



Community Health Worker's Recipe for Collaboration



Cherylee Sherry, MPH, MCHES® | Healthy Systems Supervisor

Office of Statewide Health Improvement Initiatives

Community Health Division

Presentation Objectives

- Learn about interdisciplinary health care teams
- Identify 1 strategy for integrating CHWs into clinical settings
- Demonstrate 2 approaches for CHWs to adapt to health care settings

Statewide Health Improvement Partnership

BETTER HEALTH TOGETHER

- *Across Minnesota, communities are working together to create more opportunities for active living, healthy eating and tobacco-free living.*
- *When we make healthy choices easier and available for everyone, we support better health for all.*



SHIP builds the capacity of communities to create better health for all by increasing access to healthier foods and opportunities for physical activity, and reducing commercial tobacco use and secondhand smoke exposure.



SHIP Strategy Overview



Schools

Comprehensive Healthy Eating & Active Living



Workplaces

Comprehensive Tobacco Cessation, Healthy Eating, Active Living and Breastfeeding Support



Community

- Tobacco-Free Living
- Child Care
- Healthy Eating
- Active Living



Health Care

- Population Health: Screen, Counsel, Refer and Follow-up
- Establishing Community Evidence-based Programs
- Breastfeeding Support

Tribal Grants Overview



Tribal SHIP

Schools, Communities and Workplaces

- Food Sovereignty and Traditional Indigenous Lifeways

Health Care

- Link Community Members to Clinic Services



Tribal Tobacco

Schools, Communities and Workplaces

- Commercial Tobacco-Free Living
- Traditional Tobacco Education and Access

Health Care

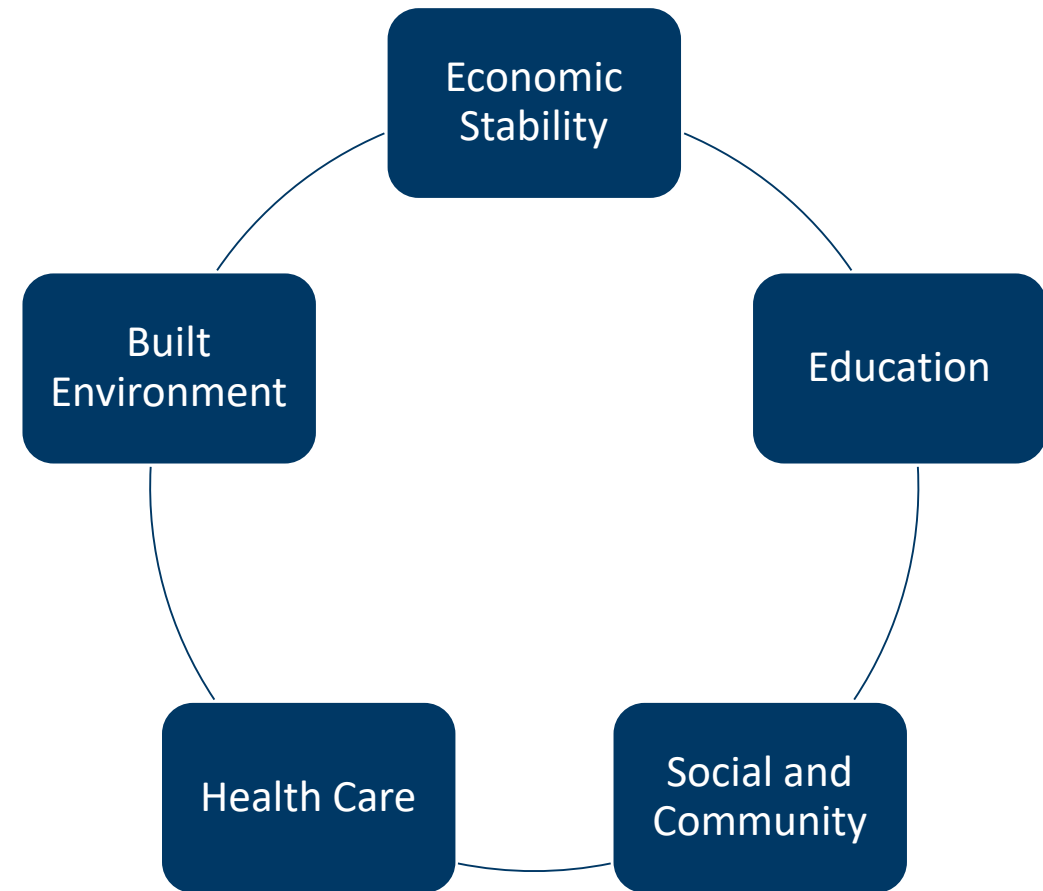
- Link Community Members to Clinic Services

What are Conditions For Good Health?

