Community Health Worker (CHW) Program Recommendations for the Asian American Community in Austin

asian american
resource center
nonprofit

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CHW Program Recommendations Report

Introduction

The objective of this document is to provide recommendations for the design and implementation of a Community Health Ambassador/CHW or a similar program to serve the Asian American population in Central Texas. The researchers reviewed interviews with local and national organizations as well as current literature on the topic of CHWs to formulate recommendations. Below is background information followed by **sixteen recommendations** for a CHW program, which are organized into six sections:

- Training and Certification

- Qualifications

- Recruitment

- Funding

- Program Development and Evaluation

- Roles and Activities

Background

CHW Definition

Community Health Workers (CHW) across the nation play many roles and perform an array of activities, but the one thing they all have in common is that **they are trusted members who have a deep understanding of the community they serve.** CHWs most often serve as a link, liaison, or bridge between community members and the health and social services system, and they facilitate access to services and resources by developing relationships with community members and helping them build individual and community capacity by increasing knowledge and self-sufficiency (American Public Health Association, 2016). They may also perform outreach and education, advocacy, health navigation, healthcare enrollment, and case management, among other duties.

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Contributions of CHWs

According to a systematic review of CHW interventions, a number of studies showed moderate strength of evidence that CHWs **increase use of appropriate health care services**. Most of these interventions pertained to cancer screening (specifically mammography), hypertension, tuberculosis, and asthma. Additionally, other studies have found that CHWs can improve access to care, health knowledge and behavior and outcomes (Viswanathan, et al., 2009). Because of the great value CHWs have contributed to the healthcare system and health outcomes, in 2003 the Institute of Medicine stated that **CHWs should serve as members of the healthcare team** (Rosenthal, et al., 2010).

Funding for CHWs

As CHWs have been shown to be effective in increasing healthcare utilization and lowering healthcare costs, advocating for the sustainment and growth of this profession is vital to the healthcare system and overall population health. Documenting evidence showing the return on investment and cost savings to the healthcare system from using CHWs needs to be conducted more frequently and diligently (Kash, May, & Tai-Seale, 2007; Rosenthal, et al., 2010). The State of Minnesota is a leader in this field, as it has created a sustainable funding source for CHWs by establishing Medicaid reimbursement for a full range CHW activities across all health services (Rosenthal, et al., 2010). The Austin/Travis County community obtained temporary funding for Community Health Workers through a variety of **Medicaid 1115 Waiver programs**, which need ongoing funding.

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CHW Training and Certification

1. Utilize an existing CHW curriculum certified by the State. Studies have found that a CHW certification can lead to better job outcomes, earnings, job security, and self-esteem.

Texas has been a leading state for the certification of CHWs; the CHW certification program was initiated through a bill passed in 1999, and to date, Texas has certified more than 500 CHWs (Kash, May, & Tai-Seale, 2007). The current trend is that a CHW certification is needed for certain circumstances, such as employment in a program supported by state dollars, or participation in a state supported research and/or outreach grant. Trained and certified CHWs may also be able to earn higher wages and better job security, CHW certification was found to strongly and positively affect a CHWs' personal fulfillment, improving self-esteem and self-worth (Kash, May, & Tai-Seale, 2007).

In order for a CHW curriculum to be certified by the State of Texas, the curriculum must contain **eight core competencies** (Please see Attachment A for descriptions). Curricula from existing CHW programs could be utilized as a starting point for CHWs who will serve Asian American populations. In the future, the Asian American community can determine the need to establish its own state-certified training program. Several states including Massachusetts, Arizona, California, and Virginia have shown leadership in the areas of curriculum and program development at community colleges (Kash, May, & Tai-Seale, 2007). Examples of existing CHW training curricula and resources from other states:

CHW training module from Washington state (originally developed by organization in Massachusetts): http://hcwcommunityhealthworker.org/sites/default/files/sitefiles/CHWT_ParticipantManual_Final.pdf

Massachusetts Patient Navigator Training and Conference website: http://www.patientnavigatormass.org/program

