CENTER FOR COMMUNITY HEALTH ALIGNMENT

Perinatal Community Health Workers in South Carolina

The EACH Mom & Baby Collaborative

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Who are CHWs?

- Frontline public health worker
- Trusted member of and/or has an unusually close understanding of the community served.
- Serves as an intermediary between health and social services and the community
- Facilitates access to services and improves the quality / cultural competence of services
- Builds individual and community capacity by increasing health knowledge and self-sufficiency
- Outreach, community education, informal counseling, social support and advocacy.

APHA
AMERICAN PUBLIC HEALTH ASSOCIATION
For science. For action. For health.

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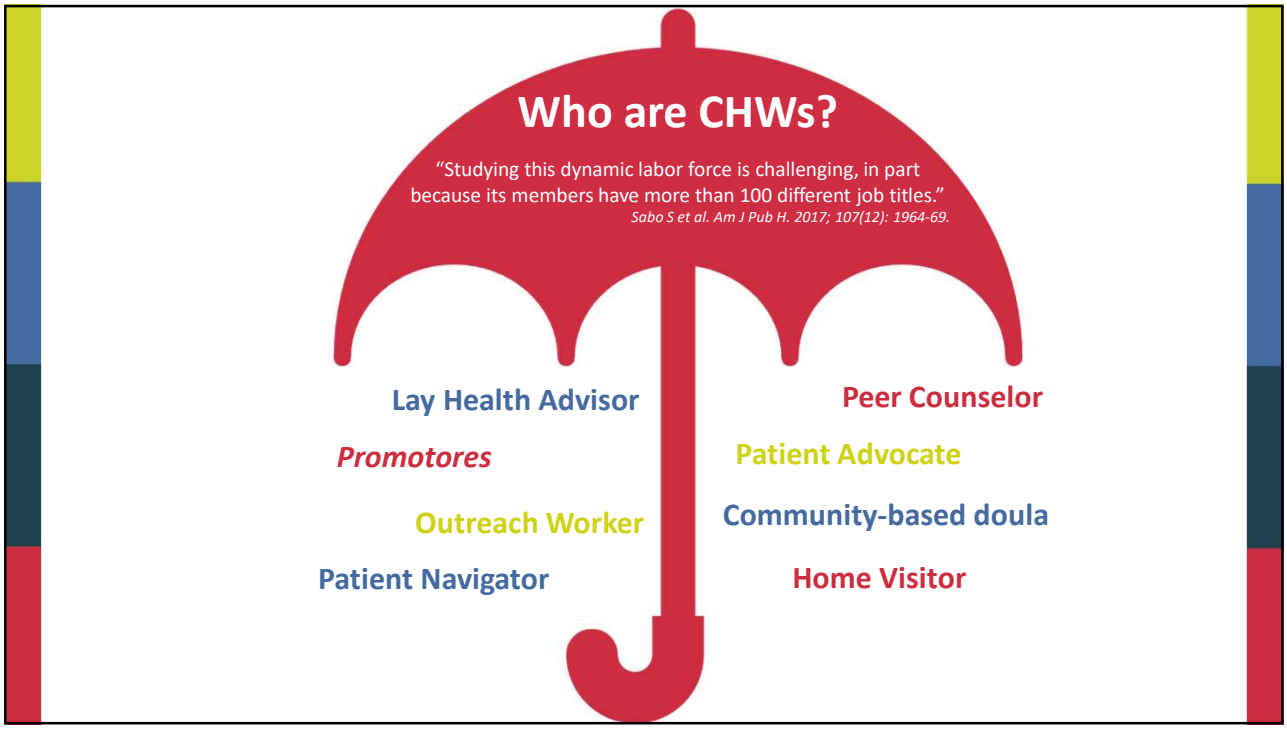

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Core CHW Roles
Cultural mediation among individuals, communities, and health and social service systems
Providing culturally appropriate health education and information
Care coordination, case management, and system navigation
Providing coaching and social support
Advocating for individuals and communities
Building individual and community capacity
Providing direct service
Implementing individual and community assessments
Conducting outreach
Participating in evaluation and research

Core CHW Competency Domains
Communication
Interpersonal and relationship-building
Service coordination and navigation
Capacity building
Advocacy
Education and facilitation
Individual and community assessment
Outreach
Professional skills and conduct
Evaluation and research
Knowledge base

