



# South Carolina EACH Mom & Baby Collaborative



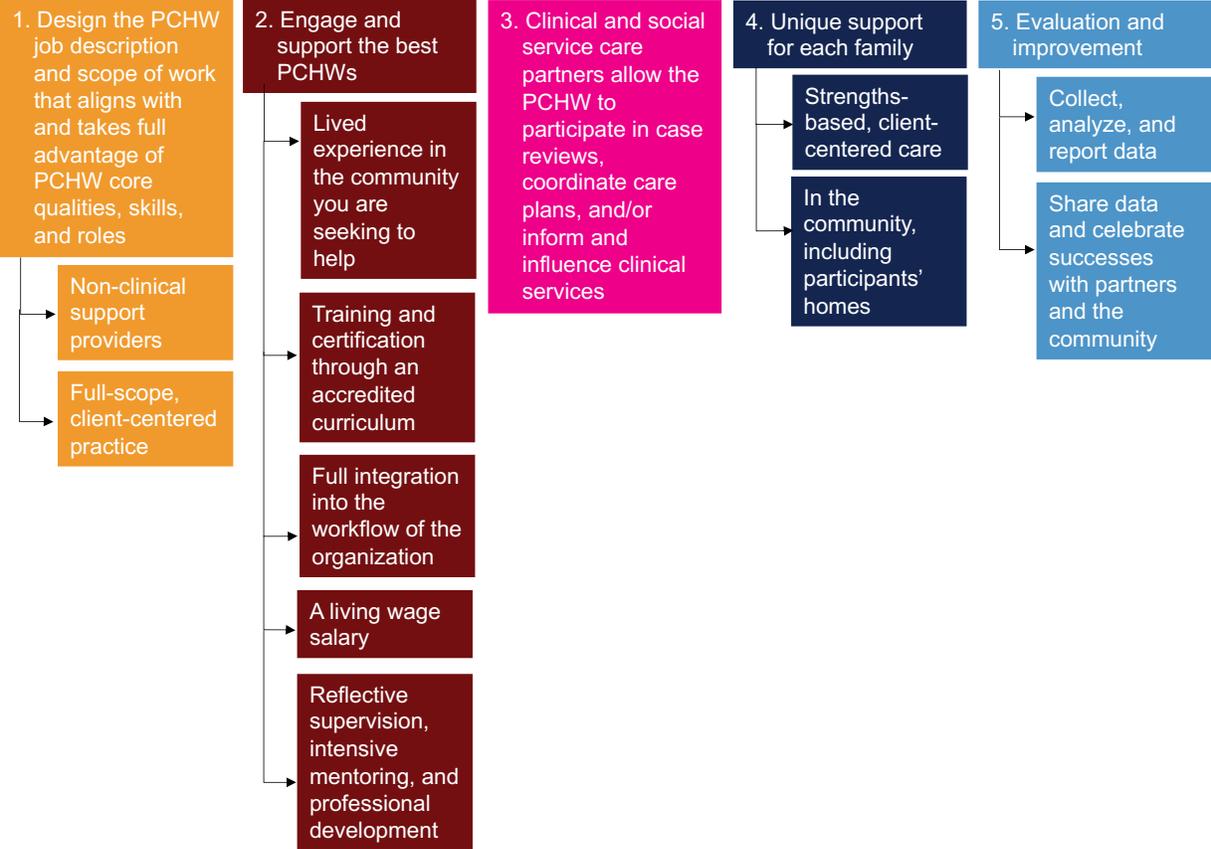
CENTER FOR  
**COMMUNITY HEALTH**  
ALIGNMENT



# 1. Best practices

When initiating a perinatal community health worker (PCHW) program, there are several best practices to consider. The following are adapted from [the Center for Community Health Alignment’s CHW toolkit](#) and from [the Centers for Disease Control and Prevention’s “Including CHWs in Health Care Settings: A Checklist for Public Health Practitioners”](#)<sup>60</sup>

For four of the five best practices, there are some components to help define and accomplish them. There are also some ways to measure the fidelity to the best practice, or how well a team is accomplishing that component. And to demonstrate how that component looks in “real world” implementation, there are some examples of these components in action.



1. **Design the PCHW job description and scope of work that align with and take full advantage of PCHW core qualities, skills, and roles.**

- **Non-clinical support providers** ~ PCHWs help families create a plan of care to address their self-identified social determinants of health. Their focus is on the many social and environmental factors that affect their clients' health. They are not nurses or social workers, and should not be seen as "taking the place" of clinical providers such as those. PCHWs carefully manage their scope of work so as not to interfere or take on tasks they are not qualified to perform.

