Integration of Community Health Workers into Clinical Care Teams

Best Practices and Suggested Actions

A Toolkit

KC Regional
COMMUNITY HEALTH WORKER
Collaborative

How to use this Toolkit

The Toolkit has seven sections, each of which includes a list of **Best Practices** followed by a description of why each Best Practice is important (**"Why it's important"**). We have included a **Checklist** to guide the reader in implementing the Best Practices.

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Additional information

Introduction

This Toolkit was prepared from a literature review of national research and articles on best practices in the integration of Community Health Workers (CHWs) in health care organizations' clinical teams. A workgroup led by Erika Saleski reviewed the literature, discussed experiences in Kansas and Missouri, and supported the preparation of the contents of the Toolkit. The workgroup included:

- Hannayd Ruiz and Marlene Nagel, Mid-America Regional Council.
- Rebecca Anderson, Blue KC.
- Dr. Manuel Solano, Samuel U. Rodgers Health Center.
- Lucia Herrerra-Jones, United Health Care.
- Treva Smith, Community Care Network of Kansas.
- Ton Miras Neira, University of Kansas Medical Center.

What is practice integration?

In the context of this Toolkit, practice integration refers to the integration of Community Health Workers and their core roles into the delivery of health care. The aim of this integration is to support providers to deliver whole person care, incorporate CHWs into work flows to serve as links between the community and clinical settings, and connect patients to non-medical and community resources to support improved health care delivery and treatment planning.

What is the purpose of this Toolkit?

In response to the current reduction in federal grant funding for Community Health Workers, clinical providers will need to transition to sustainable revenue sources including billing Medicare and Medicaid (in states where available). This Toolkit supports clinical providers — either directly or through contracting with community-based organizations or community care hubs — to effectively integrate CHWs into workflows to support the transition to sustainable revenue sources. Effective practice integration also promotes:

- **Employee satisfaction.**
- **Efficient definition and delivery of services, and clear role definition.**
- **Obtaining reimbursement** for CHW's time by Medicare, Medicaid, if available in your state, and, possibly, private insurance.
- **Results in improved patient experience, care and health outcomes.**

CHW Core Roles

- ☐ Define CHW scope of work according to C3 core roles and sub-roles.
- ☐ Create a clear job description.
- ☐ Define and clarify activities outside of CHW scope.
- ☐ Orient team members and patients to CHW role in care team.
- ☐ Deploy hiring and recruitment strategies that:
  - Recognize lived experience.
  - Prioritize recruitment of individuals who demonstrate core CHW skills as defined by C3.
  - Are from or familiar with the population to be served.
  - Adjust education requirements, if needed.
  - Ensure CHWs have training or background to work with the populations to be served.
- ☐ Align CHW roles with organizational goals, team structure and program goals for population to be served.
  - Include CHWs and care team in development of CHW roles and job descriptions.
- ☐ Build CHW career ladders to allow for growth and retention within organizations including:
  - Pay plan tiers to match career ladder steps.
  - Educate human resources department on the CHW role, hiring practices and career ladder.

CHW Readiness

- ☐ Require core competency training according to C3 core roles and sub-roles prior to hire or within a period of time post-hire.
- ☐ Create and offer on-the-job training that includes:
  - Organizational onboarding strategy.
  - Care team orientation.
  - Other trainings as indicated to work with the population to be served.
- ☐ Use adult education training methods in onboarding and orientation, such as job shadowing or role-playing.
- ☐ Provide ongoing professional development by:
  - Co-developing a training schedule with the CHW.
  - Allocating resources for training.
  - Ensuring CHWs can participate in training and regional association activities during the workday.

Organizational Readiness

- ☐ Solicit executive champion to communicate CHW program goals to organization and serve as support to CHW and CHW supervisors.
- ☐ Identify program goals from CHW intervention.
- ☐ Assess organizational readiness to integrate CHWs.
- ☐ Adapt organizational practices to integrate CHW into organization.
  - Create policies to allow CHWs to perform core roles (e.g., safety and transportation policies).
  - Map out each team member role and revised workflows.
  - Establish team meeting frequency and communication protocols and tools.
- ☐ Provide readiness trainings to organizational staff on CHW core roles, benefits of addressing nonmedical and revised workflows.
- ☐ Create a financial plan to integrate CHWs into the operating budget.

Care Team Integration

- ☐ Cultivate care team understanding of CHW core roles and values:
  - Assign roles and duties to CHWs that are appropriate, based on skill and training.
  - Articulate CHW roles to leadership and care team.
  - Train organizational staff on CHW roles, competencies and scope of work.

- Clearly define workflows for CHW integration into the care team.
- Encourage open communication about role confusion.

☐ Develop and execute a communication strategy on integration of CHWs into the care team including core roles, program goals and expected return-on-investment:
- Hold regular team meetings during implementation
- Include CHWs in case conferencing.

☐ Establish a hospitable working environment for CHWs including:
- Ensure the position is assigned to a specific department and recognized by human resources.
- Provide a physical workspace for CHWs that is co-located among other key care team members.

