



# Community Health Worker Institute, Part 2: Integrating Community Health Workers (CHWs) in HIV Care: Lessons Learned From a National Implementation Project

2020 National Ryan White Conference on HIV Care and Treatment

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HIV/AIDS Bureau in HRSA

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**Vision: Healthy Communities, Healthy People**



# Health Resources and Services Administration (HRSA)

## Overview

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- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable... through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities
- Every year, HRSA programs serve tens of millions of people, including people with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care



# HRSA's HIV/AIDS Bureau (HAB) Vision and Mission

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## Vision

Optimal HIV/AIDS care and treatment for all.

## Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people living with HIV/AIDS and their families.



# HRSA's Ryan White HIV/AIDS Program

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV
  - More than half of people with diagnosed HIV in the United States – nearly 519,000 people – receive care through the Ryan White HIV/AIDS Program (RWHAP)
- Funds grants to states, cities/counties, and local community based organizations
  - Recipients determine service delivery and funding priorities based on local needs and planning process
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
- 87.1% of Ryan White HIV/AIDS Program clients were virally suppressed in 2018, exceeding national average of 62.7%



Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2018; CDC. HIV Surveillance Supplemental Report 2018;21(No. 4)



# Agenda

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- Welcome and Introductions
- Learning Objectives
- Community Health Worker (CHW) Project Overview and Goals
- Implementing a CHW Program: Lessons Learned and Recommendations
- Voices from the Field: Examples from a RWHAP-Funded Medical Provider Sites
- Conclusions and Key Take-Away



# Learning Objectives

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Participants will be able to:

- Identify strategies to facilitate CHW integration.
- Plan strategies for working with provider teams around role clarification and the benefits of having a CHW on the team.
- Develop a CHW supervision plan.
- Identify organizational (and community structures) to support CHW integration.

# HRSA CHW Initiative: FY 2016-2019

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- This cooperative agreement was funded through the Minority HIV/AIDS Fund (MHAF) of the Secretary of Health and Human Services.
- Administered by the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), in the Division of Community HIV/AIDS Programs (DCHAP).
- Boston University was funded as the Technical Assistance and Evaluation Center (TAEC).



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# Integrating Community Health Workers (CHWs) In HIV Care: Lessons Learned From a National Implementation Project

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# Disclosures



The presenters have no relevant financial or non-financial interests to disclose.

# Presenters



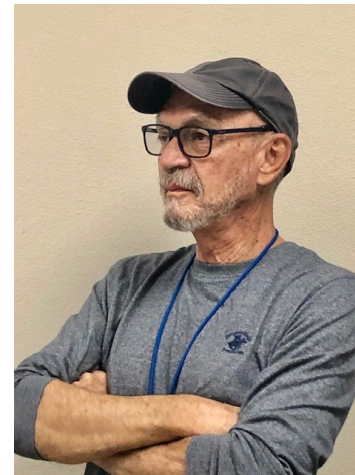
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# HRSA CHW Project: Goals

