

## Community Health Worker Task Force - Executive Summary

The Community Health Worker<sup>1</sup> (CHW) Task Force, was convened with the overarching purpose of developing policy and system change recommendations to align the Community Health Worker workforce with the work of the Healthier Washington Initiative. Task Force members considered the continuum of CHWs from volunteers, to CHWs employed as generalists who support the overall health and well-being of individuals and communities, to CHWs working in specialized roles as members of care coordination teams.

The Healthier Washington initiative has 3 main areas of action to achieve the goals of the initiative: 1) building healthier communities through a collaborative regional approach; 2) ensuring health care focuses on the whole person; and 3) improving how services are paid for. Convening the CHW Task Force acknowledged that based on their life experiences and roles as health influencers within their communities, Community Health Workers are necessary to achieve the goals of Healthier Washington within the changing environment of health reform. This assumption is rooted in research which demonstrates that CHWs can improve health outcomes and the quality of care while achieving significant cost savings, particularly when working with underserved populations.

The 55 CHW Task Force members represented various sectors from across the state including legislators, physical and behavioral health care delivery systems, local health jurisdictions, community-based organizations, managed care organization, Tribes, education, professional associations, labor, philanthropy, and state government. To ensure that authentic community voice and leadership was embedded into these recommendations over 30% of Task Force members were CHWs themselves. Throughout the process, all Task Force members agreed and were able to align on all of the recommendations organized in 4 general categories: 1) overarching guidelines & strategies; 2) definition, roles, skills & qualities (or attributes); 3) training & education; and 4) finance & sustainability considerations.

The CHW Task Force recommends that Washington adopt the American Public Health Association's **definition**:

To meet the goals and demands of the Triple Aim, the Task Force believes we must rethink how to carry out efficient and effective care with the community as the center. The Task Force recommends that Healthier Washington, the Accountable Communities of Health, the Practice Transformation Hub and key health reform

A community health worker 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.

partners use four overarching strategies to guide the development of policies related to CHWs detailed in the report.

- Describe the Community Health Worker Model as an innovative strategy for health, social service and educational systems. At the center of this model are the CHWs; whose essence is their 'heart of service' and whose passion is the health and well-being of their communities.
- Include CHWs and key leaders in all decision making forums affecting CHWs' work.
- Build the CHW model into Healthier Washington's strategic and operational plans to recommend best practices of how to integrate and support CHWs for greatest individual and system outcomes.
- Convene a group of leaders to further design and develop flexible and secure funding mechanisms, for a thriving CHW workforce

This is the time to utilize and invest in CHWs as an essential community engagement and population health strategy to support meeting the Triple Aim. The recommendations outlined in the following report provides a platform for government, policymakers and stakeholders, as well as private sector providers, payers, organizations to support a CHW workforce and integration of CHWs within the Healthier Washington initiatives and supporting health reform efforts.

\* The Task Force acknowledged that in some cultures the word unusual is not easily translated. The Task Force acknowledges the following synonyms to clarify what unusual means: unique/exceptional/remarkable/special/etc.

---

<sup>1</sup> Community health workers (CHWs) are known by many names, including, promotores(as) de salud, Community Health Representatives (Indian Health Services), and community health advisors. For the purpose of this report we use Community Health Workers as an umbrella term that encompasses this diverse workforce.

The Task Force recommends that Healthier Washington, the Accountable Communities of Health the Transformation Hub and key stakeholders use three overarching strategies to guide the development of policies related to CHWs.

- Define the Community Health Worker Model as -- an innovative strategy for health, social service and educational systems. At the center of this model are the CHWs; whose essence is their 'heart of service' and whose passion is the health and well-being of their communities.
- Include CHWs and key leaders in all decision making forums affecting CHWs' work.
- Build the CHW model into Healthier Washington's strategic and operational plans to recommend best practices of how to integrate and support CHWs for greatest outcomes.

Definition, Roles, Skills and Qualities. The Task Force recommends that Healthier Washington, the Accountable Communities of Health and partner agencies adopt the following definition, roles and skills as a guide for the work successful Community Health Workers do.

CHW Definition. The CHW Task Force recommends that Washington adopt the American Public Health Association's definition of a Community Health Workers in relevant initiative and Innovation Plan work and corresponding documentation:

A community health worker 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.

CHW Roles. The Task Force acknowledged the three unique capabilities of CHWs: 1) relationship and trust building with communities of color/ underserved/low income populations, 2) facilitating valuable communication between providers and patients or community members and decision-makers, and 3) addressing the social determinants of health at the individual and community level.

