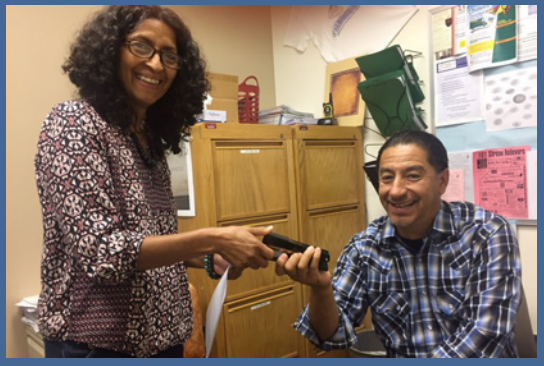
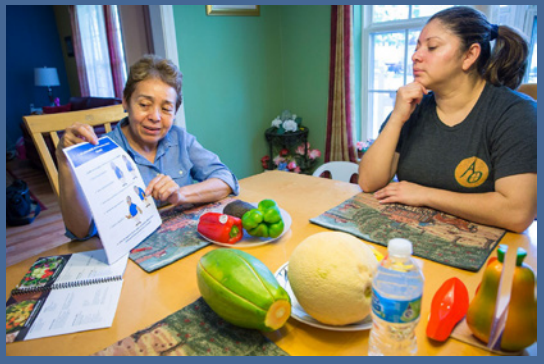
Oregon Community Health Worker (CHW) Guide





Created by a team of Community Health Workers and staff from these community based organizations: Oregon Community Health Workers Association, Oregon Health Equity Alliance, Urban League of Portland, IRCO-Africa House, The Coalition of Community Health Clinics, Oregon Health Authority & Office of Equity and Inclusion.

Introduction

This handbook provides an introduction to Community Health Workers (CHWs), including definitions, opportunities for training and employment, and ways to support this growing profession. It should serve as a resource for community members interested in this field as well as institutions and organizations desiring to integrate CHWs into their workforce.

It was created by a team of Community Health Workers and staff from community based organizations in an effort to advance community health work in Oregon. Oregon Health Equity Alliance partnered with Oregon Community Health Workers Association (ORCHWA), the statewide professional association for CHWs in Oregon, to compile this brief.

Definition

CHWs are trusted community members who participate in capacitation (empowering training) so that they can promote health in their own communities. Communities can be defined by race/ethnicity, geography, age, sexual orientation, disability status, other factors, or a combination of factors.

Ready and Available Workforce

Approximately 1200 people have completed a CHW certification training. Many of those are not fully employed as CHWs.

Certified CHWs can be found on the Traditional Health Workers Registry, at:

traditionalhealthworkerregistry.oregon.gov/Search

"[We] save money by speaking prevention."

"Doctors can give you medicine ... to heal your body ... but we're ... talking with [people] and are one-on-one with them ... we get in their minds and are helping them. That's where your real healing comes from."

"[We] are in the same area and the same level as the people we are helping. We are not coming … from these high offices … telling them what do you need, or what can I help you with … We know what they need because we've been there."

Source: 1998 National Community Health Advisor Study

Some examples of where CHWs are currently employed and supported

Coordinated Care Organizations: a network of all types of health care providers (physical health care, addictions and mental health care) who have agreed to work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (Medicaid).

Hospitals: a health care institution providing patient treatment with specialized medical and nursing staff and medical equipment.

Federally Qualified Health Centers: outpatient clinics that qualify for specific reimbursement systems under Medicare and Medicaid. FQHCs include federally-supported health centers (both grantees and look-alikes) as well as certain outpatient clinics associated with tribal organizations.

Culturally Specific community based organizations: organizations led by individuals from the community being served.

Community-based organizations: nonprofit groups that work at a local level to improve life for residents.

County Health Departments: a government agency in the United States on the front lines of public health. Local health departments may be entities of local or state government and often report to a mayor, city council, county board of health or county commission.

Community Health Clinics: private, nonprofit organizations that directly or indirectly (through contracts and cooperative agreements) provide primary health services and related services to residents of a defined geographic area that is medically underserved.

For more information about CHW opportunities, please see the ORCHWA website.