*Fidelity measures:*

- ✓ *Does the organization's workflow or protocol describe and delineate the different roles of PCHWs and other clinical or social service providers, and how they work together?*

*Best practice in action: BirthMatters doulas' scope of practice includes providing emotional and physical comfort for mothers during labor and delivery. They are not midwives or nurses, and do not interfere with the medical care that those roles provide. They can, in collaboration with the medical team, assist their client to understand medical language, and support their clients' decision-making processes. Respecting the boundaries and autonomy of everyone involved in the childbirth process – the patient, the clinicians, and the doulas – is an essential part of the doula's work.*

- **Full-scope, client-centered practice** ~ While it's a best practice to integrate PCHWs into care coordination teams with clinical and social service providers, PCHWs should not be co-opted into inappropriate roles such as administrative tasks or supporting the office's agenda instead of the clients' priorities.

*Fidelity measures:*

- ✓ *How many of the roles, qualities, and skills on the PCHW job description align with the [Core Consensus Project's CHW roles and competencies](#)?*

*Best practice in action: One of the PASOs Affiliates was interested in improving the proportion of their pregnant patients who received "adequate" prenatal care and identified the PASOs CHW as someone who could help them achieve that goal. While prenatal care is important, the PASOs CHW does not impose their office's priorities to the participant's plan of care, but rather allows the participants to set their own agenda based on their understanding of their own needs and opportunities. Concentrating on the office's goals instead of the family's priorities may impede the PCHW from building trust with the participant and assisting them in addressing some of the needs that they consider most urgent. The PASOs CHW agreed to share information with her participants about the availability of prenatal care, transportation assistance, payment plans, and bilingual staff, but explained to the clinic staff that the client-centered plans of care may concentrate on other things first. In reality, if parents successfully address their other social determinants of health, they may be more likely to attend their prenatal care appointments, so it's ultimately a "win-win."*

## 2. Engage and support the best PCHWs

- **Lived experience in the community that you are seeking to help** ~ Having personal knowledge of the community means they understand the struggle, assets, and characteristics of the population, and can more easily establish trust with families. Even better, many PCHWs have also received the services they now offer to other families.

*Fidelity measures:*

- ✓ *How many ways can you identify things that your PCHW has in common with your population of interest?*

*Best practice in action: SCORCH / Family Solutions hires from within the communities they serve and, in some cases, hires former recipients of services. This helps with relatability and rapport-building with their participants. For example, one of the PCHWs on the FS team came initially to them as a pregnant girl in high school who needed their support. She, along with other PCHWs who are former participants, credits the encouragement, mentoring and individual help FS gave her as a key motivator to her success. Being employed at FS, they are now, in turn, helping other young women build their lives, families and careers, and providing a role model for them as well. When they tell their clients, "I've been there," they mean it.*

- **Training and certification through an accredited curriculum** ~ CCHA and PASOs offer training that is certified through the [SC Community Health Worker Credentialing Council](#). BirthMatters' training curriculum is certified by HealthConnect One. SCORH / Family Solutions' PCHWs are trained internally and accredited with SC CHW Credentialing Council, and also receive trainings from the Maternal Child Health Bureau's Division of Healthy Start and Perinatal Services.

*Fidelity measures:*

- ✓ *Have all PCHWs completed a certified training curriculum, experienced a practicum, and passed the SC CHWA Certification Examination?*

*Best practice in action: PASOs has provided training for its Promotores for years, with particular focus on making connections with participants and supporting their health decision-making. Recently, they have had their training credentialed by the SC Community Health Worker Association's [Community Health Worker Credentialing Council](#). PASOs Training Manager, Ana Cossio, found that this has deepened the training experience and content for their Promotores. "We spend a lot of time practicing how to build trusting relationships with our participants – that's the most important part. But now we also cover ethics, values, and specific health issues with interactive activities like role-playing scenarios, World Café, and discussions. We also cover ethics, values, and specific health issues with interactive activities like role-playing scenarios, World Café, and discussions. We also pay a lot of attention to Promotores' feedback, which led us to add professional development and team-building activities focused on peer collaboration, leadership, and communication skills. I hear from our team members often that this really helps our Promotores 're-charge their batteries' for our work."*

- **Full integration into the workflow of the organization** ~ Familiarize all staff at the PCHW's workplace and partner organizations to the PCHWs' roles and skills. This should include a thorough orientation to what to expect from PCHWs, and how best to collaborate with them.

