Integrating Community Health Workers into Primary Care Practice: A Resource Guide for HCH Programs

July 2016

About this Resource Guide

In June 2015, the National Health Care for the Homeless (HCH) Council completed a 3-year pilot project funded by the Center for Medicare & Medicaid Innovation (CMMI) through a Health Care Innovation Award (HCIA). The project aimed to connect individuals experiencing homelessness who were also high users of hospital services with Community Health Workers (CHWs) in order to increase utilization of primary care and reduce unnecessary utilization of emergency services.

CHWs were employed by and stationed at Health Care for the Homeless projects. Partnering hospitals referred high utilizers to CHWs on an individual basis or the HCH project notified CHWs when a high utilizer was in the clinic (based on a high utilizer list shared by a partnering hospital). Over the course of 3-years, CHWs enrolled 355 high utilizers into the project. This project not only demonstrated the significant impact CHWs can have on the lives of people experiencing homelessness but also presented an opportunity to assess effective practices in recruiting, supervising, and supporting CHWs as part of a health care workforce.

The National HCH Council developed this resource guide to share experiences and successful recruitment and supervision strategies with other HCH projects looking to employ CHWs. This guide incorporates current research and uses feedback from administrators, supervisors, CHWs, hospital staff, community members, and clients involved in the HCIA project.

PROJECT SPOTLIGHT

The Council partnered with 12 HCH projects who are also members of the HCH Practice-Based Research Network (PBRN). The 12 HCH participating sites partnered with local safety net hospitals to administer the project. At these 12 sites, 15 CHW were employed. Depending on the need, some sites employed one CHW, where other sites employed two CHWs. The CHWs were notified by hospital or HCH staff when a client from their high-utilizer list was available in either setting for consult. If the client agreed to participate in the study, the CHW worked closely with the client to identify and address unmet needs. The CHWs served as outreach workers, case managers, and peer navigators and developed trusting relationships with clients based upon their similar backgrounds, shared experiences of homelessness, and an understanding of issues experienced while homeless. The project period was July 1, 2012 – June 30, 2015.

Primary responsibilities of the CHWs participating in the project:

- Conduct targeted outreach to unstably housed individuals who are high users of ED services and in need of a medical home.
- Plan and prepare connections to primary care with HCH and ED staff.
- Assist clients in gaining access to and navigating a primary health care medical home and other community-based social services (i.e. behavioral health services, housing, legal, etc.) This assistance included coordination of transportation for clients to/from appointments, accompaniment as needed, and follow-up with clients regarding appointments, care plans, and health goals.
- Provide basic planning, casework, and health education services for clients while ensuring these services are both culturally and linguistically appropriate.
- Comply with data collection and reporting requirements of the project including documentation from intake interviews, monitoring client progress, and maintaining outreach/engagement logs.
- Develop relationships with area social services agencies to build knowledge of resources available to clients.
- Advocate on behalf of clients in order to facilitate access to resources and inform local stakeholders of client needs.

Finding value in the work of CHWs, most HCH clinics identified funding to maintain their CHWs after the project period ended.

For more information about the National HCH Council's CHW project, see: https://www.nhchc.org/resources/research/chw-project/

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Section 1: CHWs and Health Care for the Homeless

The CHW model of care is centered on a philosophy of peer support. The key strength of CHWs is their intimate knowledge of the environments and experiences of their clients. Their expertise comes from lived experience. That experience makes it possible for CHWs to reach and engage individuals who may otherwise not respond to health care professionals, no matter how good the intent or persistence of outreach efforts.

The first large scale CHW program began in the 1920s as an effort to reach rural populations in China with high infant mortality rates and low life expectancy ages. Farmers and other lay community members were given basic medical training in an effort to bring health care to areas where professional medical providers did not live. These "Barefoot Doctors" focused primarily on preventative health care, health education, and basic treatment of common illnesses. As a result, infant mortality rates declined, major epidemics were controlled, and health literacy among the population increased.[1] The success of this movement shed light on the potential impact trained lay persons can have on the health of their community.

Community Health Workers are frontline public health workers who are trusted members of and/or have an unusually close understanding of the community they serve. It is through their trusting relationship with community members that CHWs are able to assist individuals in accessing services while also advocating for improvement in the quality and cultural humility of service delivery. **American Public Health Association, 2014**

The emotional and informal psychological support a CHW provides is often as meaningful to individuals as that received from trained clinicians. The social support of CHWs can also reduce feelings of isolation clients may have and may create a space for a client to safely disclose an untreated illness or trauma.[2]

CHWs and HCH

People experiencing homelessness are among the most frequent and costly of health care users. One large scale study supported by the U.S. Department of Health and Human Services, Agency for Health Research and Quality found that single men and women experiencing homelessness visit the emergency department 9 to 12 times more (respectively) than their housed counterparts.[3] In the hospital setting, individuals experiencing homelessness are often treated for their acute illness or injury but not provided the wrap around supports needed for long term wellness. What's more, individuals experiencing homelessness are often provided with hospital discharge instructions that are difficult to follow while living on the streets. One study looking at post-hospital transitions for low-income populations found that patients often leave hospitals feeling powerless due to

socioeconomic factors, misalignment of patient and care team goals, competing priorities, socioeconomic constraints affecting their ability to perform recommended behaviors, abandonment after discharge, and loss of self-efficacy resulting from failure to perform recommended behaviors.[4]

Health Care for the Homeless projects recognize the complex needs of homeless persons and strive to provide a coordinated, comprehensive approach to health care including substance abuse and mental health services.[5] HCH projects do this by training their workforce in the complex needs of individuals experiencing homelessness and by adopting evidence-based approaches such as trauma-informed care, harm reduction, and motivational interviewing among other strategies. HCH projects across the country are increasingly adding CHWs to their workforces, which has prompted the Health Resources and Services Administration (HRSA) to add new reporting options to account for utilization of CHWs within HRSA's Uniform Data System, the federal reporting mechanism for Health Centers.