Recommendations to support excellent CHW practice

Integrating CHWs into health promotion and service provision requires the following good practice:

- State policy should support CHWs in both clinical and community-based settings.
- State policy should ensure that CHW programs promote job development in communities most affected by health inequities.
- CHWs should be guaranteed a minimum of 51% representation on any group that governs CHW policy and practice.
- CHWs receive the best level of support and supervision from other CHWs or other health professionals with CHW supervision training. ORCHWA offers a CHW supervisor training.

Additional recommendations can be found in ORCHWA's 2019 Statewide Needs Assessment.

Demonstrated outcomes of CHW programs include improvements in: access to preventive care, compliance with prescribed care, chronic disease management, health system cultural competence, patient-provider communication, and patient and community empowerment. Finally, a growing number of studies document CHW contributions to improving health care utilization and reducing costs.

Scope of Practice

CHWs have well defined scope of work that has been refined through research and practice over the course of many years, and approved by Oregon's Traditional Health Worker Commission.

Care Coordination

- Coordinate with involved systems of care
- Assist with referrals
- Contribute to team care plans and planning
- Assist with transitions between providers and phases of care
- Connect people to community and/or social services

Outreach and direct service:

- Conduct case-filing, recruitment and enrollment
- Engage individuals and communities in the field
- Provide follow-up with individuals, families, and groups

Coaching and social support:

- Provide social support and build social networks
- Conduct home visiting
- Motivate encourage people to obtain care and services
- Plan and facilitate support groups

Assessment, Evaluation, and Research:

- Participate in individual level assessments
- Participate in community level assessments
- Participate in evaluating CHW services and programs
- Identify and engage research partners and participate in research
- Document and track individual and population-level data

Education:

- Share culturally appropriate and accessible health and education information
- Support chronic disease self-management
- Build individual and community capacity
- Increase health literacy
- Support stress management
- Train new CHWs

Advocacy, Organizing & Cultural Mediation:

- Advocate for the needs and perspectives of individuals and communities
- Advocate for health promoting policy
- Organize communities to identify and address pressing health issues
- Conduct two-way education about community and system needs and norms

Opportunities to Expand the Role of CHWs

As trusted community members, CHWs can contribute to improving health and eliminating health inequities in a variety of settings. CHWs have historically been employed by organizations focused directly on health promotion. Recently, appreciating their contribution, additional sectors, for example schools, have begun to integrate and employ CHWs. Many other sectors could greatly benefit from the wisdom and skills of CHWs.

In addition to enhancing health promotion and health service provision, CHWs can also contribute greatly to additional systems that play a role in addressing the social determinants of health.