The Task Force recommends the following roles for CHWs, recognizing that no CHWs will perform all of these roles. The purpose is to describe the broad roles Community Health Workers (CHWs) may serve across multiple context and to focus on health and equity, not just healthcare. There is no expectation that CHWs fulfill every role listed. Ultimately, the CHWs employer will identify which roles would be suitable to achieve their needs. The Task Force assumes all roles will be performed with appropriate training and supervision and CHWs will attain the certifications appropriate to the services they provide. The roles are not listed in priority order.

- 1. Cultural Mediation among Individuals, Communities, and Health and Social Service Systems.** CHWs educate individuals and communities about navigating health and social service systems and educate systems about community perspectives and cultural norms. They build health literacy and cross-cultural communication.
- 2. Providing Culturally Appropriate Health Education and Information.** CHWs conduct health promotion and disease prevention education in a manner that matches linguistic and cultural needs of participants or community. They provide necessary information to understand and prevent diseases and to help people manage health conditions.
- 3. Conducting Outreach.** CHWs find and recruit individuals that would benefit from services. They follow-up on health and social service encounters with individuals, families, and community groups and help problem solve any barriers. They conduct home visits to provide education, assessment, and social support and present at agency and community events

- 4. Care Coordination, Case Management, and System Navigation.** CHWs participate in making referrals, care coordination and/or case management, with an emphasis on connecting individuals to their medical home/primary care provider. They connect individuals to community resources and services. As a part of this work they document and track individual and population level data and inform decision-makers and systems about community assets and challenges
- 5. Providing Coaching and Social Support.** CHWs provide support and informal coaching to individuals. They motivate and encourage people to obtain insurance coverage, care and other services when applicable, and support self-management of disease prevention and management of health conditions within the parameters set by the organization and supervisor. They also plan and/or leading support groups
- 6. Advocating for Individuals and Communities.** CHWs advocate for individuals as well as for the basic needs and perspectives of communities. A part of this advocacy may be participating in policy advocacy.
- 7. Building Individual and Community Capacity.** CHWs build individual's capacity to manage their health and well-being by teaching skills, expanding the individual's knowledge and supporting their empowerment to participate in individual, family, community and systems improvement. They building community capacity by strengthening a sense of community and social connection, identifying and coordinating the use of individual and community assets/strengths, defining community development pathways, strengthening and diversifying leadership, increasing participation in decision-making and training and building individual capacity with CHW peers and among groups of CHWs to improve individual and community health.
- 8. Providing Direct Service.** CHWs provide basic screening tests (e.g. heights & weights, blood pressure) and, with adequate supervision and training, basic services (e.g. first aid, diabetic foot checks).
- 9. Implementing Individual and Community Assessments.** CHW participate in design, implementation, and interpretation of individual-level assessments (e.g. home environmental assessment) and community-level assessments (e.g. windshield survey of community assets and challenges).
- 10. Participating in Evaluation and Research.** CHWs engage in evaluating CHW services and programs. They identify and engage research partners, and support community consent processes. They participate in evaluation and research by supporting the identification of priority issues and evaluation/research questions, development of evaluation/research design and methods, data collection and interpretation, vetting findings with the community and engaging stakeholders to take action on findings

\*The Task Force acknowledged that in some cultures the word unusual is not easily translated. The Task Force acknowledges the following synonyms to clarify what unusual means: unique/exceptional/ remarkable/special/etc.

CHW Qualities. Research suggests a critical components of effective CHW programs/initiative is hiring people who have the qualities or attributes that align with their roles and responsibilities. To that end the Task Force recommends Healthier Washington, the Accountable Communities of Health and partner agencies communicate and disseminate CHW qualities or attributes as foundational for Community Health Workers success including:

- Connected to Community
- Culturally sensitive, able to work with diverse communities
- Empathic, Caring, Compassionate and Humble
- Persistent, Creative and Resourceful
- Open-minded/Non-judgmental
- Honest, Respectful, Patient, Realistic
- Friendly, Engaging, Sociable
- Dependable, Responsible, Reliable

CHW Skills. The Task Force sought to describe the breadth of skills Community Health Workers (CHWs) need to successfully perform all of the roles listed above. There is no expectation that individual CHWs have all the skills listed below. Ultimately, the organization where the Community Health Worker resides will identify which skills are appropriate and necessary to achieve their goals, with support and supervision. The skills are not listed in priority order.