CHWs support the work of HCH projects by honing in on the challenges, strengths, and motivations of their clients and their daily lives. Not bound by the four walls of the clinic or a focus on specific diagnoses or treatments, CHWs work to eliminate barriers for their clients through community education, accompaniment, and coordination of enabling services. Tasks performed by CHWs are diverse; however, CHWs in the HCH setting are most often involved in case coordination/management, outreach, and enrollment into care. CHWs are also able to assist their peers in accessing and utilizing the often convoluted health care systems.

CHWs have been linked to improved outcomes, reduced costs, and advanced care delivery.[6,7]In addition to expected improvements in physical health outcomes, there are also psychological benefits for consumers as they learn health maintenance skills that minimize their need for medical intervention.

That shared experience is part of what makes CHWs unique in their ability to connect with clients in ways providers often cannot. Studies have shown that in programs serving individuals who are experiencing homelessness or struggling with substance abuse, shared life experience may be more important than shared personal characteristics. The U.S. Public Health Service (USPHS) evaluated a small sample of programs employing CHWs in an effort to better understand their use in federal programs. In focus groups from that study, clients expressed appreciation for "the street smarts that come from the experience of being homeless."[8]

The next section will describe the diverse roles and responsibilities CHWs can employ in the HCH setting.

Resources

Community Health Workers in Health Care for the Homeless
http://www.nhchc.org/wp-content/uploads/2011/09/CHWguide.pdf

Community Health Workers: Financing & Administration
http://www.nhchc.org/wp-content/uploads/2011/10/CHW-Policy-Brief.pdf

Healing Hands: Speaking from Experience: The Power of Peer Specialists
https://www.nhchc.org/wp-content/uploads/2013/11/healinghandsfall2013.pdf

Community Catalyst: The Role of Community Health Workers in Health System Transformation
http://www.communitycatalyst.org/resources/publications/document/Community-Catalyst-CHW-Issue-Brief-1.pdf

Policy Evidence Assessment Report: Community Health Worker Policy Components
http://www.cdc.gov/dhdsp/pubs/docs/chw_evidence_assessment_report.pdf

Section 2: Roles & Responsibilities of CHWs

Opening Doors

Integrating CHWs into a program increases job opportunities for people who have experienced homelessness. The CHW profession is a platform for vulnerable populations to gain work experience, professional skills, and personal development. Once in the field, CHWs may find opportunities to transition to social work, nursing, and a number of other health related professions. Two CHWs who participated in the National HCH Council's project went on to pursue advanced degrees in medicine and social work. Employing CHWs not only provides jobs to community members but builds skills and opportunities in CHWS for future employment; ultimately this strengthens the community as a whole.[9]

In a national workforce study of community health workers, most organizations reported that they made the decision to hire CHWs because they learned about their successful utilization, believed they were cost effective, and their programs were more effective when using one-on-one outreach by CHWs.[10]

> *Reflecting back on three years of this project I have to say that honestly I wish I had known how valuable the CHWs were going to be. We would have started looking for additional funding for more CHWs three years ago!*
> ***Administrator***

> *I often act as a bridge between the provider and the patient.*
> ***Community Health Worker***

Roles of a CHW

Part of what makes a CHW such an effective member of a health care delivery team is the flexibility and diversity of what they can do within the clinic and in the community. There is a wide range of activities, tasks, and responsibilities a CHW can take on in the HCH setting.

The primary responsibilities of any CHW working in the HCH setting are to build trusting relationships with clients and to connect those clients to care, eliminating barriers and advocating for systemic changes along the way. The effectiveness of CHWs lies in their ability to gain access to hard to reach individuals and to patiently coach and support them as they work towards health care goals.[11]

Generally, the role of the CHW includes the following:[12]

- **Create connections between vulnerable populations and the health care system**
  CHWs in HCH programs work to guide patients experiencing homelessness toward more permanent primary care services outside the hospital system. Establishing a secure, trusted

connection with a primary care provider can help prevent persons experiencing homelessness from reliance on Emergency Departments to meet primary care needs.

- **Care coordination and care transitions for clients**
  The mobility of CHWs within their communities creates opportunities for more coordinated care. CHWs can serve as a liaison between multiple services and help with care coordination and care transitions for their clients. In the process of connecting clients with multiple services, CHWs build relationships with local agencies, advocating for their clients in the process. The more CHWs are involved in the community at large, the more effective the linkages between the community and the health care system become.[13]

- **Assist clients with enrollment in programs and benefits for which they are eligible**
  In addition to connecting clients with health care services, CHWs work to connect clients with various social service programs for which they may be eligible. These programs and benefits can range from enrollment into SSI/SSDI to enrollment into a GED program.

- **Encourage cultural competence among health care professionals serving vulnerable populations**
  CHWs' lived experience of homelessness helps them build rapport with clients while also informing policies, procedures, and practices within the HCH clinic. CHWs have a unique insight into the perspectives of their clients which helps them identify barriers or unmet needs within the HCH clinic that may go unnoticed by HCH clinicians or administrators.

- **Advocate for vulnerable populations within the health care system and the community at large**
  CHWs amplify the voices of the community within their HCH clinics thereby informing health professionals of the evolving needs and conditions of their target population.

- **Build capacity within the clinic and the community at large to address health issues**
  Staff at HCH clinics often operate with incredibly full workloads and are not able to meet all the needs of extremely high needs clients. Using CHWs to either support or expand existing services enables HCH programs to spend more time on their highest needs clients.

> *When we first started considering what this staff person would be doing we thought they just had to be a nurse! Now 3 years later I see how valuable the CHW role is and we've created a useful position that the nurses, social workers, and patients will benefit from.*
> ***Administrator***

Section 3 will explore strategies and recommendations for hiring a CHW. Resources include sample job descriptions and suggested interview questions.

