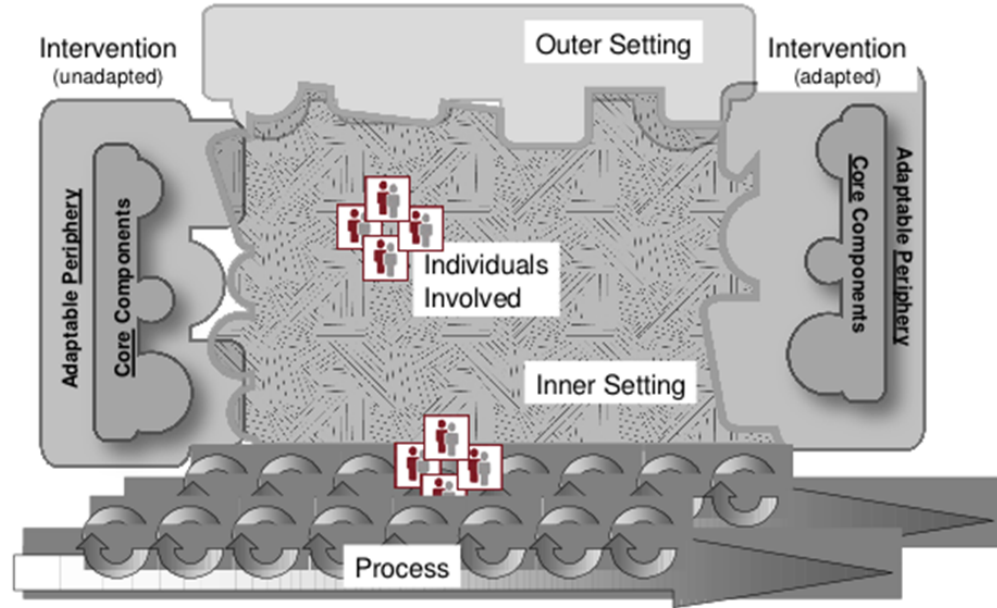


“A Little Fish in a Big Pond:” Strategies to Improve Supervision and Support for Community Health Workers

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Theoretical Framework



Consolidated Framework for Implementation Research

Research Questions

1. How are CHWs integrated into their health care organization?
2. What organizational factors support CHWs in their roles in hypertension self-management and hypertension medication adherence?

Methods

- Quantitative and Qualitative
- Estimated 100,000 CHWs in United States
- APHA sponsored Networks and Associations
 - 30 associations representing 19 states
 - People forwarded e-mails
 - Investigator initiated
- Individuals who considered themselves CHWs, over age of 18, speak English
 - Previous national study reached 1,510 CHWs

Methods

Quantitative

- August-October 2014
- 8th grade Flesh-Kincaid readability test
- Pilot test
- Survey Monkey
- 56 questions in five domains (multiple choice, rating, open ended)
- SPSS version 22

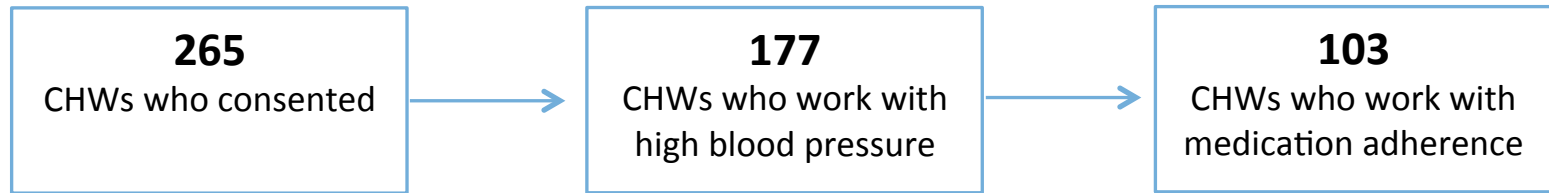
Qualitative

- September-October 2014
- Recruited from survey takers
- Semi-structured telephone interviews
- 21 questions in five domains
- Transcribed verbatim
- Two coders (AS and CGA)
- Thematic analysis
- MAXQDA version 11