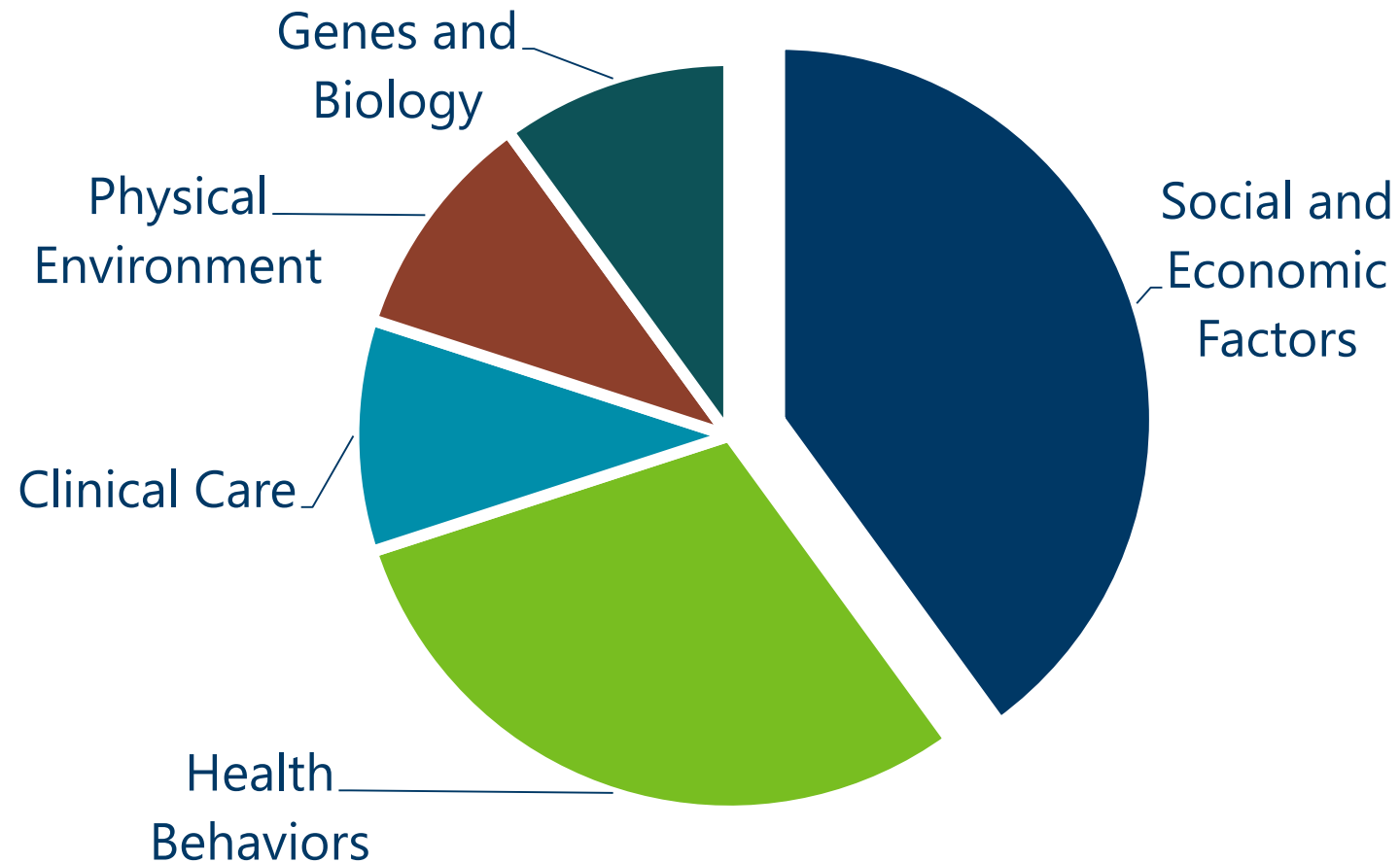
Conditions where people are born, live, learn, work, play, worship and age.

