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.