The Emerging Role of the Community Health Worker (CHW):
Nurses as Champions and Policy Leaders in a Transforming Health Care System

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Abstract

The current period, from the passage of the Affordable Care Act in 2010 to the present, is characterized by intense change in the health care system, including changes in the health care workforce. The nursing profession has a long and credible history developing the workforce to meet health needs of the population. Active engagement of nurses in health systems transformation is necessary if nurses are to remain visible, relevant, and impactful. One area where nurses - the largest and most trusted of health professions – have been curiously silent is the changing workforce, particularly in development of the community health worker role.

A project team of nurse leaders convened to consider the emerging role of the community health worker, nationally and in Nebraska. Work products included an inventory of community health worker projects in Nebraska; a policy cross-walk to illuminate national and Nebraska policy developments; and a bibliography of useful resources regarding community health worker training, role expectations, and policies. The team employed a dialectic approach to arrive at consensus recommendations regarding the development of the community health worker role.

The project team developed a set of ten consensus recommendations reflecting nursing expertise and inputs into the development of the community health worker role in a transforming health system. The team also developed recommendations for the Future of Nursing - Nebraska Action Coalition.

Nurses have critical assets to offer in the continuing development of the health care workforce. Bringing nursing expertise to health systems transformation offers critical opportunities to assure the patient-centered focus, ethics, social justice, and high-quality performance that will characterize culturally-responsive health care teams of the future.

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Project Findings with Recommendations

INTRODUCTION

The nursing profession has a long and credible history helping develop the health care workforce to serve the needs of the population. As the largest and most trusted of the health care professions, nurses are positioned to engage proactively and positively in health systems transformation. Nurses offer specific expertise and assets to a transforming health care workforce. Nurses develop curricula and training, provide supervision and leadership for integrated and collaborative teams, and promote standards of care to advance quality, ethics, and social justice. Numerous viable and valuable health care roles, including nursing assistants, medication assistants, home health providers, and home visitors, bear witness as examples of nursing engaged in the development of new models for delivery of quality care, as well as opening career ladders in the health professions. Nurses operate within systems of care and contribute significantly to individual, community, and population health outcomes. Engagement of nurses in a transforming health system is necessary if nurses are to remain relevant and impactful in improving health outcomes. Passively watching transformation from the sidelines should not be an option for nurses, especially those working in community or public health.

Definitions of the Community Health Worker (CHW) role are variable, emerging, and lack universal consensus at this time. For the purposes of this project, the definition adopted in 2014 by Public Health Association of Nebraska (PHAN) and the Nebraska CHW Coalition Steering Committee, is used as a point of reference. This definition in turn was adapted from information sourced from the American Public Health Association and the U.S. Department of Labor, and reads as follows:

> *A Community Health Worker (CHW) is an individual who: Serves as a liaison/link between public health, health care, behavioral health services, social services, and the community to assist individuals and communities in adopting healthy behaviors; Conducts outreach that promotes and improves individual and community health; Facilitates access to services, decreases health disparities, and improves the quality and cultural competence of service delivery in Nebraska. A CHW is a trusted member of, or has a good understanding of, the community they serve. They are able to build trusting relationships and are able to link individuals with the systems of care in the communities they serve. A CHW 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. CHW is an umbrella term used to define other professional titles. (Source:* http://publichealthne.org/phan-sections/community-health-worker-section/).

The project activity resulting in these recommendations and associated products was initiated in mid-2016 by the Nebraska Action Coalition – Future of Nursing (http://neactioncoalition.org/) and the Robert Wood Johnson Foundation Public Health Nurse Leader in Nebraska. The Nebraska Action Coalition (NAC) functions as a catalyst organization, leading the transformation of health and healthcare in collaboration with partners across all sectors to build a healthy Nebraska. The NAC works to advance a Culture of Health, a framework for improving population health, well-being, and equity developed by the Robert Wood Johnson Foundation. The project team regularly referred to the Culture of Health framework during deliberations, particularly for values of engagement, integration, collaboration, and equity. The Culture of Health framework provides four action areas essential to evolving and transforming a health care system and workforce to achieve improved population health outcomes. First is cultivating shared values about health (not about health care). Second is assuring cross-sector participation and collaboration among many diverse partners, including consumers. Third is attending to the social, physical, and policy environments conducive to health and equity. The fourth action area is the development of integrated health services and systems that provide for the social, physical, dental, and behavioral health needs of the population.

The primary objectives of the project were to engage nurses and others in dialogue about the role and contributions of nurses in transforming health care systems, and to articulate unique and positive contributions of the nursing profession to a transforming health care workforce. The active contributions of nurses are vital in order to evolve an effective, inclusionary, and high-quality health care workforce. In many respects, public health nurses are the original community health workers in the United States, with a long history spanning more than a century of serving disadvantaged and underserved groups across all cultures and language groups in urban and rural settings. Thus nursing has a unique lens through which to consider the emerging role of the community health worker as a case study in workforce change.

METHODS

A project team of nurse leaders, drawn from academia and public health as well as the Nebraska Action Coalition, was convened along with a multi-disciplinary steering committee. The project team met monthly, beginning in August 2016, and included a travel team joining a national Culture of Health collaboration and learning activity sponsored by the Robert Wood Johnson Foundation in September of 2016. The steering committee met quarterly, providing review and input throughout the project course. The project team referred to the Culture of Health framework of the Robert Wood Johnson Foundation for guidance throughout project work. Time was dedicated to discovery of shared values about health. Team members regularly discussed the need for cross-sector collaboration in making recommendations actionable. The team acknowledged and frequently reflected on the influence of the social, economic, physical, and policy environments in which life and health occur. The paramount vision was consistently to grow integrated and innovative approaches within health services and systems in order to achieve population health, well-being, and equity.

