APPROACH FOR INTEGRATING COMMUNITY HEALTH WORKERS ON THE CARE TEAM

A Community Health Worker (CHW), is a "frontline public health worker who is a trusted member of and has a particularly good understanding of the community served. A CHW serves as a liaison between health and social services and the community to facilitate access to services and to improve the quality and cultural competence of service delivery."
Centers for Disease Control and Prevention https://www.cdc.gov/stltpublichealth/chw/index.html

CHW core competencies may include: communication, relationship-building, service navigation, advocacy, education, outreach, evaluation, and community/health knowledge base.
The Community Health Worker Core Consensus (C3) Project http://chrllc.net/id12.html

CHW Contributions to the Clinical Care Team:

- Build trusting relationships with patients
- Strengthen provider-patient communication and patient adherence to treatment
- Provide cultural and linguistic translation of clinical recommendations
- Provide peer education and support outside of the clinic setting
- Help identify and address barriers related to social determinants of health
- Empower patients to self-manage their care through health knowledge
- Facilitate access to health and social services
- Serve as a bridge between the clinical environment and community resources

Be There San Diego recognizes the value of CHWs on the care team to support the management of patients with chronic disease.

Recommendations for Integrating CHWs on the Care Team

- **Build support for CHWs within your organization**
  - Educate leadership, clinicians, and support staff on the importance of the CHW as a unique part of the care team
  - Share evidence-based studies and local best practices showing how CHWs have improved health outcomes in patients with chronic disease
- **Evaluate opportunities to sustainably support the use of CHWs on the care team**
  - Contract with community-based organizations that employ CHWs
  - Employ CHWs directly within your organization
  - Explore potential billable services and reimbursement opportunities
- **Outline systems of communication for sharing patient information between CHWs and the clinical care team**
  - Include CHWs in care team huddles or meetings to discuss strategies for supporting patients who are high-risk or poorly controlled
  - Allow CHWs to have appropriate access to a standard location within the electronic health record or care management software for documenting patient needs and progress
  - Support data-sharing and bi-directional communication between your organization and contracted community-based organizations
- **Support initial and ongoing CHW training**
  - Encourage CHWs to attend training to maintain core competencies
  - Provide CHW job-specific training within your organization as a part of employee on-boarding

Additional Resources

Community Community Health Worker Toolkit
https://www.cdc.gov/dhdsp/pubs/chw-toolkit.htm

California Health Workforce Alliance: Taking Innovation to Scale: Community Health Workers, Promotores and the Triple Aim (2013)
https://www.phi.org/uploads/application/files/5wzooledey19cq0tca2aojbbsqkx2r9d7dd6e62xq3bj9ory7i.pdfxq3bj9ory7i.pdf