Affects:

- Health
- Daily Functioning
- Quality of Life



What Determines Health?

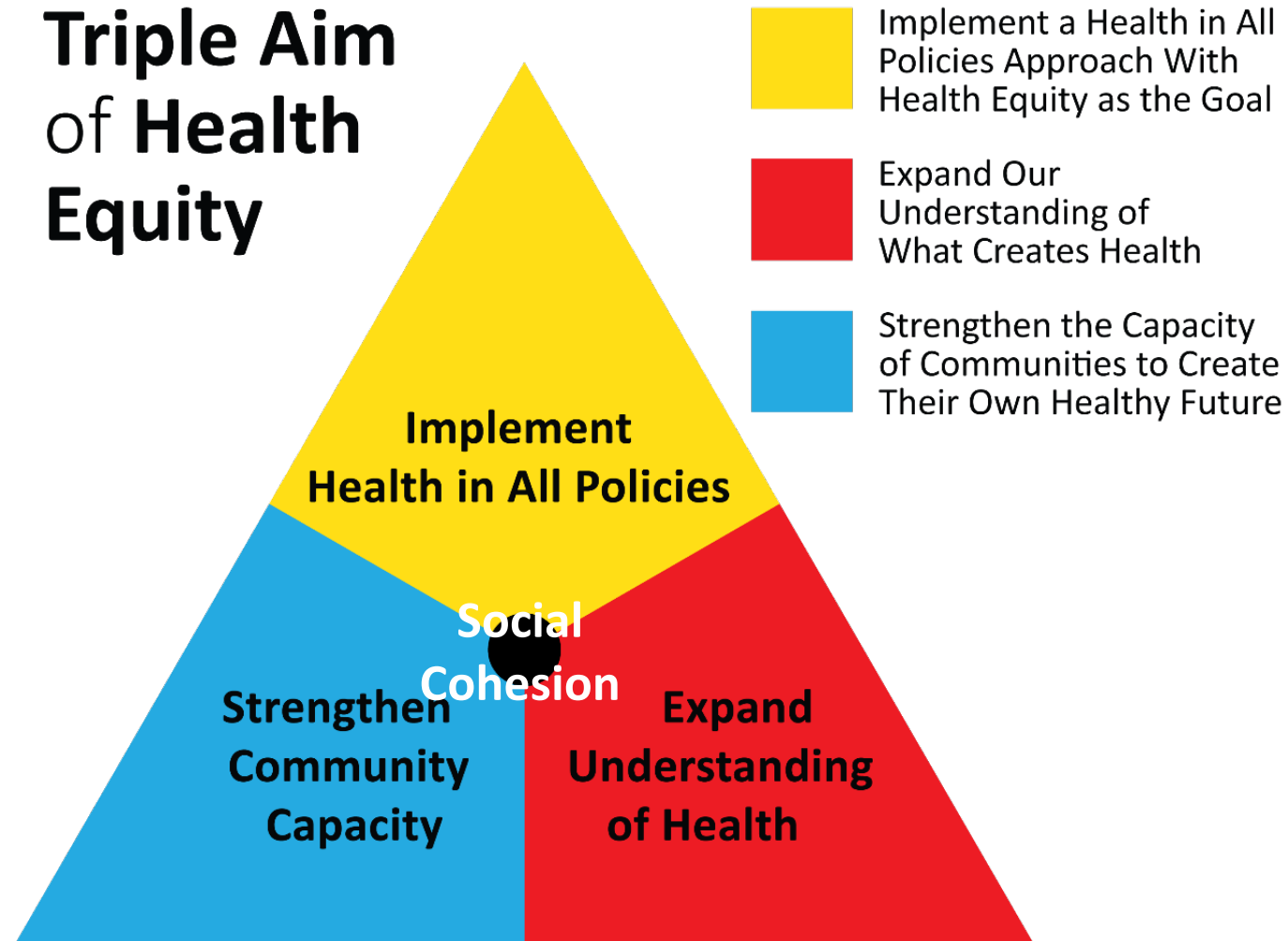


Determinants of Health Model based on frameworks developed by: Tarlov AR. *Ann N Y Acad Sci* 1999; 896: 281-93; and Kindig D, Asada Y, Booske B. *JAMA* 2008; 299(17): 2081-2083.

