State of the Rural CHW:

Building a Resilient Community Health Workforce

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Healthy Rural Oregon

HRSA

CLHO
Coalition of Local Health Officials

OREGON OFFICE of RURAL HEALTH ORH

Healthy Rural Oregon *is a three year HRSA grant, which aims to bolster the rural community health workforce, by establishing accessible* ***training opportunities****, workforce* ***engagement****, and* ***employment opportunities****, strengthening the ability of service providers to meet the needs and* ***improve the health of rural Oregonians***

Healthy Rural Oregon

46

Unique training programs completed

442

Total trainings completed

293

Unique trainees

34

Represented counties

- **Community Health Worker**: 97
- **Birth/Postpartum Doula**: 53
- **Peer Support Specialist**: 42
- **Mental Health First Aid**: 34
- **End of Life Doula:** 18
- **EMT:** 18
- **Medical Assistant**: 13
- **Community EMT/Paramedic**: 12
- **Certified Lactation Counselor:** 10
- **Healthcare Interpreter**: 6

What is a CHW?

Public Health Worker

CHWs are frontline public health workers who are trusted members of and /or have an unusually close understanding of the community served.

- Promotores/as,
- Community Health Representatives,
- Aunties/Uncles, Outreach Workers,

Trusted Community Member

This trusting relationship enables CHWs 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 (APHA, 2014);

Contributes to Community Health

Improves clinical, behavioral and social service access, delivery, quality, and care system performance, by focusing on racial equity and the social determinants of health.

The “Why” Behind This Presentation

13%

From 2023 to 2033 expectant growth nationally,

much faster than the average for all occupations.*

- Share best practices; learn from one another
- Encourage those interested in working with CHWs to speak with those doing;
- Provide learning opportunity for CHWs, supervisors of CHWs, those interested in working with CHWs.

Methodology

1-2 hr interviews with each person; multiple listens to recording of conversation to code for themes

Standardized Questions for first interview

Non-standardized questions, but kept on themes for comparison

2 or more interviews each

Qualitative: based on lived experience

Could use multiple organizations in same “type” for comparison

Emerging Themes

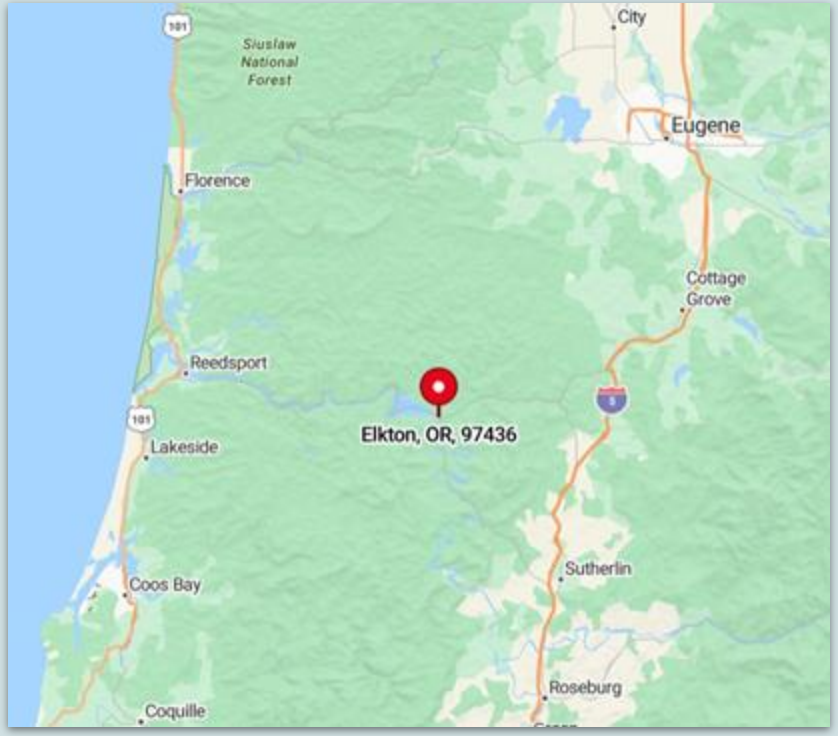
01	Elkton Community Education Center	• The Community Is Always Right • Rural Takes Time • Perseverance: from ideas to actuality
02	Adventist Health Columbia Gorge	• “Flexibility with guard rails” for successful team • Leadership must continue to educate themselves, “continued growth” • Importance of recognizing CHWs as integral members of clinical care team
03	Linn County Public Health	• Just hire CHWs already • Operationalize strategic thinking • Strategic hiring - get the right person for the job