☐ Ensure CHWs have proper resources to fulfill their job, including a computer, mobile device, etc.
- Have a safety policy in place to support CHWs to conduct home visits and perform activities in the community.

Supervision

☐ Appoint supervisors with relevant background, qualities and skills:
- Create a tiered care team structure that allows CHWs to be supervised by senior CHWs.
- Create a job description that recruits CHW supervisors with the relevant background, qualities and skills.

☐ Employ supportive supervision practices:
- Train CHW supervisors on CHW role, background, management skills and performance evaluation.
- Encourage CHW supervisors to become familiar with the concepts of supportive supervision.
- Train CHW supervisors on your organization's policies, care team roles and workflows.
- Require CHW supervisors to hold regular meetings with CHW and care team.
- Create low CHW supervisor to CHW ratios.
- Provide CHW supervisors with regular performance evaluations and professional development.

☐ Create a pathway for CHWs to advance to supervisor roles:
- Work with human resources to create a career ladder for CHWs within your organization.
- Encourage senior CHWs to attend supervisory trainings.
- Promote senior CHWs to supervisor roles.

Technology and Documentation

☐ Train CHWs to use EHR and documentation tools, and documentation necessary to maximize billing.

☐ Offer multiple pathways, including cloud-based or mobile technologies, for CHWs to document activities.

☐ Allow CHWs to see real-time patient data.

☐ Create easy-to-use documentation templates for CHWs to use (e.g., assessments, care planning and health education).

Quality Assurance

☐ Establish a quality assurance plan and conduct ongoing quality improvement activities:
- Establish a quality improvement plan.
- Perform periodic monitoring.
- Ensure the plan uses a variety of methods for assessing CHW performance.
- Create a program dashboard.
- Use standardized methods in the quality assurance process.

☐ Adopt program, process, outcome and cost effectiveness measures:
- Set reasonable, measurable goals for CHW performance.
- Lengthen time horizon in which CHWs are evaluated.

☐ Standardize data sources and collection on CHW activities:
- Require all CHWs to use the same templates to document assessments, care plans and activities.
- Train CHWs on data collection initially and with periodic, ongoing training.

A. Best Practice: Recognize broad scope of work

Suggested action

1. **Define CHW scope of work and activities for the organization according to the National C3 Council Core Roles and Sub-Roles.**

Why it's important

The evidence associated with CHW impact on health and well-being is grounded in their broad scope of work that allows CHWs to perform a variety of roles at both the individual and community level. CHWs "are most effective when they are supported to play a wide range of roles, which allows them to build individual and community capacity for greater health and well-being." [1]

In clinical environments, CHWs are critical to high-functioning care teams, improved patient outcomes and lower health care costs. They often assist in the development of patient care plans, serving as both patient advocate and patient navigator to ensure continuity, completion and acceptability of care.[2] CHW's power and impact result from their ability to listen, build trust, and solve complex social challenges.

The CHW Core Consensus (C3) Project (www.c3council.org) captures the broad CHW scope of work through their nationally recognized definitions of CHW core roles, which include:

1. Cultural mediation among individuals, communities, and health and social service systems.
2. Providing culturally appropriate health education and information.
3. Care coordination, case management and system navigation.
4. Providing coaching and social support.
5. Advocating for individuals and communities.
6. Building individual and community capacity.
7. Providing direct service.
8. Implementing individual and community assessments.
9. Conducting outreach.
10. Participating in evaluation and research.

B. Best Practice: Clearly define CHW role

Suggested actions

1. **Create a clear job description.** Clearly defining a CHW's roles and responsibilities in relation to the program goals and population to be served is essential to performance management and supervision. A written job description protects both the organization and the worker and should define job accountabilities, specify qualifications and delineate how the role fits with others in the organization.[3] Job descriptions should reflect the full range of roles and activities CHWs can perform, responsibilities, the soft skills needed to be successful, professional development and growth opportunities, required travel and benefits.[4]

2. **Define and clarify activities that are outside the CHW scope of work to avoid clinicalization of the role.** (For example, this role does not provide caregiver services, medical interpretation or clinical advice)**.**

3. **Orient clinical team members and patients to each team members' role, including those of the CHW.**

Why it's important

The CHW roles must be clearly defined within the organization and to other team members. Without clearly defined roles, CHWs may be tasked with activities outside their scope, which could negatively impact their ability to work effectively with patients. Furthermore, a clearly defined role for the CHW is important in gaining support from nurses, social workers, physicians, pharmacists and others.[3] It can also highlight the benefits of the CHW role to the care team, set boundaries around the CHW role, and reduce the tendency of providers to "dump" tasks on the CHW.[5] Evidence has also found that clear role definition can reduce territorialism, which occurred when case managers felt the CHW was infringing upon their work and patients.[5]

C. Best Practice: Recognize lived experience and CHW qualities and skills

Suggested actions

1. **Recognize lived experience in hiring and recruitment strategies.** Consult CBOs and community stakeholders to identify community values and norms to ensure they are reflected in the CHW hires.[4]

2. **Prioritize recruiting individuals that demonstrate core skills** to perform the CHW role as defined by the C3 Project.