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A list of CHW training programs certified by the State of Texas
http://www.dshs.texas.gov/mch/chw/chw-Instructor-Training-Sites.aspx

2. Supplement the state certified CHW curriculum with other relevant content and skills training.

The required state competencies for CHW certification serve as core elements of a CHW program. Many organizations often supplement the curriculum with other competencies and content that can be relevant to a CHW's role and beneficial to the overall program. Trainings related to technology and computer skills, word processing and web browsing skills, medical interpretation, healthcare marketplace enrollment, and health disparities were mentioned as additional competencies to local CHW programs. One program utilized a more targeted approached by focusing on specific zip codes in the local Austin area. **Training to address specific health disparities in Asian American communities** should supplement the core curriculum.

3. Include on-the-job training as part of the CHW curriculum. On-the-job training can enhance learning and understanding and lead to positive outcomes for both CHWs and organizations.

Some studies have found that CHWs had difficulty understanding training manuals. However, findings from a national survey suggest that on-the-job training can overcome difficulties in understanding training manuals and improve CHW retention rates (Kash, May, & Tai-Seale, 2007). Additionally, "agency level training" (program specific training provided at the agency level) has been found to improve an agency's standards of care, health outcomes, and reliance on CHWs' skills and competencies (Kash, May, and Tai Seale, 2007).

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4. Use teaching methods and activities that are culturally and linguistically relevant and tailored to your audience.

Understanding your audience and teaching potential CHWs in culturally and linguistically appropriate ways can enhance their learning and retention of information. For example, one CHW training program for chronic disease management for Korean American seniors used several learning modalities such as demonstration, role-playing, and field testing. These activities used characters from Korean soap operas and culturally tailored scenarios to which training participants could easily relate and allowed them to assess whether they processed knowledge and skills learned at the training (Han, Kim, & Kim, 2007).

5. Establish a workgroup of health providers, researchers, and CHWs to develop a training manual for the CHW program.

A workgroup of stakeholders dedicated to manual development can allow for continuous feedback on manual content and ongoing refinement, which can result in a manual that is more applicable and easily disseminated in the real world. For example, manual developers of *The Bridge Intervention*, a peer navigation intervention for people with serious mental illness, utilized the above approach to create a manual that included detailed instruction, scripts, forms for screening, engagement, assessment, goal setting, planning for medical visits, post-visit review, and monitoring progress (Brekke, et al., 2013). Depending on the scope of the CHW program, other tools that may need to be created can include **case management tools or an inventory of community resources and contacts**, among others.

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6. When educating CHWs on certain health issues, focus on prevalent diseases affecting Asian Americans including: Type 2 diabetes, hypertension, high blood pressure, tuberculosis, depression, stress management, and cancer screening and prevention.

Current research suggests increased prevalence of chronic diseases and conditions such as hypertension, diabetes, and certain cancers among Asian populations. Compared to other ethnic groups in the United States, **foreign-born Asian Americans have the lowest rates of mental health service utilization**, though U.S. born Asian Americans are more likely to use services (Abe-Kim, et al., 2007). Results from Austin's Asian American Quality of Life Survey (AAQoL) show that **20.3% of Vietnamese respondents have hypertension, 10% have diabetes, and 6.4% have heart disease.** Among Korean survey respondents, **15.3% reported having hypertension, and 8.2% arthritis, and 6.5% have diabetes** (Preliminary Report of the Asian American Quality of Life Survey, Yuri Jang, April 2016).

CHW Qualifications

7. Key qualifications for a CHW should be strong interpersonal skills and self-motivation, residence in the beneficiaries' community, and sharing similar history, barriers, culture and language.

The above qualifications were commonly cited by organizations as the most important qualifications for a CHW. Organizations we reviewed looked for evidence of experience with customer service, community service, and knowledge of social networks and organizations as indicators of interpersonal skills. Several organizations mentioned that individuals who are **passionate and highly invested in serving community members are vital for a CHW role**. Perhaps most critical to the role of a CHW is the shared experiences and background with the community members they serve, including similar cultural background, language, and/or

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residence in the same area. These similarities can make it easier to establish rapport and trust with community members, and CHWs can more appropriately and accurately advocate for a person's needs and desires. However, it is also important for CHWs **to maintain objectivity and impartiality** in working with healthcare providers, clients and family members.

