

*Center for Medicine & Public Health
FSU College of Medicine*



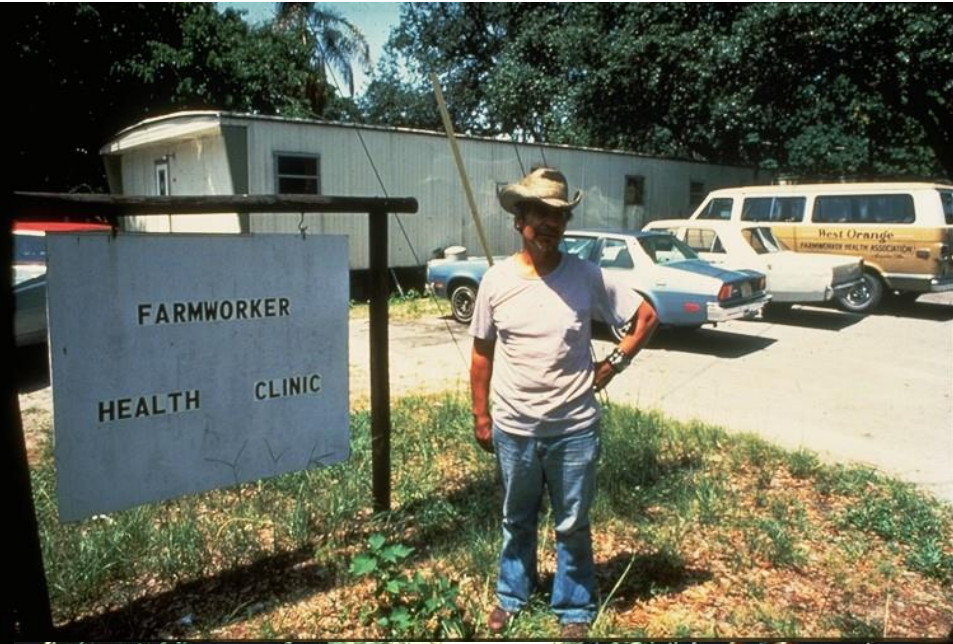
Community Health Workers

Building on Community Strengths
to Address Chronic Disease

*George Rust, MD, MPH, FAAFP, FACPM
Father of Dan & Christina, Husband of Cindy,
Grandfather of Gracie
Professor of Behavioral Sciences & Social Medicine
Director, FSU-COM Center for Medicine & Public Health*



Farmworker Health Association



"One doesn't ask of one who suffers: What is your country and what is your religion? One merely says, You suffer. That is enough for me. You belong to me and I shall help you."

*-- Louis Pasteur
(inscribed on Hospital's stone wall)*

Village Health Workers

**Donde
no hay
doctor**

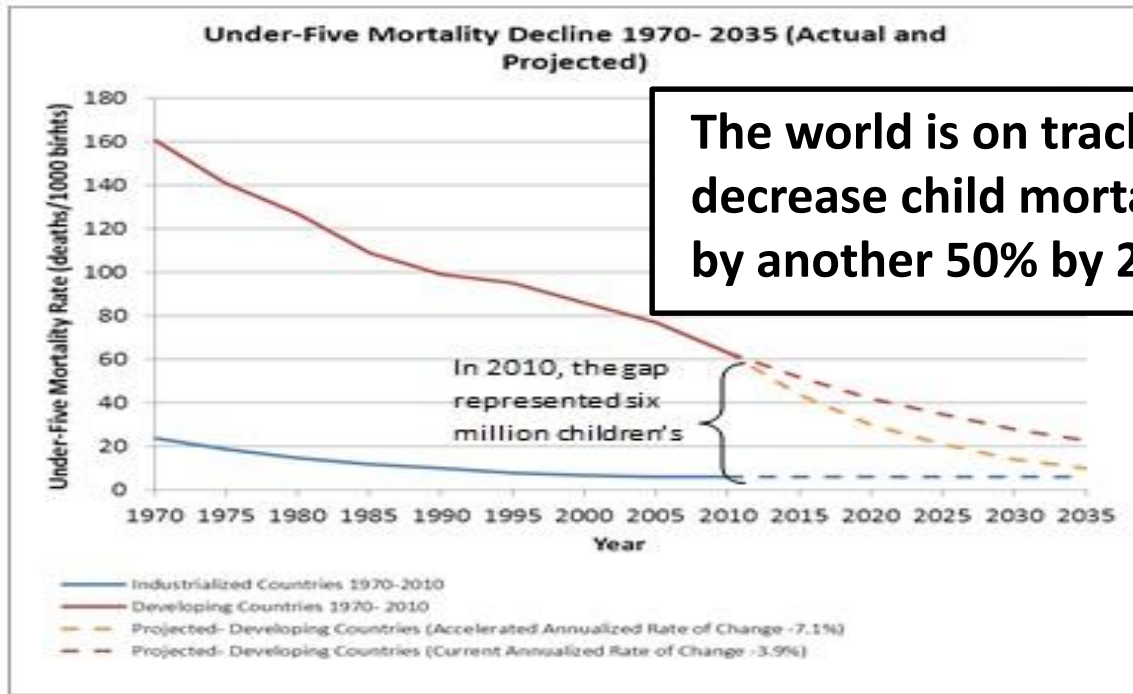
Una guía para los
campesinos que
viven lejos de los
centros médicos

