

NETWORK MEETING – JANUARY 12, 2017



www.chwnetwork.org



Our start as a CHW support organization

I love my work, but sometimes I feel like crying. I dream of helping families meet their needs but often get caught up in the paperwork and bureaucracy. Yesterday, I went out in a blizzard to do a confirmed home visit and the family was not home. I wish I could talk to others who face challenges like these -- somewhere safe, where my needs and views would be respected. A place where people would understand me and be supportive.

- Mariana Sanchez, CHW

Formation

Organized in 2001, the Community Health Worker Network of NYC responded to the expressed need of CHWs in the marketplace for:

- **Sharing resources and challenges**
- **Meeting colleagues and developing camaraderie with others in the field**
- **Gaining training and professional development**

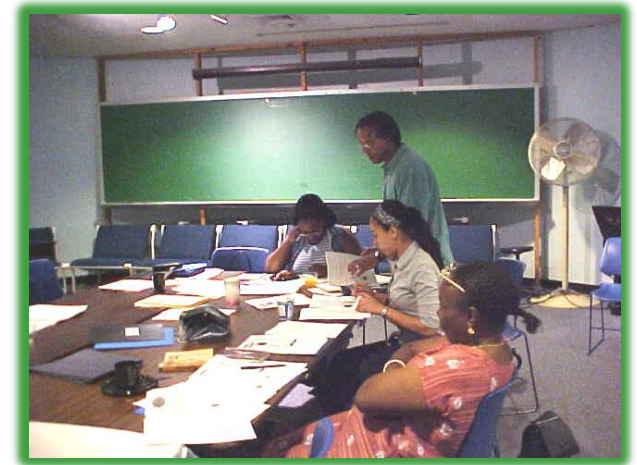


Early Meetings

Organizing

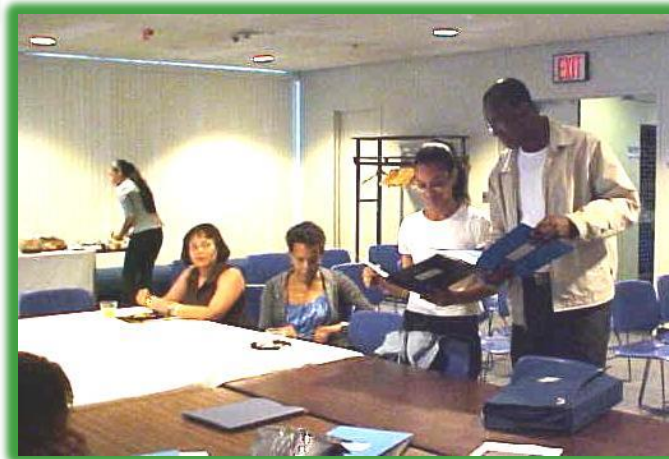


Scheduling



Planning

Support



Designing

Recruiting

CHW Network Foundational Campaigns

Core group of CHW allies/supporters met at Hunter College, 2001

Networking

Expand membership

Recruiting, retention, engagement. Staging an event (CHW Conference) or attending a CHW Conference.

Defining Policy and SOW

Federal/state/local scope of practice, employment track and personal attributes, training and development.

Financing



Network Mission: A 3-Pronged Approach

Our Mission

The **Community Health Worker Network of NYC** works to advance the Community Health Worker practice while preserving the identity and character of CHWs through:

EDUCATION

ADVOCACY, and

RESEARCH



Early years developments

2002

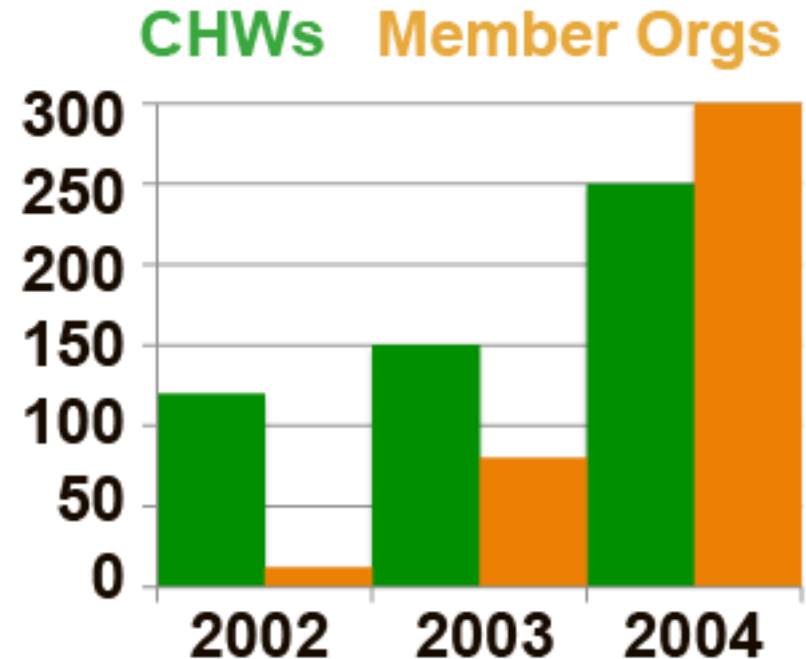
First Community Health Worker conference in New York City.