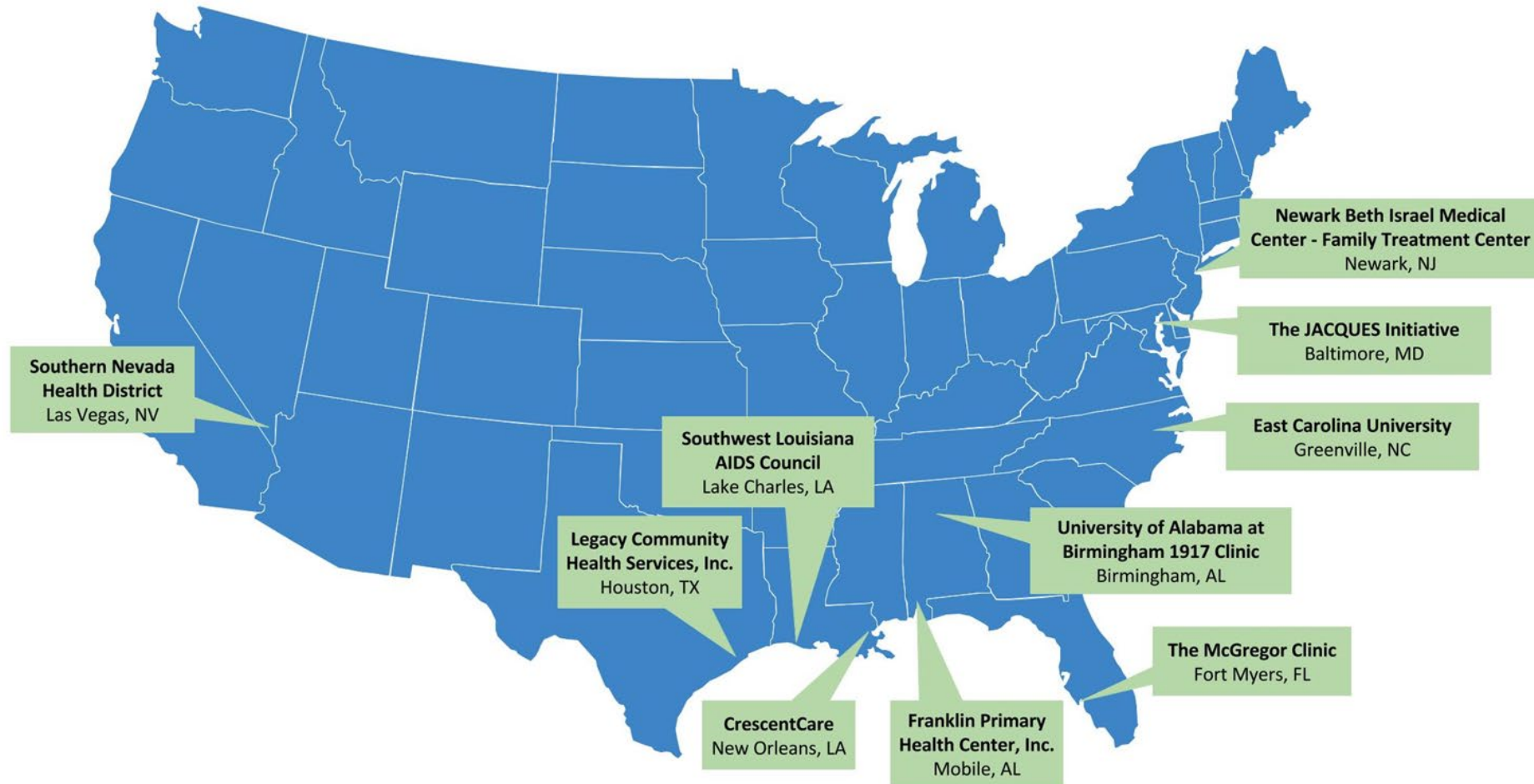


- Increase the utilization of CHWs to strengthen the health care workforce, improve access to health care and health outcomes for racial and ethnic minorities living with HIV.
- Assist Ryan White HIV/AIDS Program-funded (RWHAP) medical provider sites with the support needed to integrate CHWs into an HIV multidisciplinary team model.
- Develop tools, materials and resources to facilitate implementation and use of CHWs in HIV primary care teams.
- Evaluate the effectiveness of CHWs on linkage and retention in care for people with HIV and assess the effectiveness of TA activities on the quality of CHW providers.