3. **Recruit individuals who are from or familiar with the target population to be served.** This is critical to ensure relatability with the target population.

4. **Adjust education requirements, if needed**, to target hires from the community to be served, such as eliminating the requirement for higher education degrees.[4]

5. **Ensure CHWs work with populations within their training background.** (For example, if they are working with patients with heart conditions, ensure the CHW has the background and/or training to work with those patients).

Why it's important

CHWs often share life experience, community or clinical context with the patients they serve. This shared experience is the basis for the development of a trusting relationship that helps the CHW, and in turn the clinical care team, understand the patients' backgrounds, constraints and preferences[6] and barriers to care.

CHWs understand the local landscape and are able to navigate it, serving as a critical bridge between 1) the care team and the community, 2) the patient and health care organizations and 3) the patient and the care team. As peers, CHWs often have a nuanced understanding of treatment and disclosure, which facilitates their ability to build rapport with patients, especially in the case of newly diagnosed patients.[5]

It is critical to identify potential hires who exhibit the necessary qualities and skills for success in the CHW role. As such, the health care organization or CBO should adopt nontraditional hiring and recruitment strategies.

D. Best Practice: Align CHW roles with organizational goals and team structure

Suggested actions

1. **Include CHWs and the clinical care team in development of CHW roles and job descriptions.**[4] To identify the competencies and responsibilities required to successfully fulfill the role, engage an array of staff, including organizational leadership, CHWs within the organizations, CHWs employed at external organizations, and staff who will work with CHWs (e.g., social workers, nurses, primary care providers, substance use disorder counselors and others).[1]

2. **Align CHW scope of work with overall program goals for target population to be served.**

Why it's important

When building CHW roles and job descriptions, and integrating CHWs into clinical practices, consider both the C3 competencies as well as the environment, team, resources and responsibilities in the specific organization.[4] The CHW roles will depend on the needs of the prioritized population, intended goals of the program, and roles of other interdisciplinary team members.[1]

E. Best Practice: Create career pathways and growth opportunities

Suggested actions

1. **Build CHW career ladders to allow for growth and retention within organizations.**[7] Include human resources and executive leadership in the creation of the career ladder to ensure buy-in. Two examples of career ladders can be found through the Penn Center for CHWs and Sinai Chicago.

2. **Educate human resources about the profession so they understand the role, effective hiring practices and career pathways.**[7]

3. **Develop pay plan tiers to match career ladder steps** and offer adequate compensation and a living wage.

Why it's important

When integrating CHWs into clinical practices, adopt strategies to support job satisfaction and retention. Create career pathways for the CHW within your organization.

For example, the Sinai Urban Health Institute developed well-outlined career pathways for CHWs that included three levels for CHWs providing direct service to patients and communities including opportunities for those who have the desire and skills to move into supervision, training or program coordination roles.[7]

CHW READINESS

A. Best Practice: Require core competency training

Suggested actions

1. **Require evidence of training and/or certification or credential** for hiring to ensure CHW is prepared to execute scope of work according to C3 core roles and sub-roles; or

2. **Allow CHWs a period of time post-hire to complete training.**

Why it's important

Basic core competency training will help CHWs prepare for their work in the CHW field.[8] CHW core competency programs train CHWs to perform their core roles, including service coordination, system navigation, advocacy and individual and community capacity building. (See the Kansas CHW Core Competencies website, www. kschw. org.) Many states established CHW certifications and partner with community colleges and local organizations to provide training.[9]

Comprehensive training and certification programs is essential and should include focus on core competencies related to CHW core roles, as a foundation. Depending on the state, certification or credential may be important to ensure employers can seek reimbursement.

B. Best Practice: Create and offer on-the-job training relevant to organization's goals and population to be served

Suggested actions

1. **Create a process to orient CHWs to their organization** that includes, for example, an overview of the organization and patient services; how to use the EHR; human resources policies; and HIPAA compliance.

2. **Create onboarding process to integrate CHWs into care teams** that includes roles and responsibilities of care team members, communication protocols, workflow, referral protocols,

safety and home visit protocols, and setting up physical space and technology for CHWs. (For a sample orientation checklist, see Appendix: Orientation Checklist of C3 CHW Assessment Toolkit.)

3. **Identify and schedule additional training support needed**, such as health-condition specific training, motivational interviewing or mental health first aid.

Why it's important

Ensure CHWs have a full understanding of the organization, its mission and the program goals, and receive training, as needed, to supplement their skills for the specific program and patient population to be served.

Training on organizational practices and workflows supports CHWs to be effective within the policies and protocols of their employing organization.[1] To ensure CHW readiness and seamless integration, organizations should ensure CHWs can receive training on topics such as: [1, 3, 9, 10, 11]

- An overview of the organization including patient services.
- How a CHW will receive patient referrals or identify patients.
- The roles of the interdisciplinary team and internal workflows.
- Communication protocols among care team and with patients.
- How to use the electronic health record (EHR) and other documentation platforms.
- Safety protocols (for example, for home visits).
- HIPAA compliance.
- Special training, as needed, related to the patient population to be served such as health or disease-specific information, lifestyle risk factors or mental health first aid.

