Community Health Workers: From Rhetoric to Reality

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University of Pennsylvania
Penn Center for CHWs

• Direct Care: 40FTE/1,500 pts per year

• Dissemination: Tools, training, technical assistance for > 450 organizations.
Improve health in high-risk populations through the effective use of CHWs
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Improve health in high-risk populations through the **effective** use of CHWs
Design
Lessons from History

- Recruitment
- Work practice
- Integrated
- Patient-centered
- Evidence-based
### Design Map

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Intervention</th>
<th>Trait</th>
<th>Skill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients want to be heard and do not want to feel judged</td>
<td>CHW conducts open-ended, strengths-based interview</td>
<td>-Nonjudgmental</td>
<td>Motivational Interviewing</td>
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<tr>
<td></td>
<td></td>
<td>-Listens &gt; talks</td>
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IMPaCT
Recruitment
Patient-centered

Set goals

Support

Connect
Structure & Supervision

IMPACT Workforce Chart

IMPACT Transitions (FINAL)
Integration with clinicians

“[CHW] is symbolic of the highest standards of patient advocacy and the best our health system offers its patients.”

-Nurse

“I was just so grateful that people did this work. I was glad to learn how to do it better, to establish this patient dynamic.”

-Student
Randomized Controlled Trial (n=446)

- Access
- Quality
- Readmission
- Activation
- Mental Health

% change with IMPaCT intervention

Kangovi et al, JAMA Internal Medicine 2014.
## Outcomes → Sustainability

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Funding</th>
<th>Status</th>
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<tbody>
<tr>
<td>Preventable hospitalizations</td>
<td>Payer/Provider</td>
<td>✔️</td>
</tr>
<tr>
<td>Patient satisfaction</td>
<td>Payer/Provider</td>
<td>✔️</td>
</tr>
<tr>
<td>Student education</td>
<td>Medical School</td>
<td>✔️</td>
</tr>
<tr>
<td>Cost-effective workforce</td>
<td>Practices</td>
<td>✔️</td>
</tr>
<tr>
<td>Chronic disease control</td>
<td>Practices</td>
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Future directions
What does success look like
The triple aim: high-value healthcare

Health + Quality
Cost
The triple aim: high-value healthcare
No income differences in value of care
Key Questions

• Is this working? For whom? How can we make it better?
• Quality often suffers with growth: can we prevent this?
• How can we bring a non-medical intervention firmly into healthcare without breaking it?
• Can we capture an opportunity moment for CHW programs? Or will history repeat itself?
• How do we fix underlying problems, not just Band-Aid?
• What will keep our organization happy and stable?
Conclusion
Collaboration

1. Toolkit
Access our free intervention toolkit which includes guidelines for hiring, a college-accredited training course and manuals for CHWs, managers and directors.

   Download Toolkit

2. Platform
Our online platform will offer CHW training videos, applicant screening tools and a cloud-based workflow management system.

   Learn More About the Platform

3. Consultation
We will work with your organization to assess local needs, tailor the IMPaCT™ model and help you launch.

   Request a Consultation

http://chw.upenn.edu/
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## 5-year plan

<table>
<thead>
<tr>
<th>Mission</th>
<th>Strategic Priorities</th>
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<tr>
<td>To improve health in high-risk populations through the effective use of Community Health Workers</td>
<td>Understand and improve outcomes</td>
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<td>Expand high-quality care</td>
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<td>Drive clinical integration</td>
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<td>Support CHW programs across the country</td>
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<td>Advocate at local, state and national levels</td>
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<td>Build a stable organization that promotes human capital</td>
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