To provide a context for the work of the project team, members studied the emerging workforce of community health workers (CHW) in Nebraska as a case study in workforce transformation in the health system. The project team employed a dialectic method, meaning individuals with different opinions and perspectives come together to engage in thoughtful discussion and learning with the goal of reaching consensus on shared and common findings. To inform the discussion and findings of the project team, three significant work products were developed and are included as Appendices: a project inventory of CHW projects in Nebraska, demonstrating the variety, innovation, and participation of many partners involved; a crosswalk of several current CHW policy statements from a variety of disciplines; and an annotated bibliography of CHW resources.

RESULTS

Consensus recommendations on developing the Community Health Worker role are shown below in Table 1. The recommendations represent the unique and positive contributions of nurses as champions in, and for, a transforming health care work force. Table 2 shows the recommendations of the project team for the Nebraska Action Coalition as a convener of cross-sector, community-level conversations, engaging others and moving to action. The project team work represents statements of shared values, infused with a vision of integration and engagement across diverse sectors to shape a future health care system to meet the needs of all in the population. The project team endorses the demonstrated and on-going leadership role of the Nebraska Action Coalition to advance a Culture of Health and achieve the desired outcomes of improved population health, well-being, and equity.

TABLE 1

Nursing Recommendations for Development of the Community Health Worker Role in a Transforming Health System

1. The public as well as providers must be informed of the role, preparation, and verified competencies of each group of health worker, at every level.

2. A consistent core curriculum should be developed, delivered by qualified trainers or educators, and successfully completed by all individuals using a specific health worker title.

3. Broad, cross-sector collaboration and participation, including consumers, providers, payers and workers, should inform and help define the role and expectations of new health workers.

4. Standards for supervision, support, and retention for each group of health workers are essential for assuring quality, continuity, morale, and ethics of service delivery.

5. Career ladder opportunities for new workers are necessary in order to fully engage, retain, and grow a qualified, diverse health care workforce to serve the population.

6. New health worker roles should be developed to function as respected members of integrated teams bridging clinical care and community resources and services, not to function in isolation without accountability to team and system.

7. Development of new health worker roles should encompass and address the integrated physical, dental, and behavioral health needs of the population across the lifespan, as well as an understanding of the social determinants of health and equity in populations.

8. Definition of new roles in the health care workforce must identify the boundaries of expected practice, and explicitly prohibit the performance of services and duties that require a license from a professional licensing board.

9. Performance measures and outcomes for community team-based care should focus on describing and measuring individual, community, and population health outcomes attributable to integrated team interventions. Individual health workers do not produce outcomes absent the contributions of other team members, including patients and consumers.

10. Nurses are well-qualified and well-positioned to serve as champions and as policy leaders for a changing health care workforce. Nurses contribute curricula, training, supervision, standards, career opportunities, ethics and social justice to the health care workforce and to health systems.

TABLE 2

Community Health Workers:
Recommendations for the Nebraska Action Coalition

1. Engage and educate audiences of nurses about the emerging community health worker (CHW) role.
   - Describe the current reality of the CHW role in Nebraska.
   - Identify the synergy between nursing practice and the CHW role in community and clinical care teams.
   - Identify barriers to growing successful integrated, multi-disciplinary care teams.
   - Identify the unique contributions nurses bring to successful integrated, multi-disciplinary care teams.
   - Identify the leadership role of nurses as champions and in shaping policy to benefit the public's health and well-being as new health care roles emerge.

2. Convene opportunities for nurse-CHW communication and collaboration.
   - Showcase exemplars of nurse-CHW collaboration, and nurse contributions to elevating the CHW role.
   - Create listening opportunities for CHWs and Nurses to identify and acknowledge mutual attributes, strengths, synergies, and limitations.
   - Create an environment of quality improvement, measurable outcomes, and equity to chart a forward-moving course for collaborative roles and practice.

3. Work collaboratively with the Public Health Association of Nebraska as well as other stakeholders and stakeholder organizations with a statewide perspective, in order to mobilize nurses' positive contributions as partners in moving CHW policy and guidance forward in Nebraska (see Table 1, above).

4. Continue to strive for broad, collaborative, and cross-sector engagement in health systems transformation, as prompted by the RWJF Culture of Health framework. Involve consumers and CHWs, as well as nurses and others. Identify ways transformation in the health care workforce will help achieve improved population health, well-being, and equity.

CONCLUSIONS

In June of 2017, the project team approved by consensus the final project outputs, as represented here. The steering committee reviewed and endorsed the project team's recommendations. The Nebraska Action Coalition has received and accepted recommendations for action as shown in Table 2, as well as other project outputs and supporting materials.

In the course of this work, the project team readily located examples of excellent nursing leadership in the emerging CHW movement in Nebraska. In other cases nurses have been

curiously silent about transformative changes in teams and team roles in health care systems involving CHWs. In yet other case, nurses have been overtly oppositional to the role of CHWs.

Through this project work, the project team hopes to illuminate the possibilities and potential of nurses and of CHWs. Nurses need to fully engage as champions and policy leaders in a transforming health care system. Such engagement and positive purpose will benefit effective teams, integrated and ethical care for individuals and communities in clinical and in community settings, and contribute to achievement of more equitable and positive outcomes in the population.