World Health Organization. Ottawa charter for health promotion. International Conference on Health Promotion: The Move Towards a New Public Health, November 17-21, 1986 Ottawa, Ontario, Canada, 1986. Accessed July 12, 2002 at <http://www.who.int/hpr/archive/docs/ottawa.html>.

Advancing Health Equity and Optimal Health for All

Triple Aim of Health Equity



Population: Identify populations likely to experience health inequities

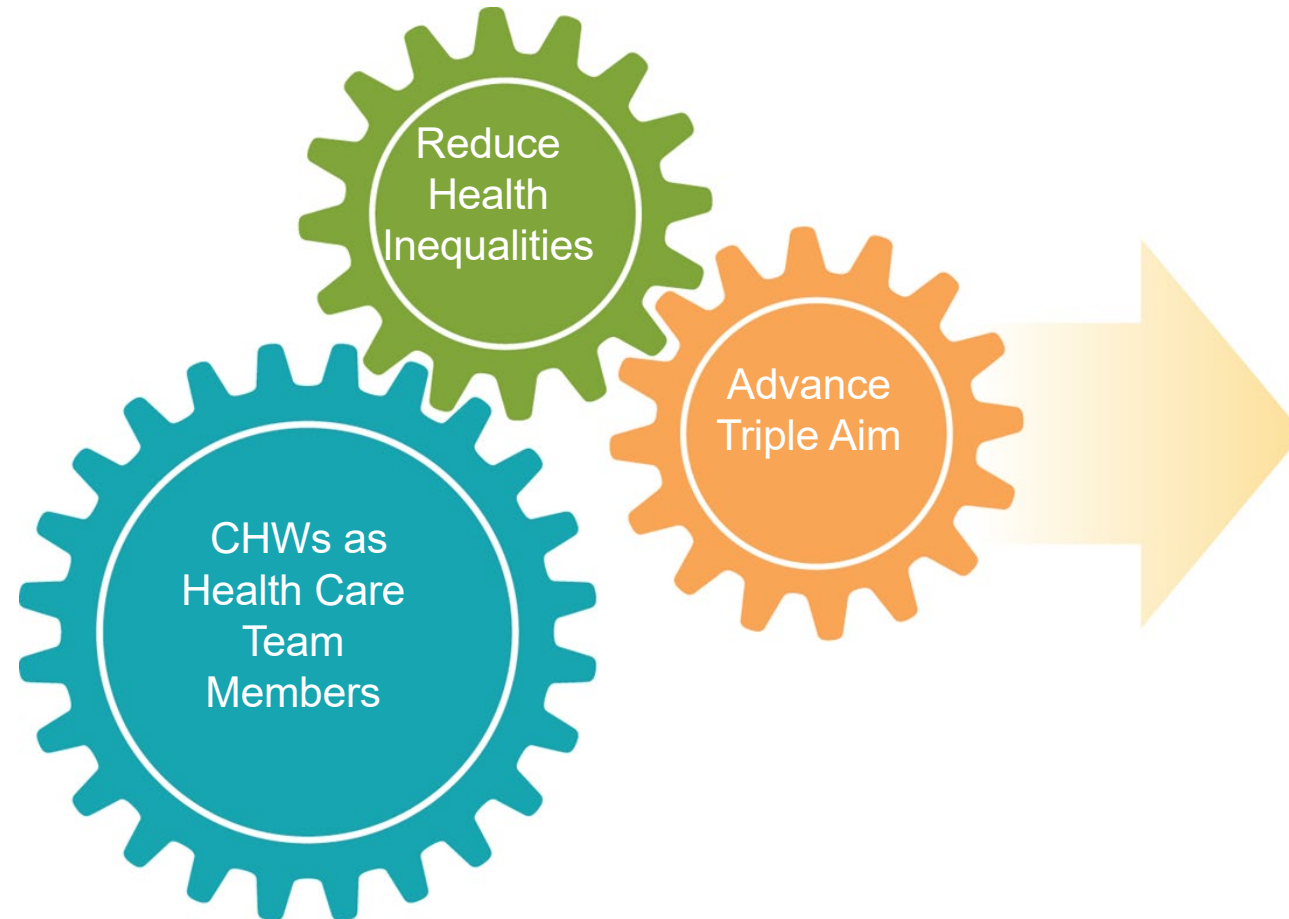




Challenges and Opportunities

- Increasingly diverse and rapidly aging population
- ACA increasing access to thousands of previously uninsured with projected primary care shortage
- Focus on Triple Aim and team-based care
- Greater emphasis on performance measurement and reporting by race, ethnicity, preferred language and country of origin, statewide and by region
- Health equity growing in priority
- Recognition of the impact of social determinants of health