Case Study 1: Elkton Community Education Center

"How do you have an amazing community center in "nowhere small town", it's grassroots, bottom-up, collaborative"-

ECEC's CHW

Elkton Oregon- Some Data



146 population as of 2022

69.8 years of age is average age: more than 1.5x the level in Oregon

58% of the population is over 65 yrs of age

13% below poverty: 10% higher than the Oregon average

29.6 mins average commute to work: 25% higher than Oregon average*

Role of ECEC's CHW

01	**Facilitate Telehealth Kiosk**	• Saves time, cost of transport for patients • Requires technological support • Help implement providers care plan
02	**Connection to Resources, Outreach, Building trust**	• Connect to wrap around support services • Help educate about, identify, and apply for assistance • Listen to community needs, desires, establish trust 'lost in the system'.
03	**"Conversation Cafes"**	• Community dialogue for "harder" topics • Facilitate peer to peer learning, sharing of wisdom • Coordinate and facilitate special trainings

“You can't’ just set it up and expect it to attract people”

Your rural community wants to be heard (particularly your older neighbors)

Your community might not want new and flashy, but rather “analog” in-person connections.

Need to be aware of community needs, AND responsive to it:

- previous attempts failed because were rejected by community members

“What do they really want, you can do all the fundraising, but if not giving the community what they want, and folks need to be able to use it, then you’ve wasted your time and money”

Advice from a Rural CHW

- **Leverage the resource available**:
  - ED with lots of grant experience
  - Mayor is the broadband guy
- **Listen to your community and accept "criticism" and feedback**
  - Programmatic choices (topics and method of implementation),
  - daily implementation (pitch, tone, and volume of television
- **Be patient- expect program development to take time "rural takes time"**
  - Build trust (listening, engaging, showing up)
  - Making community members feel heard

- **4. Don't be intimidated or threatened by the challenges:**
- "Trial by error can be frustrating"
- **5. Plan for administrative time for grant writing/developing and looking for funding partnership opportunities**
  - **CHW billing is coming, but until then…**
- **6. Playing matchmaker**:
  - Needs of community
  - Desires of community
  - Resources available

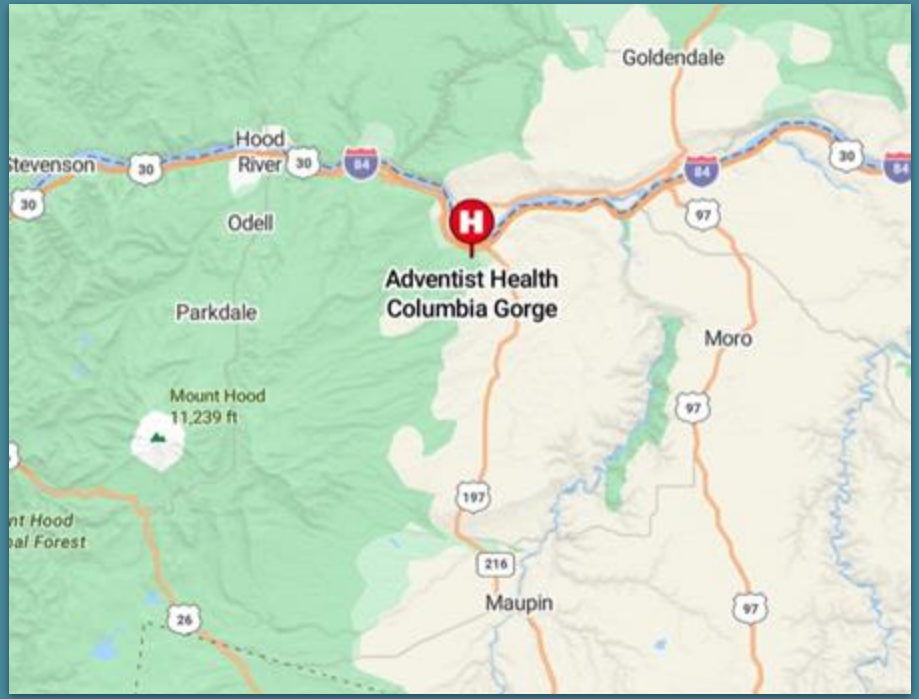
Case Study 2: Adventist Health Columbia Gorge

