Global Health Initiative Seminar

Community Health Workers:
Diversity of CHW models and Experiences

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Global experience with CHWs informs my work!

Dates	Title	Issue	Nature of project
1989-1994	Lessons Learned: From BKO to NYC	Childhood immunizations	Applying CHW strategies from BKO, Mali to promoting immunizations in NYC
1996-2002	Northern Manhattan Community Voices	Community empowerment	Community coalition building &development of collaborative health programs
1998-2004	Harlem Adherence to Treatment Study	HIV treatment	Peer worker program to promote adherence
1999-2006	Northern Manhattan Start Right Coalition	Childhood immunizations	Coalition building, devt of CHW approach in NYC
2001-2011	Asthma Basics for Children	Childhood asthma	Collaborative community asthma program w. CHWs
2006-2012	NOCHOP	Diabetes management	Partnership with medical providers to use CHWs to promote diabetes mgmt
2001-2006, 2012-3	Season Smart	Childhood disease management	Adapting the C-IMCI program to facilitate delivery by CHWs in Mali and now, Ghana
2008-2012	Advancing CHW workforce in NY	CHW capacity in NY	Partnership to establish standards for CHW workforce in NY &increase CHWs
2009-2013	Partnership to Revive Routine Immunization and MNCH in Northern Nigeria	CHWs to promote RI and MNCH	Partnership in 4 states to revitalize PHC and strengthen CHW roles in supporting women to seek appropriate care

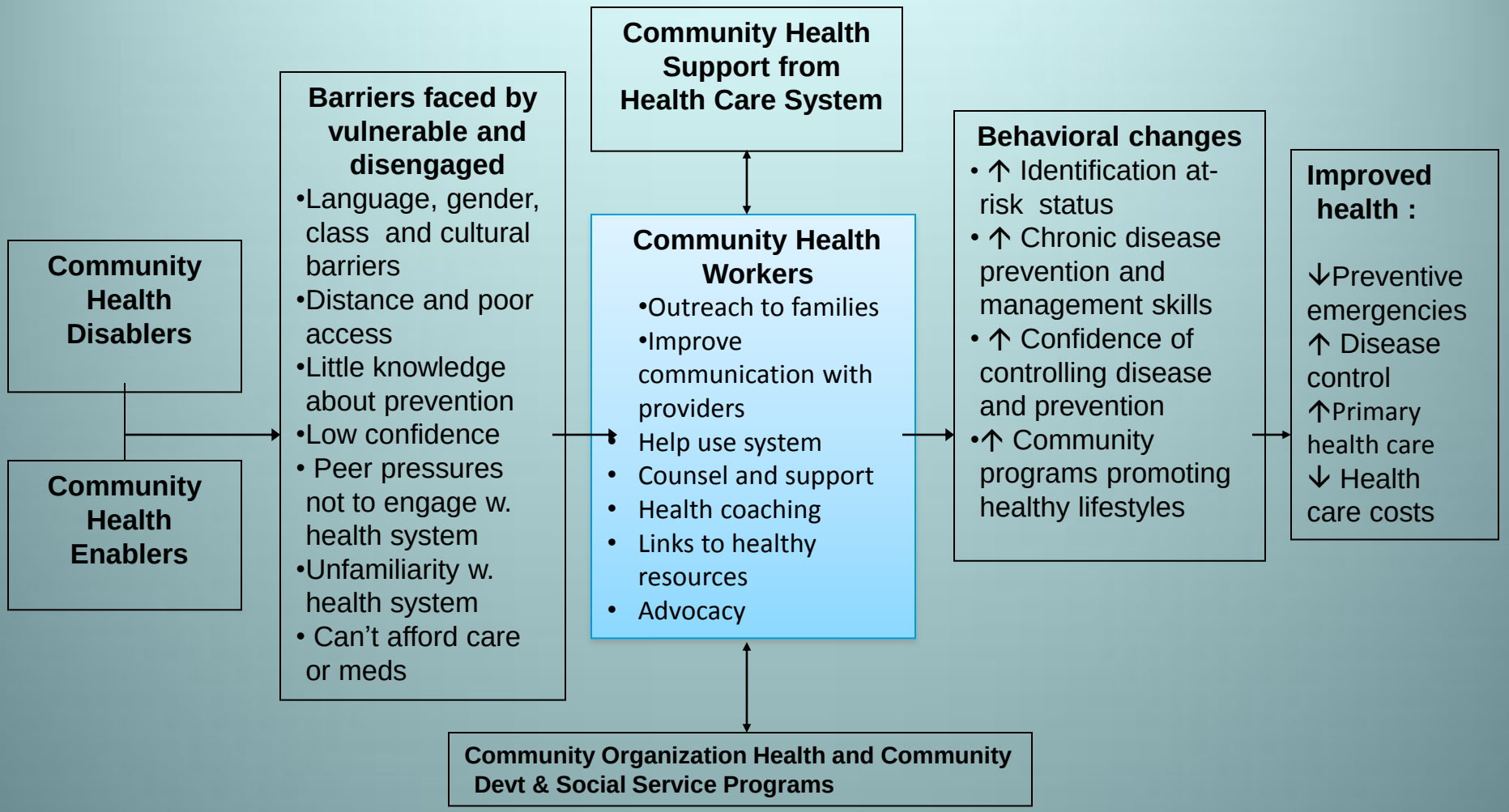
Community Health Workers: A vital health resource on the rise

