



What's trust got to do with it?

Effectively Engaging Community Health Workers

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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 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.

Mission

Establish a sustainable infrastructure that acknowledges the value of CHWs, supports their professional identity and integrates their role in the healthcare team.

Goals

- Identify core competencies for NC CHWs
- Recommend model training curriculum
- Develop model certification process
- Develop model program credentialing process
- Devise strategies for reimbursement of services

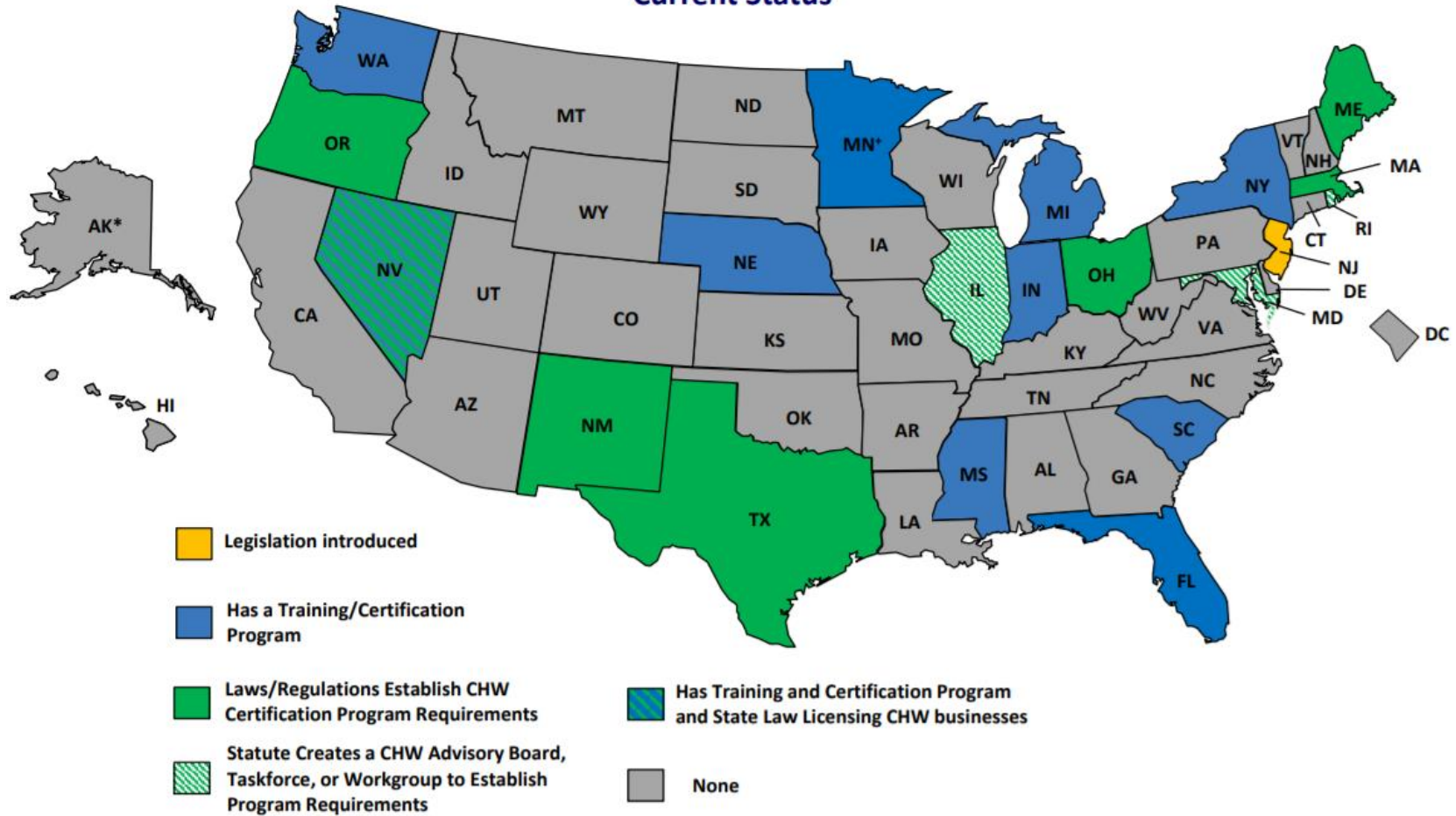
Timeline

Date	Activity
October 2014	NC Department of Health and Human Services (DHHS) team began exploring statewide CHW initiative opportunity
January 2015	DHHS team conducted CHW Program Inventory
April 2015	Statewide stakeholder meeting held to share results of Inventory and gather input on how to develop sustainable infrastructure for CHWs
June 2015	Assessment conducted on CHW initiatives in southeastern US states
December 2015	Second stakeholder meeting held to create plan for moving forward
February 2016	Workgroups formed to draft recommendations for Core Competencies and Training
September 2016	Draft Recommendations completed
November 2016	NC Community Health Worker Summit
April –June 2017	Regional Listening Sessions
June 2017	NC CHW Survey
May 2018	Final Report and Recommendations



Community Health Workers (CHWs) Training/Certification Standards

Current Status



*AK does not have a state-run CHW training program, but statutorily provides community health aide grants for third-parties to train community health aides.