"How do I advocate for my team to folks higher up, within the community, for grant opportunities, how do you advocate so your team can rise?"

I learned this from…"

CHW Supervisor at Adventist

Columbia Gorge- Some Data*



105,970 population as of 2022

28% of population is Hispanic: 2x the rate in Oregon

26.3% speak language other than English at home: 1.5x higher than OR rate

13.9% below poverty: 10% higher than the average state level

24% of population has a Bachelor's or higher: about ⅔ the rate in Oregon

Roles of Adventist's CHWs

01	**Patient Navigation**	• Saves time, cost of transport for patients • Enroll in FLEX, screenwise, transport • Enroll in OHP and apply for benefits
02	**Connection to Resources, Outreach**	• Connect to wrap around support services • Arrange transport, connect with food, housing resources • Provide outreach health education in Spanish
03	**Facilitate Speciality Grant Programs**	• Diabetes Management; • Bridges to Health: Home visits or 'visits' in the community • Coordinate and facilitate special trainings

“Why Don’t You Think There’s a lot of Turnover?

Environment created by the Director (it starts at the top)
Leadership that inspires
Clear communication- “clear is kind”- Brene Brown

Work flexibility- work from home
Opportunities for Growth in position, work aligned to personal values/interests

CHW Wellness prioritized- team Wellness Leader
Understand where to find resources to support CHWs

Build support for you team- t
Takes time to build rapport, learn each individual

Smaller team allows supervisor to spend more time with each

What makes a leader inspiring?

Because we've all had some bad supervisors…

1. Accountability balanced with clarity
    a. leadership cares about wellness of staff and works in their best interest
2. Coaching instead of reprimand
3. Creates space for bonding within team
4. Advocate for CHWs in general:
    a. Your decision team (CEO) must understand that despite not creating revenue, CHWs help with patient outcomes and satisfaction
5. Recognize and appreciate the work of CHWs
6. Taking feedback
7. "Flexibility with guard rails"

Advice from a Rural CHW Supervisor

- Have conversation with your team about team values, individual values, and team goals/accomplishments
- Really learn the role of CHW
- Find supervisor training, (call out to NEON)
  - Can feel isolating
- Get support:
  - from your Director, from others supervisors
- Continue learning and be flexible“it might not work”- learn to pivot