C. Best Practice: Use adult education training methods

Suggested actions

1. **Incorporate adult learning principles into onboarding and orientation training.** Examples include:

   a. Plan for **longer field training and mentoring**, including shadowing, observations, and assessments, before CHWs are assigned to independently manage a caseload.[7]

   b. Offer new CHWs an opportunity to **shadow another care team member**.

   c. Integrate opportunities for CHWs to **learn from case studies and role play** to practice activities they will perform with patients (for example, delivering a health-related social needs risk screening).

Why it's important

When onboarding and orienting the CHW to the organization and care team, use training methods that appeal to the adult learner and encourage interaction and on-the-job learning.

"Mechanisms to deliver CHW education take many forms, including formal classroom instruction, computer-based education, and one-on-one experiential mentoring, alone or in combination." [13] However, "many consider CHWs non-traditional adult learners." [3] Models of training include:

- Adult learning and popular education.
- Job shadowing offers CHWs an opportunity for deeper understanding of the other care team member roles and how their role integrates within the care team.[9]
- Role-playing has been found to be an effective way of allowing CHWs to test out their new skills and to help CHWs practice motivational interviewing and discuss new or difficult topics.[9]

D. Best Practice: Provide ongoing professional development

Suggested actions

1. **Co-develop and schedule a continuing education training plan** with your CHWs that prioritizes their professional development and desired career pathways.

2. **Allocate a budget line** to cover costs of training, including travel expenses for attending conferences.

3. **Work with the CHW supervisor to ensure CHWs have time to participate in trainings.**

4. **Encourage and allow CHWs time during the workday** to participate in regional or statewide CHW collaboratives that offer training, resource sharing, advocacy preparation and other services.

Why it's important

CHWs need ongoing training to update their skills and knowledge and to fulfill their roles effectively.[12] Continuous professional development helps CHWs stay effective in their roles and adapt to evolving health care needs[13] or changes in the organization's goals. Professional development opportunities may include: [15]

- Documentation.
- Active listening.
- Motivational interviewing.
- Health coaching.
- Specialty training in health promotion and disease prevention services.[2]
- Evidence-based disease management curriculum.[11]

See a sample of professional development trainings here.

ORGANIZATIONAL READINESS

A. Best Practice: Identify executive champion

Suggested actions

1. **Designate an executive champion** that is recognized by the organization and clinical teams for their leadership and guidance in achieving the highest levels of quality performance and care.

2. **The executive champion should communicate to the organization about the CHW role**, the cost-benefit of implementing a program and expected outcomes.[16]

3. **Ensure CHWs or the CHW supervisor have direct access to the executive champion** through regular meetings. This helps to ensure CHWs feel supported and have multiple venues for assertively addressing concerns.[16]

Why it's important

An executive champion serves as the lead sponsor for CHW integration into the organization, care team, clinical practice and system, if applicable. The executive champion understands and values the role of — and advocates for — CHWs at the executive level and in the broader system of care. The executive champion may also be involved with tracking the impact of the CHW intervention and leading the integration and needed adjustments over time. Without senior leaders directly involved in shepherding and championing the successful integration of CHWs, their tremendous potential will not be fully realized.[16]

B. Best Practice: Identify program goals and scope

Suggested actions

1. **Consider the following parameters to establish CHW intervention goals:**[1]

    a. Size of the population to be served and the appropriate CHW caseload.

    b. Health disparities and social care needs of the population to be addressed.

    c. Cultural and linguistic needs of the population.

   d. Geographic service area, including considerations for travel time and available transportation.

   e. Return-of-investment goals related to addressing health-related social needs.

   f. Clinical goals to be monitored during CHW intervention.

   g. Financial incentives the clinical organization may face (for example, required reductions in hospital readmissions).

   h. Identify strategic community partnerships for resource referrals.

 2. Consider piloting/evaluating the intervention before scaling.

Why it's important

An important precursor to success is to identify program goals and measurable outcomes upfront so that CHW activities can align to proposed outcomes and to the needs of the people and communities to be served.[1] These goals should be co-developed with CHWs, leadership, communities and the clinical care teams.[17]

C. Best Practice: Assess organizational readiness to change

Suggested actions

 1. **Review these Questions to consider before starting a new CHW program or intervention.**[8]

 2. **Conduct formal organizational assessments for readiness to change** and maximize CHW roles. Two examples of assessments include:

   a. Community Health Worker Assessment and Improvement Matrix toolkit.

   b. Perceived Supervision Scale.