- 1. Communication Skills** including the ability to communicate in culturally and linguistically appropriate ways, including using an interpreter when appropriate, and using translated materials when available , use plain and clear language, communicate in ways that engage individuals and communities, translate professional terminology and jargon into lay language, listen actively and communicate with empathy, document work in various formats, including written, oral and electronic and identify and use equity language.
- 2. Interpersonal and Relationship Building Skills** including the ability to provide informal coaching and social support, cultivate relationship trust that supports self-determination, conduct self-management coaching that promotes self-advocacy and activation, use interviewing techniques, work as a team member and understand the roles and responsibilities of all team members, manage conflict and practice openness to a variety of cultures and respect cultural and individual healing practices.
- 3. Service Coordination and Navigation Skills** including the ability to navigate and coordinate care (including identifying and accessing resources and overcoming barriers) for individuals and families in collaboration with multiple systems, appropriately connect clients to resources, without duplicating services, facilitate development of an individual and/or group action plan and goal attainment, and follow-up and document care and referral outcomes.
- 4. Capacity Building Skills** including the ability to help others identify and develop to their full potential, network, build community connections, and partnerships, increase individual and community empowerment by building coalitions and organizing individuals and communities and mobilize or organize a community around a common issue.
- 5. Advocacy Skills** including the ability to teach self-advocacy skills, speak up for individuals and communities, collect and/or use information from and with community members, be community led and driven and/or contribute to policy development at program, organizational, system and legislative levels, advocate for social change, bridge perspectives for policy change and support and champion social and racial equity.

- 6. Education and Facilitation Skills** including the ability to seek out appropriate information and respond to questions about pertinent topics, plan and conduct classes and presentations for a variety of individuals and groups, use a range of appropriate and effective active learning techniques both with individuals and groups, facilitate group decision-making and discussions, and collaborate with other educators and content experts.
- 7. Individual and Community Assessment Skills** including the ability to participate in individual assessment through observation and active inquiry in order to inform conclusions or actions, provide appropriate health screening and education, participate in community assessment through observation and active inquiry to inform conclusions or actions, utilize community wisdom and voice to identify community needs and serve vulnerable individuals and provide and use information and data.
- 8. Outreach Skills** including the ability to build trust, organize events and conduct community outreach, recruitment and follow-up with individuals, and gather or prepare appropriate resources and materials and disseminate effectively.
- 9. Professional Skills and Conduct** including the ability to set goals, to develop and follow a work plan, and know where to go for help, self-organize in order to balance priorities and manage time, identify and respond effectively to emergencies, use pertinent technology applicable to the setting, pursue continuing training and/or education, work safely in community and/or clinical settings, observe ethical and legal standards, follow organizational, research and/or grant policies and procedures, participate in professional development and in networking among CHW groups, set boundaries and practice self-care and work independently, while using organizational and supervisory support as appropriate.
- 10. Experience and Knowledge Base** including knowledge about pertinent health issues, healthy lifestyles, trauma informed care, and self-care, whole person care (integration of mental/behavioral and physical health care), basic public health principles, the needs of the community served, how health is affected by the conditions in which we live, learn, work and play, local, state, regional and national resources, systems and their cultural context and race, equity and social justice issues. CHWs also need the ability to discern reliable, evidence based answers and to problem solve and think critically
- 11. Direct Service Skills** performed with appropriate training and supervision and training certifications as appropriate including the ability to conduct measurements within industry standards, administer assessments and lead self-monitoring assessments, work independently with appropriate supervision, understand and communicate the importance of preventative screenings from multiple perspectives, and understand and follow guidelines, protocols, rules and standards.
- 12. Evaluation and Research Skills** performed with appropriate training and supervision including the ability to synthesize information from multiple resources, prioritize and summarize information, conduct surveys and lead focus groups or interviews, and keep information confidential as appropriate.