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ATTACHMENTS
Appendix A: Nebraska CHW Project Inventory
Appendix B: Community Health Worker Policy Crosswalk
Appendix C: Annotated Bibliography of CHW Resources
Appendix D: Member Lists: Project Team and Steering Committee

APPENDIX A

The Emerging Role of the Community Health Worker (CHW):
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Nebraska Community Health Worker (CHW) Project Inventory, 2016 – 2017

INTRODUCTION

The Nebraska CHW Project Inventory was initiated in early December 2016 as an element of a project conducted by the RWJF Public Health Nurse Leader (PHNL), Kathy Karsting, with a project team of nurse experts and linked to the leadership of the Nebraska Action Coalition. The intent of the inventory was to inform the work of the project team with an accurate, current snapshot of the scope and variability of projects involving CHWs in Nebraska in early 2017.

METHODS

The initial primary tasks were to develop a minimum data set and a contact list. Project team members made significant contributions to both. All communications were initiated by email, with email responses in all but two cases, which were made to the PHNL by telephone. Following the initial data collection phase, between December and early March, 2017, the data compiled for each project were sent back to the contact for review and correction as needed. The data gathering phase ended at the end of April, 2017.

The Minimum Data Set proposed by the Project Team and used in making inquiries is summarized below in Table 1:

Table 1: Minimum Data Set for CHW Project Inventory

1. Complete Contact Information
2. Brief Description of Project Scope or Purpose
3. Project Start Date
4. # and FTE CHWs participating (employed or trained, as applicable)
5. Priority Population(s) to be served by the CHW
6. Brief Description of Training (Curriculum, duration)
7. Who Provides Oversight for the CHW
8. Project Funding Source
9. Community Involvement in Project

In outreach to potential projects, the PHNL provided the following descriptor:
"Community health workers may fill a variety of roles and job titles, but mainly I am speaking of a new member of the integrated health care team whose focus is connecting with priority and hard-to-serve populations, and helping them to access needed health services and achieve better health outcomes."

An overview of contacts and harvest of project descriptions is summarized below in Table 2.

Table 2: CHW Contact and Project Description Summary		
IMPLEMENTATION PROJECTS		
DESCRIPTION OF CONTACT	**NO. RESPONSES NO. PROJECT DESCRIPTIONS**	**NO. ORGANIZATIONS**
Local Public Health Departments (17 contacts)	**11 Responses 8 Project Descriptions**	**8**
NE Dept. of Health and Human Services, Division of Public Health (5 contacts)	**4 Responses 4 Project Descriptions, encompassing ten (10) additional project sites not otherwise identified: 5 more LPHDs, 3 Community Action Agencies, and 2 private organizations.**	**14**
University of Nebraska (5 contacts)	**5 Responses 4 Project Descriptions**	**4**
Health Center Association of Nebraska; FQHCs (3 contacts)	**1 Response 1 Project Description**	**8**
Faith Community (4 contacts)	**2 Responses 1 Project Description**	**1**
RELATED CHW PROJECTS OF NOTE		
Public Health Association of Nebraska – Community Health Worker Section	**1 Project Description**	**1**
University of Nebraska Curriculum Development Project (3 contacts)	**2 Responses 1 Project Description**	**1**
DHHS Division of Public Health Office of Rural Health Perceptions project	**1 Project Description**	
DHHS Division of Public Health Office of Chronic Disease Prevention and Control	**1 Project Description**	**1**
TOTAL CONTACTS: 37	**TOTAL RESPONSES: 26 TOTAL PROJECT DESCRIPTIONS: 21**	**TOTAL ORGANIZATIONS REPRESENTED: 37**

RESULTS

The thirty-seven contacts yielded a total of twenty-one CHW projects involving an unduplicated count of 37 participating entities or organizations, over a period of investigation lasting approximately six months. The twenty-one project descriptions are included in a separate report available on request from the author. The projects are numbered below in Table 3. Of all descriptions received, two were excluded from the inventory as they employ only licensed nurses (ELVPHD School Nurse project; CHI Parish Nurse Project). At Four Corners Health Department, one CHW is employed for oral health promotion and two Registered Nurses are dually-trained as CHWs for cancer and chronic disease control. Due only to the former, Four Corners is included in the inventory.

Four non-implementation projects of significance are included in the inventory. There is a Community Health Worker organization in Nebraska, affiliated with the Public Health Association of Nebraska. Another is a curriculum planning project for a group of rural partners including local public health. A second project involving the DHHS Office of Rural Health with partners is also included, in this instance, a research project studying attitudes about Community Health Workers. The final related project of note describes a new project with Nebraska participating as one of five states nationally in a CHW Learning Community sponsored by the Association of State and Territorial Health Officers (ASTHO). As these projects contribute to informing the perspective of current activities involving CHW practice, they appear in the inventory as project descriptions No. 18-21, even though they are not implementation projects involving community health workers per se.