+MN also allows Medicaid payments for certified CHW services

Last updated: 1/17/2017

Four Roles

**Nine
Competencies**

**Standardized
Training**



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Public Health

**COMMUNITY HEALTH WORKERS
IN NORTH CAROLINA:**

**CREATING AN INFRASTRUCTURE
FOR SUSTAINABILITY**

**Final Report and Stakeholder Recommendations of the
North Carolina Community Health Worker Initiative**

Community Health Worker Roles

- **Cultural Liaisons**
- **Health Navigators**
- **Health and Wellness Promoters**
- **Advocates**



Core Competencies

Communication Skills

Interpersonal Skills

Service Coordination Skills

Capacity Building Skills

Advocacy Skills

Education and Facilitation Skills

Outreach Skills

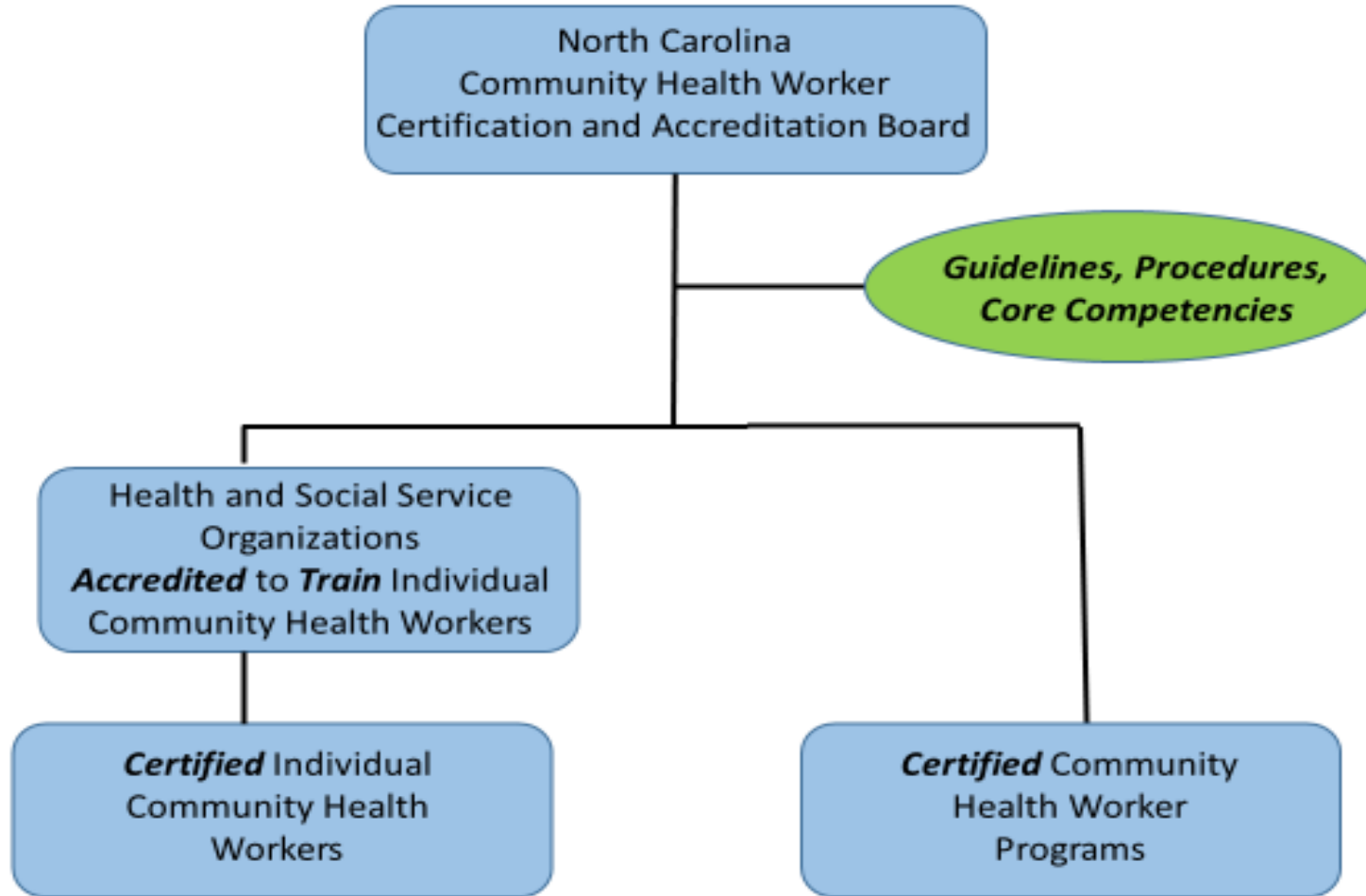
Knowledge Base

Personal Skills and Development

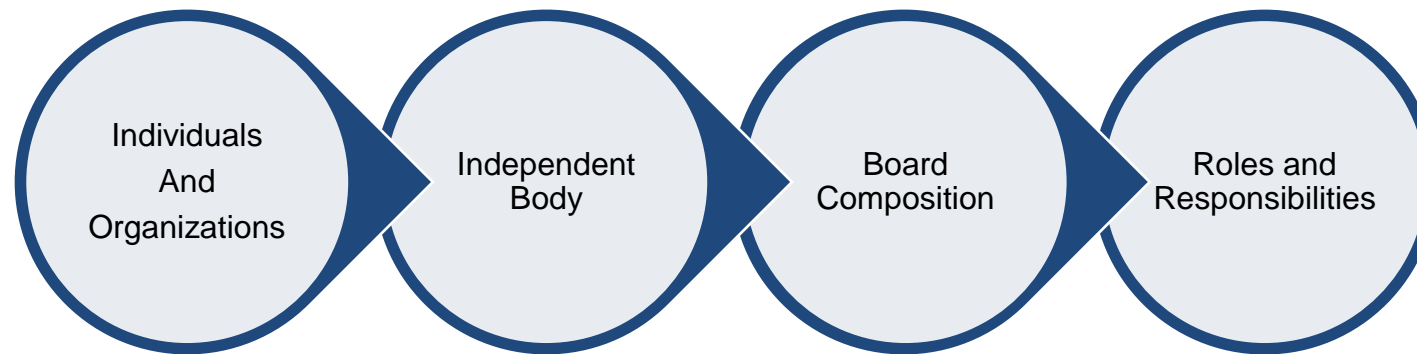
Standardized Training

CHW Level	Competencies	Experience (Hours)	Recommended Education**
Certified CHW I “Certified CHW”	9 competencies (via course or grandparenting)	Hours included in coursework	9 th grade literacy level + continuing education requirements every three years
Certified CHW II “Experienced CHW”	9 competencies (via course or grandparenting) + In-depth Proficiency or Merit badge (as documented in a letter of support)	2 years at 1 Full Time Equivalency (FTE) with letter of support*; or equivalent	HS degree or HS equivalency + continuing education requirements every three years
Certified CHW III “Senior CHW”	9 competencies (via course) + In-depth proficiency or Merit badge (as documented in a letter of support) + Management/Leadership (evidence of experience, performance, mentoring other CHWS as documented in a letter of support)	Total of at least 3 years at 1 FTE with letter of support*; or equivalent	Associate’s Degree + continuing education requirements every three years

