

STRATEGIES TO SUPPORT COMMUNITY HEALTH WORKER SUSTAINABILITY

How three innovators mitigate challenges
in clinical and community settings

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TRUSTED PARTNERS IN DELIVERING COMMUNITY HEALTH

[Community Health Workers](#) (CHWs) are front-line public health professionals who have a deep understanding of their neighborhoods and communities. This trusting relationship enables CHWs to serve as effective liaisons between healthcare, social services and the community.¹ [CHWs are increasingly employed](#) by health systems, local governments, health plans and social service organizations to increase patient and community health and well-being — and often advise these organizations on how care can be better oriented around patient and community needs.

VALUING CHW EXPERTISE

While the integration of CHWs into care delivery has shown to improve health outcomes and reduce costs, [many who serve in these roles are not valued accordingly with a living wage](#). This wage gap is even more concerning when one considers that many CHWs are parents who are stretching paychecks to support their families. And in a workforce largely composed of women of color, the gap can exacerbate the known, systemic undervaluation of the labor of women, people of color and other under-represented groups in the United States. It is therefore critical that healthcare delivery organizations identify strategies to appropriately value and sustain the work of CHWs — not only because it is difficult to maintain efforts that address essential resource needs without a strong community-facing workforce, but because of the important equity issues involved with the CHW workforce, in particular. Engagement of front-line CHWs and CHW-led organizations is essential to effectively design and implement these strategies.

Nationally, the mean hourly wage for CHWs is **\$20.90**. To determine how far this is from the living wage in your own region, check out the [MIT Living Wage Calculator](#).

ENGINES OF ECONOMIC MOBILITY & WELL-BEING

Healthcare systems are often large employers that are positioned as economic engines in their communities. Many have adopted [local and inclusive hiring policies](#) that can further contribute to economic mobility and well-being among area residents, including those who serve in CHW positions. Even so, shifting the healthcare environment to fully embrace CHWs — and adequately compensate them for their unique and valuable contributions — [is not without its challenges](#). These include both system-level barriers (such as lack of sustainable funding structures or uniform training and certification standards), as well as practice-level challenges (including care team integration, clear roles and supportive supervision structures).

¹ Blair, D. D'Ignazio, C. & Warren J. (2014). Less is More: The Role of Small Data for Governance in the 21st Century. Digital Governance.

Barriers encountered at the practice and system levels can contribute to [high turnover rates among CHWs](#) at individual institutions. Over the course of many years working with healthcare delivery organizations, [Health Leads](#) has found that the high turnover rate among community-facing workforces makes improvement of essential resource and whole-person health initiatives extremely difficult. We believe that ensuring that CHWs are supported, heard and empowered in their roles is critical to the success of community-oriented care.

DIGGING DEEPER

To gain a deeper understanding of the barriers to sustaining CHW roles in clinical settings — and identify strategies to mitigate those challenges — Health Leads interviewed leaders from three organizations that have taken a creative approach to their community-facing workforce:



Virginia Commonwealth University Health System (VCU Health): Integrated health system that uses Outreach Workers both in the emergency department to facilitate connections to primary care and in internal medicine outpatient practices to support high risk, high need patients.



Oregon Health & Sciences University (OHSU): Academic health system that employs CHWs at its Richmond FQHC site to outreach to patients who are not engaged in care — and to universally screen and support patients with unmet essential resource needs.



Children's Hospitals & Clinics of Minnesota (Children's MN): Employs Resource Navigators in five clinics across two locations to support patients and families who screen positive for an essential need, helping to connect them to resources in the community.

AN EVOLVING FIELD

Community Health Workers across the United States are organizing to codify core competencies and certification processes — steps that can help to communicate the incredible value of their work to employers. An example of this is the [Community Health Worker Common Core \(C3\) Project](#), led by the National Association of Community Health Workers. Yet there is still a general lack of understanding within the medical field about the CHW role, coupled with wide variations in the scope and focus of CHW roles from system to system. These factors contribute to CHWs being underpaid for their labor, especially when compared to their significant value. It is in this context that our interviewees discussed challenges they've encountered in setting up fair and living wages for their CHW teams.