Why it's important

"Organizational readiness to change, defined as psychological and behavioral readiness of an organization's members to implement change, is a critical precursor for successful implementation of the change." [18] Successful CHW integration requires organizational readiness, including appropriate infrastructure, a supportive policy environment, understanding of community needs and alignment with organizational goals. Organizations must be prepared to implement a people-centered design that supports CHWs and their care approach, and applies a social justice lens to care delivery.[12]

Prior to integration of CHWs into clinical care teams, organizations should "assess their knowledge, beliefs, attitudes and professional experience with the CHW workforce, the perceived influence of CHWs on patient outcomes and the quality and cost of care, and the mechanisms for CHW integration within the health care team." [11]

D. Best Practice: Adapt organizational practices

Suggested actions

1. **Create and adopt policies and rules that allow CHWs to perform across the full range of their roles and competencies,**[18] such as policies on transportation and to prioritize CHW safety in the community.

2. **Map out each team member's role and core job duties.**[8]

3. **Map out revised workflows that integrate CHWs into organization and care team.**

    a. Workflows should consider when CHWs will engage with individuals and communities and whether this be in-office or in-clinic, telephonic, telehealth or in-person (community or home setting).[8]

4. **Establish frequency of team meetings for case conferencing with CHW.**

5. **Identify tools for communication between care team members.**

6. **Align practices for transportation and connection to other support services as closely to current practices that might exist.**

Why it's important

"For organizations that have not historically hired or worked with CHW/Ps, they will need to undergo systems transformation work to effectively incorporate CHWs into the organizational structure and collaborate with existing staff." [1] Organizations will need to evaluate whether specific practices "need to be adapted to ensure optimal integration and impact of CHWs." [1]

While clinical organizations are embracing the CHW integration to support patient-centered and value-based care, these organizations often have expectations of CHWs that are based on traditional training models that fit into a vertical organizational structure where academic degrees dictate ranking. Clinical organizations will need to adjust this perspective in order to fully adopt the CHW role.[18]

E. Best Practice: Train organizational staff on CHW integration

Suggested actions

1. **Provide organizational readiness trainings to the organization and care team staff** to encourage smooth adoption of CHW role and to address potential integration challenges in the vertical health care system structure. Train organization staff on:

    a. CHW roles.

    b. Health-related social needs and non-clinical services patients need for long-term adherence to care plans.

    c. Integration of CHWs into physical workspace and EHR or other patient records.

    d. Revised workflow map that integrates CHWs into the organization and care team, including how to refer clients to a CHW and how CHW communicates with the clinical team.

Why it's important

Prior to CHW integration into the clinical care team, educate the organization on the roles that CHWs will play, how CHWs fit into the organization; program goals, how CHWs can contribute to improved patient outcomes, how to maximize CHW competencies and evaluation and assessment of CHW integration.[1, 19]

Organizations will need to be educated on the CHW patient-centered approach to care that is non-episodic (the time and attention paid to the patient will not end when the chief medical complaint is resolved) and will take place both in and outside of the clinical setting.[20]

F. Best Practice: Create financial plan for the CHW integration

Suggested actions

1. **Braid and blend funds to ensure CHW activities are integrated into your operating budget long-term.**

2. **Leverage existing reimbursement opportunities available to braid and blend funds**, ensuring CHWs understand any payer-specific billing requirements.

   a. Reimbursement Strategies for Employers of CHWs.

   b. CHWs in Medicaid: A Summary of State Plan Amendments.

   c. A Case Study of Chronic Care Management.

   d. Medicare Community Health Integration Services.

   e. Grant and philanthropy dollars.

3. **Include quality improvement staff in the development of the financial plan to align CHW roles with payer goals.**

Why it's important

Develop policies to leverage available reimbursement mechanisms to support the execution of the CHW core roles. Reimbursement opportunities exist through Medicaid state plan amendments or Medicaid managed care contracts in some states, Medicare Community Health Integration and certain other Medicare Part B care management services nationally.

CARE TEAM INTEGRATION

A. Best Practice: Cultivate team understanding of CHW core roles and value

Suggested actions

1. **Assign roles and duties to CHWs that are appropriate**, based on the CHW level of training and skill.

2. **Articulate CHW core roles and activities to leadership and the care team**, including oversight and supervision structure.

3. **Train the organization staff on CHW core roles, competencies and scope of work**, and how CHWs fit within the clinical care team. (See Organizational Readiness)

4. **Clearly define workflows for CHW integration into the care team**, to support patient care plans and goals (See Organizational Readiness). Engage the care team and CHWs in developing workflows.

5. **Encourage open communication about role confusion** and address problems with the CHW supervisor and collectively in team meetings, as needed.

Why it's important

A clearly defined CHW role is critical for gaining support for CHWs among the care team including from leadership, nurses, social workers or physicians. It is critical to designate clear roles for CHWs and communicate the scope of these roles to staff at all levels of the organization.[1] Furthermore, clear expectations should be set to care team members that CHWs are expected to fulfill and execute all roles and competencies identified by the C3 Project,[4] while remaining active members of their communities in support of community-clinical linkages for patients.[19]

For many care team members, the CHW role is new and staff should be educated on the CHW role and value. Training for the care team should include the CHW core roles and competencies and how:

- The CHW role fits within the care continuum.
- The collaborative, team approach to care is used.