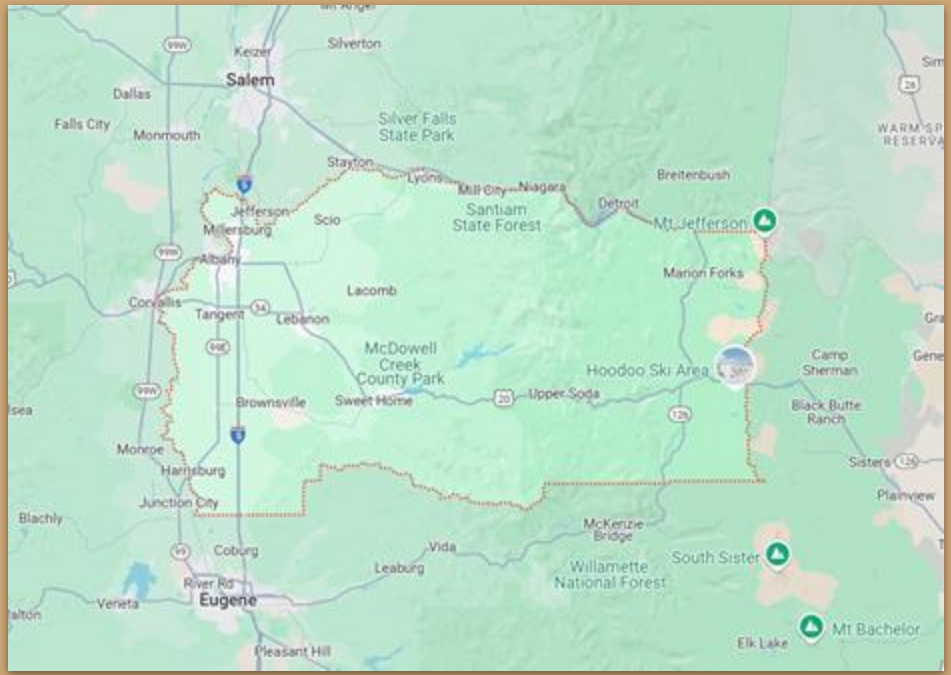
- Listen to your team, encourage communication within team
- Advocate, advocate, advocate
  - Provider know when/how to refer
  - Admin to keep positions - are a part of the care team and a part of the patient outcomes
  - Public- they can ask for CHW
- Validate the work of CHWs
- Build relationship with CCOs
  - THW report support

Case Study 3: Linn County Public Health

"One thing I can do now (that I have CHWs on the team), is to think strategically" -

Shane Sanderson

Linn County- Some Data



103,467 Population, 2,289.5 Square miles

40.3 is median age: about the same as Oregon, 50% male/50% female

13.2 % persons below poverty: 10% higher than Oregon average

$67,009 Median household income: about 90 percent of the amount in Oregon: $75,657

4.7% fertility rate (15-50 births each year); a little higher than Oregon average

11% Hispanic: ¾ the Oregon rate

Role of Linn County PH Dept. CHWs

01	**Maternal Child Health**	• Follow-up with RN care plan (up to 3 visits) • Connect with resources • Help remove barriers to access/care plan goals
02	**Communicable Diseases**	• Connect to wrap around support services • Arrange transport, connect with food, housing resources • Provide outreach in Spanish
03	**Health Promotion**	• Engage with community, outreach • Enroll in OHP/insurance • Build and Repair Relationships

Advantages - Wins- Programmatic Impact

Less degree restrictions

First Hispanic supervisor within county is in their team(Health Promotion)- result of “opening the door”, 16% of division is non-white in a county that is 11% non-white

- 2019- 80 total clients/year to over 1,102 clients
- CCO metric went from being “not met” in MCH program (when PH started with CHWs) to met CCO has met metric without doing anything…
- Low 60% to 71.9% (70% is standard) by PH having a strong MCH program,

Flexibility within CHW role

Can do “other tasks” within the office (diaper pickup), pull into case investigation; Allows RNs to work at top of license building capacity, and program to run optimally

- Saving over $30k/year
- 22% more expensive to run MCH program with only RNs
- Allowed CD program to play offense,
- Now able to handle the number of case reports
- 2019 had 80 MCH clients to over 1,000 MCH clients in 2023

More workforce stability

Less turnover with division, can hire local with longevity with the community, The average CHW will see more value in benefit package vs. average collegiate grad

- 2010-2020 censure 6% to 11% of county- Hispanic pop almost doubled but had bad relationship with county
- CHWs have been able to rebuild relationships with Hispanic and non-white CBOs
- Billing pays for programs but not turnover

