



SUSTAINING THE COMMUNITY HEALTH WORKER WORKFORCE IN ARIZONA

ARIZONA COMMUNITY HEALTH OUTREACH WORKERS NETWORK
AND
ARIZONA COMMUNITY HEALTH WORKER WORKFORCE COALITION

THE ISSUE

Health disparities are not decreasing in the U.S. Socioeconomic, environmental and cultural barriers continue to impede access to equitable care and add to rising health care costs for minority and low-income populations. **Community Health Workers (CHWs)** are effective in health outcomes, health care cost savings and overall health care access and health promotion. However, CHW are not fully recognized as a professional workforce, and thus CHW programs lack the sustained financial support needed to impact Arizona's at-risk or unreached populations.

THE SOLUTION

Take action to recognize and sustain our Arizona Community Health Workers workforce

TAKE ACTION!

1. Mobilize your organization to endorse the CHW definition, core competencies and scope of work outline by the Arizona Community Health Worker Workforce Coalition.
2. Ask your organization to endorse the Arizona Department of Health Services (ADHS) to lead a credentialing process supported by an ADHS Advisory Board with membership of community health workers and their organizational representatives.
3. Forward information regarding your presentation and endorsements to the Arizona Community Health Worker Coalition c/o Monica Munoz mgmunoz@email.arizona.edu
4. If not a member, join the Arizona Community Health Worker Coalition today!

CHWIMPACT

CHWs have demonstrated evidenced-based impact in both health outcomes, access to care and cost savings to the healthcare system, including:

- ✓ Mothers receiving CHW services through the health start program were more likely to have normal weight babies than non-Health Start mothers with a cost savings of \$4,000 for the prevention of every very low birth weight birth in Arizona.
- ✓ Patients with diabetes who attended CHW education classes and received ongoing social support improved their self-management behaviors and significantly lowered their blood pressure and glucose levels (HbA1C).
- ✓ Community members in a variety of CHW-driven health promotion programs successfully changed health behaviors lowered their body mass index, blood pressure and cholesterol.
- ✓ People with chronic disease who had the benefit of the social support from a CHW experienced improved quality of life and fewer depressive symptoms.
- ✓ Women who received a CHW visit were 35% more likely to go to the local community center for a chronic disease screening.
- ✓ \$2.92 cost saving for every dollar spent for managed health care coordination.
- ✓ \$4.01 cost saving on every dollar for childhood asthma management by reducing urgent visit and hospital costs.
- ✓ \$6.10 cost savings for every \$1.00 of cost in providing self-management education and care coordination for diabetics.

(Reference available from the Arizona Prevention Research Center, upon request)

CHW DEFINITION; A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an in depth understanding of the community served. This trusting relationship enables the CHW 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 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. *(Adapted from American Public Health Association, 2009)*

CHW SCOPE OF PRACTICE

OUTREACH AND COMMUNITY MOBILIZATION

- Preparation and dissemination of materials
- Case-finding and recruitment
- Community strengths/needs assessment
- Home visiting
- Promoting health literacy
- Advocacy

CASE MANAGEMENT AND CARE COORDINATION

- Family engagement
- Individual strengths/needs assessment
- Addressing basic needs – food, shelter, etc.
- Promoting health literacy
- Coaching on problem solving
- Goal setting and action planning
- Supportive counseling
- Coordination, referrals and follow-ups
- Feedback to medical providers
- Treatment adherence promotion
- Documentation

HOME-BASED SUPPORT

- Family engagement
- Home visiting
- Environmental assessment
- Promoting health literacy
- Supportive counseling
- Coaching on problem solving
- Action plan implementation
- Treatment adherence promotion
- Documentation

HEALTH PROMOTION AND HEALTH COACHING

- Translation and interpretation
- Preparation and dissemination of materials
- Teaching health promotion and prevention
- Coaching on problem solving
- Modeling behavior change
- Promoting health literacy
- Adult learning application
- Harm reduction
- Treatment adherence promotion
- Leading support groups
- Documentation

SYSTEM NAVIGATION

- Translation and interpretation
- Preparation and dissemination of materials
- Promoting health literacy
- Patient navigation
- Addressing basic needs – food, shelter, etc.
- Coaching on problem solving
- Coordination, referrals and follow-ups, documentation

COMMUNITY/CULTURAL LIAISON

- Advocacy
- Translation and interpretation
- Community strengths/needs assessment

PARTICIPATORY RESEARCH

- Preparation and dissemination of materials
- Advocacy
- Engaging participatory research partners
- Facilitating translational research
- Interviewing
- Computerized data entry and web searches
- Documentation

(The New York Community Health Worker Initiative 2011)

CHW CORE COMPETENCIES

1. **Communication**
Listening
Use language confidently and appropriately
Written communication
2. **Interpersonal**
Informal Counseling
Relationship-building
3. **Knowledge Base**
Broad knowledge about the community
Knowledge about specific health issues
Knowledge of health and social services systems
4. **Service Coordination**
Ability to identify and access resources
Ability to network and build coalitions
Ability to provide follow-up
5. **Capacity-Building**
“Empowerment” – Ability to identify problems and resources to help clients solve problems themselves
Leadership
6. **Advocacy**
Ability to speak up for individuals or communities and withstand intimidation
7. **Teaching**
Ability to share information one-on-one.
Ability to master information, plan and lead classes, and collect and use information from community people.
8. **Organizational Skills**
Ability to set goals and plan
Ability to juggle priorities and manage time.

(National Community Health Advisor Study, 1998)