COMPENSATION AS AN EQUITY ISSUE

At [Children's Hospitals & Clinics of Minnesota](#) (Children's MN), Resource Navigators are focused on social complexity — not care complexity — in support of patients. Navigators are not required to have a college degree, so as to not eliminate any candidates who have the soft skills and community experience that are critical to success in the role. Though the navigators are currently structured as contracted positions, leaders of Children's Community Connect program recently made the decision to hire these teams as full employees. A number of factors supported their compelling argument for this shift — including cost savings for the organization and reduced risk from a compliance standpoint. But the Minnesota team anchors most heavily on the need to ensure these roles are compensated equitably with a living wage and benefits afforded to other health system staff. Leaders feel strongly that it is unfair to ask navigators to help local families access resources they may very well qualify for and need themselves.

“We’ve been speaking with the Human Resources Department and Executive Leadership about compensation and equity for Resource Navigators, who we want to bring on as employees. We want to be sure families have access to the resources they need to improve their well-being. It doesn’t feel equitable for our own staff to not have these benefits — especially if the Resource Navigator role is not going away.”

- Jessica Block, Manager Community Health Programs, Children’s MN

Children’s focus on equity and providing adequate resources for the navigator program is supported by strong alignment with the values of the hospital. The need to address health-related effects of systemic racism and access to resources was surfaced in its [2016 Community Health Needs Assessment](#). Several community members interviewed as part of this assessment shared how oppression and discrimination in their communities has led to trauma, stress, anxiety and poor health — and how the dominant culture prevalent in the healthcare service delivery has created barriers to access for families. In response, the hospital named growing staff capacity to meaningfully engage with the community and help to address the downstream impact of structural racism as a top priority.

NAVIGATING EQUITABLE PAY FOR CHWs IN ACADEMIC HEALTHCARE SYSTEMS: TWO APPROACHES



Leveraging Other Employment Benefits when Compensation Structures are Misaligned

In 2017, practice leaders at [Oregon Health & Science University Healthcare](#) (OHSU) were working to integrate CHWs into primary care and wanted to ensure fair, living wages for these new team members. But the initial job descriptions and desired experience level for CHWs did not fit well with the skill and compensation benchmarks of the academic institution, where compensation is tied closely to formal education level. The unique value CHWs bring to the table was not easily credited, leaving highly-qualified staff behind even though they may have many years of relevant experience and training through the state’s CHW certification program. In terms of function, experience and training, CHW duties at OHSU aligned more closely with a Bachelors-level social worker; however, the compensation scale dictated that CHW roles would make less. Under existing guidelines, requiring a Bachelor degree would be the only way to fix the wage table problem for CHW roles — but could simultaneously exclude qualified candidates with vital skills and experience from the program.

Additional challenges came via misalignment in the union contract covering CHWs at OHSU. Under the collective bargaining agreement, the CHW wage scale was classified similarly to medical assistants — a role that does not require the same level of experience or community engagement. But it proved difficult to find sufficient comparable compensation data to convince both the university and the bargaining unit that the CHW role was unique.

Practice leaders ultimately aligned the OHSU CHW compensation scale with that of Multnomah County, the most comparable system for community-based services. While they had hoped to negotiate higher compensation for their CHW workforce, practice leaders were successful in ensuring that the CHW roles were paid for using stable Health Resources & Services Administration (HRSA) grants. This funding structure made the roles more sustainable. Strong Federally Qualified Health Center (FQHC) leadership — coupled with persistence even when it was uncomfortable — is credited for making this happen.

In addition, CHW supervisors are working to make the role more individually fulfilling and rewarding by providing consistent opportunities for training and continuing education. They also support CHWs in growing their professional networks and testing new approaches to the work.



Scoping the CHW Role to Allow for Higher Compensation and Advancement

[Virginia Commonwealth University Health](#) (VCU Health) has employed Outreach Workers for 12 years — consistently refining the scope of the role to fit patients’ needs while simultaneously supporting career growth. VCU Health’s Community Outreach Manager worked around academic compensation barriers by preferring (though not requiring) a Bachelor’s degree for Outreach Workers and including data analytic work that supports operational improvements. This role structure made it easier to obtain adequate compensation.