The Community Health Worker Core Consensus Project
TTUHSC EL PASO

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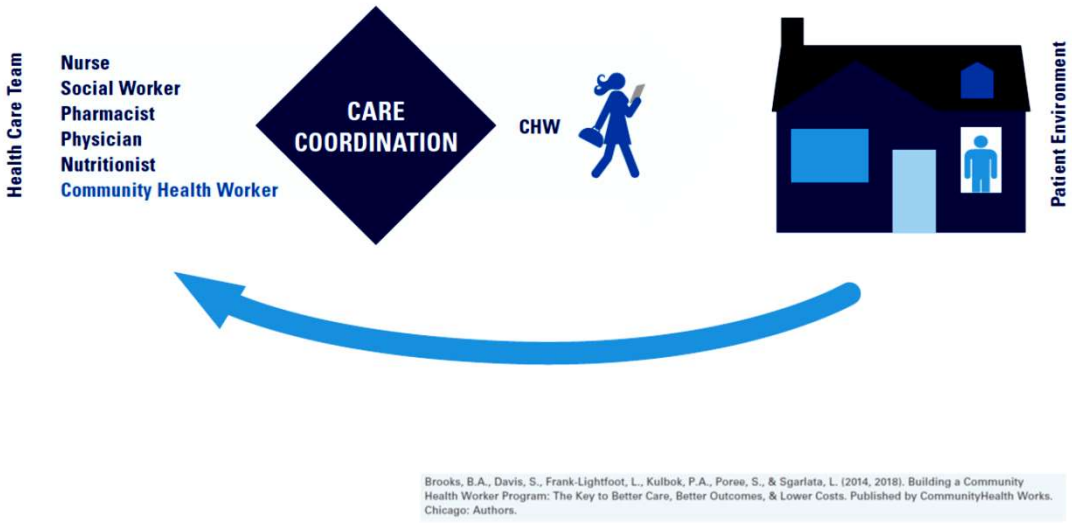

Brooks, B.A., Davis, S., Frank-Lightfoot, L., Kulbok, P.A., Poree, S., & Sgarlata, L. (2014, 2018). Building a Community Health Worker Program: The Key to Better Care, Better Outcomes, & Lower Costs. Published by CommunityHealth Works. Chicago: Authors.

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Professional organizations

CDC

Integrating CHWs into Clinical Care Teams & Community is a **best practice**

www.cdc.gov/dhdsp/pubs/guides/best-practices/chw.html

Institute of Medicine

CHWs **offer promise** as a community-based resource to increase racial and ethnic minorities' access to health care and as a liaison between healthcare providers and the communities they serve

www.ncbi.nlm.nih.gov/books/NBK220363/

World Health Organization

CHWs are **effective in the delivery** of a range of preventive, promotive and curative health services, & can contribute to reducing inequities in access to care

WHO guideline on health policy and system support to optimize community health worker programmes. Geneva: World Health Organization; 2018. P.13

Community Preventive Services Task Force

Strong evidence of effectiveness for interventions that engage community health workers in a team-based care model for diabetes management, cardiovascular disease, and cancer screenings

www.thecommunityguide.org/search/community%20health%20workers

American Hospital Association™ / National Urban League

A majority of published studies show a **positive impact** of CHW-based interventions on health outcomes or resource utilization, relative to limited interventions or usual care

www.aha.org/guidesreports/2018-10-17-building-community-health-worker-program-key-better-care-better-outcomes

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National CHW Evidence Highlights

Systematic reviews find CHWs associated with:

- Improved function among older adults
  Kennedy MA et al. J Am Geriatr Soc. 2021;69(6):1670-1682
- Cancer prevention
  Roland KB, et al. Health Equity. 2017;1(1):61-76.
- Cardiovascular risk reduction
  Kim K et al. Am J Public Health. 2016;106(4):e3-e28.
  Brownstein JN, et al. Am J Prev Med. 2007;32(5):435-447
  Norris SL, et al. Diabet Med. 2006;23(5):544-556.)
- Cost effectiveness
  Attipoe-Dorcoo S, etal. Am J Prev Med. 2021;60(4):e189-e197
- Improved equity in access to and utilization of care
  McCollum R et al. BMC Public Health 2016; 16: 419;
  Viswanathan M et al. Med Care 2010; 48(9):17
- Effectiveness in reaching hard-to-reach, vulnerable populations experiencing inequities
  Kim K et al. Am J Public Health. 2016;106(4):e3-e28
  Norris SL, et al. Diabet Med. 2006;23(5):544-556.)
  Weaver A, et al. J H Care Poor Underserved. 2018;29:159-180

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National CHW Evidence Highlights

Published RCTs associate CHWs with:

- Decreased rehospitalization among older adults & people with multiple chronic conditions
  Coleman EA, et al. Arch Int Med. 2016;166:1822-1828
  Kangovi S et al. Am J Public Health. 2017;107(10):1660-1667.
- Improved HbA1C levels
  Perez-Escamilla R, et al. Diabetes Care. 2015;38(2):197-205
  Spencer MS, et al. Am J Pub H. 2011;101(12):2253-2260
  Kangovi S et al. Am J Public Health. 2017;107(10):1660-1667.
- Improved cholesterol and BP levels
  Becker DM, et al. Circulation. 2005;111(10):1298-1304
  Gary TL, et al. Prev Med. 2003;37:23-32
  Kangovi S et al. Am J Public Health. 2017;107(10):1660-1667
- Increased cancer screening rates
  Attipoe-Dorcoo S, et al.. Am J Prev Med. 2021;60(4):e189-e197
- ROI of $2.47 for every dollar invested, from the perspective of a Medicaid payer
  Kangovi S et al. Health Affairs. 2020;39(2):207-213;.; JAMA Int Med. 2014;174(4):535-543.)

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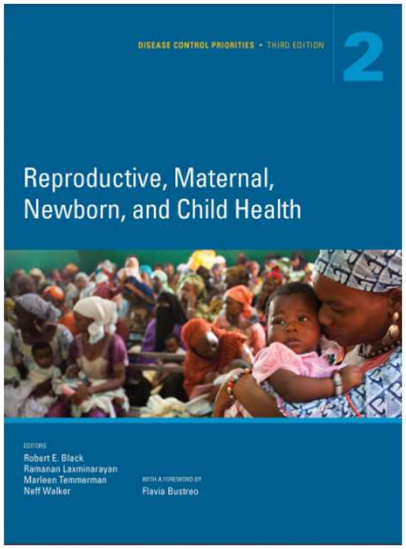
CHWs with Perinatal Focus

Much research comes from Low- and Middle-Income Countries

- Decreases in neonatal mortality and fetal deaths
- Increased breastfeeding
- Increased immunizations
- Increased "appropriate care seeking" for illness
- Improved child nutrition status



Lewin S, et al. Cochrane Database of Systematic Reviews 2010(3).
Gogia S, Sachdev H. Journal Perinatol. 2016;36:S54-S72.
Lassi ZS KR, Bhutta ZA. Community-based Care to Improve Maternal, Newborn, and Child Health. In: Black R, Laxminarayan R, Temmerman M, Walker N, eds. Reproductive, Maternal, Newborn, and Child Health. 3 ed. Washington, DC: The World Bank; 2016.

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CHWs with Perinatal Focus

Cohort studies of PCHW programs with populations of focus have found improvements in:

- Breastfeeding & solid food introduction
- Adequacy of prenatal care
- Inpatient admission or triage visits during pregnancy
- Attendance at the postpartum visit
- Postpartum contraception use
- Prematurity & low birthweight
- C-section rates
- Decreased costs

Cunningham SD et al.. Am J Public Health. 2020;110(6):836-839.
Pan Z et al. Am J Public Health. 2020; 110(7): 1031-1033.
Hussaini SK et al. Matern Child Health J. 2011; 15: 225-233.
Sabo S et al. BMJ Open. 2021;11(6).
Hussaini SK et al. Matern Child Health J. 2011; 15: 225-233.
Sabo S et al. BMJ Open. 2021;11(6).
Edwards RC et al. Pediatrics. 2013;132 Suppl 2:S160-16.
Hans SL et al. Inf Mental Health J. 2013;34(5):446-457.
Redding S et al. Matern Child Health J. 2015;19(3):643-650.

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Perinatal CHWs in South Carolina

BirthMatters
empower prevent plan

- **Community-based doulas**
- **Medicaid-eligible mothers <24 years old in Spartanburg**
- **24 weeks gestation → the first postpartum year**
- **Approx. 45 visits**
- **Continuous support during labor and delivery**

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About doulas

Services

- **Community-based doula**:
  - CHW that provides labor support
  - Home visits pre- & post-natally
- Birth doula:
  - Labor support
- Postpartum doula:
  - Info and assistance for families of newborns

Payment models

- **Community-based doula**:
  - Services provided at no cost to the family
  - Largely funded through philanthropy and grants
- Private-practice doula:
  - Families pay independent doulas directly
- Hospital-based doula:
  - Funded through hospital or fees

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Perinatal CHWs in South Carolina

Wofford matched cohort study – n=93
BirthMatters' patients had:

- ~ Lower rate of c-sections - 23.7% compared to 26.6%
- ~ Lower rates of NICU admissions – 6.5% compared to 11.7%
- ~ High rates of breastfeeding – 90% compared to the statewide rate of 83%
- ~ High rates of LARC uptake – 68 out of the 93 patients had one placed (73%)

Cochrane

Continuous labor support is associated with:

- Increased rates of vaginal deliveries / fewer c-sections
- Shorter labors
- Improved APGAR scores
- Decreased negative feelings about childbirth experiences.