- **United States: Over 40,000 CHWs, and CHW is now a recognized workforce category by Dept. of Labor; 6 states have or are developing regulations for the practice;** CHW specifically included as part of health reform (ACA); many different models for integrating CHW into health care delivery and promotion
- **Global: UNICEF, UNFPA and WHO have promoted CHW through several vertical programs (e.g. IMCI; MNCH; PEI; FP; TB/HIV adherence …) and many governments now have national and sub-national CHW training and deployment schemes;** CHW now "in" as part of HRH; global funders much interested; 1 Million Health Workers report (w. CU participation)…**Aim for CHWs to be 27% of global health work force.**

Why all the interest in CHWs?

- Human bridge: **CHW bridge between vulnerable and excluded people and health system,** translating concerns both directions
- Evidence base shows effectiveness: **CHWs effective at improving MNCH preventive care and chronic disease prevention and management outcomes** (asthma, diabetes, CVD, mental health, TB, HIV and chronic treatment adherence), and other prevention behaviors (cancer screening, immunizations…),
- Reduce Inequities: **CHWs address social disparities and are effective with the most vulnerable and excluded.** Increased equity.
- **Better care at lower cost:** CHWs enhance quality, outcome, efficiency leading to increased patient satisfaction and retention
- **Recommended part of Health Reform efforts (globally)**
  - CHWs play important roles in all required core services for Health Homes and support PCMH…
  - CHW recommended as part of HRH reform and solutions

How do CHWs make a difference for vulnerable and underserved? The larger context of their work



More important HOW CHW work than WHAT they do: Need sustainable structure

- **Scope of Practice: Need core competencies in communication, coaching, and support**
- **Training:** Different venues, but all recommend **participatory, with role-playing**
- **Supervision and monitoring:** Need to be linked to the health system and health care providers, **interactive, supportive supervision;** facilitate monitoring and communication
- **Funding: Mixture of volunteer, incentivized, and salaried;** often no stable funding, esp. in the US where CHW usually grant-funded

Who makes the best CHW?
Global commonalities
Communication and Compassion

NY and US

- Connected
- Resourceful
- Mature
- **Compassionate**
- Open-minded
- Respectful
- Friendly
- Dependable

Global

- Community-selected
- Respected and respectful
- **Compassionate**
- Good communicators
- Reliable
- Literacy a plus but not essential