8. CHWs should be proficient in English

For a future CHW program in Central Texas that serves Asian American populations in multiple Asian languages, English proficiency would be advantageous and necessary for communication within and outside an organization. One local organization mentioned that bilingual individuals, specifically English and Spanish speaking had better prospects for employment after completing the CHW training. In contrast, some CHWs who were fully trained but not proficient in English had a more difficult time finding employment or did not find employment.

Recruitment for CHWs

9. Use multiple methods and mediums for recruitment

A number of suggestions were provided related to how to recruit CHWs to participate in CHW trainings including:

- *Word-of-mouth*

- *Social media and flyers at community hubs and location*

- *Local radio program broadcasts and announcements*

- *Promotion at health fairs and events*

- *Presentations at faith-based places, working with partners to disperse information and recruit attendees*

- *Announcements or advertisements in local ethnic media, particularly radio*

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10. Target college students for training by integrating training opportunities into college courses and internship programs

Training college students, particularly community college students, to become CHWs can be very advantageous. Texas A & M has a certification program approved by the state that is available both online and in-person. College students can **earn a certification** before graduating, which may lead to higher prospects for securing a job or pursuing other healthcare related roles. California and a few other states are noted as models for CHW training programs in community colleges. For example, an organization in California, Asian Americans for Community Involvement (AACI), collaborated with career development non-profit and community college faculty members to create a one-year certificate program for Patient Navigation. The first cohort had 160 students, and there was a low dropout rate and high placement rate. **The mission and goals of the new Dell Medical School** are also consistent with supporting training programs to serve the community.

Funding and Sustainability of CHWs

11. Make the training for community members affordable and accessible or find ways to fund training for community members.

For many states, funding CHW trainings and positions is a great challenge. One local organization that trains CHWs who serve Spanish-speaking community members cited that $300 was a price point for a training that was accessible to community members. They also provide the training free to volunteers in their clinics. Another local organization that serves domestic violence victims funds training for their staff and then requires them to volunteer for a certain number of hours per month. This particular organization does not have certified CHWs, but it has client service staff who perform activities similar to most CHWs.

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12. Provide funding for CHW positions.

Across the nation, CHWs may work on a full-time, part-time, or volunteer basis. However, CHW programs with third-party funding are more likely to continue for the long run, as Medicaid has yet to reimburse for all CHW activities for many states (Kash, May, & Tai-Seale, 2007; Rosenthal, et al., 2010). Having paid CHWs can **improve retention and satisfaction of CHWs and sustainability of the program**. As of 2010, Minnesota is the only state thus far to establish Medicaid reimbursement for a full range of CHW activities across all health services. In doing so, it is also the first state to establish a sustainable funding stream to support these workers (Rosenthal, et al., 2010).

Program Development and Evaluation

13. Identify a clinical or healthcare partner as a stakeholder.

In 2003, the Institute of Medicine recommended that CHWs serve as part of the healthcare team. In line with the clinical-to-community linkage model, having a healthcare partner in the program can be advantageous. **CHWs are able to work on a team with other providers**, and the healthcare organization may be able to support CHW positions on a long term-basis.

14. Utilize a structured, evidence-based approach in program planning.

A core planning team that includes researchers, healthcare providers, staff members, and program beneficiaries can be vital to the planning process. Regular feedback from stakeholders in the planning process can ensure a program's viability and practicality in a real-world setting. As a best practice, program decisions should be informed by evidence and relevant data that is available, such as demographics of the target population, prevalence rates of diseases, and other health or related data.

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Another best practice is **creating SMART (**Specific, Measurable, Attainable, Realistic or Relevant, and Time-framed**) objectives** for the program. Goals and objectives that are "SMART" can make them easier to operationalize and evaluate later. Furthermore, creating a **logic model for the program**, which is an exercise that defines program inputs, activities, outputs, and short, mid, or long-term goals, can be a useful and collaborative process for program planning. Creating a logic model can also help to clarify the scope of the CHW and establish a clear description of their role and activities.