David Werner
con Carol Thuman
y Jane Maxwell



Global Child Mortality Rate Has Fallen 47% Since 1990

Under-five mortality rate (per 1,000 births) 1990-2012



The world is on track to decrease child mortality by another 50% by 2030.



What IF???



We could use the same model to improve self-management / self-efficacy to address Uncontrolled Diabetes and Complications of Cardiometabolic Risk?

Diabetic *Promotoras* in Groveland, Florida

“Specially trained local health workers can be remarkably effective in teaching low-income people with diabetes how to better care for their disease and reduce the incidence of complications.”



“Our goal is to demonstrate a cost-effective way to teach health education in an underserved low-income population.”

George S. Rust, M.D.

Low-income populations are 2½ times more likely than the general population to develop diabetes. They also have far fewer resources available for patient education. Dr. George Rust is developing a system which entrusts diabetes education to specially trained members of a low-income rural community. If successful, this



Rose M. Davis, project coordinator, meets with two community health workers to discuss diabetes education training.

Cultural Relevance / Community Ownership / Team-Based Care



South Central Foundation – Anchorage, Alaska

Alivio Medical Center Compañeros en Salud

- *Community-based Peer Support for People Living With Diabetes to improve health outcomes of Latino Chicagoans with type 2 diabetes*



Partners in Health (Zanmi Lasante) accompagnateurs accompany patients on their journey from sickness to health while living with HIV

Community Health Workers

We hire and train community health workers to help patients overcome obstacles to health care.



Community health workers - or acompañantes - Gladys Mendez and Adelaida Lopez visit patients in Chiapas, Mexico.

Photo: Rebecca E. Rollins / Partners In Health

Program News



PIH Model Transforms Health Care, Saves Lives in Rwanda, Madagascar
July 07, 2018



Treating Mind and Body: Mental Health Care Expanding in Lesotho
July 07, 2018



Ophelia Dahl Writes for WBUR on How to Reduce Maternal Mortality Worldwide
June 06, 2018



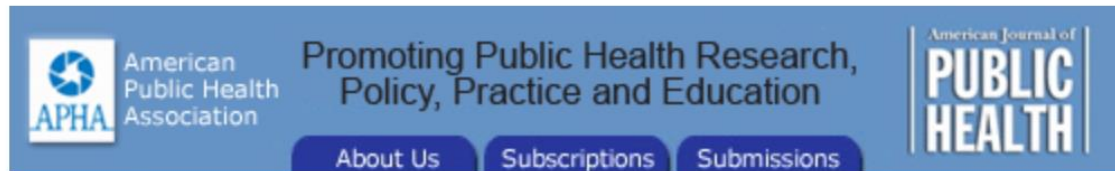
'Mountain Kingdom' of Lesotho Making Huge Strides with Health Reform

Diabetes & Cardiometabolic Risk in Metro Atlanta

- A = A1c
- B = Blood Pressure
- C = Cholesterol
- D = Depression
- s = smoking



Peer Counselors & Motivational Interviewing



[Am J Public Health](#). 2010 April; 100(Suppl 1): S146–S151.

doi: [10.2105/AJPH.2009.166991](https://doi.org/10.2105/AJPH.2009.166991)

PMCID: PMC2837438

PMID: [20147689](https://pubmed.ncbi.nlm.nih.gov/20147689/)

Using Motivational Interviewing in HIV Field Outreach With Young African American Men Who Have Sex With Men: A Randomized Clinical Trial

[Angulique Y. Outlaw](#), PhD, [Sylvie Naar-King](#), PhD, [Jeffrey T. Parsons](#), PhD, [Monique Green-Jones](#), MPH, [Heather Janisse](#), PhD, and [Elizabeth Secord](#), MD

Conclusions. The addition of motivational interviewing to field outreach is effective in encouraging high-risk young African American MSM to learn their HIV status. Also, **peer outreach workers can be effectively trained to reduce health disparities by providing evidence-based brief counseling approaches** targeting high-risk minority populations.