Table 3: CHW Project Descriptions

Local Public Health Departments		
Project No.	**Project Title**	**Organization**
1	Diabetes Prevention Program	Central District Health Department
2	Accountable Health Community; Healthy Families America	Douglas County Health Dept.
3	Minority Health Initiative; Health Hub; Cancer Prevention	East Central District Health Department
4	Patient Navigator	Elkhorn Logan Valley Public Health Dept.
5	Preventive Oral Health and Community Health Hub	Four Corners Health Department
6	Minority Health Initiative	Northeast Nebraska Public Health Dept.
7	Healthy Families America: Diabetes Prevention Program; Western NE	Panhandle Public Health Department

	Community Health Resources	
8	Minority Health Project; Health Hub; Healthy Pathways	Public Health Solutions
	Nebraska DHHS Division of Public Health	
Project No.	**Project Title**	**Organization**
9	Healthy Families America evidence-based Home Visiting	Nebraska Maternal Infant Early Childhood Home Visiting program (N-MIECHV). *Includes descriptions of CHWs (Home Visitors) in four (4) additional organizations not described elsewhere: Lincoln Lancaster Co. Health Department, Northeast NE Community Action Partnership, Visiting Nurses Association, and Lutheran Family Services.*
10	Minority Health Initiative	NE DHHS Office of Health Disparities and Health Equity. *Includes descriptions of CHW projects in four (4) additional organizations not described elsewhere: Dakota County Health Department, West Central District Health Department, Community Action Partnership of Mid-Nebraska and Community Action Partnership of Western Nebraska.*
11	Nebraska Teeth Forever	NE DHHS Office of Oral Health Includes *CHW projects in two (2) additional organizations not described elsewhere: North Central District and Two Rivers*
12	Nebraska Health Navigation	NE DHHS Office of Women's and Men's Health
	University of Nebraska	
	Project Title	**Organization**
13	BHECN/MHI CHW Project	UNL Minorities Health Disparities Initiative with UNMC Behavioral Health Education Center of NE
14	Reducing Rural Preterm Births with Mobile Technology and CHW Reinforcement	Collaborative Project with NE DHHS Office of Rural Health
15	Parent Resource Coordinators	University of Nebraska Medical Center, Munroe-Meyer Institute
	Other Implementation Projects	
	Project Title	**Organization**
16	Improve Chronic Disease Self-Management	Health Center Association of Nebraska

17	Faith Community Health Network	CHI Health
Related Projects of Note		
18	Community Health Worker Section of PHAN	Public Health Association of Nebraska
19	CHW Curriculum Planning Project	UNMC College of Public Health and College of Nursing
20	Perceptions of Roles of Nurse Practitioner/CHW Teams	DHHS Office of Rural Health
21	NE State Team: Association of State and Territorial Health Officers (ASTHO) CHW Learning Community	DHHS Office of Chronic Disease Prevention and Control

DISCUSSION

Grouping project descriptions by type of organization is intended for the convenience of the reader, and is not intended to suggest that the projects within an organization type are similar or coordinated. For the most part individual projects are entirely unique and operate independently of one another.

There is high variability in the understanding of who the community health worker is, and the work they do, as evidenced by reports of projects involving nurses or other credentialed health professionals such as paramedics and social workers. There may also be confusion about requirements for training (no such requirements are in place, yet may be perceived to exist).

In Nebraska, community health workers are engaged in projects where they work with individuals with chronic disease, oral health concerns, promoting healthy pregnancy, improving outcomes of early childhood, and in the area of mental and behavioral health. Some CHWs are aligned with clinical teams, some with local community services, and some associated with academia or state-level projects. A related or collateral function of the CHW may be translation and interpretation services for other members of the health care team.

The data indicate there may be just one or two CHWs working to serve an entire project, priority population, or organization, suggesting that peer mentoring and shared leadership or support between CHWs would be a challenge.

There is significant variability regarding training and supervision of community health workers in Nebraska, and no specific training or competencies are required in order to use the title of Community Health Worker. Curricula are designed and implemented to meet specific project requirements, as needed. There is no coordinating body providing oversight for approval, or approved curricula. Two CHW roles are most clearly aligned with evidence-based practice: evidence-based home visiting models and also those implementing the CDC

diabetes prevention program. In other projects the framework for evidence-based practice is not clear.

There is no clear framework for understanding the CHW role as either *included in*, or *excluded from*, an overarching vision of integrated and collaborative cross-disciplinary health care teams working within integrated systems to achieve population health and equity in the community. As a result, there is variability in how the CHW role is structured and carried out in relation to other health care professionals, teams, and the health care system. In some projects it appears the CHW may be acting as an independent agent.

The CHW Project Inventory was necessary in order to more accurately assess the landscape of a transforming workforce. Looking forward, the information in the inventory, particularly the organizational and employer contacts, will enrich opportunities for engagement across sectors, in order to strengthen communication and collaboration channels.

LIMITATIONS

There is no directory or systematic reporting mechanism in Nebraska which enumerates the workforce of community health workers, trained by whatever means, or their practice locations, or their employers. As a result, this inventory was conducted based on outreach with a network of partners with mutual interests. Projects may have been inadvertently overlooked.

This project sought to collect only a minimum data set in terms of information gathered. Consequently, some areas of project development may be reduced to a level that does not reveal all that could be known. The main example is Nebraska's seven Federally Qualified Health Centers, FQHCs, represented in the inventory by a single description of work by the Health Center Association of Nebraska. In reality, each FQHC has unique programming that may include *promotoras* and navigators, as well as the role in chronic disease control that is described.

As the project inventory timeframe neared completion, additional types of projects continued to spring up for consideration. Unlicensed trained school health personnel who provide health, medical, and first aid services to children in schools may fit the description of community health workers. Trained respite caregivers, suicide prevention workers, and veterans involved in outreach to veterans may also represent important examples of community health worker projects that are not captured in this inventory.

CONCLUSIONS

The project validates that the emerging community health worker movement in Nebraska is both highly dynamic and highly variable in setting, population, age, health concerns of focus, training and supervision. Nebraska lacks recognized state-wide, state-level consensus and adoption of CHW role description, competencies, curriculum, supervision, and career ladder. As yet, there is no generally accepted framework in Nebraska for the CHW role that has

withstood tests of consumer confidence and satisfaction, broad community engagement, and integration with the existing health professions. Projects involving community health workers are springing up in a dynamic climate of innovation and absence of unifying expectations or purpose.