Tools and Resources

American Association of Community Health Workers Code of Ethics
http://www.chwcrs.org/files/4913/9636/5587/CHW_Code_of_Ethics.pdf

Minnesota Community Health Worker Alliance
http://mnchwalliance.org/who-are-chws/roles/

http://chw-nec.org/docs/minnesota/handouts.pdf

Rural Health Information Hub – Community Health Workers
https://www.ruralhealthinfo.org/community-health/community-health-workers/1/roles

Role Development of Community Health Workers: *American Journal of Preventative Medicine*
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2856599/

Section 3: Hiring CHWs

Finding the right person

The ability to grasp complexity is key to the success of a CHW. Particularly when working with individuals experiencing homelessness, it is important for the CHW to understand that adequate health care does not just mean going to the clinic. CHWs need to have an understanding of how food, housing, education, employment, and other social determinants affect the health of their clients.[14]

Effectiveness of a CHW hinges upon their ability to establish rapport with the population. Personal qualities and individual traits such as good listening skills, communication skills, compassion, respect, empathy, determination, and logic must be brought to the job, not added afterwards.[15]

> *My work is influenced by my experience of being homeless and housing unstable as a kid. Because of the life experiences that come as part of that chaos, I know that under issues of untreated mental illness and substance abuse there is a person who just wants to be happy, like everyone else.*
> **Community Health Worker**

If someone has the right personality and the passion to be a CHW, other job skills can be developed and strengthened over time. On the other hand, someone who has lots of work experience and advanced job skills but is uncomfortable doing street outreach or working in shelter settings is not likely going to be a good fit for the role of a CHW.

To effectively fulfill these roles and responsibilities, a CHW needs to possess certain personal qualities. Qualities that contributed to the success of CHWs involved in the National HCH Council's project included:

- Openness to working closely with clients who struggle with issues related to mental illness and addiction at all levels.
- Respectful sensitivity and non-judgmental attitude towards clients who may suffer from multiple traumas and/or disabilities.
- Strong interpersonal and social skills with an ability to collaborate with a variety of individuals from a wide range of professional and personal backgrounds.
- Ability to convey a strong presence one-on-one, in meetings, and in the community.

> *You just have to have a desire to work with the population that we work with otherwise you won't last. You can't do a training for that; that has to come with the person. Computer skills can be learned, compassion cannot.*
> **Supervisor**

Additional advice from the Field – When hiring a CHW, the following qualities are most important:

- A great sense of humor
- The ability to handle rejection and confrontation
- The ability to connect and empathize
- A lot of energy
- A passion for the population
- Compassion, empathy, and patience
- The ability to walk into an agency, talk to people, and build relationships

Recruiting CHWs

HCH programs should prioritize hiring someone from within the community that is being served assuming adequate training and supervision resources are available. It is vital to carefully consider the context of the overall patient population when recruiting a CHW.[16] The acceptance of an individual by the patient population will affect their ability to inspire meaningful change in their clients. A kinship develops between clients and CHWs when that CHW has shared experiences and comes from the same community.

Health Centers participating in the National HCH Council's project were encouraged to look for leaders among their Consumer Advisory Boards (CABs). A CAB is comprised of individuals with the experience of homelessness who are currently or formerly engaged in services delivered by the organization. Several CHWs who participated in the National HCH Council's project were identified as potential candidates through their local CABs while others were hired from the local community.

Interviewing Potential CHWs

Is this person passionate?

A major benefit of hiring an individual who is formerly homeless is the HCH is providing an opportunity for an individual to harness their own personal knowledge and experience and use it to help their peers. Many CHWs serve as role models for fellow community members.[17] It is the lived experience that often inspires people to want to work with others experiencing homelessness. This type of passion and non-judgmental empathy is vital for CHWs. Passion is something a CHW will have to bring with them to their work; it is not a teachable skill. An absence of passion and dedication to this population may affect a CHW's longevity within the HCH clinic.
Sample Interview Questions:

1. *Why is it important to you to work with this population?*
2. *What unique perspective do you bring to this work?*
3. *On really tough days, what will keep you from giving up?*

Is this person able to maintain boundaries?

What makes peer support so powerful is the ability to share stories of overcoming tremendous challenges. Sharing this lived experience provides hope for peers who are currently struggling with similar issues. However, CHWs should have enough chronological distance from their period of homelessness or substance dependence in order to maintain healthy boundaries and support their clients. It can be a challenge to identify former consumers who are ready to take on the responsibility of being a CHW. Situations can quickly become problematic if CHWs are unable to separate their experience from that of their clients. This can be a risk to clients of the HCH clinic but we also do a great disservice to CHWs when we put them in a situation that may be triggering.

- Risk to clients – If a CHW is unable to maintain healthy boundaries with clients, this will negatively affect the clients' experience in accessing care. In this situation, a CHW may create a co-dependent relationship with the client, begin to blur the lines between a professional and personal relationship, and/or take on more responsibility than appropriate.
- Risk to CHW – Alternatively, a strong passion and commitment to the work can sometimes lead to a CHW overcommitting and overworking. Individuals drawn to this work are typically tremendously kind and sensitive to the plight of their clients. A concern for all CHWs is the possibility of falling into a rescuer mentality. If the CHW begins to take on a client's problems as if they were their own, they may see any setback experienced by their client as a personal setback. They may also attribute set-backs in their clients' lives as a direct result of their own personal failings. When CHWs are unable to maintain healthy boundaries, they risk burnout, unprofessional relationships with clients, possible liability, and possible job loss.