EDITORIAL

Building the evidence base to optimize the impact of key population programming across the HIV cascade

R Cameron Wolf^{1§}, Trista Bingham², Greg Millett³ and Rose Wilcher⁴

[§]**Corresponding author:** R. Cameron Wolf, USAID Office of HIV/AIDS, Washington, DC, USA. Tel: +1 571 451 3058. (cwolf@usaid.gov)

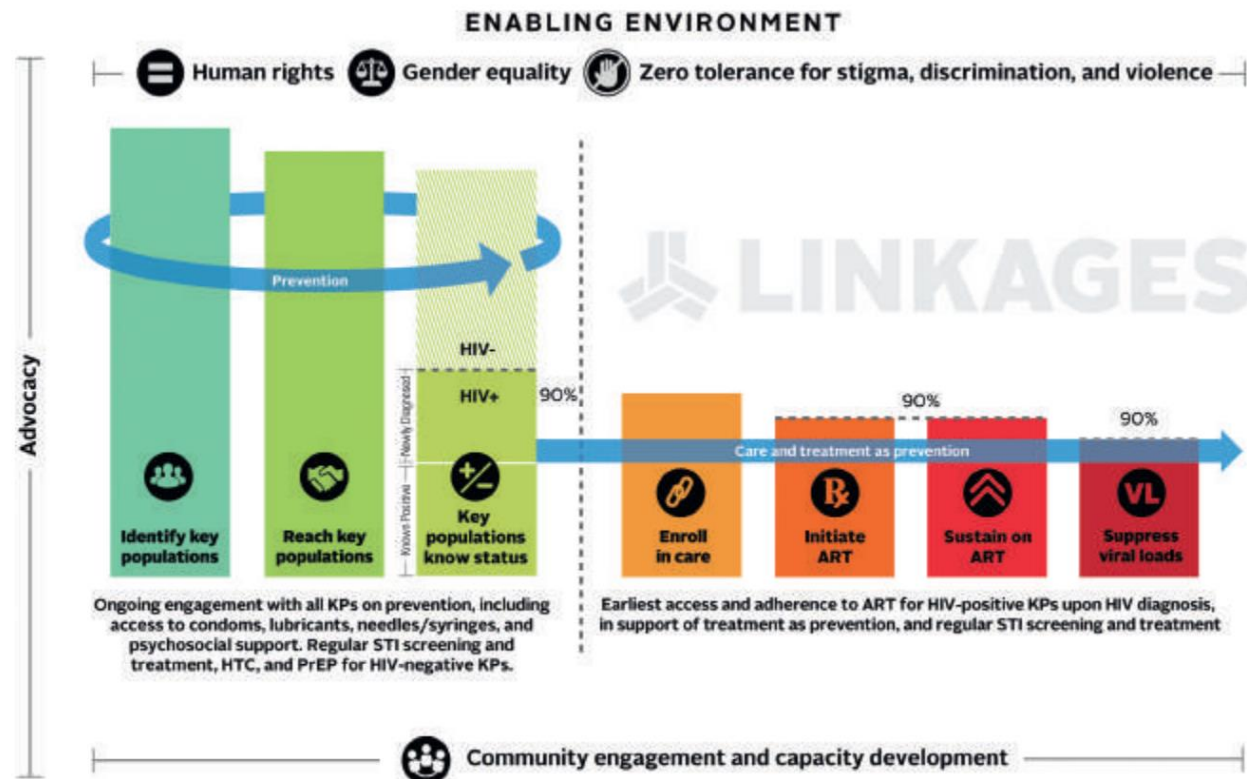


Figure 1. Cascade of HIV prevention, care, and treatment services for key populations

Mental Health America (MHA) believes that peer support is a unique and essential element of recovery-oriented mental health and substance abuse systems.

But peer supporters are more than just people who have been there. They work in a variety of roles including case management, wellness coaching, education, and as active participants in a full range of clinical settings, including crisis services.

Available in all 50 states and Medicaid reimbursable in 35, peer support is considered a best practice by the Substance Abuse and Mental Health Services Administration (SAMHSA). Established in the public mental health system and moving into the private sector, the research shows that peers improve outcomes. Peer support services have been shown to:

- Reduce symptoms and hospitalizations
- Increase social support and participation in the community
- Decrease lengths of hospital stays and costs of services
- Improve well-being, self-esteem, and social functioning
- Encourage more thorough and longer-lasting recoveries

Evidence-Base Strong for Effectiveness of Community Health Workers in Chronic Disease