What CHWs Do: New York vs. Global Recommendations for Roles

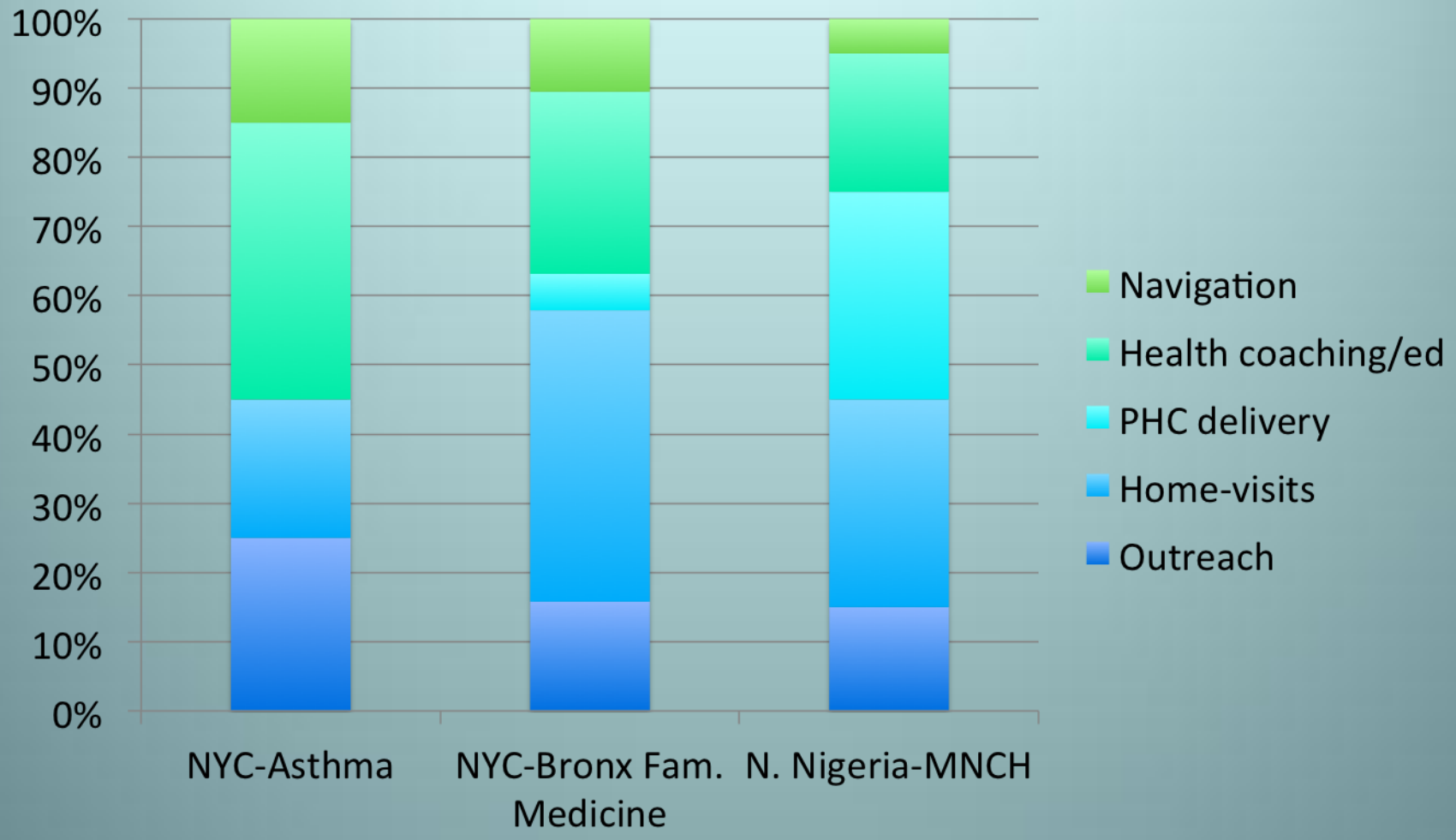
New York Scope of Practice

- Outreach/Community Mobilizing
- Community/Cultural Liaison
- Case Management/Care Coordination
- Home-based Support
- Health Promotion & Coaching
- Health System Navigation

Global Recommendations

- Outreach/Community Mobilizing
- Community/Cultural Liaison
- Community-based Service Delivery
- Home-based Support
- Health Promotion & Coaching
- Referrals esp to ETS and hospital/secondary facility