Resources for Logic Models:
http://www.smartgivers.org/uploads/logicmodelguidepdf.pdf

Example logic model (scroll to introduction section):
https://www.cdc.gov/pcd/issues/2014/13_0250.htm

15. Incorporate evaluation into the program plan. Clarify what component(s) of the program would be most important to evaluate and continue to evaluate over time.

Data reporting and tracking and evaluation of outcomes is lacking in general for CHW programs, and the evidence on impact and effectiveness is mixed. While some evidence shows positive impact and effectiveness of CHW programs, much more research and documentation is needed in this area to further the financial case for the CHW profession. There are many evaluation frameworks and many types of evaluation that can be utilized to evaluate a CHW program, or components of the program. Determining what to evaluate and the approach often depends on what organizations and stakeholders find most useful and relevant in addition to determining capacity.

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Evaluations of CHW programs have mainly examined individual-level and staff-level outcomes only. There is lack of evaluation of the training of CHWs as many studies do not adequately describe their trainings. Thus, exploration in this area could contribute greatly to the CHW field. Other gaps in CHW program evaluations include **cost effectiveness, assessment of shorter-term outcomes** (i.e. client knowledge and client satisfaction), and impact on low-income, underserved populations.

Resources for CHW evaluation:

Presentation on Evaluation CHW programs:
https://www.cdc.gov/dhdsp/pubs/docs/cb_november_2012.pdf

CHW Evaluation Toolkit (University of Arizona):
https://www.ruralhealthinfo.org/community-health/community-health-workers/6/evaluate

National Community Health Advisor Study (Section 4):
http://crh.arizona.edu/sites/default/files/pdf/publications/CAHsummaryALL.pdf

CHW Roles and Activities

CHW activities differ by location, organization, and population, and are used in a variety of settings to address an array of health issues including cancer prevention and screening, chronic disease management, mental health, asthma, and maternal and child health among others. Community Healthcare Workers may work on a healthcare team and provide basic clinical services, service coordination, case management, health coaching and counseling. They may also focus on Outreach and Health Education. CHWs might be involved in a range of similar activities based on community need and available resources. As CHWs make referrals, there must be an **awareness of the resource limitations** in the community.

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16. For Asian American populations in Central Texas, design a CHW program that addresses the following needs:

- *Resource and Service Navigation and Coordination*
- *Emotional support and trusting relationship*
- *Advocacy for client needs and desires*
- *Education on prevention and management of chronic diseases*

Resource: Example Navigator Role Diagram for a Peer Health Navigation Intervention addressing mental health needs (Figure 2): http://www.healthnavigation.org/files/docs/2013-04-26_Reducing-Health-Disparities-For-People-With-Serious-Mental-Illness.pdf

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Attachment A. State of Texas CHW Core Competencies

Competency Areas

• Communication Skills
   - Listening
   - Use language confidently and appropriately
   - Ability to read and write well enough to document activities

• Interpersonal Skills
   - Counseling
   - Relationship-building
   - Ability to work as a team member
   - Ability to work appropriately with diverse groups of people

• Service Coordination Skills
   - Ability to identify and access resources
   - Ability to network and build coalitions
   - Ability to provide follow-up

• Capacity-Building Skills
   - "Empowerment"—Ability to identify problems and resources to help clients solve problems themselves
   - Leadership
   - Ability to strategize
   - Ability to motivate

• Advocacy Skills
   - Ability to speak up for individuals or communities and withstand intimidation
   - Ability to use language appropriately
   - Ability to overcome barriers

• Teaching Skills
   - Ability to share information one-on-one
   - Ability to master information, plan and lead classes, and collect and use information from community people

• Organizational Skills
   - Ability to set goals and plan
   - Ability to juggle priorities and manage time

• Knowledge Base on Specific Health Issues
   - Broad knowledge about the community
   - Knowledge about specific health issues
   - Knowledge of health and social service systems
   - Ability to find information