*Fidelity measures:*

- ✓ *Does the organization have a staffing chart that identifies CHWs' place in the organizational structure and workflow?*
- ✓ *Has the PCHW team provided colleagues (both within their organization and in partner organizations) with information and orientation about their job description, roles, and communication channels?*

*Best practice in action: A PASOs Affiliate was struggling with how to effectively use the PCHW's services and skills. Because she was not regularly in the office during clinical hours, they weren't comfortable with how to refer patients to her, communicate directly with her, and understand more deeply about how she works with their patients. One of the ways that the PASOs PCHW addressed this situation was to make sure to attend the monthly staff meetings and bimonthly clinical team meetings, and the clinic manager added PASOs as a standing agenda item at those meetings. This regular opportunity to discuss her work and how it fits with the clinical services, as well as having a "touchpoint" opportunity to build relationships with the clinical staff, has helped everyone feel like the PASOs PCHW is more of a part of their team.*

- **A living-wage-salary** ~ That CHWs come from the community that they serve is an essential feature of the CHW model. This means CHWs are more likely to come from communities of disadvantage, and may lack economic stability. Therefore, it is important for them to have a consistent and fair salary, as opposed to being paid by the encounter, or by the patient. Salaries must be a living wage, or the program will be vulnerable to high levels of disruptive turnover. *Do not mistake a lack of formal education or formal work experience for lack of PCHW qualifications.* Their "lived experience" with the community they serve is a critical key to their success.

*Fidelity measures:*

- ✓ *How does the PCHW salary compare to the recommended range on the living wage calculator at <https://livingwage.mit.edu/>?*

*Best practice in action: Some states have instituted doula payment programs that require doulas to register with the state as a provider and receive limited reimbursements per-delivery or per-encounter. At BirthMatters, however, they have committed to a more reliable salary structure. "Providing steady income and benefits to our community-based doulas is a way to prevent burnout from day one," says Molly Chappell-McPhail, Director of Advocacy and Expansion. "This work can be heavy, and in addition, the doulas have to be on-call for the deliveries 24 hours a day. It's important to support the doulas well, because they are the magic of the program."*

- **Reflective supervision, intensive mentoring, and professional development** ~ PCHW supervisors should invest significant time and energy to supporting PCHWs. PCHWs' work may involve constant and personal contact with patients and clients at high levels of stress. Because they are out in the community, there is less distance – both physical and emotional – between them and their clients than traditional service or clinical providers. In addition, some PCHWs may have less experience in the professional environment of a social service or clinical provider's office, and may benefit from extra help adjusting to it.

*Fidelity measures:*

- ✓ *What is the ratio of PCHWs per supervisor?*
- ✓ *Do PCHWs and their supervisors have regular rounds or check-in meetings? How often?*
- ✓ *Have all PCHW Supervisors completed a CHW Supervision Workshop?*
- ✓ *Do the PCHW Supervisors' job descriptions and weekly responsibilities establish sufficient time allocated for PCHW supervision and mentoring?*

*Best practice in action: At BirthMatters, reflective supervision means modeling the problem-solving support that doulas give their participants. "It's about believing that you can. These doulas have so much community knowledge, and we invest in them with training and guidance. They know the community side of the work, and our supervisors knows the business side. We can blend those constructively" – Amber Pendergraph-Leak, Executive Director.*

### 3. **Clinical and social service care partners allow the PCHW to participate in case reviews, coordinate care plans, and/or inform clinical services.**

- PCHWs offer a valuable service both to families and care providers by being a bridge, or link, between them. This functions best when there are clear and explicit communication plans between the PCHW and care partners, such as regular meetings and frequent, user-friendly methods of contact.

*Fidelity measures:*

- ✓ *Does the PCHW team meet on a regular basis (monthly, quarterly, etc) with clinical and social service providers whose work intersects with the PCHWs?*
- ✓ *Do the PCHWs and clinical and social service providers communicate and collaborate on patient / client care plans or referrals?*

*Best practice in action: SCORH / Family Solutions coordinates several stakeholder engagement meetings on a regular basis. One of these meetings is a clinical case review, in which the PCHWs discuss their participant's care plan with their clinical care provider. This gives both the clinician and the PCHW an opportunity to learn from each other and better serve their mutual patient. In one case, a clinician's practice was preparing to discharge a pregnant FS participant from their practice due to excessive "no-shows." The PCHW understood that the participant did not feel comfortable enough with their clinical provider to share some of their barriers to attending appointments. In this case, the provider was routinely scheduling prenatal care appointments early in the mornings to fit their clinical practice. This particular patient did not have their own car and relied on the Medicaid van for a ride to the clinic. While this is a valuable service, the pick-up and drop-off times can be highly variable, and they often came at times when the patient had to prepare her other children for school. Working together, the PCHW and prenatal care provider identified later appointment options for the patient and developed better communication with the patients for sharing transportation problems.*

#### 4. Unique support for each family

- **Strength-based, client-centered care** ~ The strengths-based approach contrasts with the problem-based approach of much clinical care. PCHWs help the participants identify and draw on their own strengths to meet their needs and challenges. Being client-centered contrasts with provider-centered care, in which the clinician is the expert that doles out information and recommendations to the patient. The client-centered approach means that PCHWs encourage participants to identify, prioritize, and address their own determinants of health.