Sample Interview Questions:

1. *You have a 48yr old client named John who currently sleeping under a highway downtown. He's just started taking his medications regularly and is feeling better but is really afraid that someone is going to steal his medication. He asks you if you will hold onto them for him. How do you respond to John?*
2. *You have a 19yr old client named Brandy who has been staying with a friend but has to move out in a few days. She and a friend have found an apartment but it won't be available until the following week. She doesn't feel safe going to the shelter and asks if she can stay with you for just one or two nights until her apartment is available. How do you respond to Brandy?*
3. *What does success look like for you? What does success look like for your clients?*

Is this person open, flexible, and willing to learn?

The shared experience present between a CHW and a client is an asset as long as the CHW understands change happens differently for everyone. What worked for the CHW in the past may not work for clients and that's ok. CHWs need to respond with flexibility and openness.

CHWs should understand and accept that the ways in which they achieved sobriety, secured housing, and/or re-connected with family are not the only ways in which clients can achieve similar goals. Rigidity is a quality that can become problematic for CHWs. A mentality of "I know better" or "you wouldn't understand" is unproductive and does not benefit anyone.

Example: While doing street outreach, CHW Dan meets an individual who binge drinks several days a week and is complaining of stomach pains. This individual is interested in finding housing and is not sure if he wants to go to clinic but wants to talk more with CHW Dan about what's going on in his life. CHW Dan agrees to meet with this individual but only if he goes to an AA meeting with him first.

Sample Interview Questions:

1. *What are some areas where you would like more training?*
2. *You've overcome many obstacles in your life, what are some different ways that your clients may overcome those same obstacles?*

Job Description Templates

http://mnchwalliance.org/wp-content/uploads/2013/08/IMMAjobDescrip.pdf

http://mnchwalliance.org/wp-content/uploads/2013/08/HennepinCountyHealth-CareHome.pdf

http://cciweb.org/career/Community%20Health%20Worker.pdf

Section 4: Training CHWs

State Initiatives

Training resources for CHWs, both online courses and in-person classes, are abundant and readily available. In an effort to create more sustainable opportunities for CHWs in the workforce, many states have begun standardizing their trainings and developing certification programs. Currently, 30 states offer some type of standardized training for CHWs. Eleven states have certification programs for CHWs with seven more in the process of developing certification programs.

For more information about state initiatives and laws regarding CHWs, follow this link:
http://www.nashp.org/state-community-health-worker-models/

> *Clearly, there are plenty of other causes of homelessness besides untreated mental health issues, unresolved trauma, and cognitive disabilities, but these are the issues I seem to work with the most*
> **Community Health Worker**

Core Competencies

Within the HCH setting, CHWs should build their knowledge around the primary issues client's face. The following table describes topics and issues pertinent to delivering care to people experiencing homelessness, core questions the CHW should be able to answer, and a sample of training resources.

Topic	What the CHW needs to know	Resources
Substance abuse and addiction	- What are commonly abused substances among the population? - Are there any current substances that are particularly prevalent and problematic? (Spice/K2, etc.) - What are signs and symptoms of impairment? - What should I do if my client is high or drunk? - What are the signs of an overdose and how should I respond? - What are treatment options?	Opioid Overdose Prevention Toolkit http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2016/SMA16-4742 Neurobiology of Addiction Training https://www.nhchc.org/training-technical-assistance/online-courses/neurobiology-addiction/ Alcoholics Anonymous http://www.aa.org/

Mental health diagnoses and treatment	• What are common mental health diagnoses among this population? • What are signs and symptoms of these mental health diagnoses? • What should I do if I have a client in a mental health crisis? • What common medications are taken by clients with severe and persistent mental illness?	Adult Acute Urgent Mental Health Response http://www.nhchc.org/wp-content/uploads/2012/02/AdultUrgentMH_6-10.pdf Behavioral Health Services for People Who are Homeless (Part 1) http://store.samhsa.gov/shin/content//SMA13-4734/SMA13-4734.pdf Mental Health First Aid Course http://www.mentalhealthfirstaid.org/cs/take-a-course/
Trauma response and trauma informed care	• What is trauma? • How does trauma affect someone's behavior? • How are trauma and substance use connected? • What is trauma informed care? • How is our agency trauma informed? • What can I do to provide trauma informed care to clients?	Healing Hands: Delivering Trauma Informed Services http://www.nhchc.org/wp-content/uploads/2011/09/DecHealingHandsWeb.pdf Trauma-Informed Approach and Trauma-Specific Interventions http://www.samhsa.gov/nctic/trauma-interventions Issue Brief: Key Ingredients for Successful Trauma-Informed Care Implementation http://www.chcs.org/media/ATC_whitepaper_040616.pdf
Cognitive disabilities and traumatic brain injury (TBI)	• How do I assess a client's cognitive abilities? • What are signs and symptoms of a TBI? • How do cognitive disabilities effect behavior and decision making? • What treatment/therapies are available to clients with TBI?	Healing Hands: Traumatic Brain Injury: Emerging Tools for Assessment and Care http://www.nhchc.org/wp-content/uploads/2011/09/Feb2008HealingHands.pdf MedlinePlus – *Traumatic Brain Injury* https://www.nlm.nih.gov/medlineplus/traumaticbraininjury.html

| Common chronic diseases, treatments, medications, and specific challenges | • What are the most common chronic conditions?
• What are the signs, symptoms, treatments, and common medications for the following:
   - Hypertension
   - Asthma
   - Diabetes
   - HIV/AIDS
   - Hepatitis C
   - Cardiovascular disease
   - Oral health problems
• What basic reproductive health information do I need to know to assist my clients?
• How does our clinic treat clients with chronic pain? | Medline Plus
Hypertension
https://www.nlm.nih.gov/medlineplus/highbloodpressure.html