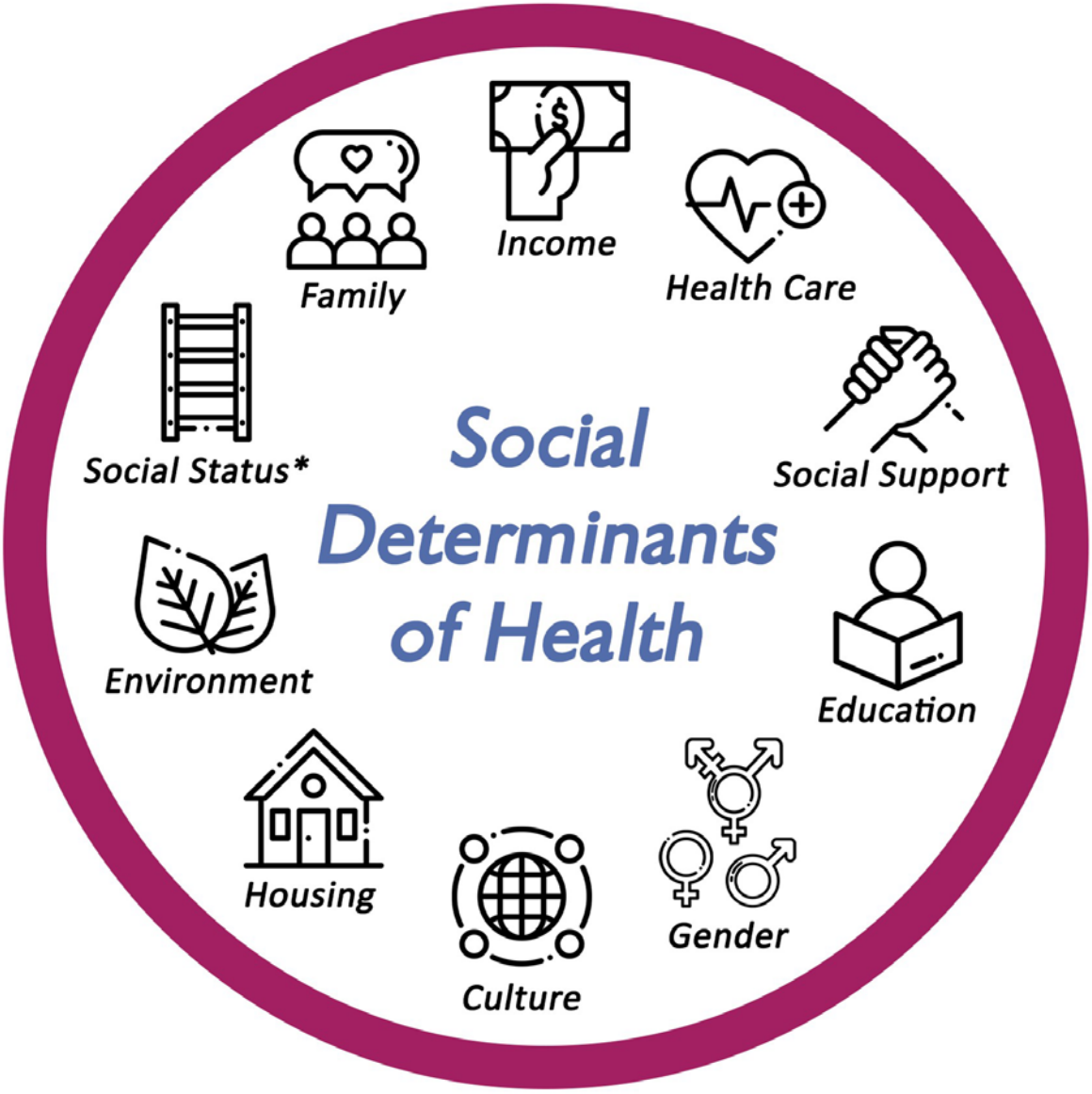
Social Determinants of Health

The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries and communities.

*Our social status (our placement in the social hierarchy) is the result of the intersection of identities we claim, and/or that are attributed to us by others. In general, people who claim a higher number of marginalized identities (e.g. person of color, LGBTQ2I, person with a disability, etc.) and/or to whom these identities are attributed by others, experience worse health. Thus, social status is a social determinant of health.

Health Equity

Health equity is rooted in dismantling and shifting oppressive structural and systemic practices that affect individuals and communities' ability to thrive. Health equity is achieved when every person has the opportunity, resources, power and autonomy to attain their full health potential. In order to achieve health equity, systems that sustain beliefs and behaviors rooted in the oppression of our communities based on race, class, gender, sexual orientation, age, ability, religion, immigration status, and other characteristics, must be dismantled.


Social Determinants of Health
Family
Income
Health Care
Social Status*
Social Support
Environment
Education
Housing
Culture
Gender

In order to maintain the integrity of the Community Health Worker profession, we need to listen to the words of Black feminist author and popular educator bell hooks, who wrote, *"To build community requires vigilant awareness of the work we must continually do to undermine all the socialization that leads us to behave in ways that perpetuate domination."** We need everyone's voices to be heard – CHWs and CHW allies – to help us advocate for our profession and thus advocate for our communities. To cultivate healthy communities, we need everyone's voice to explore how to develop this profession in order to better serve our different communities, of different languages and cultures. This is our mission and our obligation, from the very heart of the CHW profession.

Teresa Campos Dominguez, Board Chair, Oregon Community Health Workers Association

*from *Teaching Community: A Pedagogy of Hope*

ORCHWA
Oregon Community Health Workers Association
www.orchwa.org

COMMUNITY POWERED CHANGE

OHEA
Oregon Health Equity Alliance
www.oregonhealthequity.org