This Inventory represents the first attempt located on record to create a statewide data set of CHW projects and sponsoring organizations in Nebraska. Noted in the Limitations section is the fact that some projects were likely overlooked precisely because there is no available directory of CHW projects. An enumerated directory is needed, but raises additional questions: where would such a directory of projects be located? How could it be accessed? How would it be maintained?

Professional Registered Nurses have a long history and heritage of making positive contributions to training and empowering a diverse health care workforce in support of achieving health outcomes. Nurses can be capable and enthusiastic champions for community health workers who work as members of integrated health care teams, charged with improving health care outcomes for individuals, groups, communities, or populations. Nurses have experience developing curricula, measuring standards, and assessing competencies. Nurses can help model innovative, experientially-driven career ladders for CHWs in order to offer a gateway to greater diversity in the health professions. Nurses and other systems partners, as well as communities and individuals, will benefit as the diversity and inclusion within integrated health care teams continues to grow. As other roles evolve and mature in the changing health care workforce, nurses and nursing organizations can be important champions and policy leaders for high-quality ethical care, equity, and a diverse workforce ready to meet the needs of the population.

APPENDIX B

The Emerging Role of the Community Health Worker (CHW): Nurses as Champions and Policy-leaders in a Transforming Health Care System

Community Health Worker Policy Crosswalk

INTRODUCTION

The Community Health Working Policy Crosswalk was initiated in early December 2016 as an element of a project conducted by the RWJF Public Health Nurse Leader (PHNL), Kathy Karsting, working with a project team of nurse experts and linked to the leadership of the Nebraska Action Coalition. This report compares five recent and prominent policy statements, one developed in Nebraska and the others by national organizations or other states. The intent of the crosswalk was to inform the project team with an accurate, current snapshot of the scope and variability of policy statements regarding community health workers in early 2017. The crosswalk demonstrates which of these cross-disciplinary policy statements align with key points of project team discussion. The crosswalk also shows gaps and counterpoints (see notes and Conclusions). The project team used the Robert Wood Johnson Foundation Culture of Health framework in its deliberations. With the crosswalk, the project team was better able to illuminate ways nurses contribute unique assets of value, quality, and integration to a transforming health care workforce, in order to achieve population health, well-being, and equity.

METHOD

The policy crosswalk compares content of recent and foundational national policy statements regarding the emerging community health worker (CHW) workforce in the US health care system. Also included is the single Nebraska policy statement available at the time of the project work. The backbone of the crosswalk was constructed by the project team based on dialectic discussion and study of the unique role of nurses in a transforming health system, with a focus on nurses as champions and leaders in a transforming health care workforce. The CHW role was selected for consideration by the project team because of similarities to the historical practice of public health workers in the United States, and the potential for achieving greater cultural responsiveness and equity in the health system. The different policy statements were assessed individually, twice, for their correspondence to the crosswalk topics. Citations follow the crosswalk table as footnotes.

POLICY KEY	
APHA A	***American Public Health Association. Support for Community Health Worker Leadership in Determining Workforce Standards for Training and Credentialing (2014). https://www.apha.org/policies-and-advocacy/public-***

	health-policy-statements/policy-database/2015/01/28/14/15/support-for-community-health-worker-leadership
APHA B	***American Public Health Association. Support for Community Health Workers to Increase Health Access and to Reduce Health Inequities (2009). https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/09/14/19/support-for-community-health-workers-to-increase-health-access-and-to-reduce-health-inequities***
ASTHO	***Association of State and Territorial Health Officials. Community Health Worker Certification and Financing (2016). http://www.astho.org/Community-Health-Workers/CHW-Certification-Financing/***
C3	***Understanding Scope and Competencies: A Contemporary Look at the United States Community Health Worker Field. Progress Report of the Community Health Worker (CHW) Core Consensus (C3) Project: Building National Consensus on CHW Core Roles, Skills, and Qualities. July 2016. http://files.ctctcdn.com/a907c850501/1c1289f0-88cc-49c3-a238-66def942c147.pdf***
TRI-COUNCIL	***Tri-Council for Nursing. The Essential Role of the Registered Nurse and Integration of CHWs into Community Team-based Care. http://www.aone.org/resources/2017Tri%20Council_Community_Based.pdf***
NE	***Lopez, P. Development of Nebraska's Community Health Worker Workforce (Feb. 2015) http://publichealthne.org/wp-content/uploads/2015/04/CHWPolicyPaper3-30-15editsPat.pdf***

LIMITATIONS

The crosswalk is not intended to represent an exhaustive inventory of current policy work in the area of the community health workers. The selection of policy statements in the crosswalk is based on multidisciplinary approach, best practices, and national significance, as well as including Nebraska's policy work to date.

The crosswalk is intended to provide a guide to reviewing the policy statements based on the key points emerging from thoughtful discussion and research by the project team.

The crosswalk was constructed through careful analysis by the author, with corresponding reference notes included for cross-checking by the reader of the final product, which was reviewed by the project team. Human perspective or error may be present in the final work. Any misperceptions or errors are the sole responsibility of the author.