Asthma
https://www.nlm.nih.gov/medlineplus/asthma.html

Diabetes
https://www.nlm.nih.gov/medlineplus/diabetes.html

HIV/AIDS
https://www.nlm.nih.gov/medlineplus/hivaids.html

Hepatitis C
https://www.nlm.nih.gov/medlineplus/hepatitisc.html

Cardiovascular disease
https://www.nlm.nih.gov/medlineplus/heartdiseases.html

Oral Health
https://www.nlm.nih.gov/medlineplus/dentalhealth.html

A Training Manual for Preventing Heart Disease and Stroke: The Community Health Worker's Sourcebook
http://www.cdc.gov/dhdsp/programs/spha/chw_sourcebook/pdfs/sourcebook.pdf |
| **Harm reduction** | • What is the philosophy of harm reduction?
• What are best practices in harm reduction?
• What are the stages of change? | Harm Reduction Training
https://www.nhchc.org/training-technical-assistance/online-courses/harm-reduction-training/ |

Confidentiality	• Why is confidentiality important for my clients? • What is HIPAA and what are my responsibilities under HIPAA? • If a client discloses an intent to hurt someone or themself but asks me not to tell anyone, what should I do? • If I'm accompanying a client to an appointment outside of the clinic and they want access to their health information, what is the proper process?	Confidentiality: Ethics in Medicine https://depts.washington.edu/bioethx/topics/confiden.html Confidentiality Resources: UCLA Center for Mental Health in Schools http://smhp.psych.ucla.edu/qf/confid_qt/
Cultural humility	• What is cultural humility? • How does oppression affect homelessness and health care? • Why is it important for CHWs to be culturally appropriate? • How is our organization providing culturally appropriate care?	Organizing Health Services for Homeless People: A Practical Guide *Cultural Competence* http://www.nhchc.org/wp-content/uploads/2011/10/Pages-from-Organizing_Health_Services_book.pdf Gender Minority and Homelessness: Transgender Population http://www.nhchc.org/wp-content/uploads/2014/10/in-focus_transgender_sep2014_final.pdf Aging and Housing Instability: Homelessness Among Older and Elderly Adults http://www.nhchc.org/wp-content/uploads/2011/09/infocus_september2013.pdf
Basic medical terminology	• What are the most frequent medical terms used in our clinic? • What are common medical abbreviations? • How do we chart medical information at our clinic? • Will I be using our EMR? If so, what is the proper way to document client notes?	Des Moines University: Online Medical Terminology Course https://www.dmu.edu/medterms/

The core competencies listed above will help CHWs better understand clients and the ways they can assist clients in navigating the health care system. In addition to these competencies, there are skills CHWs need to develop because of their close work with complex and vulnerable individuals. The following topics are important to revisit on an annual basis, either through formal training or supervision, in order reinforce the knowledge and skills needed for their day-to-day work and to prevent burn-out.

Topic	What the CHW needs to know	Resources
Establishing and maintaining healthy boundaries	- How can I establish healthy boundaries with my clients? - Why are health boundaries important for both me and my clients?	Crossing the Line http://www.nhpco.org/sites/default/files/public/newsline/2011/Oct11_NL.pdf Dual Relationships and Boundary Management in Social Work Practice http://www.naswwv.org/dmgnt_files/G%208%20-%20Ethics%20and%20Dual%20Relationships%202012%20PPT%20-%20Gottlieb.pdf
Understanding the stages of change	- What are the stages of change? - Why are the stages of change important in my work with clients? - How can I be supportive and non-judgmental of clients who are not ready to make changes? -How can I be creative in goal setting with clients?	NHCHC CHW Training: Facilitating Behavior Change http://www.nhchc.org/wp-content/uploads/2012/12/Module-13.pdf
Processing grief and loss	- What are the stages of grief? - What is my support system both professionally and personally?	Taking Care: Coping with Grief and Loss http://www.nhchc.org/wp-content/uploads/2011/10/GriefAndLoss.pdf
Self-care strategies	- How can I establish healthy work place boundaries? - What are signs that I am not prioritizing self-care? - What are some go-to activities I can turn to when I'm feeling overwhelmed or stressed?	NHCHC CHW Training: Vicarious Trauma http://www.nhchc.org/wp-content/uploads/2012/12/Module-16-Final.pdf

De-escalation techniques	• What are some techniques I can use when one of my clients gets angry and/or aggressive? • What safety protocols do we have in place? • When is it appropriate for me to contact security or law enforcement?	QPR Suicide Prevention Training https://www.qprinstitute.com/ Workplace Violence: Prevention and Intervention http://www.nhchc.org/wp-content/uploads/2011/10/WorkplaceSafety.pdf
Motivational interviewing	• What is motivational interviewing? • What are the benefits of motivational interviewing when working with the homeless population? • What are motivational interviewing techniques?	Motivational Interviewing Training https://www.nhchc.org/training-technical-assistance/online-courses/motivational-interviewing-coldspring/ Motivational Interviewing: An Overview with Application for Outreach for the HCH Setting https://www.nhchc.org/2011/08/motivational-interviewing-overview-application-outreach-hch-setting/ Spotlight on PATH Programs and Practices: Motivational Interviewing http://homeless.samhsa.gov/ResourceFiles/Motivational_Interviewing_Spotlight_v.2.3.pdf

Professional Skills Training

For some CHWs, this job may be the first time or the first time in a long time they have worked in a professional setting. There are certain skills and behaviors people who have worked in an office or clinic setting have learned that may not be in the repertoire of a new CHW. CHWs who have never worked in a professional atmosphere may have difficulty acclimating to the culture, learning the work ethic, and being productive at their jobs. In a study on the impact of CHWs on patient behavior conducted by The U.S. Public Health Service (USPHS), researchers found some CHWs who were new to the workforce had "high absenteeism rates, wore inappropriate clothing, and/or did not know how to speak in a professional manner to patients on the telephone or in person."[18] CHWs need guidance from their supervisors and may need additional training.

