.8M
• GDP per capita: ~ $59K
• CHWs: >5720
• COVID-19 (as of 9/13)
  • Cases: 754,923
  • Deaths: 14,329

Kerala, India
• Population: ~35M
• GDP per capita: ~$3.2K
• CHWs: >28,000
• COVID-19 (as of 9/10)
  • Cases: 108,000
  • Deaths: 439
Insights from a current California-based CHW/P effort

Convening California CHW/P leaders & allies

- Supported by California Health Care Foundation
- May-October 2020
- Convene CHW/P leaders and allies to identify and pursue opportunities to improve public health & health care efforts
- Identify Bright Spots

CHW/P Employers:
- community-based organizations;
- health plans and managed care organizations;
- health care delivery systems (hospitals and health centers);
- public health departments.

CHW/P Training entities e.g. academic institutions or job training programs

Membership organizations or networks e.g. statewide CHW/P networks, hospital or health care membership organizations

Allies e.g. advocacy organizations
CHW/Ps perform a range of roles and services across sectors

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<td>• Provide psychosocial support and resources to isolated patients</td>
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Some excerpts from the California CHW/P Bright Spot Survey

Our statewide cadre of Community Health Workers have adapted their focus to provide virtual education to answer the community’s questions regarding breast and cervical health in the time of Covid-19

We've created a written guidance document for home visiting practices related to COVID/remote services. We've updated it to reflect returning to the workplace

Several students and alumni of the Valley High School CHW Program have formed a CV Task Force and are monitoring the public-facing CV dashboards and creating a Spanish language brochure

Related to COVID-19 we have offered several webinars in Spanish, developed an online resources page on COVID-19, offered virtual classes of Zumba and Yoga, and an online mental health program, "Encuentros para Sanar" offered twice a week in Spanish, with psychologist and social services professionals.

CHWs/Peers are engaging with patients in new ways due to COVID-19. They connect with patients virtually as soon as they're discharged from the hospital

Engaging the severely homeless mental ill into street medications as opposed to 5150

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We have also been assisting the nurses with COVID-19 testing at skilled nursing facilities, homeless encampment or housing sites, and at other outbreak sites. At these testing sites, the CHW/Ps are responsible for registration for those who want to get the test

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This semester we are seeing record interest in our CHW program and elective courses. Even those working in other aspects of health and social services are looking specifically to be trained as Community Health Worker…the profession in general is gaining traction…our college is collaborating with our local Department of Public Health in aligning our training and curriculum

outreach and education in COVID-19 hotspots via physically distant in-person outreach, via phone, an infomobile that drives around with messages thru a loudspeaker, and through a COVID-19 Call Center that runs 7 days a week...

We directly employ CHW's in our CM and UM Depts., contract entities that employ CHW's as active members of the care teams to serve chronic or complex members and provide support for training CHW'

During the Covid outbreak, our CHEWS (Community Health & Education Workers) were able to quickly move into emergency response mode and deliver over 4000 boxes of food to food insecure families in the city of San Bernardino and surrounding areas.

trained over 150 volunteer CHWs to provide telephone education, emotional support and help accessing resources to over 1600 patients mandated isolation or quarantine due to Covid-19 exposure.

during COVID19 they are being trained for contact tracing by UCI School of Public Health in partnership with other CBO’s in Orange County. We believe we are contributing to the healthcare workforce during an unprecedented time.

As CHW's we are...going to skilled nursing facilities to assist with Covid-19 testing, to transporting supplies from testing sites to health centers, sharing resources to LA County community members that help this through this pandemic, and assist the ICS Interview team with PUI interviews and contact tracing
California CHW/P Bright Spot Survey Results (to date)

- 30 organizations have completed the survey (to date)
- 965 CHW/Ps directly employed or supported financially in full-time or part-time roles
- Additional 2,782 CHW/Ps engaged as unpaid volunteers

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<th>Most common activities performed by CHW/Ps (as of 8/31/20)</th>
<th>% of orgs (n=30)</th>
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<td>Educate residents/patients about COVID-19 and basic safety measures (hand washing, wearing a mask, social distancing)</td>
<td>87%</td>
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<td>Support residents/patients to access or enroll in public benefits, including health insurance, CalFresh, WIC, etc</td>
<td>70%</td>
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<td>Improve linkages to health care (in-person and/or virtual)</td>
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<td>Provide care coordination, navigation and accompaniment for marginalized, high-risk patients with complex needs</td>
<td>67%</td>
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<td>Educate and support residents/patients to access COVID-19 TESTING</td>
<td>63%</td>
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<td>Provide resources and psychosocial support to other residents/patients</td>
<td>63%</td>
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<td>Screen for social needs and/or linkages to community resources</td>
<td>63%</td>
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<td>Provide resources and psychosocial support to residents/patients who need to be in ISOLATION or QUARANTINE</td>
<td>47%</td>
</tr>
<tr>
<td>Educate and support residents/patients to participate in CONTACT TRACING</td>
<td>37%</td>
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<td>Perform CONTACT TRACING or resource coordination as part of efforts led by the local public health department</td>
<td>37%</td>
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<td>Support CENSUS participation</td>
<td>37%</td>
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<td>Support and/or lead community ORGANIZING and ADVOCACY efforts</td>
<td>33%</td>
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<td>Support nonpartisan VOTER engagement and registration</td>
<td>20%</td>
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Evidence:
Integration of Community Health Workers into Health Systems
CHW/Ps are, by definition, community-based, cross-sector workers. Assessing their value and impact in one sector will tend to underestimate the overall value and impact of this occupation.