- ↑ Enhanced Use of Complex Health Systems (Navigators)
- ↑ Immunization Rates
- ↑ Healthy Eating & Exercise
- ↑ Control of Household Asthma Triggers
- ↑ Farmworkers Eye Safety
- ↑ Compliance with TB Treatment
- ↑ Breast & Cervical Cancer Screening
- ↑ Blood Pressure Control





TAKING INNOVATION TO SCALE: Community Health Workers, Promotores, and the Triple Aim

*A Statewide Assessment of the Roles and
Contributions of California's Community Health Workers*

<http://www.cachw.org/>



Who We Are

Learn About Peer
Support

Promote Peer
Support

Get Connected

Take Action

Tools & Training

> **ACCESS PEER
SUPPORT
RESOURCES**

> **SHARE
RESOURCES**

> **PRIMARY CARE
RESOURCES**

> **LEARN ABOUT
DIABETES**

> **RECURSOS EN
ESPAÑOL**

> 中文资料

News & Events

National Peer
Support Network

Tools & Training

Welcome to the Peers for Progress Tools & Training Center!

In the spirit of this global learning community about peer support, here you can view, browse, and access peer support-related documents and materials. Some resources are also available en español. Anyone can review what is here! We also encourage you to add your own peer support resources to share with others. To do so, you will need to [log-in](#) as a member of the Global Network of Peer Support Organizations – or [Join the Network](#) if you are not already a member.

Peer support is making strong contributions to diabetes, and more broadly, chronic disease management. As such, a set of diabetes management resources are also provided.