Our CHW's computer skills are slow but she's so good at what she does that it's not that important. Computer and writing skills are a plus but shouldn't take priority.
Supervisor, Massachusetts

Here are training topics to consider:

- Typing skills
- Checking, sending, and organizing email
- Conference call etiquette
- Time management

PROJECT SPOTLIGHT

Encourage the CHW to take advantage of any opportunity to learn more about what's going on in their community. A CHW in Massachusetts had the opportunity to tour of a local prison and she shared that this experience increased her understanding of the trauma of incarceration. Often members of the HCH client population have spent time incarcerated, so familiarizing herself with the realities of prison life helped in her outreach to formally incarcerated clients. She says "I recommend all CHWs do something like that in their community. It really makes a difference."

CHW Trainings Resources

Peer Specialist Certification Program
According to the Department of Behavioral Health, "A certified peer specialist is an individual living in recovery with mental illness and/or substance use disorder or a family member who has been trained and certified by the Department of Behavioral Health to assist others in recovery and wellness. A certified peer specialist is a model for personal recovery and performs a wide range of tasks to assist individuals to regain control over their lives and their own recovery process." Hours of training required, fees, and eligibility criteria vary by state. For more information, visit: http://www.dbsalliance.org/pdfs/training/Peer-Specialist-Training-and-Certification-Programs-A-National-Overview%20UT%202013.pdf

Minnesota CHW Certification
Minnesota has a statewide competency-based CHW educational program based in accredited post-secondary schools across the country. This 14 credit program is a blend of classroom and field-based learning. At minimum, a high school diploma or GED is required. Fees vary based on location. http://mnchwalliance.org/wp-content/uploads/2012/12/Minnesota-CHW-Curriculum-Outline-Updated-Feb-2015.pdf

City College of San Francisco: Community Health Worker Certificates
The CHW Certificate Program at City College of San Francisco is a 20 unit program, designed to prepare individuals for work in community-oriented health and social service fields. Classes are offered in the evenings and the certificate takes approximately 2 semesters to complete. Students also complete an internship of 128 hours at a clinic or community organization. The fee is currently $36 per unit.
https://www.ccsf.edu/en/educational-programs/school-and-departments/school-of-health-and-physical-education/health-education-and-community-health-studies0/CommunityHealthWorkerCertificate.html

Section 5: Supervision of CHWs

"Poor supervision has been shown to be as ineffective as no supervision at all."[19]

Supervision is Key

The most important factor in a CHW's success within the HCH clinic and with clients is the presence of a consistent and supportive supervisor.

Supervisors need to have an understanding of the realities of a CHW's day-to-day job. CHWs work very closely with clients on a variety of issues but they are not professional clinicians. It's important for supervisors to check in with CHWs regularly to ensure they are not taking on too much responsibility and emotional weight. Consistent supervision should also: help CHWs develop healthy boundaries with clients and cultivate problem solving strategies, identify issues before they become larger problems, and identify education gaps and training needs.

> *"You have to have a full understanding of the people that the CHW is seeing and the reality of what they are facing. You have got to be in tune with what's going on with your staff. You need to know where they are emotionally because this work is really hard."*
> **Supervisor**

CHWs integrated into clinical care teams should also have some level of clinical supervision to ensure the CHW is engaged in care planning, providing appropriate support in helping clients meet the goals in their care plans, and referring clients to clinic providers when necessary.

Qualities of an effective supervisor[20]

- Clear understanding of the roles and responsibilities of the CHW
- Patience and accessibility
- Attentiveness to CHW's personal and professional needs
- Willingness to assist with problem solving and encouraging of questions
- Readiness to advocate for the CHW within the larger organization

> *Consistent supervision is important because it's always good to be able to bounce your ideas off of an experienced manager and have that person guide and lead when needed. It can be really hard to understand that you can't loan clients money, you can't take them home if they have nowhere else to go, etc. It's easy to get overwhelmed or confuse boundaries when you're feeling stressed.*
> **Community Health Worker**

PROJECT SPOTLIGHT

Supervisors need to be sensitive to the ways in which the CHW's lived experience of homelessness may affect their perceptions of themselves and their work. For example, the catalyst for someone's homelessness may have been the loss of a job and this fear may affect how they respond to constructive criticism. One CHW struggled with anxiety about the possibility of losing his job so much that any criticism from his supervisor was taken as a sign he would soon be fired. His supervisor learned this about him early in the process, and changed her style of supervision where she reinforced his strengths and always reassured him he was doing a good job, even as she provided constructive feedback.

Self-Care

Working with vulnerable populations carries with it a high risk of burn out and compassion fatigue.[21] CHWs work with clients who have experienced unimaginable trauma, loss, and pain. Many struggle with untreated mental illness, addiction, as well as chronic diseases and acute illnesses. Bearing witness to the suffering of others takes a toll on people both personally and professionally.[22] Furthermore, the added toll of working within broken and fragmented health care and housing systems can accelerate fatigue and burnout.

Self-care is critical to the work of CHWs. In addition to working with vulnerable populations, CHWs who have previous lived experience with homelessness may still struggle with different aspects of that experience. Someone may no longer be homeless but may still be struggling to maintain housing, maintain sobriety, pay bills, etc. It is the responsibility of the supervisor to ensure the CHW is able to engage effectively with clients while also managing their own life stresses.

The most important thing a supervisor needs to do is be supportive and check in and make sure you are ok and taking care of yourself. If you aren't then how can you take care of your clients?
Community Health Worker

Meeting regularly with CHWs helps supervisors monitor self-care concerns. One of the first signs of compassion fatigue and vicarious trauma is chronic exhaustion. If a supervisor notices this happening with a CHW it may be helpful to suggest a day off for some immediate relief but concerns should be addressed more fully as soon as possible. Ongoing feelings of exhaustion at work will eventually result in cynicism and resentment.[23] Additional signs of compassion fatigue and vicarious trauma may include:

- Feelings of helplessness and hopelessness

- Sense of persecution
- Diminished creativity
- Inability to grasp complexity
- Anger
- Decreased personal care (i.e. lack of sleep, poor hygiene, poor diet etc.)