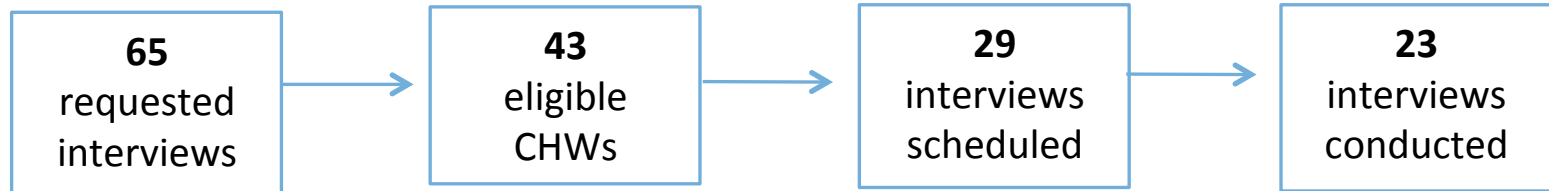
Triangulation and data integration

Results

Quantitative Survey



Qualitative Interviews



Demographics

Age	
Average age	43.1 (SD=12.8)
Race	
American Indian/Alaskan Native	8 (5.3%)
Asian/Pacific Islander	2 (1.3%)
Black/African American	39 (25.7%)
Hispanic/Latino(a)	69 (45.4%)
Non-Hispanic White	38 (25.0%)
Other race/ethnicity	4 (2.6%)

Gender	
Female	136 (88.3%)
Highest grade of school	
Some high school	0 (0%)
High school or GED	22 (14.4%)
Some college or technical	48 (31.4%)
College graduate	59 (38.6%)
Post-graduate or professional	24 (15.7%)

Demographics

Census Region	
Region 1 (Northeast)	22 (11.1%)
Region 2 (Midwest)	79 (39.9%)
Region 3 (South)	50 (25.3%)
Region 4 (West)	47 (23.7%)

Organization Type (top five)	
Community-based organization	53 (26.0%)
FQHC	37 (18.1%)
Hospital	32 (15.7%)
Clinic (not FQHC)	24 (11.8%)
Local health department	22 (10.8%)

45.6% health care focused

CHW-Patient Interactions

- **Months of Interaction:** 7.0 (SD=5.1)
- **Times Per Month:** 7.8 (SD=12.6)
- **Minutes Per Visit:** 39.7 (SD=25.7)

In Focus: Home Visits

“I think that as a part of a medical continuum, it's quite understandable that the doctor's office doesn't have time to sit and listen to someone or necessarily understand where someone's coming from with their stress and medical situation [...] **but if you go to their home and you're sitting down with them and you're listening and you are taking that time, it builds a lot of credibility with the person, and a lot of our clients are people that have been victimized and don't have a lot of trust [...] because we are a pretty diverse population of staff [...] I think we do build credibility hopefully with people.** We don't win them all but **we are trying to sit and listen with people and see if we can't attend to some of those human service needs first and then you can deal with the medical stuff.”**

Who CHW's Work With

- Nurse (49.7%)
- Medical Director (46.2%)
- Other CHWs (43.4%)
- CHW Supervisors/Head CHW (42.1%)
- Nurse Practitioner (38.6%)
- Family or Caregiver (34.5%)
- Educator or Health Coach (31.7%)
- Social Worker (30.3%)

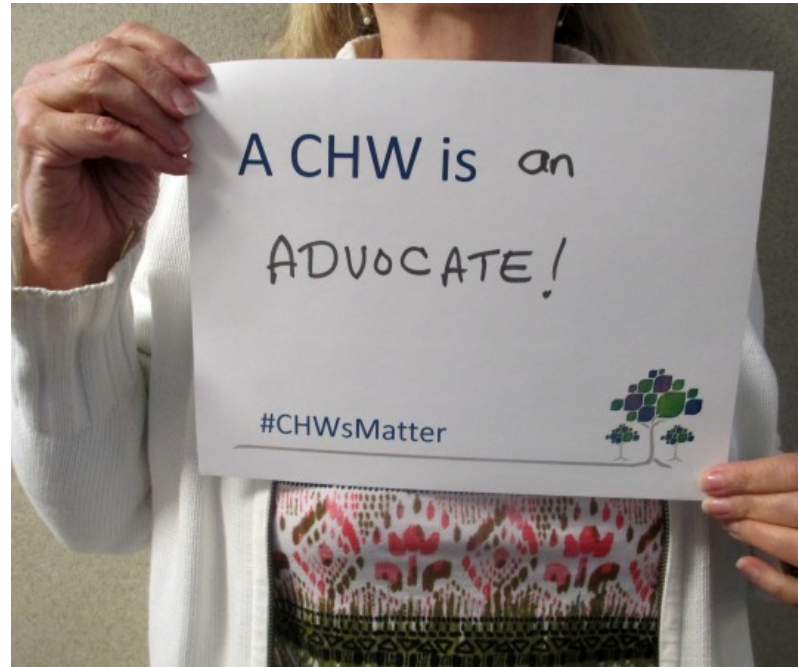
“We work a lot – some of the larger groups have nurse managers and sometimes they will get back with us and sometimes we'll call the nurse manager, or the nurse manager will call us. **A lot of the nurse managers have made the referrals to us. The community health workers will communicate with the nurse manager and let them know we're seeing this client, this is what we're seeing. We coordinate back and forth** and again, if we go to an appointment, we do follow back up.”