Distribution of Roles Varies by Program



Alternative models of CHWs: Volunteer to salaried

Roles	Peer-workers-stipends - US asthma/BF	CHW-salaried at CBO, diabetes NYC	Community Volunteers-no pay, Nigeria	VHW- w. incentives (Nigeria)	CHW –CBSD Salaried by state, Nigeria
Outreach & mobilization	XX	X	XXX	XX	X
Health ed/coaching	XXXX	XXX	X (discussion groups)	XX	XXX
Home support	XX	XXXX		X	XX
CBSD		XX			XXXX
Referrals		X	X	XX	X
Advocacy/ community devt	X	XX	X		X

Factors Influencing Choice of Model

- **Health care workforce structure: PHC adequately staffed; supervisors available to support CHW;** regulations and programs clearly delegating responsibilities to CHWs
- **Availability of appropriate CHW workforce:** Gender, literacy and health literacy, CHW attributes among candidates
- **CHW roles, responsibilities, and supports: Training, job aids, monitoring, supplies, transport, etc.**
  - **Key issue is delegation of medical roles: diagnostic and treatment functions, especially antibiotics (pneumonia & malaria)**
  - **US-CHW often not "allowed" to write on the EMR and completely inform medical providers**
- **Community engagement and support: CHW roles respected and welcomed, supported by community,** response to advocacy requests, support for changes in health care..

ABC's Parent Asthma Mentors

Table 1. Overview of intervention models for case management of children with malaria or pneumonia outside of health facilities

Intervention model		Treatment with antimicrobials			Referral to nearest health facility: Verbal or facilitated
Number	Title	CHW dispenses antimalarials	Family dispenses antimalarials	CHW dispenses antibiotics for ALRI	
Model 1	CHW basic management and verbal referral	No	No	No	Verbal
Model 2	CHW basic management and facilitated referral	No, may give initial treatment prior to referral	No	No, may give initial treatment prior to referral	Facilitated for all sick children needing an antimicrobial
Model 3	CHW-directed fever management	Yes	No	No	Verbal or facilitated
Model 4	Family-directed fever management	Family only or shared responsibility		No	Verbal
Model 5	CHW malaria management and surveillance	Yes	No	No	Verbal or facilitated
Model 6	CHW pneumonia case management	No	No	Yes	Verbal or facilitated
Model 7	CHW integrated multiple disease case management	Yes	No	Yes	Verbal or facilitated

WHO/UNICEF Joint Statement:
Integrated Community Case Management (iCCM), 2012

Season Smart Pilot in Navrongo: Modified IMCI model w. growth monitoring, emphasis on simplified supervision and training

CHW at the doorstep: Experienced women trained to provide CBSD, key issue was MW

Funding and Health Care System Linkages Key

- **NY: Successful transfer of diabetes and asthma programs to hospitals as part of community medicine programs when hospitals recognized the cost-effectiveness of CHW and administration supported the division of labor.**
- **Mali: Slow expansion of CHW programs because medical establishment saw CHW as displacing already trained nurses and doctors**
- **Nigeria: Federal and state governments support CHEWs through SHIT, but then use them in facilities; now have created VHW, but incentives only and very restricted role, through CHEWs in the facility**