PROJECT SPOTLIGHT

During monthly conference calls the CHWs participating in the National HCH Council's project discussed challenges with clients and asked for strategies or recommendations from the other CHWs on how to address these issues. Common challenges faced included clients relapsing into alcohol or drug use, clients lashing out at CHWs for issues beyond the CHW's control, clients suffering from debilitating depression, frustrating and confusing client behavior, and delays and road blocks for clients created by other organizations.

A tragic reality of working with such a vulnerable and often very sick population is, regardless of the efforts of the CHWs or HCH clinics, some clients' health status will not improve. Fourteen clients enrolled in the National HCH Council's project died during the project period. The causes of death ranged from terminal illness and sudden health events to accidents and homicide. The trauma and grief of losing a client not only takes its toll on CHWs but it also   affects their work with others. It can have an impact on the CHW's ability to empathize with, understand, and support clients.[24] It is vitally important for CHWs and their supervisors to have the tools to recognize the signs of burnout, and the strategies to address it.

Self-care should be a priority for all CHWs and should be monitored by their supervisors. If self-care is not prioritized and CHWs do not get the adequate support, their work and physical and emotional health may be negatively affected. Maintaining consistent, open, and honest dialogue with and between the CHWs helps supervisors address concerns of compassion fatigue and burnout.

When your clients are actively using and deep in their addiction, they're not who they really are. It's just something that they are doing and we can't lose hope in them because once they get out of that we can see who they really are.
Community Health Worker

Peer Supervision

The concept of peer supervision is becoming a more popular concept among organizations who employ CHWs. CHWs who are well-established within an organization are uniquely positioned to have a better understanding of what other CHWs experience in their work at an HCH. Peer supervision capitalizes on a shared understanding and provides an increased opportunity for support through joint problem solving and skill development. CHWs who participate in peer supervision, in addition to traditional supervision, may feel a greater sense of peer support, develop a stronger commitment to implementing health activities, and find more creative solutions to problems[25]. While peer supervision can create opportunities for CHWs to challenge one another and help each other recognize areas of needed growth, it is unhelpful and even damaging if peer supervision creates tensions. [26]

> *Having peers there to validate that it was ok for them to feel uncomfortable and to be out of their comfort zones with some stuff was really helpful. It encouraged the CHWs to be more honest about what they were struggling with and get feedback on it.*
> ***Supervisor***

Tools for Supervisors

Supervisor Trainer's Manual, Earth Institute, Columbia University
http://millenniumvillages.org/wp-content/uploads/2014/08/CHWSupervisorTrainersManual.pdf

Supervision of Community Health Workers
http://www.mchip.net/sites/default/files/mchipfiles/09_CHW_Supervision.pdf

Best Practice Guidelines for Implementing and Evaluating Community Health Worker Programs in Health Care Settings
http://www.sinai.org/sites/default/files/SUHI%20Best%20Practice%20Guidelines%20for%20CHW%20Programs.pdf

Section 6: CHW Integration & Support

Integrating CHWs

Consider CHWs an extension of care that can be present with clients in their day-to-day lives. There are likely gaps in care that exist because of a lack of resources, staff time, etc. Once gaps are identified, consider the ways in which a CHW can close those gaps. What does the organization need from a CHW? Does the organization need CHWs to help clients who are having difficulty making it to specialty appointments, who are inappropriately utilizing the Emergency Department, struggling with medication management, having trouble understanding what benefits they are eligible for, or all of the above?

> *Be open to trial and error until the HCH and CHW get in sync with each other. Honor what the CHW has to bring to the clinic and be willing to learn from the CHW.*
> **Supervisor**

Once the role of the CHW is identified, the next step is ensuring the organization's workforce has a comprehensive understanding of the role of the CHW. The work of a CHW may be perceived as an overlap of what is already being provided by social workers, case managers, and/or nurses. Staff members need to be adequately trained on the scope of the CHW position and the many ways in which the CHW role compliments and enhances the work already being done. In order for CHWs to be successfully integrated into a program, there must be institutional support for the position.[27]

CHWs and Care Teams

Team based care is widely recognized as critical to achieving the Triple Aim of CMS - improving the individual experience of care; improving the health of populations; and reducing the per capita costs of care for populations. CHWs can be vital members of these teams. As part of a care team, CHWs work alongside other providers (medical providers, social workers, case managers, etc.) to integrate and coordinate client care.[28]

> *CHWs bring a perspective to the table that sometimes the business or administrative side of the clinic does not always see. They can offer some good suggestions on policies, procedures, and workflow. They can offer insight on how some things that make sense on the business side may be taken differently by clients and may cause unintentional problems.*
> **Supervisor**

The relationship a client has with a CHW may be different than the relationships with other health care providers. Clients may feel as though they can be more honest with their CHW. When CHWs are integrated into care teams with their client's providers, the honesty between a CHW and their client can translate into the clinic being able to provide services to individuals in more holistic and effective ways.

A case study done in the South Bronx, New York and highlighted in the *Journal of Ambulatory Care Management* chronicled one clinic's successful integration of CHWs into the practice. The case study highlights the meaningful impact a CHW's perspective can bring to a care team.