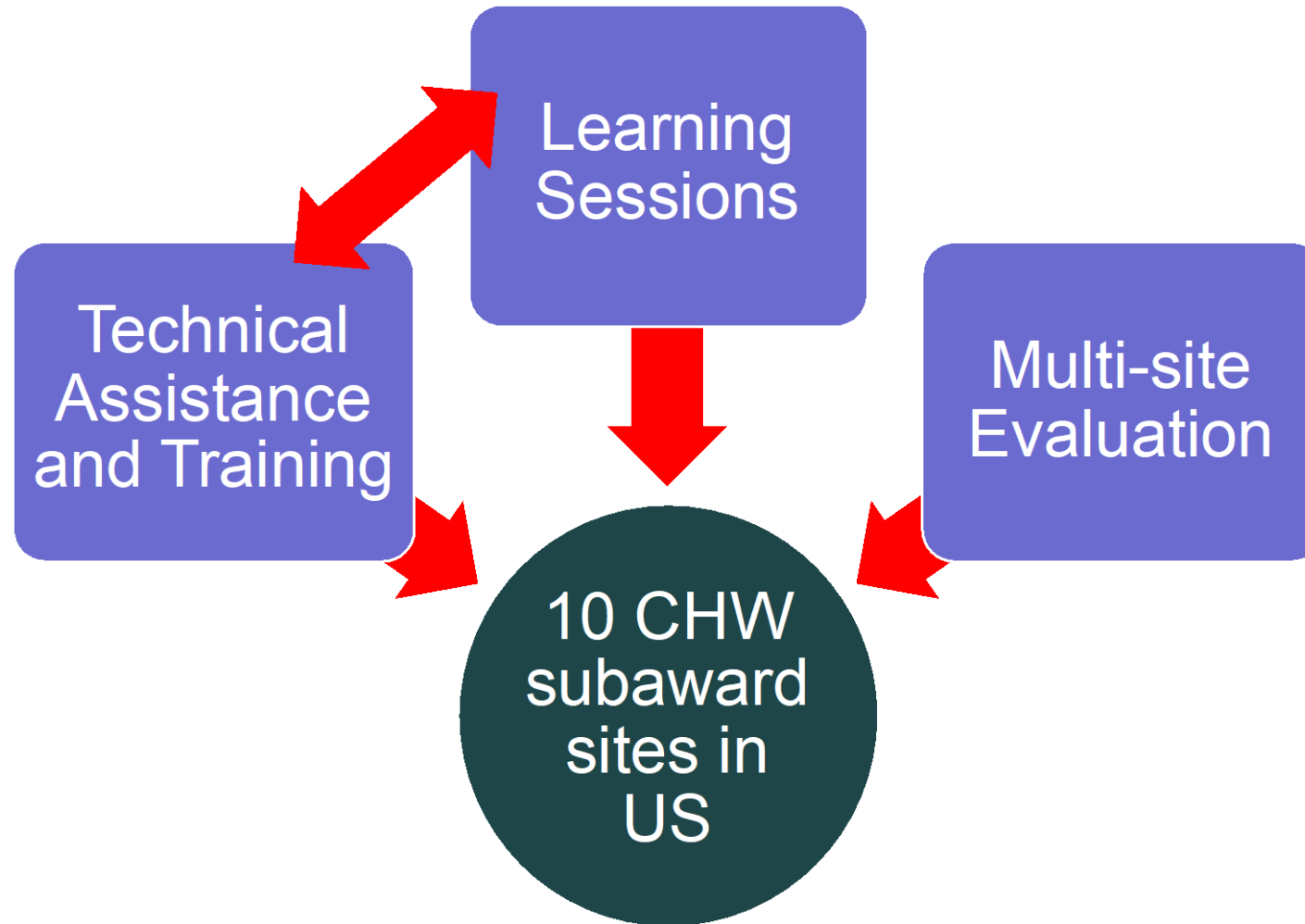
# RWHAP Sites



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# CHW Project Structure



# Who is a Community Health Worker (CHW)?



“A CHW is 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.”

American Public Health Association. Community Health Workers. 2014;  
<http://www.apha.org/membergroups/sections/aphasections/chw/>.



# Getting Started



- What is the CHW landscape in our organization? In the broader community?
- What policies do we have in place that may support CHWs?
- What is happening locally and/or state wide with respect to CHWs?
- What infrastructure do we have in place to support a CHW?
  - Supervision
  - Training
  - Space
- How will the CHW role fit into our existing workforce?

# Key Implementation Considerations



- Role Definition and Clarification
- Workflow
- Physical Space
- Supervision
- Professional Identity and Career Development
- Policies that Support CHW Integration



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CHW Roles, Skills and Qualities:  
Having a clear understanding of  
the role and how it fits into your  
agency/organization

# CHW Roles



1. Cultural mediation among individuals, communities, and health and social service systems
2. Providing culturally appropriate health education and information
3. Coordinating care, system navigation, and case management
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

- Communication skills
- Interpersonal and relationship-building skills
- Service coordination and navigation skills
- Capacity building skills
- Advocacy skills
- Education and facilitation skills
- Individual and community assessment skills
- Outreach skills
- Professional skills and conduct
- Evaluation and research skills
- Knowledge base

# CHW Qualities



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- Connected to the community
- Mature, strong, courageous
- Friendly, outgoing, sociable
- Patient
- Open-minded, non-judgmental, flexible
- Honest, respectful
- Dependable, responsible, reliable
- Compassionate, empathic, caring
- Persistent, resourceful, creative



E.L. Rosenthal; P. Menking; and J. St. John. The Community Health Worker Core Consensus (C3) Project: A Report of the C3 Project Phase 1 and 2, Together Leaning Toward the Sky A National Project to Inform CHW Policy and Practice Texas Tech University Health Sciences Center El Paso, 2018.

# Recommendations for Using: Roles, Skills, and Qualities



## Roles

- Use to develop a job description
- Educate individuals who have limited exposure to CHWs
- Ensure that the full range of roles is included in policies about the CHW workforce

## Skills

- Inform the development of CHW training and education
- Ensure that standards in policy for training include the full range of skills and that funding for training covers the full range of skills

## Qualities

- Guide the recruitment and hiring of CHWs
- Ensure that employment policies emphasize and promote access to the profession for community-based individuals

# Planning and Preparation



## Lessons Learned

- Avoid “Stepping on toes”
- Figuring out the CHW role within a pre-existing agency flow and avoiding overlap are key
- Educating staff about the CHW role before and throughout the project
  - “...You can’t say something one time and think that everyone understood”

## Recommendations

- Identify the CHW Role
  - Consider:
    - Goals for the program
    - Needs of the agency (population)
    - Existing services (especially gaps in services)
    - Service delivery model (work flow)
- Internal and External Stakeholder Buy-in



# Voices from the Field



Consider how the CHW will fit into the workflow as well as the systems you will need to put in place to support the workflow.

