From the Community to the Clinic—
Building Community Health Worker-Inclusive Healthcare Teams

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Background

Multidisciplinary clinical teams with strong community linkages can engage with patient needs and address the social determinants of health. Patient-centered care approaches reflect a broader cultural shift in health care practices—Community Health Workers (CHWs) embody this cultural shift by reorienting the delivery and coordination of care to better reach patient communities. However, misunderstandings of CHWs' contributions have limited their uptake into clinical teams. Little work has focused on building a qualitative understanding of the barriers and facilitators of incorporating CHWs in clinical team-building efforts. Further research investigating how organizations can recognize, foster, and sustain a CHW-inclusive workforce can elucidate best practices for CHW-integration.

This report provides an initial assessment of a qualitative study of CHW clinical team integration conducted through a partnership between the **Southwestern Area Health Education Center** (SWAHEC) and the **Yale School of Public Health** to help clinical practices and teams across the state improve their understanding of the value of CHWs and propel the CHW workforce in Connecticut forward.
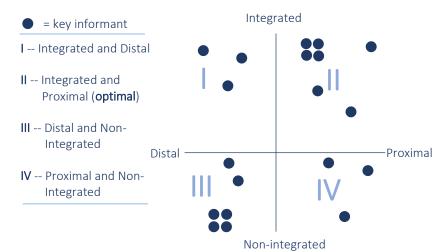
Objectives

- **Describe** the factors that influence the success of CHW integration into multidisciplinary clinical teams
- **Investigate** how organizations communicate with and supervise CHWs
- **Examine** the underlying skills and attributes that facilitate successful CHW-inclusive team formation

Methods

To examine CHW integration efforts in Connecticut-based health practices, semi-structured qualitative interviews with CHWs, CHW-employing organizations, and other clinical and non-clinical personnel were conducted and thematically analyzed. Our team conducted 20 in-depth interviews using a snowball sampling approach to identify key informants familiar with CHW contributions to clinical care in Connecticut. Interviews were conducted in-person and over the phone.

Word Cloud & Sampling Distribution

● = key informant

I -- Integrated and Distal

II -- Integrated and Proximal (**optimal**)

III -- Distal and Non-Integrated

IV -- Proximal and Non-Integrated

*Word cloud was created using the transcripts of the 19 interviews coded for analysis.

*Integration = direct contact with a physician
*Proximity to patient communities = location and duration of patient contact.

Emergent Themes	Key Findings
● Added Value	CHWs draw upon non-clinical resources to bridge the community and the healthcare system, using their shared experiences to empathize with patients and understand their needs. CHWs speak the patient's language and make themselves accessible to communities in ways that help them guide and empower patients to seek care.
● CHW Identity	CHWs build credibility with their patients through shared experiences, values, and beliefs, developing an identity that is as much personal as it is professional. Leveraging their compassion, altruism, and respect allows them to build trust. CHW's possess many culturally-informed identities—as educators, as advocates, and as caregivers—that legitimize them to communicate between clinical and non-clinical spaces.
● Managing Relationships	Effective relationship management is a requirement for trust and camaraderie in CHW-inclusive teams, but also a source of stress. CHWs maintain relationships with their patients and build relationships with one another in healthcare teams and networks. The negotiation of these relationships can be emotionally taxing, though communication and a shared mission can build team cohesion despite perceived differences.
● Team Dynamics	Although CHW team structures vary, a common desire to help patients centers the team dynamic. Information sharing through informal discussions, team meetings, and detailed notes improve team cohesion. Establishing clear roles and demonstrating successes gives CHWs credence to providers and facilitates integration in clinical settings.
● Organizational Policies	The supervisory, management, and leadership frameworks at organizations impact the ease with which team members, including CHWs, work with one another. Salary and compensation impact CHW retention and growth, and the professionalization of the CHW workforce has increased the demand for formalized reimbursement structures and increased responsibility.