Access Peer Support Resources



Share Resources



Primary Care Resources



Learn About Diabetes



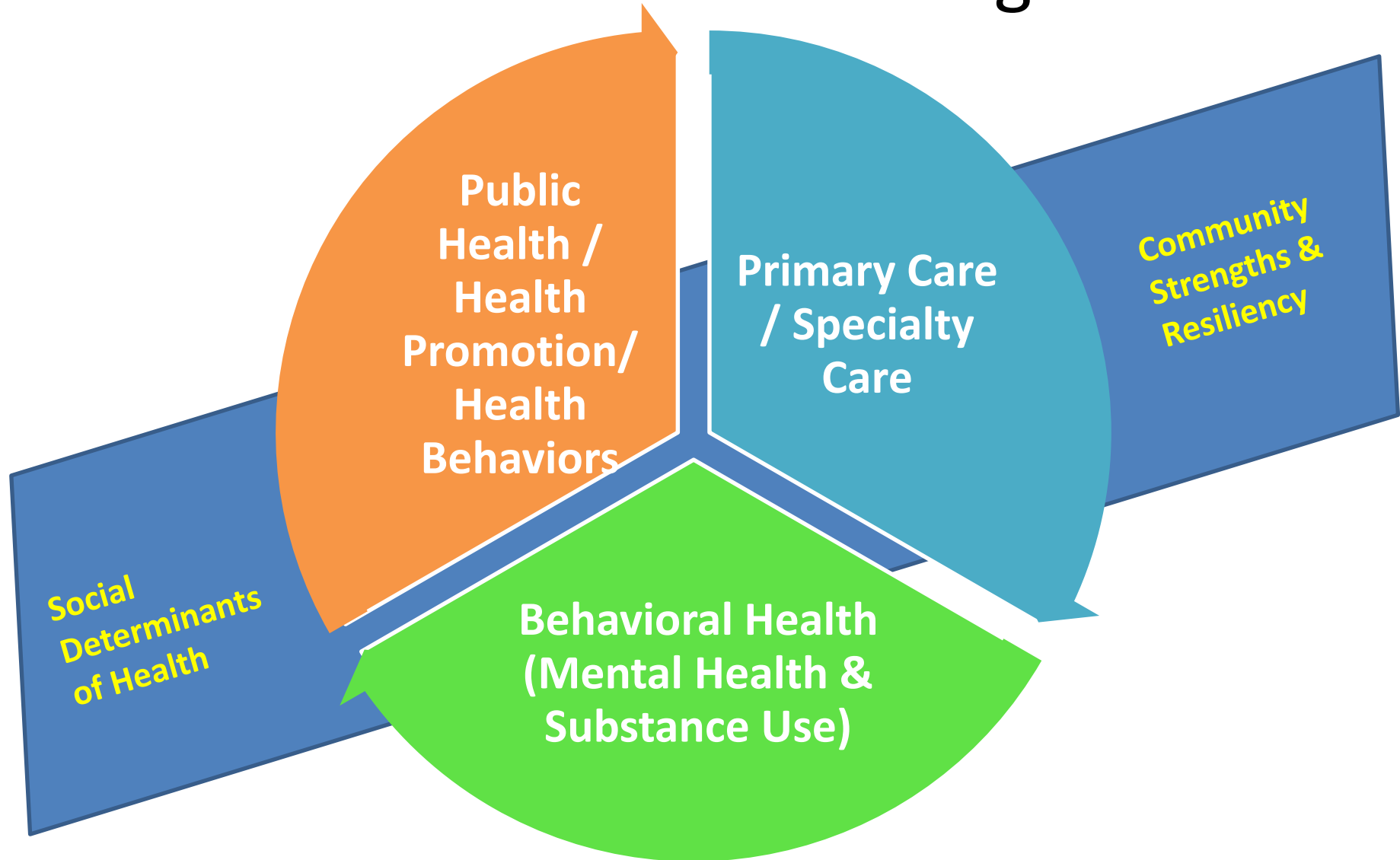
Recursos en español



中文资料



Stretching the Boundaries of Health Care & Health Outcomes Management

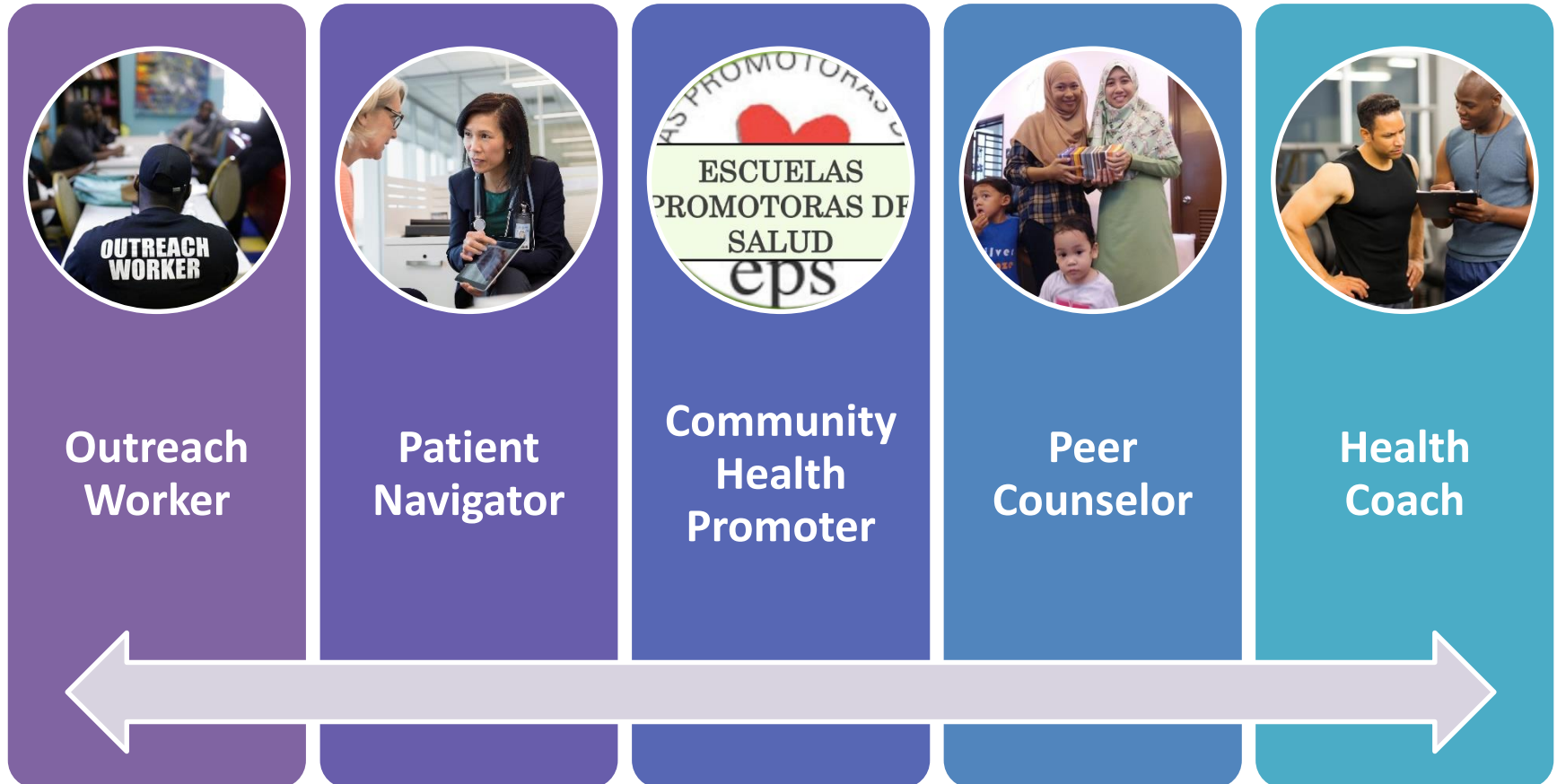


What are Promotores?