## Lessons Learned

- Developing a formal referral process helps streamline workflow for CHWs
  - Triaging referrals through to supervisor protects the CHWs from getting “dumped on”
  - Some sites started with premade list of clients but found a formal referral process more successful

“CHWs focus on non-medical support services while medical case managers focus on medical services; reflected in their job title: “CHW-Support Specialist”

# Recommendations



- Plan for Client Engagement and Participation
  - CHW program criteria (which patients?)
  - Referral process
- Client Service Delivery
  - Keep the CHW roles in mind
  - Care Plans
  - Caseload
  - Transitioning clients
- Create clear workflows help to clarify roles

# Voices from the Field



Location, Location, Location.  
Consider your physical space.  
Where and with whom will  
CHWs sit?

## Lessons Learned

- Agency location facilitated:
  - Care coordination
  - CHW integration
  - Referrals
  - Role clarification
- Some CHWs were primarily located within the clinic due to agency policies but brought the “spirit of community” into the clinical setting

“...we are all in one room so when I hear something I can say...hey is that something I can help you with?”

“We can actually take a client into a private setting and have those conversations right away and not wait so long and have to try to reach them and they are unavailable.”

# Recommendations



- CHWs coordinate across health professionals in addition to working in the community.
- When in the office setting, CHWs need a workspace that facilitates their integration on the team, while also allowing them to meet with clients/patients.



# Voices from the Field



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# CHW Supervision

# Lessons Learned



- Supervisors were critical in CHW integration
- Supervisors played a key role in advocating for clear roles, responsibilities, and expectations for the CHW
- Supervisors advocated for the CHW at the agency level
- Challenged the idea of who was “right” for the job
- Put the values of community expertise, professional development, and leadership front and center
- Created a new job category of CHW

# Recommendations



1. Administrative Supervision
2. Supportive Supervision
3. Clinical Supervision

# Administrative and Supportive Supervision



## The CHW Supervisor – The CHW’s CHW

Leader	Advance team building; mastering politics of identity, power and privilege
Director	Manage a mix of workers; using experience, skills and knowledge appropriately
Educator	Teach skills to CHWs and other staff
Facilitator	Prevent and resolve conflict; solve problems
Mentor/Coach	Give advice, support and encourage professional development (personal development)
Evaluator	Assess performance; give feedback
Advocate	Advocate for the CHW; support the CHW as an advocate
Collaborator	Foster relationship building and maintenance

# Clinical Supervision



- Provides the space for CHWs to
  - Explore how their work with clients can produce reactions for clients or themselves
  - Talk about ways to maintain healthy boundaries and relationships with clients and other staff
- Should be provided by a licensed clinician (e.g., LICSW, behavioral health provider)
- Should be provided on a regular basis

# Voices from the Field



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# CHW Professional Identity and Development



# Lessons Learned



- Beyond supervision, CHWs need opportunities for professional development
- Professional development can happen both internally and externally
- Team meetings can contribute to professional development in addition to helping with integration
- Professional development happened by connecting with fellow CHWs locally and across the state
- Certification & CHW policy advocacy

## EXAMPLES

- Consistent team huddles/conference meetings helped integrate CHWs and contribute to “feeling very much part of the team”
- CHWs present case studies during which advice is shared and decisions are made
- Presence of all team members ensures everyone’s expertise is heard and co-learning occurs

# Recommendations



- Provide opportunities for workforce development, including state certification where available
- Create leadership development opportunities
- Consider creating career ladders

# Voices from the Field

# Organizational Policies to Support CHW Integration

# Considerations



- Hiring practices
- Working in the community and home visiting
- Transporting clients
- Documentation and the Electronic Health Record
- Professional development continuing education

# Voices from the Field

# Key Take-Aways



- Planning is key
- Invest in supervision
- Ensure you have the right policies and procedures
- Engage stakeholders and champions in the planning process
- Take the CHW definition to heart... “its an approach not an intervention”

# Guide to Implementing a CHW Program in HIV Care



1. Introduction
2. Setting up Systems
3. CHW Recruiting and Hiring
4. Orientation and Training of CHWs, Supervisors, and Staff
5. Integrating CHWs into the Care Team
6. CHW Supervision
7. Quality Improvement and Evaluation of CHW Programs
8. Professional Development: Certification and Financing
9. Appendix (example tools and policies from the field)

## A GUIDE TO IMPLEMENTING A COMMUNITY HEALTH WORKER (CHW) PROGRAM IN THE CONTEXT OF HIV CARE

Improving HIV Outcomes through the  
Integration of CHWs in Care Teams





# Adapting a CHW Program in a Public Health Emergency

# Thank You



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