CHWs as Partners



“So **we don't make any decisions for the patient, but rather help them with goals and with just helping them stay focused** on what they have decided with the primary care physician.”

“You start off with blood pressure, but then you wind up you know, doing some other kinds of things and addressing other kinds of issues.”



“Our goal is not to shame them. Our goal is to make sure that [the patients] have the information that they need to make a good decision.”

1. **How are CHWs integrated into their health care organization?**
2. What organizational factors support CHWs in their roles in hypertension self-management and hypertension medication adherence?

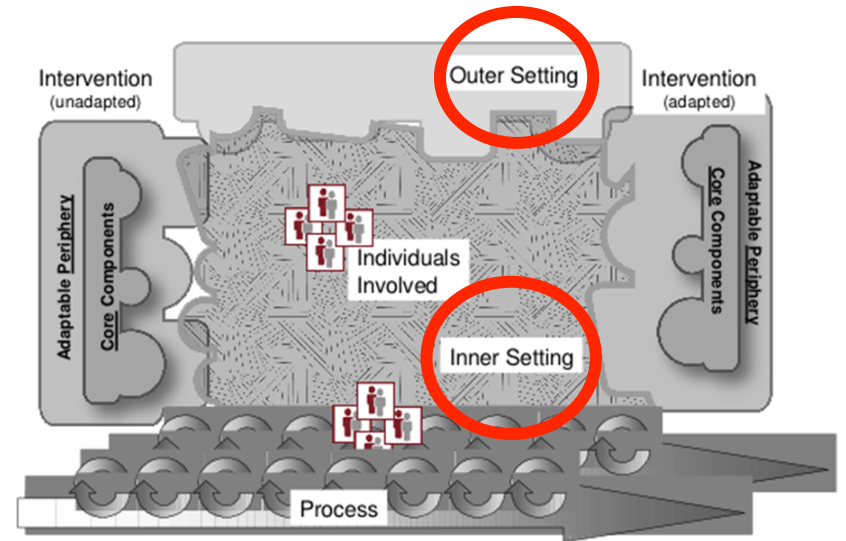


	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean (SD)
I feel well supported by my organization in carrying out my duties as a CHW	15 (9.6%)	8 (5.1%)	12 (7.7%)	57 (35.5%)	64 (41.0%)	3.9 (1.3)
I feel well supported by my organization in carrying out my duties for people who have high blood pressure	10 (7.9%)	4 (3.2%)	18 (14.2%)	51 (40.2%)	44 (34.7%)	3.8 (1.3)
I feel well supported by my organization in carrying out my duties for people with high blood pressure medicines	9 (7.8%)	4 (3.5%)	19 (16.5%)	45 (39.1%)	38 (33.0%)	3.9 (1.3)
People put a lot of effort into making CHWs a success at my organization	16 (10.4%)	9 (5.8%)	24 (15.5%)	51 (32.9%)	55 (35.5%)	3.9 (1.2)
People at my organization believe CHWs are important	14 (9.1%)	9 (5.8%)	20 (13.0%)	50 (32.5%)	61 (39.6%)	4.1 (1.0)
Mangers and supervisors at my organization are strongly committed to working with CHWs	15 (9.7%)	5 (3.2%)	22 (14.2%)	57 (36.8%)	56 (36.1%)	4.2 (1.0)
I am part of my organization's care team for patients for clients	6 (4.0%)	4 (2.6%)	22 (14.6%)	58 (38.4%)	61 (40.4%)	3.9 (1.3)
My organization will continue to support my work and the work of other CHWs in the future	9 (5.8%)	1 (0.6%)	14 (9.1%)	57 (37.0%)	73 (47.4%)	3.8 (1.3)