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Mounting evidence of CHW/P benefits for health systems and patients

RANDOMIZED CONTROL TRIALS (RCTs):

- **Patient-Centered** CHW Intervention to Improve Posthospital Outcomes (RCT Study) Through the Development of Individualized Action Plans for Recovery and Tailored Support
  
  Increased likelihood of obtaining primary care, increased mental health improvements, and reduced likelihood of multiple 30-day readmissions from 40% to 15.2%.

- **CHW Support** for Disadvantaged (High-Poverty and Publicly Insured Patients) with Multiple Chronic Diseases (RCT Study)
  
  Improvements in mental health, increased support for disease self-management (63% compared to 38% control group), lower hospitalization (16% compared to 17.8% after six months, 23% compared to 32% after one year.)

INTerventions FOR CHRONIC DISEASE MANAGEMENT

- **Maryland Study on Effects** of Nurse Care Managers and CHWs on Diabetes-Related Health Complications Among African Americans
  
  Patients receiving services from both a CHW and a nurse case manager had the greatest declines in A1C (glycosylated hemoglobin) values, cholesterol triglycerides, and diastolic blood pressure.

- **Florida CHW-Led Educational Program and Service Coordination to Address** Diabetes and Cardiovascular Disease
  
  The project saw successes in motivating participants to take steps to delay or prevent diabetes and/or cardiovascular disease, and increased patients' reported desire to take better care of their health.

ROI of CHW/P interventions

- Studies indicate significant ROI for CHW/P interventions in health care
  - Ranges from $2.28 - $15 for every $1 dollar spent
- But ask yourself: Why is ROI mentioned in certain conversations but omitted from others?


Insights on CHW/P integration

• There are varying models of CHW/P integration in health care, ranging from direct hire to independent relationships with CHW/Ps

• The quality of CHW/P integration depends, in part, on relational domains
  
  • Communications about patient care
    • e.g. Can CHW/Ps and providers easily inform each other about patient needs?

  • Sharing of provider expertise
    • e.g. Do CHW/Ps have opportunities to strategize with the health care team about patient care and give input? Do CHW/Ps train providers on the health care team?

  • Level of autonomy
    • e.g. What level of autonomy and supervision do CHW/Ps have? Are they asked to employ critical thinking or simply follow instructions?

When pursuing integration of CHW/Ps in healthcare, avoid undermining their intrinsic value and power

- Despite a rich history providing essential health services in the U.S., CHW/Ps have long been marginalized and overlooked by formal health care and public health workforces and policymakers.

- As health care shifts to value or outcomes-based payment models, and as societal demands to advance health equity increase, many in health care are now recognizing the value of this “emerging” occupation.

- This ways in which health care leaders work with, support, and integrate CHW/Ps will shape the direction for this occupation as well as health care itself.

"[There are] two very different future models for the CHW: one where the CHW workforce serves the community by engaging in advocacy and empowerment, and other based on the training and deployment of a professionalized, specialized workforce.

Although the latter may be more readily accepted by the health system, it would represent a significant break with the historical roots of the CHW movement, could create barriers to entry into the profession and could diminish the community trust in CHWs that is arguably a core element in their mode of impact."

While pursuing integration of CHW/Ps, health systems can help elevate and advance this workforce

Endorse Community-Based Workforce Principles

- Released by HealthBegins on May 19, 2020
- Supported by a new national alliance
- Core premise:
  - A community-based workforce can make pandemic response & recovery efforts more effective and equitable
Community-Based Workforce Principles for Pandemic Response and Resilience
Developed by HealthBegins. Released May 18, 2020

Recruit with a racial equity framework
Apply a racial equity lens to recruit contact tracers from highly impacted communities. Pay a living wage. Include residents, trusted workers & leaders in governance & advisory groups.

Invest in trusted workers, including CHWs
Response & recovery will move at the speed of trust. Pay and expand the authority of trusted, trained community health workers & promotores (CHW/Ps) to support and join contact tracers.

Strengthen connections with psychosocial services
Use social vulnerability data and proven tools to identify household psychosocial needs among isolated/quarantined contacts and to connect them to community nonprofit resources.

Launch a community-based jobs program
Leverage existing and expected federal funds to engage unemployed or dislocated workers with living wage jobs that meet contact tracing & other community needs.

Embed job training & pipelines to local careers
Engage nonprofit workforce training partners to address basic skills gaps and create a pipeline to careers in local health departments, community-based organizations, and local businesses.

Strengthen community infrastructure & financing
Braid funds to sustain essential nonprofits and invest in outcomes funds, wellness trusts, and other place-based payment models that align with long-term community health outcomes.
Organizations that have endorsed Community-Based Workforce Principles to date (August 1, 2020)

On May 22, 2020, many of these organizations came together to form the national Community-Based Workforce Alliance.

The Alliance is committed to supporting local, state and federal leaders to advance the Community-Based Workforce Principles in contact tracing and broader pandemic response and resilience efforts.
Thank you!

Contact me:
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