Primary Characteristics and Values of Promotores <http://www.cachw.org/>

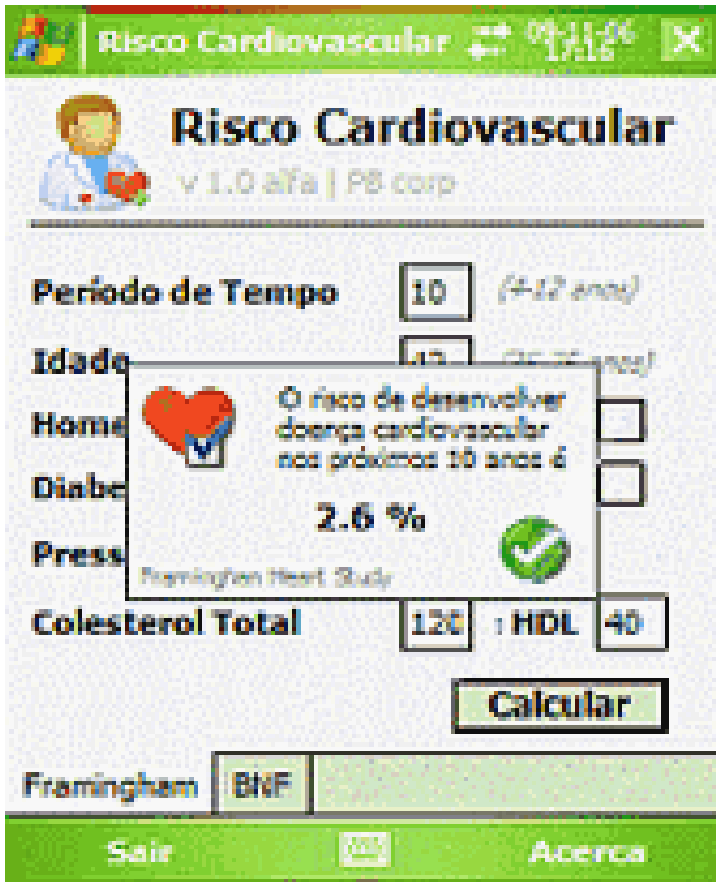
- 1.Promotores create and cultivate egalitarian relationships based on mutual trust, understanding and respect.
- 2.Promotores are committed to sharing information and resources.
- 3.Promotores approach the community with empathy, love and compassion.
- 4.Promotores are accessible and trusted members of the community where they live.
- 5.Promotores share similar life experiences as the community.
- 6.Promotores have a profound desire to serve the community, are tireless in their service, and limitless in their generosity of spirit.
- 7.Promotores communicate in the language of the people and are knowledgeable about the community's cultural traditions.
- 8.Promotores are a two-way bridge connecting the community to resources and ensuring that institutions respond to community needs.
- 9.Promotores are natural advocates who are committed to social justice.
- 10.Promotores are effective role models for community change.

CHW Roles



Additional roles in other countries or settings might include community organizers or village health workers with dispensary of common medications

High Tech ⇔ High Touch



The screenshot shows a PDA application titled "Risco Cardiovascular" (Cardiovascular Risk). It features a green header bar with the title and a date/time display. Below the header, there's a user profile icon and the text "Risco Cardiovascular v 1.0 alfa | P8 corp". The main form includes input fields for "Período de Tempo" (Time Period) set to 10 years, "Idade" (Age) set to 45, "Home" (Hypertension) with a heart icon and a checkmark, "Diabete" (Diabetes) with a checkbox, "Press" (Blood Pressure) with a green checkmark icon, and "Colesterol Total" (Total Cholesterol) set to 120, "HDL" set to 40, and "LDL" set to 40. A "Calcular" (Calculate) button is at the bottom. A pop-up window displays the result: "O risco de desenvolver doença cardiovascular nos próximos 10 anos é 2.6 %". The bottom of the screen has a green bar with "Sair" (Exit), a small icon, and "Ajuda" (Help).