Overall Goal



Health Care Homes Standards



It takes a team





Interdisciplinary Team

Primary Team

- Physician/Nurse Practitioner/Physician Assistant
- Medical Assistant
- Nurse
- Lab Assistant
- Front Desk
- Patient/client

Additional Team Members

- Pharmacist
- Behavioral Health Specialist
- Registered Dietician
- Certified Diabetes Educator
- Health Coach/Educator
- Community Health Worker

Care Coordination

- Patient/client engagement and activation
- Assessing individual strengths and needs
- Addressing barriers and connecting to services to meet basic needs
- Promoting health literacy and self care
- Coaching and motivational interviewing
- Helping patients/clients develop goals and supporting their action plans
- Coordinating medical, insurance and community referrals and follow-up
- Sharing feedback and cultural expertise/community knowledge with health team
- Helping patients/clients navigate complicated health and social systems



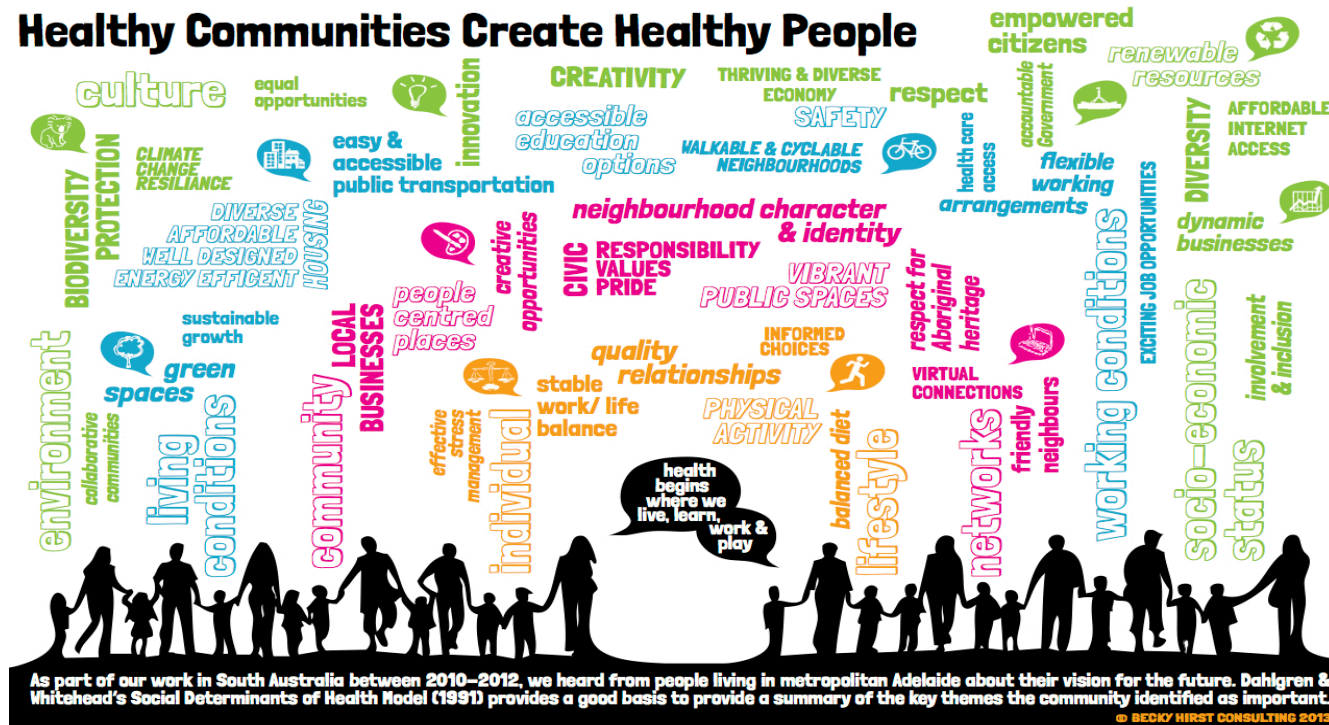
Health Literacy Matters!