“I feel like my voice is heard but [...] **it's like I'm a little fish in a big pond**, so to speak because there are so many other things that they're focusing on right now, that **sometimes my role and position gets put on the back burner**. I think that's the biggest issue that I'm having here, now, **is that they adopted the concept here – it's a great concept, but my role won't thrive unless I have the support that I need.**”



1. How are CHWs integrated into their health care organization?
2. **What organizational factors support CHWs in their roles in hypertension self-management and hypertension medication adherence?**



Inner Setting Construct	Definitions	Examples
Structural characteristics	The social architecture, age, maturity, and size of an organization	
Networks and communication	The nature and quality of formal and informal communications within an organization	<ul style="list-style-type: none"> • Electronic Health Records • Staff meetings
Culture	Norms, values and basic assumptions	<ul style="list-style-type: none"> • Ability for CHWs to stay connected to community
Implementation climate	The absorptive capacity for change, shared receptivity of involved individuals to an intervention and the extent to which that intervention will be rewarded, supported, and expected within their organization	<ul style="list-style-type: none"> • Training (learning climate) • Being part of multidisciplinary care team (compatibility, relative priority) • Support and validation from patients (relative priority) • Access to resources for health education materials (learning climate)
Readiness for implementation	Tangible and immediate indicators of organization's commitment to its decision to implement an intervention	<ul style="list-style-type: none"> • Support from leadership or program champion (leadership engagement) • Training (available resources)

Organizational Learning Climate

- Resources to health education materials (65.0%)
- Training held outside of my organization (58.7%)
- Training held at my organization (48.3%)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean (SD)
I feel well trained to carry out my duties as a CHW	12 (7.8%)	5 (3.3%)	15 (9.7%)	61 (39.6%)	61 (39.6%)	4.0 (1.4)
I feel well trained to carry out my duties in helping patient or clients who have high blood pressure	7 (5.8%)	6 (5.0%)	15 (12.5%)	56 (46.7%)	36 (30.0%)	3.9 (1.1)
I feel well trained to carry out my duties in helping patient or clients with high blood pressure medicine	8 (7.1%)	9 (8.0%)	19 (17.0%)	43 (38.4%)	33 (29.5%)	3.8 (1.2)

Organizational Learning Climate

“I just think it’s really important, because if you provide adequate training for folks, then you facilitate both what they're able to do and what and how useful it is for the community, and it takes a lot of the problems out of the things. It puts parameters on it.”

