MCD Global Health

"Unlocking the Power of Community Health Workers: Navigating Roles, Defining Impact"

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Learning Objectives:

1. Understand the CHW role and sub-roles.
2. Identify CHW scopes and their impact on community health.
3. Learn practical strategies for defining CHW scopes to enhance community health outcomes.

Community Health Workers (CHWs):

- Understand the community
- Build relationships
- Improve health outcomes

Lay health advisor
Patient educator Promotora Parent support partner
Health advocate Community-based doula Outreach worker
Community health advisor Community health agent
Health promoter Community health promoter Family health advocate
Peer educator Community outreach worker Community health representative
Community health educator Community care coordinator
Patient navigator Community health advocate Lay health educator
Community health worker Community health aide
Recovery coach Patient health navigator Patient advocate
Peer support specialist Maternal child health worker
Lay health worker Outreach educator
Lay navigator Care guide

Community Health Worker Definition

American Public Health Association:

- A frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served
- This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.
- A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

American Public Health Association, 2024

Pillars of CHWs

NACHW
NATIONAL ASSOCIATION OF COMMUNITY HEALTH WORKERS

1. CHWs are a unique workforce
2. CHWs are a community-based workforce
3. CHWs are historic and diverse workforce
4. CHWs are a cross sector workforce
5. CHWs are a proven workforce
6. CHWs are a precarious workforce

The Six Pillars of Community Health Workers. NACHW.

Roles and Sub-roles of CHWs

The Community Health Worker Core Consensus Project
TTUHSC EL PASO

Role	Sub-Roles
Cultural Mediation	a. How to use health and social service systems b. Community perspectives and cultural norms c. Health literacy and cross-cultural communication
Culturally Appropriate Health Education	Health promotion, disease prevention, and health condition management that is culturally and linguistically appropriate
Care Coordination, Case Management and System Navigation	a. Providing assistance and coordination over time b. Making referrals and providing follow-up c. Helping to address barriers to service d. Care system navigation
Coaching and Social Support	a. Motivating people to access care and services b. Supporting behavior change c. Facilitating community-based support groups
Advocating	a. Identifying community needs and resources b. Advocating for clients and communities c. Empowering communities to pursue their own desired policy change
Building Capacity to Address Issues	a. Building individual and community capacity b. Training with CHW peers and among networks
Individual and Community Assessments	Participate in holistic individual- and community-level assessments
Outreach	a. Recruitment of individuals b. Informing individuals c. Representing your organization at community events
Evaluation	a. Data collection b. Assisting in interpreting results c. Sharing results and findings
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The CHW Core Consensus (C3) Project Texas Tech University Health Sciences Centers. C3 Project Findings: Roles & Competencies. 2018.

Group Activity

ROLES AND SUBROLES OF CHWS
ADRESSING DIABETES

Scenario

Jane is 64yrs old, retired, and lives in a **rural area** with her husband. She has **struggled with diabetes for 10yrs**.

Although they own a car, it is not reliable, and she has to plan out her doctor appointments and grocery trips carefully. There are times she cannot find a **ride** and has gone without medication for a few days.

She also tries to **cook healthy meals** but must prepare alternative meals for her husband. Lately, Jane has been **feeling discouraged** to prepare extra meals and opts to eat the high fat, processed meals her husband requests.

Cultural Mediation

How can this role be applied to address diabetes?

- Awareness of the cultural barriers that patients with diabetes are facing and can support with patient-provider and provider-patient communication.
- Ability to explain medical processes to patients with diabetes using culturally appropriate language and behaviors.

CULTURALLY APPROPRIATE HEALTH EDUCATION

How can this role be applied to address diabetes?

- Use a variety of educational methods to motivate and support behavior change among patients with diabetes.
- Coordinate education and behavior change activities with care team.
- Educate patients with diabetes about internal and external resources that support health behavior change and diabetes management.
- Support the development of educational tools and resources to support health behavior change and diabetes management.

Care Coordination, Case Management, and System Navigation

How can this role be applied to address diabetes?

- Obtain and share up-to-date eligibility requirements and other information about health insurance, public health programs, social services, and additional resources to protect and promote health-diabetes.
- Monitor the process of all applications/forms submitted with their guidance and support.
- Are knowledgeable of the departments within the clinic to effectively coordinate care.

Coaching and Social Support

How can this role be applied to address diabetes?

- Motivating patients with diabetes to access care and services.
- Motivating and supporting patients with diabetes to adopt a healthy lifestyle.
- Facilitating community-based diabetic support groups.