Recommended Approaches for Developing a Quality, Integrated Health Care Workforce: CHW Case Study April 2017	**APHA (A &/or B)**	**ASTHO (C)**	**C3 (D)**	**Tri-Council (E)**	**NE (F)**
1. Adopt a state-wide, state-level practice framework for Community Health Workers.	✓		✓		✓
2. Adopt core curriculum requirements, consistently implemented through standardized training.	✓	✓			✓
3. Explicitly identify limits on activities performed by CHWs.	✓	✓		✓	
4. Identify supervision standards for CHWs and make readily available to CHWs and employers.			✓	✓	
5. Engage multi-sector stakeholders in forming shared expectations and values of a transforming health care workforce. *Specifically and intentionally involve:*	✓	✓			✓
a. Priority Consumers		✓	✓	✓	
b. Community Health Workers and Employers	✓	✓	✓	✓	✓
c. Health Professionals and Associations	✓	✓		✓	
d. Health Systems and Payers	✓	✓		✓	
6. Describe CHWs as members of integrated clinical and/or community care teams, working in systems to improve consumer experience and quality, creating healthier and more equitable communities.	✓	✓		✓	
7. Describe and encourage career ladder opportunities for CHWs	✓		✓		
8. Develop performance and outcome measures for community team-based care that focus on individual, community, and population health outcomes attributable to team interventions including CHWs.	✓			✓	

NOTES:

1. ***Adopt a state-wide, state-level practice framework for Community Health Workers.***

   APHA (A): "*While other occupational groups such as medical interpreters and health educators have chosen to create professional standards and credentialing at a national level, the breadth of CHWs' scope of practice and the many local variations in titles and job duties suggest that a state level CHW workforce may be more appropriate."*

   APHA (B): *Guidelines are needed to ensure that standardized core competencies be used… Certification recognizes and legitimizes the work of CHWs and may provide a potential reimbursement opportunity for CHW services.*

   ASTHO: *"Certification is a potential mechanism to assure stakeholders that CHWs are proficient in certain crucial capabilities." Discusses various approaches to certification. In addition to certification and registration of individuals, the report suggests certification of standardized training programs.*

   C3: *The report urges standardization based on consensus, offering guidelines for states to further modify and continue to develop consensus.*

2. ***Adopt core curriculum requirements, consistently implemented through standardized training.***

   APHA (B): *A barrier to the desired level of integration of CHWs is the lack of standard core curriculum for professional training and certification. A standardized curriculum would help define this professional and determine a clear scope of practice compared with other health and social services professions.*

   NE: *Recommends such a curriculum should be developed.*

   NE: *Recommends adopting a certificate training program for CHWs which includes standardized core competencies and a scope of practice based upon the consistent themes and findings from national research studies.*

3. ***Explicitly identify limits on activities performed by CHWs.***

   APHA (A): *Nonclinical skills in addition to community trust and shared life experiences.*

   ASTHO: *CHWs do not perform clinical duties requiring a license and CHW practice does not pose a significant risk of harm to the public. Advisory or planning groups are advised to thoroughly understand the nature of CHW practice in order to avoid inserting inappropriate clinical duties into the definition of CHW duties.*

   C3: *CHW roles include: care coordination, case management, system navigation, coaching, direct service, individual and community assessments. "CHWs should be trained and supported in a full range of roles to work across all levels of the socio-ecological model from the individual to the family, community, and policy levels."*

   TRI-COUNCIL: *On the basis of level of clinical decision-making and making use of evidence-based behavior change models, differentiates care coordination in nurse-led community care teams from level of encouragement provided by CHWs for patients to seek care and follow basic health guidelines. CHWs are in a peer to peer role serving as a communication and cultural link, rather than assuming clinical roles in assessment, diagnosis, or treatment. Nurse provides care coordination; CHW may provide assigned case management.*

   NE: *Core competencies do not include direct care or care coordination; do not include direct care or screening. However, role descriptions include care coordination, action planning, treatment adherence.*

4. ***Identify supervision standards for CHWs and make readily available to CHWs and employers.***

   C3: *Core belief that "CHWs should receive sufficient and appropriate supervision to support professional growth."*

   TRI-COUNCIL: *"Adequate training, supervision, and assimilation within the health care team are key to successful incorporation of CHWs into primary care teams. "*

5. ***Engage multi-sector stakeholders in forming shared expectations and values of a transforming health care workforce. Specifically and intentionally involve:***
   a. ***Priority Consumers***
   b. ***Community Health Workers and Employers***
   c. ***Health Professionals and Associations***
   d. ***Health Systems and Payers***

   APHA (B): *Invite public health and health care advocates and policy officials, employers, academic institutions, public health and human services organizations to participate in definition, integration, awareness, standards, core competencies.*

   ASTHO: *Health care providers can be powerful allies in efforts to expand adoption of CHW-involved or CHW-led care models. Recommends high level of stakeholder involvement in shaping the course of CHW practice.*

   C3: *Description of participation in the C3 consensus work included: academics, non-profit executives, and program coordinators in urban, rural, and tribal communities, CHW networks, community-based groups, researchers and governmental organizations.*

   TRI-COUNCIL: *includes faith communities as having a long standing role to improve health status of Americans.*

6. ***Describe CHWs as members of integrated clinical and/or community care teams, working in systems to improve consumer experience and quality, creating healthier and more equitable communities.***

   APHA (A): *The Patient Protection and Affordable Care Act specifically lists CHWs as health professionals who function as members of health care teams. Examples of community team-based care include: faith-based organization project to reach underserved; employer-delivered health programs; community health centers; patient-centered medical homes. The integration of CHWs into patient-centered medical home teams taps into the strong community link of these individuals and helps strengthen transitions between clinical care and advance self-management.*

