



# Community Health Workers:

# Bridging the Gap Between Hospital & Home

The provision of preventative, holistic healthcare demands that we go beyond the walls of our hospitals and deeper into our communities to engage patients in the context of their everyday lives and address the social, economic and behavioral factors that impact their health. This can be especially true when patients leave our direct care and return home and must manage their own health. Community health workers (CHWs) play a critical role in helping us bridge this gap.

### The Need

Many PeaceHealth patients lack a support system and struggle to manage their care when they return home. CHWs create the bridge between providers and patients, creating a supportive environment where patients develop the skills and supportive community relationships needed to manage their health.

### Community Health Workers

- Support access to appropriate care for physical, dental, and behavioral health needs including health education of chronic conditions
- Facilitate safe housing and refer for in-home safety needs
- Assist with transportation barriers
- Address food security

- Provide culturally appropriate care
- Support medication management
- Improve communication between families and providers
- Build partnerships with community service organizations
- Teach life skills

#### Who are community health workers?

CHWs play many different roles — from supporting women through pregnancy, to providing peer support to those dealing with behavioral, addiction or mental health issues.

- Traditional Health Workers (THW) An encompassing term for many different types of roles and scopes of CHWs.
- Community Health Worker (CHW) or Community Education Worker (CEW)
- Frontline public health workers.

### Deeper Dive

- Birth Doula Provides personal, nonmedical support throughout a woman's pregnancy, childbirth, and post-partum experience.
- Peer Support Specialist (PSS) Provides supportive services to a current or former πconsumer of behavioral health or addiction treatment.
- Peer Wellness Specialist (PWS) An individual who has experienced a psychiatric condition(s) plus intensive training, who works as part of a health home team integrating behavioral health and primary care.

 Personal Health Navigator (PHN) or Patient Navigator — Provides information, assistance, tools and support to enable a patient to make the best healthcare decisions.

What does it take to become a community health worker?

Requirements vary by state, but generally include specific training programs and some form of certification.

# TAKING ACTION - What PeaceHealth Is Doing



### Oregon Network





- Providing care for behavioral health and medical patients post-discharge
- Working in schools, community organizations and amongst immigrant populations
- Supporting mobile integrated health
- PeaceHealth Medical Group patient navigation



#### Northwest Network CONTRACTED

- Care Navigators at PeaceHealth St. Joseph Medical Center
- Community Connector Program with Unity Care NW and Sea Mar Community Health Centers, FQHC
- Embedded in hospital care management workflows of ED and inpatient discharges
- Made more than 2,000 patient contacts in 2017 to set up appointments and connect patients with their medical homes



### Columbia Network **PARTNERED**

- CHW roles are in partnership with community services
- Longview partnership with Youth and Family Link and Health Care Foundation
- Soft approach to supporting children, families and pregnant women
- Available to all community providers health, dental and social services
- Longview and Vancouver partnership with Healthy Living Collaborative
- Peer Community Health Workers in South Kelso neighborhood
- Youth CHWs in Wahkiakum County Schools
- Vancouver Rose Village Community Health Worker

## Impact on Community Health

CHWs are frontline public health workers who are trusted members of the community with shared experiences and a close understanding of those they serve. They are effective in bridging care because they are able to respond creatively to the unique needs of diverse individuals and communities. This results in:

- Improved health outcomes;
- Reduced readmissions and emergency room visits; and
- Educated and empowered patients and families.