The role of outreach workers at VCU Health differs slightly from more traditional CHWs in that they primarily support patients in clinical settings and spend less time out in the community (although coming from the community is highly-desirable asset). Outreach Workers also play a larger role in process improvement activities that help patients to better access needed services.

For example, Outreach Workers are currently managing the process to improve warm hand-offs and referrals to community organizations. By harnessing a combination of patient data and their own on-the-ground expertise, Outreach Workers provide insights into how to improve programs and play an active role in system-level changes. As a result, turnover among this workforce has remained low, with most transitions attributed to promotions within the VCU Health system.

INTENTIONALITY AS THE KEY: OVERCOMING BARRIERS TO CHW SUSTAINABILITY AT THE PRACTICE LEVEL

All three organizations worked through [common challenges with integrating CHWs into clinical settings](#) — including those that tend to influence job satisfaction and turnover rates:

- Care team members may at first lack understanding of the CHW role and the value these staff can provide to patients — let alone how their front-line experience can contribute to program and system improvements. This can result in less effective and integrated teams.
- “Scope creep” can cause CHWs to be overloaded with ancillary clinic tasks and/or high caseloads due to a high prevalence of needs among patients served.
- Inadequate supervision and support structures can make it difficult for CHWs to face frequent exposure to traumatic cases and increased stress levels.
- Limited opportunities for career advancement can be a disincentive to remain in a CHW role, especially when coupled with lower compensation.

With an awareness of these challenges, Children’s, OHSU and VCU Health took very intentional steps to ensure CHWs were meaningfully integrated at the clinic level. Each organizations started small and grew their programs over time — building buy-in from leadership, physicians and other clinic staff along the way.

Today, all three consider CHW-led efforts to address patients’ essential resource needs to be a critical piece of their integrated care models. Turnover rates for all three programs have remained low, with CHWs consistently reporting high job satisfaction — and each is well-positioned to spread these initiatives to additional sites across their health systems.

“Start small and focus on one or two things that the team can measure and track. Going too broad can threaten being able to show the value of the CHW to the team. Grow to the measures like ED utilization but along the way show how the CHWs enhance the work of their colleagues— not compete with it.”

- Kimberly Lewis, Community Outreach Manager, VCU Health

EFFECTIVE STRATEGIES TO SUPPORT CHW SUSTAINABILITY

Though these CHW initiatives varied in scope, placement and population served, five common sustainability strategies emerged across all three health systems:

1 **Balance CHW workloads between direct patient work and opportunities to create improvements at the practice level**

VCU Health and OHSU include time for CHWs to lead process-improvement work that supports strong community connections. This equips CHWs with new skills that are helpful in pursuing promotions — and has helped them become recognized as critical members of the core clinic staff. Similarly, [Health Leads' pilot project](#) with NYC Health + Hospitals and New York State WIC found that providing the opportunity to understand and address systemic barriers to resource access helped CHWs feel more empowered and energized in their roles.

2 **Create supportive environments by promoting opportunities to collaborate with other CHWs and care team members**

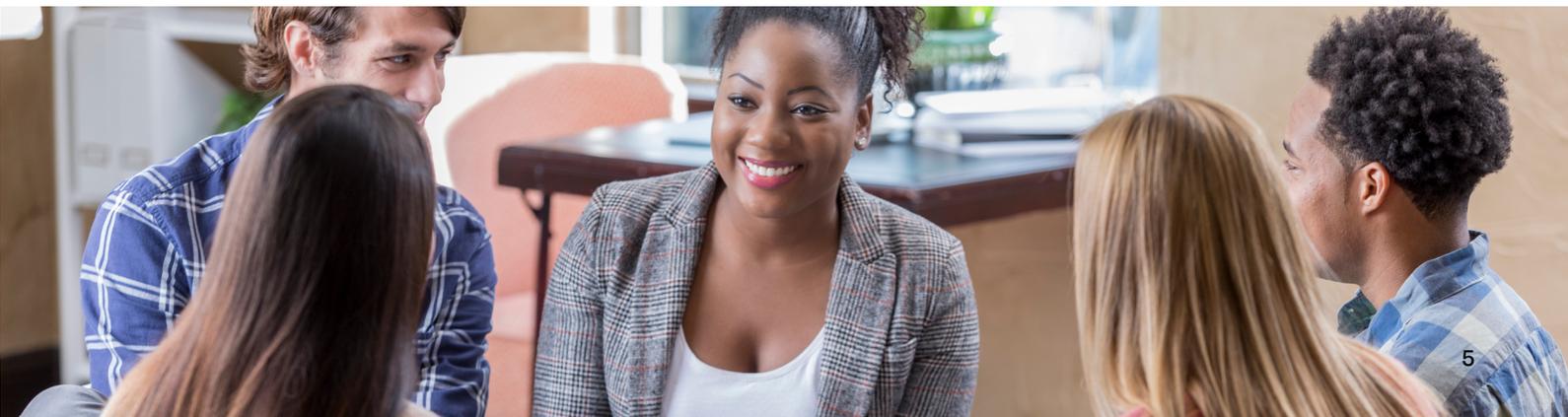
CHWs at OHSU and Children's sit together in their practices, which allows them to bond with each other and supports collaborative problem-solving. At VCU Health, CHWs are paired with nurse case managers, providing a similar support structure. While all three organizations were intentional about providing supervision hours, they found less need as CHWs became more familiar with their roles. Over time, team members increasingly relied on each other and fellow care team members for support and collaboration.