- Basic skills needed to hold a job and get through the day—the ability to read, write, listen, speak and perform basic mathematical calculations.
- These skills can quickly become inadequate when a person enters the complex world of health care.
- **In fact, only 12% of literate Americans are proficient in understanding health information.**
- Even many highly educated people have difficulty understanding health information.

Literacy affects:

- **Access**
- **Safety**
- **Quality**
- **Outcomes**

Connections: Expand your understanding of the multiple determinants of health



Determine Relationships



The Community Health Worker (CHW) is a frontline public health worker who is a trusted member of 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
- Facilitate access to services
- Improve the quality and cultural competence of services delivered.

An Emerging Workforce

- Tribal CHRs
- Lay Health Advisors
- Promotores(as)
- Patient Navigators
- Community Health Advocates

Distinctions between CHWs and other health professions

- Do not provide clinical services
- Generally do not hold a license in another health discipline
- Expertise found in shared life experience and/or culture with the populations served
- Many spend significant part of their jobs working in home and community settings
- Focus on the social determinants of health, upstream and downstream

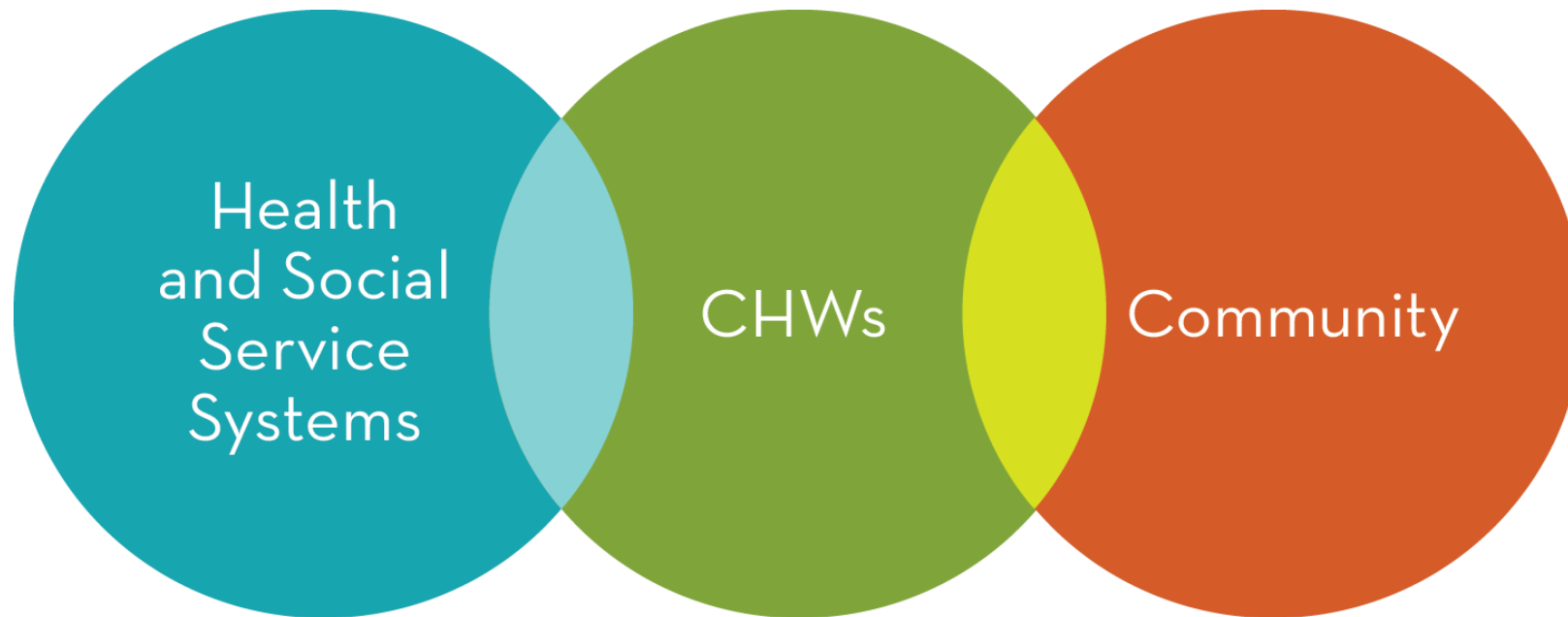
CHW Setting Continuum



* Matos S, Findley S, Hicks A, Legendre Y, Do Canto L. Paving a path to advance the community health worker workforce in New York State: a new summary report and recommendations. CHW Network of New York City. 2011

CHWs are uniquely equipped to advance health equity and the Triple Aim

CHWs typically reside in the communities they serve, and share the same language; ethnic, cultural and educational background; and/or life experience.