● CHWs add value outside clinical care

"Basically, we're like navigators, you know? In the community, with different resources, different providers, and **we're that link between the doctors**, you know what I'm saying? So if a person calls me -- you know, I have people call me after-hours, I have people call me on the weekends. I don't have to answer my phone but I choose to."
-*Community Health Worker*

"When you're a nurse or maybe even a physician you know you care for the patient clinically. But **we care for them socially**."
-*CHW Supervisor*

● Motivation shapes CHW's many roles and identities

"But I kind of feel that it's not just navigating the patient's health. It's more than that....you're kind of **evolving yourself to not only be an advocate**, at the same time, if that makes sense, but to **also be that bridge for your grassroots**."
-*Patient Navigator*

"**Everything is built on trust**...we identify with each other....that's the critical thing about community health workers."
-*Community Health Worker*

"I felt like I was **doing something that was worth doing**, and that was truly making a difference in someone's life and helping address their needs and, you know, helping them with their quality of life....this is the type of work that I love, which is why I was like I need to find something that **makes me feel useful**"
-*Community Health Worker*

CHWs build relationships with patients and teams

"It's almost like our navigation doesn't necessarily end because….you **build these relationships with the patients**, sometimes they call you and we're having conversations about all these things that are going on in their life, and you're just there to, you know, **to be a support for them in any which way that you can**"

-Community Health Worker

So we all do come from **different fields**, and we come from different areas. **I think it makes us stronger**. It makes us work better. Just because obviously we all have different skills…I just think that we just makes a great team because we bring all of the experiences that we had.

-Patient Navigator

CHWs define their roles and share knowledge with providers.

"We each have very **defined roles**, and some of us have a defined target population…We each bring a **different perspective to the table**, but the one thing we have in common is the knowledge of community resources…so if we don't know the answer to something, we know who on the team to go to and ask."

-Care Coordinator

"If we don't **communicate with each other**, and someone calls, then we don't know what's going on. If we're not making sure that we properly document things, then there's no form of communication of any sort. Then we can't service our patients in the best way possible."

-Community Health Worker

CHWs seek retention and credentialing opportunities.

"I think it's great to have this organization that now we can sort of lean on for support and knowing that they're doing something to legalize us in a way, and **make us official**."

-Community Health Worker

Retention is hard because I think salary is average. And your salary increase is tied to that so it's a **pay for performance** model.

-CHW Supervisor

Conclusions & Recommendations

- **Commitment to service should be meaningfully considered in the CHW hiring process.** Being altruistic, compassionate, nonjudgmental and service-oriented are important attributes facilitating camaraderie and trust within healthcare teams, while also enhancing CHWs' long-term commitments to organizations.
- **Organizations should foster mutual understanding and respect for the varied roles CHWs play.** Clearly defining roles and responsibilities, and demonstrating the value that CHWs bring outside of the context of clinical care, can improve collaboration, encourage skills-sharing, and promote an organizational climate of respect.
- **Healthcare organizations should critically consider how to holistically support the CHW workforce.** Organizational levers that promote retention, mutual learning, networking, and management of job stress among CHWs can improve their ability to function effectively and contribute to a diverse team culture.

Limitations

The methodological limitations of the study were primarily due to the inability to carry out a purposive sampling approach given time constraints and the manner of recruitment used to identify participants. Though efforts to include as diverse a sampling of individuals and organizations as possible were made, the final sample was skewed towards community health workers as opposed to CHWs supervisors and clinical staff. Leading questions and social desirability in the responses may have influenced the elicitation of data; however, the use of a thematically-standardized interview guide and in-depth discussions of interviews and codes helped validate the dependability and credibility of the data.

References & Resources

Allen, C.G., Escoffrey, C., Satsangi, A., & Brownstein, J.N. (2015). Strategies to improve the integration of community health workers into health care teams: "a little fish in a big pond." Preventing Chronic Disease, 12, e154. doi: 10.5888/pcd12.150199

Siemon, M., Shuster, G., & Boursaw, B. (2015). The impact of state certification of community health workers on team climate among registered nurses in the United States. Journal of Community Health, 40, 215-221.

For additional resources:

Gould, B. MD, Ferraro M., MS, Zazula S., MA, Litwin, M., MPH, Casey, L., Tootle, W. and Korwek, K (2017). Best Practices for Clinical Integration: Guide and Resources. State Innovation Model Community Health Worker Initiatives, Hartford, CT. (2017)