Advocacy

How can this role be applied to address diabetes?

- Advocate on behalf of patients and communities, as appropriate, to assist people to attain needed care or resources in a reasonable and timely fashion.

Building Capacity to Address Issues

How can this role be applied to address diabetes?

- Encourage patients with diabetes to identify and use available resources to meet their needs and achieve health goals.
- Help to build patient's self-efficiency and self-efficacy.

Individual and Community Assessments

How can this role be applied to address diabetes?

- Perform individual and community assessments prior to the implementation of a program to assess needs and priorities.
- Provide continuous assessments to document patients with diabetes behavior and knowledge changes.

Outreach

How can this role be applied to address diabetes?

- Meet people/patients where they are at by building relationships based on listening, trust, and respect.
- Establish and maintain relationships with community organizations to provide patients with diabetes with access to social resources.

Evaluation

How can this role be applied to address diabetes?

- Collect patients with diabetes data
- Assist in interpreting results
- Share results and findings

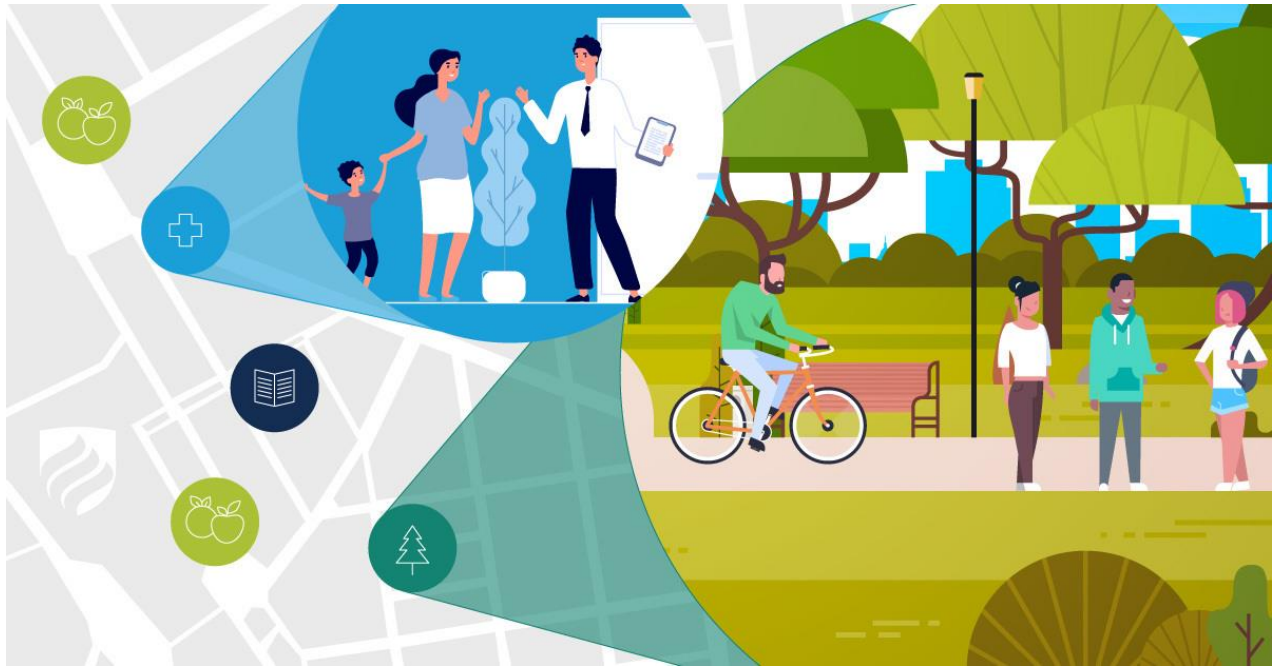
Tasks Outside of a CHW's Competencies

- Office tasks (e.g., answering calls, making copies)
- Medical interpreting (varies by program, need certification)
- Clinical skills (e.g., administering medications or vaccines)
- Driving patients (varies by program)
- Immigration or legal representation (e.g., filling legal paperwork)
- Support with activities of daily living (e.g., bathing, dressing)
- Providing clinical recommendations

Work Settings

CHWs are successful when they have access to the patient's environment:

- Community center
- Grocery store/pharmacy
- Home
- Place of worship
- Library
- Neighborhood
- School
- Worksite



Questions? Contact us.

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