- CHWs work independently but require supervision.
- The patient goals drive the multidisciplinary care planning.
- The care plan is the roadmap for interventions and services.

B. Best Practice: Develop initial and ongoing communication plan on CHW integration

Suggested actions

1. **Prepare a communication strategy** that includes expected goals from the CHW program for the executive champion to educate the entire organization on CHW integration, value, goals and roles.

2. **Hold regular inter-disciplinary team meetings** during implementation to facilitate the integration of CHWs into workflows.

3. **Include CHWs in inter-disciplinary team case conferencing** and provide CHWs opportunity to share their background and patient success stories with the organization.

Why it's important

Clinical organizations should engage staff at all levels to integrate CHWs into their organizations. Program success often rests with meaningful engagement of community and other key stakeholders from governance, medical staff leadership, executive leadership and community-based organization leaders.[3]

Organizations that succeed integrating CHWs into their organizations develop and execute a communication plan during the initial program planning and rollout to keep partners (clinical care team, funders) informed of program goals and to communicate the value CHWs bring to the clinical care team.[1]

"Improved communication allows for a stronger mutual understanding between CHWs and other health care providers, which maximizes CHWs' impacts within care teams, including the public health workforce." [21]

C. Best Practice: Establish working environment for CHWs

Suggested actions

1. **Create the CHW position within human resources and assign the CHW position to specific departments** (for example, Department of Family Medicine).[19, 22]

2. **Provide workspace for CHWs and co-locate with other care team members.**[22]

3. **Ensure CHWs have proper resources to execute core roles** (for example, computer, mobile device, access to a car or reimbursement for mileage, supplies).

4. **If CHWs do home visits, have a safety policy and procedures in place.**

Why it's important

Establish a hospitable working environment for the CHW. This includes ensuring CHWs have a home within the organization, are formally established with the organization's human resource department,[20] and providing for physical resource needs. Create a welcoming and structured environment for their work. CHWs should be greeted with staff support, proper space and supplies.[10]

SUPERVISION

A. Best Practice: Appoint supervisors with relevant background, qualities and skills

Suggested actions

1. **Create a tiered care team structure that allows CHWs to be directly supervised by senior CHWs.**[1, 6]

2. **Create a job description to recruit individuals with an understanding of the role and origin of CHWs** and that prioritizes the soft skills needed for working with marginalized and underserved communities.

Why it's important

CHW supervision requires awareness of, and sensitivity to, the unique strengths and attributes a CHW brings to the care team.[17] Supervisors should be experienced CHWs or possess a deep understanding of the CHW role, including that CHWs' expertise comes from life experience and not a formal degree.[13, 20]

Supervisors must understand that, while medical issues are part of what CHWs focus on with a patient, the clinical issues lie within a greater context of social dynamics that the CHW seeks to understand and address for each patient.[20]

Qualities and skills of supportive CHW supervisors include:[20]

- An understanding of the social justice origins of the CHW model, the core roles and competencies of CHWs and understanding of the grass roots nature of the role, either through training or through previous experience as a CHW.
- An ability to maintain boundaries, but also be able to relate to and have compassion when interacting with CHWs to help reduce burnout.
- Ability to serve as a champion and advocate for the CHWs within their clinical care team.
- Having knowledge and experience with the community served and of available resources.
- A familiarity with the principles and practices of popular education.

B. Best Practice: Employ supportive supervision

Suggested actions

1. **Train CHW supervisors on the CHW model, duties and roles, CHW supervision strategies,[10] management skills and performance evaluation.**

2. **Encourage supervisors to become familiar with the components of supportive supervision.**

3. **Provide supervisors with training on organizational policies, clinical care team roles and workflows.** Supervisors must understand CHW roles within the organization and clinical care team.

4. **Require CHW supervisors to hold regular meetings with CHWs and care team.** Recommended meeting content and frequency includes:

   a. Weekly supervision meetings with CHWs to review caseloads and CHW's well-being. (Meetings may progress to biweekly as CHW adjusts to role.)

   b. On a monthly basis, review CHW patient notes, performance or quality metrics, or patient satisfaction data with CHW.

   c. Employ weekly (progressing to biweekly) team meetings for case conferencing, community resources review, performance metrics and team building.

5. **Create low supervisor-to-CHW ratios**, depending on full scope of CHW supervisor work and acuity of patients served.

6. **Provide supervisors with performance reviews and professional development.**

Why it's important

CHW supervisors should be supportive, and trust and respect CHW autonomy.[15] Supportive supervision is a best practice and a motivator for CHWs where supervisors provide ongoing mentoring and conduct regular assessments to provide timely feedback to CHWs on their performance. In supportive supervision, supervisor presence is critical to CHW success with regular check-ins and, as needed, to discuss patient progress or challenges.[8]

Supportive supervision is understood to empower CHWs and to positively influence efficiency and longevity by increasing CHW motivation and retention.[20] To implement supportive supervision in clinical settings, it "requires shifts in behaviors and attitudes, time investments, and is driven by leadership." [20]

Components of supportive supervision include:[20]

- Hiring onsite CHW supervisors who understand the unique role of CHWs and accompanying personal and professional demands, and who demonstrate appropriate flexibility.
- Ensuring clinical supervision by an appropriate clinician, who may be on- or off-site, but who is also available to CHWs on a regular basis.
- Provision of trauma-informed supervision that prioritizes the safety of CHWs.
- Regular, ongoing monitoring, coaching and mentoring.
- Funding for supervisor training, communication approaches and team-building activities for CHWs.