Come from local community (vs. college towns)

50% of the Health Promotion job is community engagement/education, Collegiate hires had been more “academic” thinking

- “Ins” in communities they didn’t have before
- Have done in 3 months what others have done in 4 years
- Saved money- so now can be more strategic with funds and community relations

Money savings and increased revenue

CHW can bill under RNs at same rate, while increasing capacity and billable work time generating revenue

- $2.4M annual budget into a $6.7M mostly due to MCH billing while saving over 30k/year per CHW position
- Billing from $75k/year to over $1M/year
- Has the “luxury” to be strategic, to ask “should we do this in house or not”

“Why Don’t You Have a lot of Turnover?

No upward mobility to pivot into other higher paying wages

Fiscal Entrapment- leaving would be a horizontal shift

Community Relationships- longevity within community, want to do something for their community

Retirement plan, more value in benefits package

Encouraged to keep learning, attend conference, Flexibility within roles

The Less Admirable Talking Points

- CHWs are “cheaper” than other staff (w/degree)
- Pay gap is recognized: $20k/year difference between college degree vs non degree position
- 22% more expensive to run MCH program with only nurses
- Salaries are now into mid-$40ks/year

- Educational elitism and results of systemic racism
- Traditional education vs. lived experience bias - can create leadership challenges
- CHW costs $110k/year - college level job costs $140/k (with benefits, taxes, etc)

Challenges to Integrating CHWs

What to expect when you're expecting (a CHW to join your team)

- **Had to overcome educational elitism within some of the teams:**
  - Teams that struggled the most with hiring collegiate roles were first to bring on CHWs vs. teams without difficulties
  - Some divisions have "luxury of educational elitism"- which has held them back from working with CHWs

- Interviewing people only with HS Degrees has a WIDE range of candidates (good and bad)

Advice from a Rural Public Health Director

- Understand your different revenue streams can allow you to be “cavalier” about money
- Actively pursue and maintain multiple streams of revenue
- Fear mongering about funding in unfounded
- The Movement is forward-
- Don’t expect anyone to be trained
- Everyone in division MUST go to one conference or training/year

- Have courage
- Hire slow and fire fast- have only struck out 1:5
- Accept reality and learn to make it work for you
- Don’t let limited resources be the enemy:
    - Oh, we only get 80%, we can go beg borrow or steal the other 20% (leadership is key)

What can we learn from these case studies?

Going well- please continue/include:

1. Leadership Matters:
    a. Tenacity to get a program started
    b. Setting the tone within your team
    c. Operationalizing strategy
2. Be flexible:
    a. Programmatically
    b. Personally
    c. Within Your Team (build it in)
3. CHWs are good investments
    a. Community relationships and health
    b. Programmatic savings
    c. Improved patient outcomes
4. Creative and Innovative
    a. Sustainability and longevity

What can change to better support this workforce:

1. Supportive Leadership
    a. “Acknowledge our work”
    b. Seek opportunities for growth
    c. You might need to rebuild some trust
2. Acknowledge the educational bias and impacts of systemic racism on CHW workforce
3. Funding matters
    a. Billing mechanism, grants, CCOs, OHA
4. Take feedback:
    a. From community input
    b. Team well-being
    c. Opportunities for Quality Improvement

Get Involved

1. Support Upcoming Legislation:

   Sustainable Funding and Support for Community **Health Workers (CHWs)**

   Legislative Concept (2025)
   Chief Sponsor: Rep. Rob Nosse

   Equity Centered Career Pathways in Public Health
   Legislative Concept (2025)
   Chief Sponsor: Sen. Deb Patterson

1. Join NACHWA and ORCHWA
2. Join the OHA THW Commission

I need CHW resources, where can I find resources? Office of Rural Health Resource Lab

I have CHW resources, where can I share? Upload onto the ORH Resource Lab

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