   APHA (B): *When well integrated into multi -disciplinary teams addressing chronic disease self-management, access, education, and follow-up, CHWs can improved health outcomes, decrease emergency department use, and improve the cultural competence of the services provided.*

   ASTHO: *"Using multi-disciplinary clinical teams is an important way to increase access to primary care, eliminate health disparities, and achieve the Triple Aim." "Policies are necessary to fully embrace CHWs are integral members of the health care workforce."*

   TRI-COUNCIL: *"Interprofessional team-based care is widely accepted as an effective model of care for complex patients in hospital and ambulatory settings." Several examples of community team-based care models to improve population health illustrate CHWs and other health workers are part of comprehensive, broad-based teams, categorized as allied health professionals and public health providers.*

   NE: *Acting as a member of the care delivery team is acknowledged as a national CHW role, yet not included as a NE CHW role.*

7. ***Describe and encourage career ladder opportunities for CHWs***

   APHA (B): *Carefully evaluate career advancement opportunities for CHWs; urges employers to support CHW career development.*

   C3: *Future directions include establishing a career pathway for CHWs (entry level, intermediate, and advanced skills).*

8. ***Develop performance and outcome measures for community team-based care that focus on individual, community, and population health outcomes attributable to team interventions including CHWs.***

   APHA (B): *Insurance coverage and longevity of coverage; use of preventive services; improved chronic disease management; treatment adherence; healthy nutrition and physical activity levels; decreased emergency room use.*

   TRI-COUNCIL: *"Examples of Nurse-led models that focus on care coordination across a care continuum…" "RN Leadership roles in community team-based care." RN manages team communication, care coordinator, evaluates outcomes, adjusts plan of care based on inputs. All HPs striving to be cultural brokers. "CHWs can increase access to services."*

CONCLUSIONS

The policy crosswalk shows alignment among groups, including the project team, on the recommended approaches emerging in project team discussion. The crosswalk is useful to stimulate further discussion about needed policy directions to support unified and comprehensive expectations of CHWs as members of integrated community care teams. The crosswalk is framed by eight recommended approaches developed by the project team. The crosswalk validates that all the approaches are addressed in some fashion in at least one or more of the policy statements reviewed, yet all eight are not entirely addressed in any single policy statement. The results illuminate how nurses contribute to developing an effective, integrated health care workforce in a Culture of Health.

The policy crosswalk yielded four examples of states' noteworthy CHW policy work: *Minnesota, Ohio, Massachusetts, and Vermont.* The C3 Consensus statement was based on data from *California, Massachusetts, Minnesota, New York, and Oregon.*

Looking at a transforming and emerging health care work force through the lens of a Culture of Health prompts broad engagement, partnership, and collaboration in charting a course forward to achieve population health, well-being, and equity. The phrase "integrated, community team-based care" rightly suggests a view of health and health care that is not limited to services occurring within the walls of traditional health care organizations.

APPENDIX C

The Emerging Role of the Community Health Worker (CHW): Nurses as Champions and Policy-leaders in a Transforming Health Care System

Annotated Bibliography of Community Health Worker Resources

INTRODUCTION

The purpose of this bibliography is provide convenient access to an array of current, important resources related to the emerging role of the Community Health Worker (CHW) in community-based health care. The intended audience is the multi-disciplinary array of partners and stakeholders interested in building a Culture of Health to improve population health, well-being, and equity, including nurses, CHWs, employers, health systems providers and payers, and community members. Transformation of the health care workforce may be a necessary condition of health systems transformation in order to improve outcomes, costs, and satisfaction. Greatly needed is diverse input into how the health workforce should change in order to improve health care systems and to achieve needed outcomes for all people in a changing society.

METHOD

The selected resources and references in the bibliography were identified and collected in the period August 2016 to April 2017. National and State Policy statements were sought using a combination of internet search methods and queries through the national Public Health Nurse Leader program of the Robert Wood Johnson Foundation, the American Public Health Association, the Association of Public Health Nurses, and the Association of State and Territorial Health Officials. The members of the project team working in Nebraska all contributed resources and inputs. The resulting bibliography was selected by the project team lead, Kathy Karsting. The primary search intent was to locate policies, guidelines, and training curricula relevant to CHWs.

RESULTS

Findings are listed alphabetically below by organization. A total of 12 national policy or training resources are offered in two sections. The first section focuses on five noteworthy and recent policy resources. The second section offers additional training or implementation resources released for national audiences, determined to be unique and useful for the purposes of the project team. A third section lists, by state, current resources that illustrate other states' development of the community health worker role. While not exhaustive, the bibliography represents a considerable variety and range of approaches in workforce development, and illustrates the current state of an emerging field of practice.