- Holding CHWs accountable for performance, based on clearly defined metrics with constructive feedback on any additional training needs or areas for improvement.
- Deploying appropriate supervisor-to-CHW ratio to allow meaningful and regular support and coaching.
- Support to help CHWs adapt to work culture and to uphold professional boundaries.
- Providing a reasonable CHW workload.

C. Best Practice: Create pathways for CHWs to advance to supervisor roles

Suggested actions

1. **Work with human resources to create a CHW career ladder. See example of CHW career ladder.**

2. **Encourage senior CHWs to attend supervisory training to support the development of a CHW career ladder in the organization.**

3. **Promote experienced CHWs into CHW supervisor roles.[7]**

Why it's important

Organizational leaders should be proactive by developing and incorporating into organizational structures and policies opportunities for CHWs to advance professionally, including to CHW supervisor roles.[8] This allows CHWs to see themselves reflected not only among the community of CHWs, but also at the managerial or supervisory level.

TECHNOLOGY AND DOCUMENTATION

A. Best Practice: Electronic Health Record (EHR) integration

Suggested actions

1. **Train CHWs on how to use the EHR and documentation tools.**[9]

2. Because CHWs often work in the community or in homes, **provide multiple pathways for CHWs to document in the EHR**, including mobile applications and cloud-based technology.[23]

3. **Allow CHWs to see real-time patient data** such as hospital admissions[1] and for care team members to see CHW updates to patient records in real-time.

Why it's important

Allowing CHWs access to EHR fosters information sharing and improves care coordination.[15] "Both CHWs and employers have cited access to EHRs as an important component of integration for CHWs to the clinical care team." [9] With access to the EHR, CHWs can document health-related social needs (HRSN) barriers that may be critical information for direct practitioners, and ultimately supports coordinated and continuous care and solidifies CHWs as members of the clinical care team.[9, 24]

B. Best Practice: Tools to support documentation

Suggested actions

1. **Create easy-to-use documentation formats for CHWs.** Develop and embed those formats in the EHR,[3] including:

    a. Detailed admission needs assessment, including health-related social needs screening tool.

    b. Individualized care plans or maps to guide the team and CHW as they work with patients.

    c. Tracking tools to facilitate documentation of interventions and to assist the team in monitoring and oversight.

d. Depending on CHW scope, structured questionnaires and templates for CHWs to use in health education for specific chronic conditions. Organizations should take their time to prepare documentation that helps the CHW, health care team and patient make progress in addressing patient needs.

Why it's important

While accurate and timely documentation by CHWs is critical for tracking patient interactions, outcomes and program efficacy and quality improvement, digital tools used to track CHW activities often add extra work for CHWs who typically manage significant patient caseloads.

Organizations should develop formal processes for documenting CHW visits,[8] supported by data collection tools that:

- Support CHWs through customizations such as personalized dashboards that enable performance management and two-way communication at the CHW and supervisor level.[25]
- Ensure the flow of data between community and care systems.[12]
- Include automated reports that allow supervisors and directors to track triple aim metrics, such as chronic disease control, patient satisfaction and hospital admissions.[1]
- Include standardized tools to minimize data entry burdens and standardize data collection across patients.

QUALITY ASSURANCE

A. Best Practice: Establish a quality assurance plan and conduct ongoing quality improvement activities

Suggested actions

1. **Establish a quality improvement plan** and include CHWs and quality improvement staff in its development and in the application of the quality improvement process. Consider inclusion of Common Indicators as part of the quality improvement plan.

2. **Perform periodic monitoring with feedback from stakeholders.**

3. **Ensure the plan uses a variety of methods to assess CHW performance.** For example, reading CHW documentation, reviewing dashboards of outcomes or calling patients to ask about their experience working with their CHW.

4. **Create a program dashboard that allows individual CHWs to monitor their performance.**

5. **Use standardized methods in the quality assurance process**, such as Plan-Do-Study-Act.

Why it's important

Establish a comprehensive quality assurance plan with clear expectations and mechanisms for continuous quality improvement and CHW accountability. This is crucial for maintaining the integrity and effectiveness of CHW roles within health care teams. Furthermore, continuous quality improvement processes are necessary to assess the impact of CHW interventions on health outcomes and to refine strategies for better efficacy.