2003

“Community Health Worker Day” proclaimed by the New York City Council.

2004

More than 250 CHWs and 300 organizations represented at the conference, with awards, workshops, and activities added.



A decade of advancement since

2005

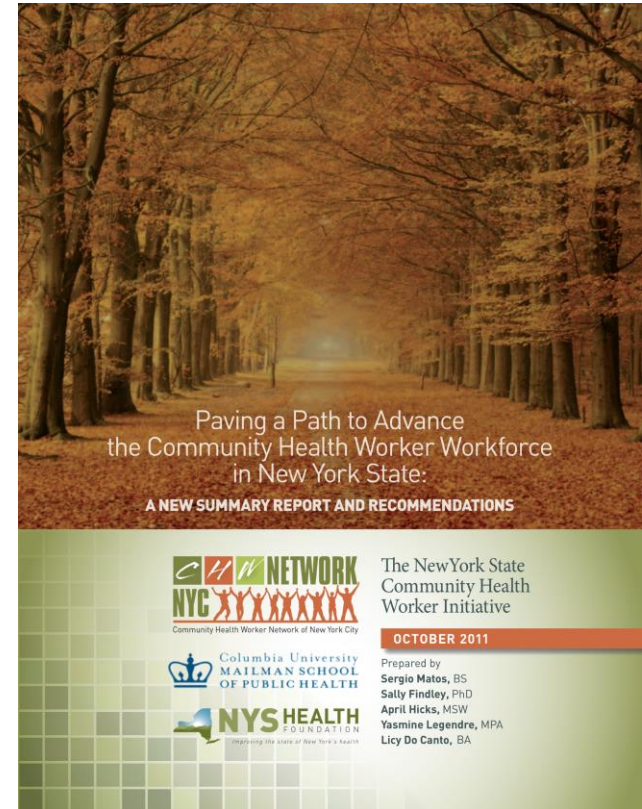
CHW section of the American Public Health Association publicly releases a CHW definition informed by the the CHW Network of NYC.

2009

US Dept of Labor designates a unique Standard Occupational Classification to the CHW practice. **SOC #21-1094.**

2015

APHA approves a policy resolution in support of CHW leadership in determining workforce standards.



Am I a CHW?

Community Health Worker job titles include...

Case Worker, Community Health Advocate, Community Health Adviser, Community Health Aide, Community Health Outreach Worker, Community Health Representative, Community Health Specialist, Community Health Worker, Counselor, Cultural Counselor, Eligibility Worker, Family Health Promoter, Family Support Worker, Health Advisor, Health Facilitator, Health Information Specialist, Health Promoter, Health Liaison, Health Promoter, Health Specialist, Home Aide, Home Health Aide, Informal Counselor, Outreach Worker, Outreach Specialist, Patient Navigator, Peer Counselor, Peer Educator, Peer Health Advisor, Peer Health Educator, Promoter(a), Peer Navigator, Public Health Advisor, Public Health Aide, Public Service Aide, Social Worker Assistant, Addiction Treatment Specialist, HIV/AIDS Educator, HIV Disclosure Counselor, Mental Health Aide, Nutrition Assistant, Pre-Perinatal Health Specialist, Women's Health Specialist, and others.



Who is a CHW?

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.

This trusting relationship enables the CHW 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.

A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

- American Public Health Association, 2008 (Community Health Worker Section)
- The Community Health Worker Network of NYC, 2008



CHW Network of NYC - Today

- Statewide and national leader in CHW education, advocacy and research.
- Established workforce standards – scope of practice.
- Mentor to sister CHW associations.
- 2000 members - 500 organizations.
- 501(c)(3) status.
- CHW convention development, regionally and nationally.
- Current involvement in foundational work toward both a statewide CHW association and a national CHW association.
- Website at www.chwnetwork.org, evolving use of social media channels.



CHW Scope of Practice

Outreach/Community Mobilizing

- Preparation and dissemination of materials
- Case-finding and recruitment
- Community Strengths/Needs Assessment
- Home visiting
- Promoting health literacy
- Community advocacy

System Navigation

- Translation and interpretation
- Preparation and dissemination of materials
- Promoting health literacy
- Patient navigation
- Addressing basic needs – food, shelter, etc.
- Coaching on problem solving
- Coordination, referrals, and follow-ups
- Documentation

Community/Cultural Liaison

- Community organizing
- Advocacy
- Translation and interpretation

Participatory Research

- Preparation and dissemination of materials
- Engaging participatory research partners
- Facilitating translational research
- Interviewing
- Documentation

Case Management/Care Coordination

- Family engagement
- Individual strengths/needs assessment
- Addressing basic needs – food, shelter, etc.
- Promoting health literacy
- Goal setting, coaching and action planning
- Supportive counseling
- Coordination, referrals, and follow-ups
- Feedback to medical providers
- Treatment adherence promotion
- Documentation