3 **Support high-functioning care teams and protect CHWs from becoming overworked through clear roles and responsibilities**

OHSU and VCU Health clearly defined roles and tasks — not only for CHWs themselves, but in how these roles differ from those of social workers and nurse care managers. CHW supervisors communicated these nuances through a variety of channels and were active in establishing boundaries to ensure CHWs were not over-worked. This included communicating what CHWs can and cannot do — and why.

“We set super clear boundaries with other staff around delegation of activities. The needs were huge and we did get push back — you never add new staff and not make them totally available to the care team! But this was critical for both the sustainability of the CHWs and their work to integrate addressing social needs as part of care.”

- Jennifer Schlobohm, Behavioral Health Supervisor, OHSU



4 Continued support for career development leads to strong CHW job satisfaction

While OHSU was unable to secure its ideal level of compensation, CHW supervisors took steps to ensure that CHWs could take advantage of all continuing education, networking and skill-building opportunities afforded through their association with the university. Both VCU Health and Children’s MN are working to establish clear career ladders that will allow CHWs to more easily move into higher-level positions within the health system. In addition, the National Association of Community Health Workers (NACHW) and many state affiliates are paving the way for the CHW role to become more formalized through certification and training standards — designed to create a greater number of sustainable opportunities for CHWs nationally.

5 Secure sustainable funding for CHW roles by making a strong business case

Though mainly funded through operational dollars, VCU Health was able to grow its Outreach Worker program from two to 13 positions over several years. With a solid measurement strategy, the program director was able to show CHW impact on key metrics such as admission rates, readmissions and connections to primary care. This helped to make a strong case to leadership for continued funding for these roles. VCU Health, OHSU and Children’s MN also participate in Health Leads’ [Collaborative for Advancing Social Health Integration](#) (CASHI).



Additional tools and promising practices to drive Community Health Worker sustainability are available in the [Health Leads Resource Library](#) — and from the [National Association of Community Health Workers](#).

ABOUT HEALTH LEADS

Health Leads is a national non-profit organization working toward a vision of health, well-being and dignity for every person in every community. For over two decades, we’ve worked closely with hospitals and clinics to connect people to essentials like food, housing and transportation alongside medical care.

Today, we’re partnering with local organizations and communities to address systemic causes of inequity and disease — removing the barriers that keep people from identifying, accessing and choosing the resources everyone needs to be healthy.

ABOUT THE NETWORK

The Health Leads Network is a community of healthcare practitioners and caregivers who are taking action to address essential needs within our organizations. Network members work in a wide range of health system roles and settings — but share a commitment both to drive improvement initiatives on the ground, and to advance health equity in their communities.

The Network was created to bring action-oriented practitioners together to collaborate, share and learn from each other. We translate critical front-line experience into tangible tools, guidance and learning opportunities — all designed to support members in advancing the integration of essential needs into community-led health initiatives.

Learn more at healthleadsusa.org/network — or email network@healthleadsusa.org for additional information.