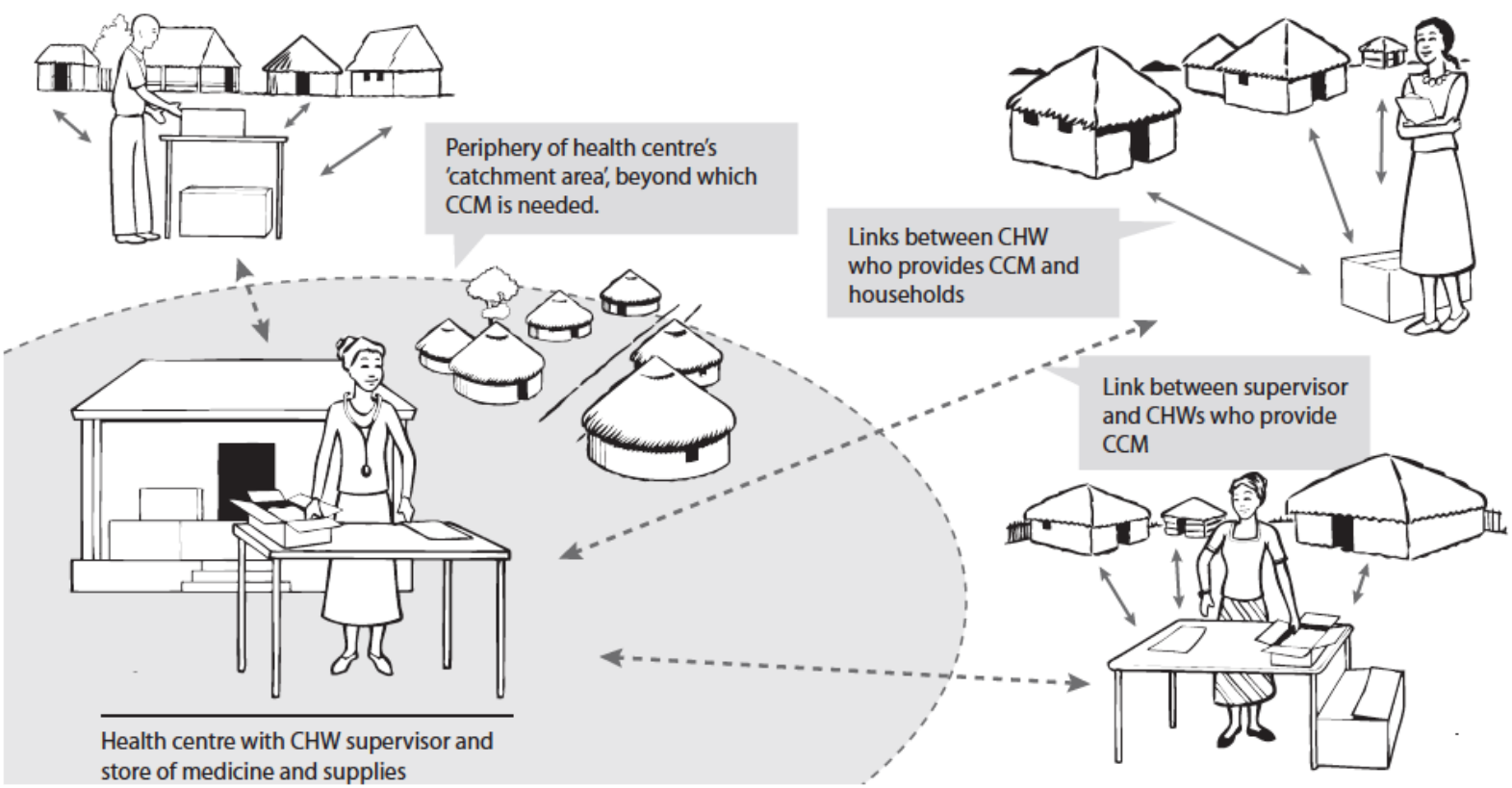
CHW Returns on Investment:
US experience shows their value