> *They can transform the way that health care team members view patients by correcting misunderstandings and providing context for patient behaviors. Health care providers value the ability of CHWs to connect with patients, overcoming the linguistic, cultural, economic, and other barriers that they are unable to transcend. The incorporation of CHWs into the care team allowed for the team to better engage patients who experienced the greatest barriers to care. Through full integration with the care team, CHWs helped identify ways in which the care team could become more patient-centered. Thus, it was not simply the addition of the CHW, but the transformative nature of the collaboration between CHWs and other members of the care team, that allowed this practice to improve its outcomes for the most vulnerable patients.*[29]

PROJECT SPOTLIGHT

Clinician's response to CHWs: Stories from the field
"What happened because of this project is we were able to show the clinic staff and management that there really is a place and a benefit for CHWs within our system. Now we are able to show all the great things that can happen when you have a CHW as part of your team. From a long term perspective, I think that's the best outcome we've had. Providers really appreciate being able to do a little bit more if they know a patient is struggling with one of their recommendations or following a certain plan. The provider can connect them with the CHW to follow up on specific issues and help them when they are outside of the clinic. In the past when a provider gets labs back that are alarming or they need to make a referral and they can't find a particular client, they would make phone calls and then send a letter. If we couldn't get a hold of them then we just couldn't get a hold of them, we didn't have the resources to do anything else. Now, when those urgent things come up or we know someone needs to get to a specialty appointment and needs support to get there or they won't go, then the providers can call on the CHWs to either go out and find the individual or help individuals get to appointments. The providers were really excited when we made this a more formal process. Often times the providers feel like they can't do much else for their patients outside of the four walls and they worry about them. They really want to help but they themselves can't go out and find them."

Building a supportive HCH environment

In order for a CHW to serve in the role successfully, the HCH clinic needs to be considerate of the realities of their day-to-day work. Here are a few items to consider as an agency develops a plan for integrating a CHW into its practice:

- It is important to be flexible. A CHW working with high needs clients will probably not fall into a 9:00am to 5:00pm model. The day depends on what is happening with their clients and unfortunately it can be hard to predict what will come up with a client who may frequently be in chaos or crisis.
- If the clinic has a dress code, be considerate of what clothing would be most appropriate for the CHW when they are out in the community.
- It is imperative to make a plan for transportation prior to hiring a CHW. Transportation was a barrier for almost all of the programs that participated in the National HCH Council's project. Think critically about how the CHW is going to help clients get to and from appointments.
- Be open to suggestions from the CHW. Clients may share more information with their CHWs than their medical providers. Additionally, the lens through which a CHW sees the HCH clinic may provide insight and feedback not previously considered. [30]

Establishing Peer Support for CHWs

Peer support can be deeply meaningful as a form of ongoing support for CHWs. The unique experience CHWs have in their work, walking the line between maintaining their status as trusted members of the homeless community while simultaneously serving as professional staff members of the HCH clinic, is one that is best understood by other CHWs in the field. Having a cohort of CHWs who meet regularly to share their challenges, provide each other support, celebrate success, and participate in shared learning is an effective way to institutionalize support for CHWs. Unfortunately, for many HCH programs, having more than one or two CHWs is a luxury they cannot yet afford. In situations such as these, encourage the CHW to engage with the local and/or state CHW associations. Involvement in these organizations will connect the CHW with other CHWs in the area for networking and support.

PROJECT SPOTLIGHT

As part of the National HCH Council's project, all 15 CHWs convened during interactive online trainings, monthly calls, and at in-person conferences. Many of the CHWs were the only CHW in their agencies; some were the only CHWs in their communities. Having a cohort of CHWs doing similar work and negotiating similar challenges was incredibly beneficial. They were able to lean on each other for support, reach out to one another for advice, and hold each other accountable. "The fact that they were able to do it together and they had a larger peer group was the most important. Friendships were developed and support was given that was really helpful, especially in the beginning when the case managers and medical providers were a bit slow in understanding their role and what they brought to the table. They had each other as peer support." -Supervisor

Peer Support Resources for CHWs

American Public Health Association: Community Health Workers
https://www.apha.org/apha-communities/member-sections/community-health-workers

APHA Facebook
https://www.facebook.com/APHA-Community-Health-Workers-Section-249245375096467/

Alaska Community Health Aide Program
http://www.akchap.org/html/home-page.html

Arkansas Community Health Worker Association
http://www.archwa.org/

California Association of Community Health Workers
http://www.cachw.org/

Chicago CHW Local Network
https://chwnetwork.wordpress.com/

Maine Community Health Worker Initiative
http://www.mechw.org/index.html

Massachusetts Association of Community Health Workers
http://www.machw.org/

Florida Community Health Worker Coalition
http://www.floridahealth.gov/provider-and-partner-resources/community-health-workers/fl-chw-coalition/

Michigan Community Health Worker Alliance
http://www.michwa.org/

Ohio Community Health Worker Association
http://medicine.wright.edu/sites/default/files/page/attachments/ochwabroch_060410.pdf

Oregon Community Health Workers Association
http://www.orchwa.org/

Penn Center for Community Health Workers
http://chw.upenn.edu/

Minnesota Community Health Worker Alliance

http://mnchwalliance.org/

CHW Network NYC
http://www.chwnetwork.org/

Community Health Worker Texas
http://www.chwtexas.org/

Association for Utah Community Health
http://www.auch.org/

Washington Community Health Workers Network
http://www.wacmhc.org/?page=13

Wisconsin Community Health Worker Alliance
http://milahec.org/wichwa/

New Mexico Community Health Worker Association
http://www.nmchwa.org/

Arizona Community Health Workers Association
http://azchow.org/

Indiana Community Health Workers
https://www.facebook.com/IndianaCHW

Community Health Workers Institute of New Jersey
http://www.camden-ahec.org/chwinstitute.html

Community Health Worker Association of Rhode Island
https://www.facebook.com/Community-Health-Worker-Association-of-Rhode-Island-212360668811849/

Additional Resources

InFocus: Integrating Community Health Workers into Care Teams
http://www.commonwealthfund.org/publications/newsletters/transforming-care/2015/december/in-focus?omnicid=952575&mid.org

Community Health Worker Integration into the Health Care Team Accomplishes the Triple Aim in a Patient-Centered Medical Home
http://www.chwnetwork.org/_templates/80/a_bronx_tale.pdf

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