Home-based Support

- Family engagement
- Home visiting
- Environmental assessment
- Promoting health literacy
- Supportive counseling
- Coaching on problem solving
- Action plan implementation
- Treatment adherence promotion
- Documentation

Health Promotion & Coaching

- Translation and interpretation
- Teaching health promotion and prevention
- Treatment adherence promotion
- Coaching on problem solving
- Modeling behavior change
- Promoting health literacy
- Harm Reduction



Preferred CHW Attributes

- **Connected to Community**
- **Resourceful, Creative**
- **Mature, Prudent, Persistent**
- **Empathetic, Caring, and Compassionate**
- **Open-minded, Non-judgmental, Relativistic**
- **Respectful, Honest, Patient**
- **Friendly, Outgoing, Sociable**
- **Dependable, Responsible, Reliable**



CHW Core Competencies Training

Informed by marketplace analysis



CHW Training Pedagogy

For Adult Learners

NO

Didactic method
Lecture-driven
Pedantic information



YES

Interactive
Participatory
Experiential



**CHW NYC
NETWORK**

CHW Business Case

- **Value added - Increase coverage**
 - Health insurance coverage increased & more consistent for children (RCT in Boston)
- **Lower costs**
 - 63% reduced hospitalization expenses (asthma program in Manhattan)
 - 48% reduced ED expenses (asthma program in Manhattan)
 - Reduced HbA1c levels by one point in 6 month intervention (RCT diabetes in the Bronx)
- **Return on Investment (range \$1.15 – \$7.00)**
 - ROI of \$2.28 per dollar invested (underserved men in Denver)
 - ROI of \$2.30 per dollar invested (Diabetes management program in the Bronx)
 - \$7.00 per dollar invested (Denver Health pregnancy testing program)
- **Cost savings**
 - Decreased per capita expenses 97% in an asthma program (Hawaii)
 - \$24 million over 9 years in private corporation (Georgia)
 - Reduce hospitalization denial of payment (the Bronx)
 - Increase QARR scores- significant profit



CHW Network Publications

- Findley S, Matos S, Hicks A, Chang J, Reich D. **Community Health Worker Integration into the Health Care Team Accomplishes the Triple Aim in a Patient-Centered Medical Home: A Bronx Tale.** (J Ambulatory Care Manage, Vol.37, No.1, pp.82-91.
- Matos S, Findley S, Hicks A, et al. **Paving a Path to Advance the Community Health Worker Workforce in New York State.** October 2012. www.chwnetwork.org. Accessed May 1, 2013
- Murphy M, Matos S. **Building Relationships and Changing Lives: A Community Health Worker Story.** (J Ambulatory Care Manage. Vol.34, No.4, pp. 375-376.)
- Zahn D, Matos S, Findley S, Hicks A. **Making the Connection: The Role of Community Health Workers in Health Homes.** September 2012. www.chwnetwork.org. Accessed May 5, 2013.
- Chinn C, Levine J, Matos S, Findley S, Edelstein B. **An Interprofessional Collaborative Approach in the Development of a Caries Risk Assessment Mobile Tablet Application.** J of Health Care for the Poor and Underserved. Vol. 24 (2013), pp. 1010 -1020.
- Balcazar H, Rosenthal E L, Brownstein J N, Rush CH, Matos S, and Hernandez L. **Community Health Workers Can Be a Public Health Force for Change in the United States: Three Actions for a New Paradigm.** (Am J Public Health. 2011 Dec;101(12):2199-203.)
- Ruiz Y, Matos S, Kapadia S, Islam N, Cusack A, Kwong S, Trinh-Shevrin C. **Lessons Learned from a Community-Academic Initiative (CAI): The Development of a Core Competency-Based Training for CAI Community Health Workers.** Am J Public Health. November 2012.
- Findley S, Matos S, Hicks A, Campbell A, Moore A, Diaz D. **Building a Consensus on CHW Scope of Practice: Lessons from New York.** Am J Public Health. October 2012;102(10).
- Catalani C, Findley S, Matos S, Rodriguez R (2009). **Community Health Worker Insights on Their Training and Certification.** Progress in Community Health Partnerships: Research, Education, and Action. Fall 3.3: 227-235



Determining our future

Before I started coming to the meetings, I never even knew I was a Community Health Worker. It feels so good to be respected. People ask for my opinions and respect them; [they] want me to share my experiences. I hear how others deal with problems at work and I don't feel so alone anymore. I'm so glad to be a member of this Network.

I have to share going to the meetings with another CHW at my job, but I'm so happy when it's my turn.

-- Mariana Sanchez, CHW

Possible Priorities

- **Sharing resources, experiences, fears, questions**
- **Acknowledgment and respect for work of CHWs**
- **Improved career ladder, labor market, wages**
- **Comprehensive and transferable training**
- **Involvement in policy and practice issues**
- **Integration of CHWs into the healthcare culture**