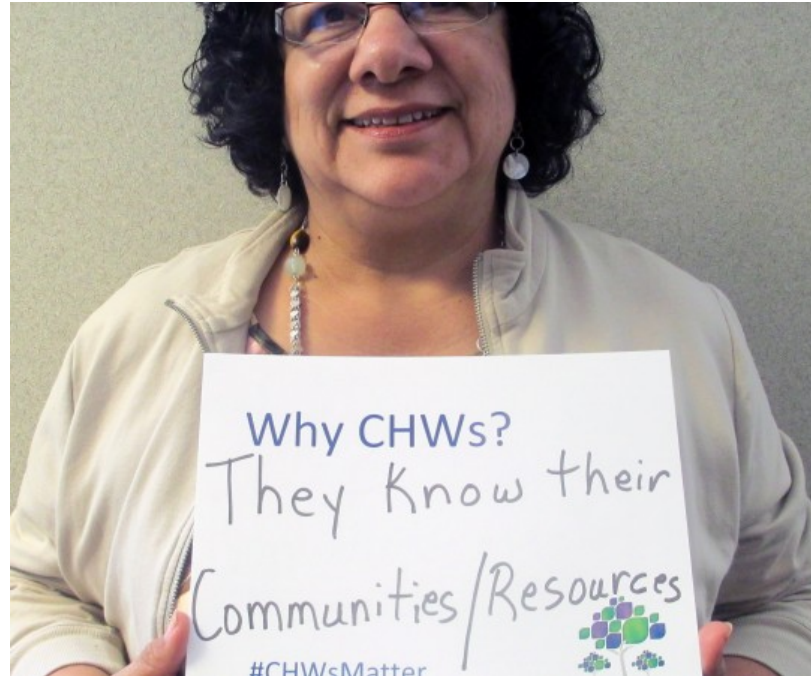
Electronic Health Records

“So in my charts, **I just pretty much try to take notes.** I try to write down what I'm going to be doing or what we're going over that day before I get there, and then just kind of making sure those things get addressed if there's something that does need to be addressed. So I walked in and met with a patient and I have my agenda, but he had something else going on and we ended up spending our time talking about that. So I didn't bring in what I really you know, wanted, but **what it does is it gives the opportunity for me to come back and put those things down in chart notes so that the doctor knows what's going on with the patient. So I kind of feel like I'm a bridge between the doctor and the patient in educating the doctor on the type of patient that they're working with. So I do that through the chart notes.**”

Team Meetings

“I sat in the executive meeting and I had told the providers that were there, I educated them on being culturally sensitive [...] I said, we're going to fall into that same problem where they're not coming to appointments. I go, especially if you're going to be pushing all these screenings. I said, if you're going to be pushing those screenings on the community, you need to let them know to inform them what it's about and these people need to come out first to say [...] this is who I am, this is what I'm going to do, this reason is why we're doing this screening. So I've been trying to get my foot in the door to the hospital to let them know because, I consider myself a voice for the community and so that's what I try to tell them, this is what I'm hearing, this is what needs to be heard, you know, to all providers.”

Maintaining Community Connection



Outer Setting Construct	Definitions	Examples
CHW needs and resources	The extent to which CHW needs, as well barriers and facilitators meet those needs are accurately known and prioritized by the organization	How well the organization responds to CHWs' specific needs
CHW cosmopolitan	The degree to which CHWs are networked with external organizations (e.g., other CHWs, professional networks)	Networking with other CHWs and organizations; formal or informal
Organizational cosmopolitan	The degree to which an organization itself is networked with non-CHW organizations	Organization employing CHW is well networked with community based organizations; formal or informal
Peer pressure	Mimetic or competitive pressure to implement an intervention, typically because most or other key peers or competing organizations have already implemented or in a bid for competitive edge	Attending meetings with other organizations who train CHWs to learn best practices
External policies and initiatives	A broad construct that includes external strategies to spread interventions including policy and regulations (governmental or other central entity), external mandates, recommendation guidelines, pay-for-performance, collaborative, and public or benchmark reporting	CHWs are aware and connected to larger policies and initiatives that impact their work

“There is a lot of amazing community health workers here in [state name] and I'm blessed to know many of them. So **when I find a particular need that I don't know what to do, I know who to go to so that that person can come in and then help me with that patient to get them where they need to be.** So it's like, **a good networking system,** even though it hasn't been – it's not a recognized networking system yet here in [state], there is a huge community bonding here. So we kind of know each other by just being in meetings or knowing from one person to another.”

“We align with mostly community based organizations that provide services. For instance, we established several coalitions. One has been the [name] Coalition through some funding we received from the [name] and the [name] was **very involved in giving us money to establish a coalition with similar people who were – similar interests and basically what we've done was to bring all those partners – over 200 partners that we have that has worked with us in various capacities– including our state officials, our local county governmental officials and our partnerships across the state and six other communities are doing similar work** around childhood obesity and the associated perhaps you know, coming from that.”

“So you have to figure out who's best at what and then develop a relationship with them and then have them come.”

Opportunities

Self-reported descriptive characteristics of workforce



- Methodological technical assistance
- New sampling channels

CHWs generally feel like they are part of the care team



- Pathway flow charts
- Partnerships with licensed individuals for reimbursement
- Hiring process at different types of organizations

Opportunities

Training facilitates integration



- Initial comprehensive training
- Team based approach to training

Electronic Health Records advance CHW work



- Build analytic capacity of safety net providers
- Self-efficacy measures incorporated into EHR
- Integration and documentation

Limitations

- Length of study
- Only available in English
- Medical Adherence Model
- Consolidated Framework for Implementation Research
- Disease specific

Implications

- Confirm, contradict, build
- Patient Centered Medical Home Model/current healthcare environment

“I think that **the Affordable Care Act** has definitely helped me—all of us—and specifically, yes, as a community health worker, **it’s helped me do my job better.**”

