

Report Out from Small Group Discussions at 10/17/17 CHW Workgroup Meeting

What is a CHW?

- Reflective of community—whether that is a hospital, geographic, or a neighborhood community
- Comes from the community—helps to represent the community
- Health advocates
- Recruitment/Retention for allied professions/health students
- Does not fit into other licensed health profession categories
- Peer counselors
- Certified recovery specialists
- “The glue” for medical visits
- Volunteer
- Front line public health worker
- Liaison for medical and social wellness
- Health insurance navigators

What do they do?

- Unsure
- Enroll individuals in health insurance
- Help clients navigate health system
- Bridge clients to services
- Educate/school counseling
- Extension of care team
- Chronic care support
- WIC—peer counseling, breastfeeding, safe sleep
- Primary and behavioral health care integration
- Develop relationships
- Provide support for medical management
- Clerical/front desk
- Immunization outreach, home visits, TB, screen, hearing and vision at schools

Define CHW: What types of competencies/skills should CHWs have?

- Review national competencies
- Problem solving, teaching, education, ethics, HIPAA, Motivational Interviewing
- Education (not clinical) in diabetes
- Age groups, IT, relationships
- Situational awareness
- Both systemic and detailed understanding of client
- Cultural competency
- Confidentiality

Report Out from Small Group Discussions at 10/17/17 CHW Workgroup Meeting

Define CHW: What type of training should CHWs have?

- Oregon has a model/definition: non-traditional health care workers
- “Core” CHW training plus added specialties and Certificates
- “Thorough yet minimal”
- Non-clinical
- Training should align with national core competencies
- Relationship building
- On the job and didactic/classroom training
- Face to face vs online – unsure
- Hours of training: somewhere between 8-24
- There should be a required Internship
- A technical certificate would be 40-60 hour range → could count for financial aid

Define CHW: Should CHWs be reimbursed? If so, how?

- Depends on employer whether it is important
- Should it be tied to training? Or should it be tied to the service provided?
- Sustainability is critical
- FFS vs. population bundle reimbursement → bundle payment allows more flexibility
- DMHA has one FFS reimbursable service, but not a lot of implementation because the reimbursement rate is low
- What is the return on investment for these individuals?

Define CHW: What roles do CHWs fill?

- Varied
- They extend the reach of any health care provider → bi-directional: both *to* client *from* health system **and** *from* client *to* the health system
- CHWs are the link to healthcare team → coordination of care
- Case management
- Teaching/education
- Primary prevention
- Cultural brokering → bridging cultural differences/nuances