The quality assurance plan should:

- Reflect community-based principles, and development of the plan should include participation from CHWs and the community.[8]
- Hold CHWs accountable for "high performance based on clearly defined metrics for success (for example, patient satisfaction, achievement of patient-centered goals, improvements in health status, reductions in costly hospitalization, etc.)." [20]

- Include regular feedback and data-driven evaluations for assessing the effectiveness of CHWs and their integration into health care teams.
- Be established prior to implementation of the CHW intervention so that metrics can be adapted over time to improve the processes to measure quality, evaluate the program and identify and close gaps in care.[1]

B. Best Practice: Adopt program, process, outcome and cost effectiveness measures that reflect CHW roles and community needs

Suggested actions

1. **Set reasonable, measurable goals for CHW performance** in the quality assurance plan using the Common Indicators as a guide. See these examples from literature, including measuring member engagement, completion of closed-loop referrals and supervisor feedback.[1]

2. **Lengthen the time horizon in which CHWs are evaluated**, which capture upstream investments in health that take a longer time to realize.[26]

Why it's important

The quality assurance plan should include program process, outcome and cost measures that capture the value-add of CHW work. Use measures that relate to CHW core roles and evaluate upstream impact over time. An overemphasis on short-term quantitative performance metrics may miss the complex and long-term impact of CHW models, and standard tools for evaluating health care effectiveness may not capture the impact of CHWs[26] to improve health service quality, increase health service coverage and enhance access to care for patients.

C. Best Practice: Standardize data sources and collection

Suggested actions

1. Require CHWs to use the same templates (such as HRSN screening and care plan templates), **patient identifiers and systems to document activities.**

2. **Train CHWs in data collection initially and provide on-going training to ensure accuracy.**

Why it's important

Data collection procedures are crucial to program evaluation and quality improvement.[12] To support the execution of the quality assurance plan, standardize the collection of CHW activities for each patient and embed them in the electronic health record.[10]

METHODOLOGY

The methodology to develop the Toolkit had three components: 1) a literature review on clinical practice integration; 2) analysis of the abstracted data from the literature review; and 3) review of the draft Toolkit by an independent workgroup.

Literature review

First, a search for literature that addresses CHW clinical practice integration was conducted using defined search terms. Next, the workgroup lead screened the collected literature for relevancy to key terms, timeline (literature released between 2014–2024) and duplication of sources. Upon selection of literature, the workgroup independently reviewed and extracted data from the 32 selected sources according to the key domains it pre-determined as critical to practice integration. The key domains included: CHW roles, supervision, team integration, documentation, technology, organizational readiness, CHW readiness, CHW accountability, quality improvement and other.

Analysis of abstracted data

The workgroup lead then analyzed the abstracted data from the 32 sources according to the key domains and identified key findings and actionable practices. The workgroup met to review the key findings and actionable practices, determine gaps and recommend additional actionable practices based on their professional experiences. From the literature review findings and documented workgroup discussions, the workgroup lead developed a draft Toolkit.

Independent review

A group of independent reviewers was selected based on their experience in the field who reviewed and commented on the draft Toolkit. The core workgroup reviewed the feedback and collectively decided on adjustments to be made to the Toolkit.

- **Adult Learning Principles*** incorporates theories into adult learning practices that recognize that adults learn differently than children. The principles include:
  - Adults are internally motivated and self-directed.
  - Adults need to draw upon their own life experiences and knowledge.
  - Adults are goal-oriented.
  - Adults are relevancy-oriented.
  - Adults are practical.

- **Career Ladder/Pathway** refers to a structured path that outlines how CHWs may advance to more senior roles within their organization.

- **CHW**: Community Health Workers.

- **Clinical Care Team** refers to a group of health care professionals who work together to coordinate and deliver comprehensive person-centered care for their patients.

- **Clinical Care Plan** refers to a plan developed with the patient's care team and support network, if applicable, that outlines a patient's health and health-related social needs, goals and recommended interventions.

- **Electronic Health Record** (EHR) is a digital medical chart created for each patient in which the clinical care team can document services rendered.

- **Health-related Social Need** (HRSN) refers to the individuals level of non-medical factors associated with our health such as access to food, transportation or housing.

- **Quality Assurance Plan** refers to measurable performance objectives and the methods and processes for measuring progress toward meeting the performance objectives.

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* www.cdc.gov/training-development/media/pdfs/2024/04/adult-learning-principles.pdf

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ABOUT KC REGIONAL COMMUNITY HEALTH COLLABORATIVE

In 2016, the KC Regional Community Health Worker Collaborative was established with the mission to integrate Community Health Workers into the health and human services systems through capacity building, advocacy and sustainability. The Collaborative has regular convenings, and the work is supported by the Mid-America Regional Council with funding from the Health Forward Foundation, the Kansas Department of Health and Environment, and the Missouri Department of Health and Senior Services.

Through the CHW Collaborative, strong training programs have been designed and delivered throughout Missouri and Kansas, including a core CHW training program, continuing education and supervisory training. The Collaborative has supported the development of professional recognition programs through Missouri Credentialing Board and a certificate through the Kansas CHW Coalition.

The CHW Collaborative also focuses on increasing awareness of the CHW workforce by encouraging area residents to obtain training and become employed in the field, encouraging health care and other community organizations to employ CHWs to support patients/clients, and to advocate for state and federal policies to sustain the workforce.