Risco Cardiovascular 09-11-06 17:16

Risco Cardiovascular v 1.0 alfa | P8 corp

Período de Tempo 10 (+12 anos)

Idade 45 (18-75 anos)

Home ☒ O risco de desenvolver doença cardiovascular nos próximos 10 anos é 2.6 %

Diabete ☐

Press ☒ Framingham Heart Study

Colesterol Total 120 HDL 40 LDL 40

Calcular

Framingham BNF

Sair Ajuda



Appropriate Technology



- Framingham Risk Calculator for PDA

Top 10 Things You Need to Know to Run Community Health Worker Programs: Lessons Learned in the Field

Lauren N. Whiteman, MPH, M. Christopher Gibbons, MD, MPH, Wally R. Smith, MD, and Rosalyn W. Stewart, MD, MS

Department of Medicine, Bloomberg School of Public Health, Johns Hopkins University, Baltimore, Maryland, and the Department of Medicine, Virginia Commonwealth University, Richmond

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5014228/pdf/nihms797910.pdf>

1. Approach
(model)

2. CHW Services & Roles
(scope)

3. Referral Process
(intake)

4. Hiring

5. Training

6. Skill Reinforcement
(on-going re-training)

7. Supervision
(team integration)

8. Caseload

9. Empowering Clients
(not “doing for”)

10. Graduating Clients

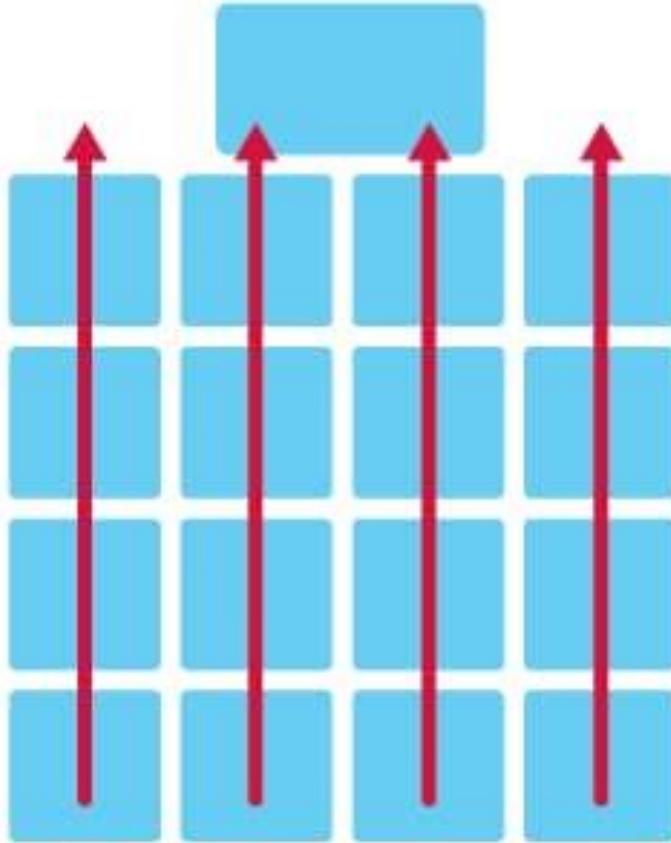
Ethics & Boundaries

**CAUTION
PROCEED
CAREFULLY**

- Patient Confidentiality
- Relationship Boundaries
- “Doing for” vs Helping /Coaching
- Mission Creep / Burnout
- Caseload Overload
- Failure to Launch (not graduating clients)
- Side-Business / Cashing in on Relationships
 - (example: selling health food supplements to clients)

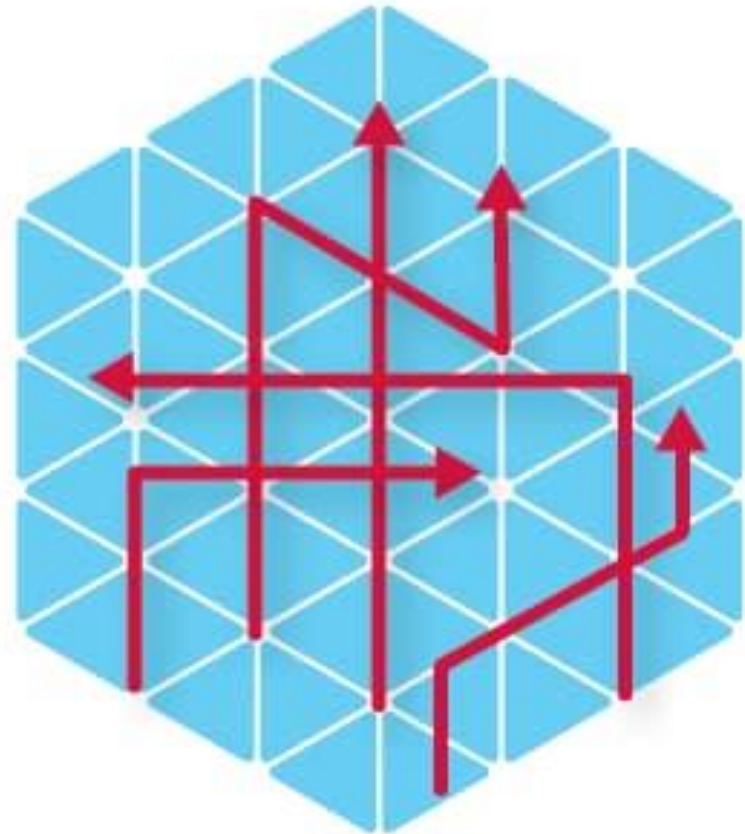
Don't Make CHWs a Dead-End Job!