CHW Roles and Scope of Practice

Role

Functions that CHWs serve in communities and the health care system

Scope of Practice

An all inclusive list of roles and tasks which an occupation includes in its scope of work. The exact mix of these roles and tasks for any one individual will vary based on the needs of those served and host organizations

Teams Matter: Ingredients for Success



Ingredients of a Team Player

INGREDIENTS OF A TEAM PLAYER

Teamwork is the fuel
that allows common
people to attain
uncommon results.

Adaptable
You evolve and change to fit
the needs of the team
and the business.



Committed
You do not shy away
from your responsibilities
and are accountable for
the promises you make.



Competent
You execute your job
well and inspire
confidence in other
team members.



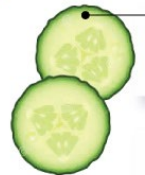
Reliable
You are dependable
and possess good
judgement skills.



Communicative
You are confident and
never nervous about
saying what you feel.
You also believe in others
and encourage them to
share their thoughts.



Enthusiastic
Your enthusiasm is
contagious and has a
positive impact on the
people around you.



Collaborative
You meet challenges
head-on with other team
members. The team's
collaboration should
reflect clear focus and be
driven by results.



Strategic
You understand the
goal of the team.
For you, the picture is
focused and clear.



Problem Solver
You consider different
points of view and
compromise when
necessary. Strong team
players are firm in their
convictions, yet open to
what others think.



- Adaptable
- Committed
- Competent
- Reliable
- Communicative
- Enthusiastic
- Collaborative
- Strategic
- Problem Solver

- Providing culturally- and linguistically-appropriate information
- Teaching health promotion, prevention and disease management
- Coaching and motivational interviewing
- Modeling behavior change
- Promoting health literacy and self care
- Promoting treatment adherence
- Leading patient education and support groups (e.g. NDPP, parenting, chronic disease self-management)

Self-Management Support

Role	Primary Care Provider	RN	MA	Care Coordinator	Resource/ Educator/ CHW	Clerical
Introduce Self-Management and Patient Role						
Set visit agenda						
Collaboratively Set Goals						
Provide information and training to patients						
Create an Action Plan						
Link Patients with system and community resources						
Proactive follow up						

Outreach and Referral

- Case-finding and recruitment
- Home visiting
- Promoting health literacy and self care
- Health screenings
- Connecting to primary care, mental health and other services
- Preparation and dissemination of materials/communications
- Advocacy and community engagement
- Community needs assessment
- Community organizing

Community Organizing/Capacity-Building

- Community needs assessment
- Interviewing community members and identifying concerns, barriers, opportunities and priorities
- Advocacy and community engagement
- Mobilizing communities to improve health
- Working with local stakeholders to effect positive changes in the local environment

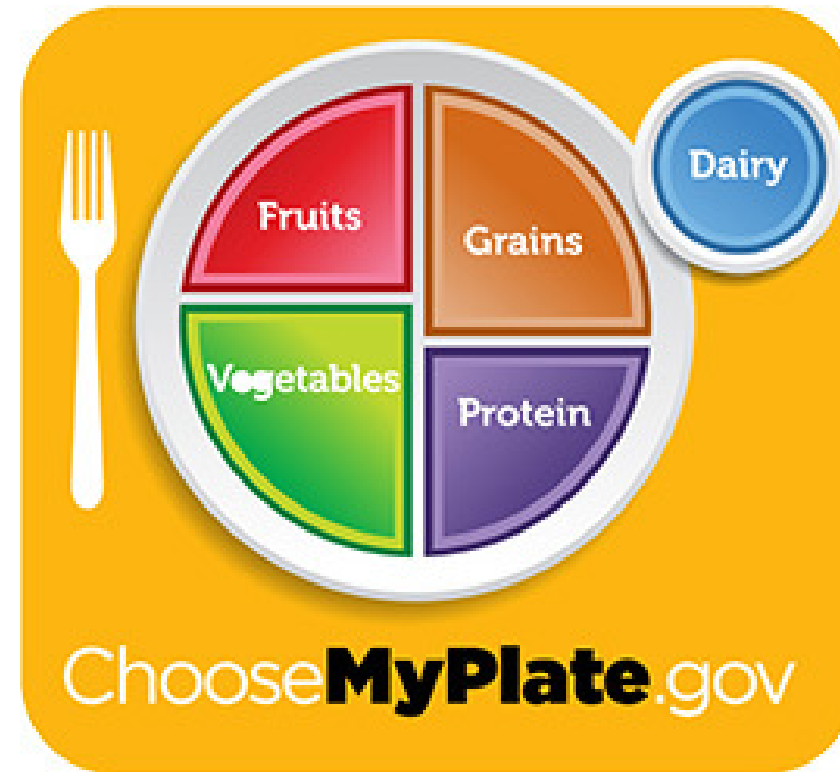
- Screen/Identify
- Counsel
- Refer
- Follow-up