*Fidelity measures:*

- ✓ *Do the PCHWs have a documented care planning process that identifies the clients' priorities and action steps?*

*Best practice in action: Center for Community Health Alignment's CHW Core Competency training covers client-centered concepts, repeatedly practicing the skills. Some CHWs who have experience in helping fields are accustomed to taking the lead on deciding what information and resources to provide to clients and have to adjust to this different approach. "We frequently hear CHWs immediately want to jump into a participant interaction with lots of brochures and advice and plans. We have to practice with them to step back and let the participant lead, first finding and recognizing the strengths and resources that they have. Then we can help out in a supporting role, to provide the referrals and information that the participant identifies that they want. It takes practice, but it's worth it!" -Dom Francis, CCHA Training Coordinator.*

**"One of the key roles for CHWs is to hold onto hope for your clients, even in times when they can't hold it for themselves.**

Recognizing your clients' strengths and assisting them to draw upon those strengths as you work together should underlie all of your interactions with your clients."

- Foundations for Community Health Workers, the textbook CCHA uses in their CHW Core Competency Trainings

- **In the community, including participants' homes** ~ PCHWs meet their clients where they are, not expecting the clients to come to them. This means they conduct home visits and community outreach and should not be expected to stay in the office for the majority of their work hours. They also may not always have traditional schedules of Monday-Friday 9:00-5:00; they may better reach their clients on evenings or weekends. This flexibility helps break down the barriers that many families have to addressing their needs or seeking help, including transportation, lack of understanding of resources, intimidation, prohibitive work or childcare schedules, and others.

*Fidelity measures:*

- ✓ *Does the PCHW have budget and flexibility to conduct home visits and community outreach?*

*Best practice in action: SCORH / Family Solutions team members are flexible and willing to work non-traditional hours when necessary. "24-7 we do a lot of community outreach. We do health fairs, set up at stores, partner with the libraries, host community events... A lot of that is on Saturdays. But it's really important - because when they see your face a lot out in the community, they remember" - Tracy Golden, Senior Program Manager. In addition to outreach, sometimes it's necessary to see the participants for one-on-one meetings outside regular office hours, if that's what they need. Even though they have to be flexible, team members collaborate to make sure they stay within their expected number of hours per week, to avoid both human burnout and budget overruns.*



## 5. Evaluation and improvement

- **Collect, analyze, and report data** ~ PCHW programs use this information to strengthen and expand their service to the community.

*Fidelity measures:*

- ✓ *What information is the PCHW collecting on their activities and clients?*
- ✓ *What information is the PCHW team compiling, analyzing, and reporting regularly?*

*Best practice in action: BirthMatters shared data with evaluators from the Institute for Child Success (ICS) as part of their feasibility study for a “Pay For Success” program with the City of Spartanburg. ICS found BirthMatters “...is promising and has financial benefits,” ultimately recommending it for the financing strategy<sup>56</sup>.*

- **Share data and celebrate successes with partners and the community** ~ As part of the focus on strengths-based work, emphasizing the power of their clients and communities, it’s important for PCHW programs to publicly and joyfully share their triumphs and accomplishments. This can be in the form of graduations, participant family reunions, or recognition luncheons, for some examples.

*Fidelity measures:*

- ✓ *How does the organization share evaluation information with the community and collaborators?*
- ✓ *What successes and celebrations does the organization plan regularly?*

*Best practice in action: SCORH / Family Solutions has held an annual “Infant Mortality Awareness Luncheon” in Orangeburg for 13 years. This has become a major event for the community, routinely attracting over 500 attendees from across the state and region. In addition to inspirational and informational speakers, the event honors families that have completed their programs and received scholarships for their further education. “Family Solutions’ Infant Mortality Awareness Luncheon is one of my favorite things every year; it really brings me back to the meaning and purpose behind what we do. It’s so gratifying to see these amazing mothers get some recognition for all they’ve overcome and accomplished, and keeps me motivated to continue supporting this work.” – Birth Outcomes Initiative member*