Training and Education. The Task Force recommends Healthier Washington, the Accountable Communities of Health and partner agencies adopt the following training and education proposals as a guide for developing CHW training and education initiatives and programs:

#### Framework considerations

1. Develop Core-CHW training and education programs to prepare CHWs generalists to support the health and well-being of individuals and communities including:
  - a. Minimize barriers to participation of communities of color/ underserved/vulnerable communities (e.g., cost, length of training, prior education requirements, etc.)
  - b. Teach transferable skills that align with CHW roles and responsibilities.
  - c. Teach skills that cross multiple roles, rather than all the skills needed to perform all roles.
  - d. Design multilingual and competency based programs with materials readily available in multiple languages.
  - e. Connect to other educational opportunities that allow CHWs who want to transition into other health and human service professions to get credit for his or her education and experience (e.g., stackable certificates that can be applied to a degree program).
  - f. Allocate funds for the implementation of a training and education system that will enhance and increase opportunities for authentic and responsive CHW training
2. Provide additional continuing education opportunities to prepare CHWs with expertise preparing them to be successful in specific roles such as diabetes, mental health, etc.
3. Convene a workgroup to identify additional training that may be needed to successfully perform each of the recommended CHW roles so employees and employers know what additional training is needed to perform specific roles

#### Content considerations

1. CHW Core Curriculum should include technology skills, communication skills, self-care/boundaries, building individual and community capacity, cultural competency, equality/social justice, outreach and in-reach, leadership and career development, data collection and community assessment, behavioral health, physical health and oral health and the ways in which they are interrelated, system navigation (medical, social, educational and human service systems) and the heart of service (Servicio de Corazon).

#### Instructional considerations

1. Promote instructional practices that build on the unique lived experiences of CHWs.
2. Based on prior assessments, involve seasoned CHWs as part of instructional team in a settings that is appropriate to the community. Develop mobile instructional teams in order to serve individuals across the state.
3. Adopt a broad style of teaching that supports popular education modalities and philosophy.
4. Deliver instruction in a method that meets learning styles and on-the-job contexts such as Job-shadowing, online modules and mentorship.
5. Provide fellowship and mentorship opportunities post-training.

## Organizational considerations

As with any workforce component, CHW success is dependent on agencies and administrations ability to support CHWs across systems. *Healthier Washington* has an opportunity to set a clear path towards community health that has the potential to influence our state's landscape. Therefore the CHW Task Force recommends Healthier Washington and other key stakeholders:

1. Partner with community, agencies and CHW employers to identify the health, social service and education system changes needed to optimize community health worker outcomes within that system
2. Provide information and training to clinic and agency board members and management teams on the role and value of Community Health Workers, and the infrastructure needed to effectively support their work (e.g. how to integrate CHWs into care teams, supervision, supporting work in the community, etc.)

**Finance.** The recommendations and considerations below focus on continued development of new financing strategies that move on from what is often piecemeal, patchwork, or time-limited funding that supports community health worker programs and ways to increase the knowledge and understanding of community health worker roles, skills and value. To meet the goals and demands of the Triple Aim we must rethink how to carry out efficient and effective care with the community as the center. If the CHW workforce is to thrive, it is critical to secure a sustainable funding mechanism.

**The Task Force recommends** Healthier Washington convene a workgroup of key leaders from the Task Force to further develop sustainability levers.

**The Task Force recommends that Healthier Washington consider a range of financing options including,** changes to Medicaid managed care contracts, hospital funding patterns, incentivize Accountable Communities of Health and Behavioral Health Organizations, practice Transformation HUB could prioritize CHWs as a key strategy in creating community linkages and support the development of local, regional and statewide CHW networks and explore a Wellness Trust (Funding pool raised and set aside specifically to support prevention and wellness interventions to improve health outcomes of targeted populations. CHWs can be an authorized strategy for community engagement, prevention, and mitigation).

**Sustainability.** All by the three workgroups made recommendations to support the sustainability of a CHW workforce in Washington. **The Task Force recommends:**

1. Healthier Washington identify the health, social service and educational system changes necessary to optimize CHW best practices.
2. The Healthier Washington Practice Transformation Hub disseminate the Task Force's list of Community Health Worker definition, roles, skills, qualities and principles to multi-sector groups including providers, Accountable Communities of Health, social service organizations, and affiliation groups, educating them on the value a Community Health Worker workforce can provide to improve population and patient health outcomes.
3. Healthier Washington create a communication guide for providers including:
  - a. CHW Education "kits" explaining role and value of CHWs for non-CHWs in the workforce; including education on how to incorporate and compensate CHWs on their teams.
  - b. Disseminate CHW success stories.
  - c. Create large forums for all stakeholders to see the positive outcomes of CHWs efforts.
  - d. Design materials; clear talking points for non-CHWs to understand CHW role.
4. Healthier Washington explore ways to incubate, test, and evaluate CHW projects as a part of transformation innovation.
5. Healthier Washington encourage statewide CHW coalition building in order to develop a system of CHWs that can support health across the multiple domains where CHWs and other peer based professionals work.