Process of Recognizing Community Health Workers and Community Health Worker Programs in North Carolina



Certification and Accreditation Board



Why are CHWs distinctive and effective?

- Expertise is based on *shared life experience* and (usually) *cultural background* with population served
- Do not provide clinical care (e.g., diagnose or treat)
- Generally do not hold another clinical license
- Spend more time with people in home, community, and clinic
- Address social determinants of health
- Trusting relationships based on shared power and “Three C’s” of community: Connectedness, Credibility, Commitment
- Core values based in equality, justice, empathy



What is the NC context for CHW financing?

- ❑ Medicaid program and health reform, managed care
- ❑ State of CHW integration into health systems
- ❑ Stage of CHW infrastructure (training, credentialing, CHW definition & scope of practice, core competencies, etc.)
- ❑ Features of stakeholder networks, engagement, and leadership (state health department support, CHW association, coalitions, etc.)



Next Steps






Institute	Institute a standardized Core Competency Training
Recognize	Support and recognize NC CHW Network
Pilot	Pilot models to contribute to the evidence base and Return on Investment (ROI) on population health
Support	Support the establishment of a NC CHW Certification and Accreditation Board
Support	Support sustainable funding; living wage
Provide	Provide necessary tools for success (EHR access)
Develop	Develop protocols within care teams that recognize CHWs contribution
Provide	Provide additional specialized training

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