Healthy Eating

Resources – Weight Management

- National Diabetes Prevention Program
- Weight Watchers
- TOPS (Taking Off Pounds Sensibly)
- ChooseMyPlate.gov
- Dietitian
- DASH Diet





Physical Activity

Resources – Access to

Healthy Foods



- Local food shelf
- Sign-up for SNAP/WIC if eligible
- Farmer's Markets
- Grocery store tours

Physical Activity



- Curves
- Local trails
- Walking groups in the community
- Community center fitness classes



Tobacco and Alcohol



Resources – Tobacco/Smoking Cessation

- Call it Quits referral program
- 1-800-QUIT-NOW free telephone counseling & support



Resources – Management of Other Conditions

- National Diabetes Prevention Programs
- Diabetes Self Management Program
- Chronic Disease Self-Management Program
- Follow-up visits with doctor, diabetes educator, dietitian

Resources – Stress Management

- American Heart Association
- Doctor or nurse practitioner
- Contact a local library or recreation center for classes

Identifying and Connecting Other Services



Causes: Identify and describe the causes of the differences in living and working conditions between population groups



Recommended strategies for a health system in closing the healthcare disparity gap



Recipe for a Successful Team

INGREDIENTS:

- ★ ESTABLISHING CLEAR GOALS AND ROLES (AS NEEDED)
- ★ 3 TBSP COMMUNICATION
- ★ 1/4 CUP INFORMATION FLOW
- ★ 1 1/2 CUPS TRUST
- ★ 4 INNOVATION AND CREATIVITY
- ★ TSP ACCOUNTABILITY
- ★ 1 CUP PRODUCTIVITY AND EFFICIENCY (REMOVE THE SEEDS WITH A SIEVE)
- ★ MAXIMIZING RESOURCES (IF DESIRED)

DIRECTIONS:

PREHEAT OVEN TO 350° F. ESTABLISH CLEAR GOALS AND ROLES FOR THE TEAMWORK TO RISE PROPERLY IN THE OVEN (IT IS EASIEST TO DO THIS STEP BEFORE YOU BEGIN COOKING).

BLEND COMMUNICATION AND INFORMATION FLOW IN A MEDIUM SAUCEPAN OVER MEDIUM-LOW HEAT.

HEAT TRUST IN A SEPARATE SAUCEPAN AND THEN POUR INTO THE COMMUNICATION AND INFORMATION FLOW AND WHISK UNTIL COHESIVENESS AND UNITY ARE OBTAINED.

ADD THE PRODUCTIVITY AND EFFICIENCY AND STIR OVER LOW HEAT UNTIL IT REACHES THE CONSISTENCY OF A THICK BATTER.

SEPARATE THE INNOVATION AND CREATIVITY. ADD THE CREATIVITY TO THE BECHAMEL IN THE SAUCEPAN AND WHISK UNTIL SMOOTH. IN A CLEAN MIXING BOWL, ADD THE ACCOUNTABILITY TO THE INNOVATION AND WHIP UNTIL STIFF PEAKS FORM.

FOLD THE INNOVATION INTO THE REST OF THE MIXTURE, APPORTION INTO BAKING DISHES, AND BAKE FOR 25 MINUTES.

SERVE WITH A SIDE OF MAXIMIZING RESOURCES.

Your Recipe for Success

- Think about your situation
- Use Yellow Recipe cards to list ingredients
- Write out an action plan using your ingredients



Thank you!