Ladder progression



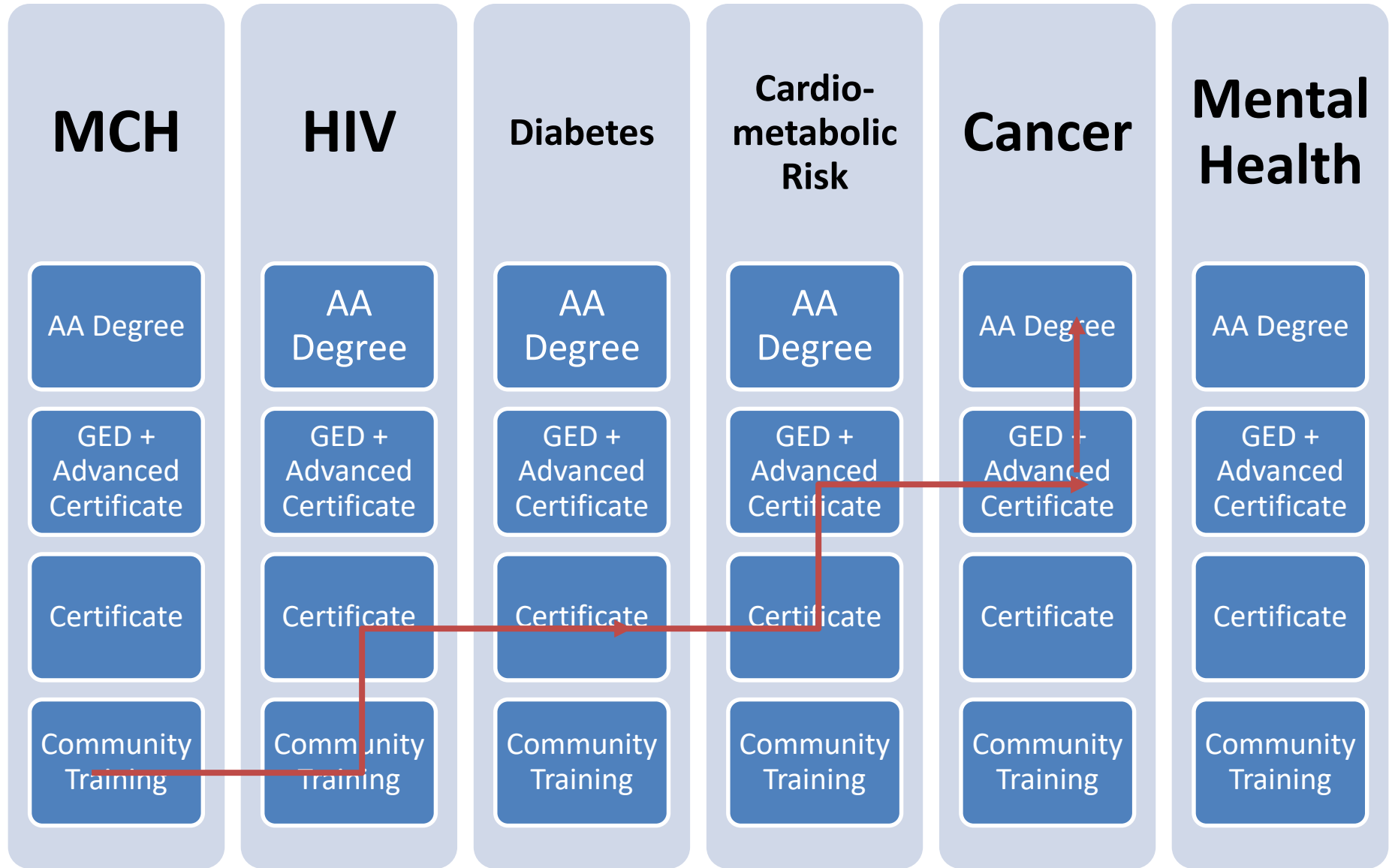
Examples of linear career paths

Lattice pathways



Examples of more varied paths for growth and development

CHW Career Opportunities



*Community Health Workers
Build Community Strength*

***Build on Community
Strengths & Resiliency***

Nothing about us without us.