RECOMMENDED NATIONAL POLICY STATEMENTS ON COMMUNITY HEALTH WORKERS	
APHA 2014	***American Public Health Association. Support for Community Health Worker Leadership in Determining Workforce Standards for Training and Credentialing (2014). https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/01/28/14/15/support-for-community-health-worker-leadership***
APHA 2009	***American Public Health Association. Support for Community Health Workers to Increase Health Access and to Reduce Health Inequities (2009). https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/09/14/19/support-for-community-health-workers-to-increase-health-access-and-to-reduce-health-inequities***
ASTHO 2016	***Association of State and Territorial Health Officials. Community Health Worker Certification and Financing (2016). http://www.astho.org/Community-Health-Workers/CHW-Certification-Financing/***
C3 CONSENSUS 2016	***Understanding Scope and Competencies: A Contemporary Look at the United States Community Health Worker Field. Progress Report of the Community Health Worker (CHW) Core Consensus (C3) Project: Building National Consensus on CHW Core Roles, Skills, and Qualities. July 2016. http://files.ctctcdn.com/a907c850501/1c1289f0-88cc-49c3-a238-66def942c147.pdf***
Tri-council for Nursing 2017	***Tri-Council for Nursing. The Essential Role of the Registered Nurse and Integration of CHWs into Community Team-based Care. Jan. 2017. http://www.aone.org/resources/2017Tri%20Council_Community_Based.pdf***
Other National Briefs and Resources on CHWs	
ASPE	Department of Health and Human Services. Office of the Assistant Secretary for Planning and Evaluation (ASPE) Issue Brief. **Community Health Workers: Roles and Opportunity in Health Care Delivery System Reform**. Jan. 2016. https://aspe.hhs.gov/system/files/pdf/168956/CHWPolicy.pdf
ASTHO	ASTHO **State Legislative Status Update: Community Health Worker Training/Certification Standards.** rev. Jan. 2017. http://www.astho.org/Public-Policy/Public-Health-Law/Scope-of-Practice/CHW-Certification-Standards/
University of VA and Community Health Works	Brooks, Beth et al. **Building a Community Health Worker Program: the Key to Better Care, Better Outcomes, and Lower Costs.** June 2014. https://www.nursing.virginia.edu/media/2014-06-27_BCHWP.pdf

CDC	**Addressing Chronic Disease through Community Health Workers: A Policy and Systems-level Approach**. April 2015. https://www.cdc.gov/dhdsp/docs/chw_brief.pdf
Harvard	Harvard Law School, Center for Health Law and Policy Innovation. **Community Health Worker Credentialing: State Approaches**. June 2014. http://www.chwcentral.org/sites/default/files/CHW-Credentialing-Paper_0.pdf
MCD Public Health	www.chwtraining.mchph.org Nebraska DHHS Health Promotions Unit has participated in developing this online training resource for CHWs
RHIHub	**Community Health Workers Toolkit** from the Rural Health Information Hub https://www.ruralhealthinfo.org/community-health/community-health-workers
CHCS	Center for Health Care Strategies, Inc. **Integrating Community Health Workers into Complex Care Teams: Key Considerations**. May 2017. http://www.chcs.org/media/CHW-Brief-5-10-17.pdf
STATE-LEVEL POLICY DOCUMENTS AND RESOURCES ON COMMUNITY HEALTH WORKERS	
AZ	Arizona House Health and Senate HHS Committees of Reference approved the AZCHOW (Arizona CHW organization) Sunrise Application for Voluntary Certification of CHWs on Dec. 16, 2016. ***(personal communication)***
IL	***Community Health Workers in Illinois- A Value Driven Solution for Population Health. Jan. 2016.*** ***http://dph.illinois.gov/sites/default/files/publications/do-chw-report-1-19-16.pdf*** Effective 7/31/2014, Illinois enacted the Community Health Worker Advisory Board Act. The act describes membership of a 15 member advisory board to consider core competencies for CHWs in Illinois. http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3567&ChapterID=5
MI	***MI Dept. of Health and Human Services, Community Health Workers:*** ***http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2955-267398--,00.html*** ***Michigan Community Health Worker Alliance*** ***http://www.michwa.org/***
MN	***MN Dept. of Health, Office of Rural Health and Primary Care. Community Health Worker Toolkit- A Guide for Employers 2016.*** ***http://www.health.state.mn.us/divs/orhpc/workforce/emerging/chw/2016chwtool.pdf*** ***CHW Toolkit Summary of Regulatory and Payment Processes*** ***http://www.health.state.mn.us/divs/orhpc/workforce/emerging/toolkit/chwreg2016c.pdf***

NE	***Lopez, P. Development of Nebraska's Community Health Worker Workforce (Feb. 2015)*** ***http://publichealthne.org/wp-content/uploads/2015/04/CHWPolicyPaper3-30-15editsPat.pdf*** NE Department of Health and Human Services, Office of Women's and Men's Health. CHW Roles and Training http://dhhs.ne.gov/PublicHealth/HealthNavigation/Pages/Home.aspx
OH	Ohio Administrative Code Rules on CHWs: http://codes.ohio.gov/oac/4723-26 Ohio's regulations provide for certification, continuing education, supervision and delegation by Registered Nurses; standards for CHWs, for disciplinary action, for training programs; procedures for approved training programs.
OR	Oregon Community Health Workers Association http://www.orchwa.org/ The Oregon Office of Equity and Inclusion, "Become a Certified Traditional Health Worker," https://www.oregon.gov/oha/oei/Pages/thw-certification.aspx CHW Training from Oregon State University: https://pace.oregonstate.edu/catalog/community-health-worker-online-and-onsite-training
PA	Temple University, Center for Social Policy and Community Development, Community Health Worker Curriculum: http://cspcd.temple.edu/community-health-workers
WA	Training Curriculum for CHWs: http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/LocalHealthResourcesandTools/CommunityHealthWorkerTrainingSystem WA has implemented a CHW Task Force in order to assure alignment between CHWs and the Healthier WA Initiative. https://www.hca.wa.gov/about-hca/healthier-washington/health-workforce

CONCLUSIONS

The bibliography is another approach effective in demonstrating the field of CHW practice is still very much in flux, without national policy consensus or alignment between states. For those working to develop the CHW workforce, there are a variety of approaches to serve as examples or sources for adaptation.

APPENDIX D

The Emerging Role of the Community Health Worker (CHW): Nurses as Champions and Policy-leaders in a Transforming Health Care System

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