Study/site	CHW activities and outcomes	ROI (per year)	Sources for data
Homeless mentally ill	CHW home visits and behavioral change support reducing institutional care costs	1.15	Calculated from case-control data in Wolff et al. , 1997, reported in Viswanathan
Childhood asthma management, Seattle, WA	High intensity CHW intervention w. home visits, reducing urgent visit/hosp costs	1.21	Calculated from pre-post data in Krieger et al, 2005
Childhood asthma management, New York, NY	CHW provides education and care coordination reducing urgent visits/hosp.	4.01	Calculated from pre-post in Peretz et al., 2012 [1]with additional data from Nieto and Peretz
Theoretical savings for pediatric patients making clinic visits in Harrisonburg,VA	CHW will do primary care triage and manage limited protocol of conditions, reducing clinic visits	1.60	Calculated from comparison data in Garson et al 2012
Diabetes control along Texas border	Diabetes education and support in making lifestyle changes, reducing care costs through lower A1c	4.62	Calculated from comparative cost data in Culica et al., 2008
Employees of Langdale Manufacturing in Lowndes County, Georgia	Case management support to workers with chronic disease, reducing acute care costs and work loss days	4.80	Calculated by Miller, 2011
Chronic illness patients in Denver Health Plan, Colorado	CHW intervention with care management, reduced urgent/hosp costs	2.28	Calculated by Whitley, Everhart & Wright, 2006
Arkansas Medicaid managed care program	CHW community connector program provided by state managed care program	2.92	Calculated by Felix et al, 2011
Molina Healthcare, Medicaid Managed Care, New Mexico	CHW focuses on the high-user, complex patients, providing navigation, health coaching, and chronic disease management	2.18	Calculated from pre-post data in Johnson 2011
Diabetes management for low-income patients in Baltimore, MD	Volunteer CHW educates and provides care coordination, reducing diabetes-related health care costs	6.10	Calculated from pre-post data in Fedder et al, 2003
Diabetes management for low-income patients, New York, NY	CHW provides education and care coordination, reducing urgent visit/hosp costs	2.32	Calculated from pre-post data supplied to the authors, reported in Findley, Matos & Reich 2012

CHW Roles and Health Home Services:
NY Recommendations incorporate C-E of CHW

Health Home core service	Relevant CHW Roles	Relevant CHW Tasks
Comprehensive Care Management	Care Management	Individual strengths/needs assessment; goal setting and action planning; feedback to medical providers on patient goals; advocating for patient at team meetings; communications bridge re. patient goal achievements and remaining problems; patient navigation to assist in access to all health, behavioral and social services
Care coordination	Care Coordination and Home Visits	Care coordination of medical, behavioral and social services to align with patient priorities and goals; cross-disciplinary home-based support and follow-up to ensure all care and services are delivered in a coordinated manner
Health Promotion	Health Coaching and Health Education	Promotion of health literacy; cultural translation and interpretation; coaching on problem solving; adherence promotion; health coaching and health education from peer perspective; modeling behavior change; assistance in tailoring adherence to daily routines
Comprehensive transitional care	System Navigation	System navigation; goal setting and follow-up planning; translation and interpretation; post-discharge home visits and calls; facilitation of care coordination and care management
Individual and family support	Informal Counseling and Support	Supportive communications and counseling; orientation to patient satisfaction; community advocacy and communication; holistic family-oriented support; individual and group social support
Referral to community services	Community Liaison and Advocacy	Addressing basic needs; coordinating. making and following through on referrals for housing, welfare, legal, mental health/addiction and social services; patient empowerment through neighborhood-specific information about community programs and services
Use of linked medical records	Documentation and information sharing	Documentation in the medical record of CHW activities, referrals for services, and feedback from the patient; use of alert/feedback protocols to assure all team members are aware of latest patient updates

Global Model for CHWs: Interactive, Supportive Supervision is Key!



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New York CHWs about Supervision: Lessons from Bronx-Lebanon Case Study

- **CHW supervisor must be a CHW;** a nurse does not have the experience of CHW and cannot supervise CHWs.
- CHW supervisor must have managerial/leadership skills: advocacy for CHWs is needed w/in the system by the CHW supervisor.
- **CHW champion needs to see the big picture;** must have support from the medical leadership (MD/nurse/ medical establishment)
- **Other team members (nurses, midwives, administrators, other partners) must understand the mission and vision of the program**

ABC congratulates and honors achievements: Proud parent mentors, parents and children

Lessons Learned … so far

- Community support and connections are key to CHW success
- How is more important than what: Better the right person than the education, and training can ensure core competencies
- Roles and tasks need to be carefully designed to meet needs of people:
  - CHW most successful when they are able to be flexible and address the needs of the families, not confined to narrow health ed or disease-specific messages…
  - Neither the system nor CHW want medicalization of their roles, but need to have what they need, in the community, esp. for case management and CBSD.
- Supervision must be supportive, with link to PHC