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS
Society for Maternal-Fetal Medicine

"Published data indicate that one of the most effective tools to improve labor and delivery outcomes is the continuous presence of support personnel, such as a doula… this resource is probably underutilized."

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Perinatal CHWs in South Carolina

- **4 rural, underserved counties of South Carolina (Orangeburg, Allendale, Bamberg, and Hampton)**
- **PCHWs & MSWs culturally matched to the women and families**
- **Approx 20-24 home visits over 18 perinatal months**
- **MSW → mothers who need more intensive counseling**
- **Community Action Network & Provider Action Network**

SOUTH CAROLINA OFFICE OF RURAL HEALTH
FAMILY SOLUTIONS

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Perinatal CHWs in South Carolina

SOUTH CAROLINA OFFICE OF RURAL HEALTH
FAMILY SOLUTIONS

- From 2000-2009, the African-American infant mortality rate in the FS service area decreased from 19.7 per 1,000 live births to 6.3
- In 2017, the FS service area had a rate of 4.1 per 1,000 live births, compared to the state rate of 11.9.
- In 2019, 100% of FS participants attended their postpartum visit, which is a major Healthy Start goal.

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Perinatal CHWs in South Carolina

PASOs™
Educate. Connect. Advocate.

- "**Health Connections**" helps families address their social determinants of health (SDOH) through resource navigation.
- "**Connections for Child Development**" - CHWs screen children for developmental milestones & connect with needed care
- "**Strengthening Systems of Care**" collaborates with partner organizations to build their capacity to effectively serve Latino families.

Pasos ~ Steps
Confianza ~ Trust built through interpersonal relationships
Compromiso – Deep commitment to service

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Perinatal CHWs in South Carolina

AMCHP ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

innovation hub AMCHP | Explore. Build. Share.

Cutting-Edge | Emerging | Promising | Best

- **Health Connections -** 82% of participants in 2018 reported that they completed their goal
  - Renewing Medicaid / other insurance
  - Connecting with healthcare providers
  - Selecting a birth control method
  - Signing up for WIC
  - Resolving a SDOH like transportation, housing, education, or legal assistance
- **Connections for Child Development** - screened over 800 children for developmental milestones with the ASQ-3 in 2018. While completing screenings, families also set goals with the CHWs such as connecting with a pediatrician or finding a specialist.
- **Systems of care -** In 2018, PASOs CHWs partnered with 230 organizations, documenting 30 process changes to improve services to Latino families
  - Hiring bilingual staff
  - Eliminating citizenship documentation requirements

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Best practices

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Best practices

1. Design the PCHW job description and scope of work that aligns with and takes full advantage of PCHW core qualities, skills, and roles
   - Non-clinical support providers
   - Full-scope, client-centered practice

Non-clinical support providers ~
- Focus is families' self-identified SDOH
- Not clinical, and do not "take the place" of clinical staff such as nurses, social workers, or counselors
- Carefully managed scope of work

Full-scope, client-centered practice ~
- Integrate without co-opting
- Work at the "top of their skills"

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2. Engage and support the best PCHWs
   - Lived experience in the community you are seeking to help
   - Training and certification through an accredited curriculum
   - Full integration into the workflow of the organization
   - A living wage salary
   - Reflective supervision, intensive mentoring, and professional development

Best practices

Lived experience in the community ~
- Intimate understanding of their struggle, assets, and characteristics
- Assist with establishing trust with families
- Means to empower community members

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.

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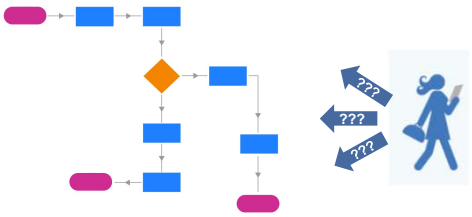
Best practices

Trained with accredited program ~

Full integration into the organization's flow ~
Ensure all team members know:
- What PCHWs do
- What PCHWs don't do
- How it fits in
- How to collaborate



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Best practices

Living wage salary ~
- Lived experience with community may mean they come from disadvantage
- Salary + benefits = less turnover & burnout

Supportive supervision ~
- Constant & personal contact with families at high levels of stress
- Less distance – both physical and emotional – between PCHWs & families
- Less experience in the professional environment

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Best practices

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

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Best practices

4. Unique support for each family
   - Strengths-based, client-centered care
   - In the community, including participants' homes

In the community
- Meet clients where they are, not expecting the clients to come to them
- Home visits + community outreach = not in the office 9-5 M-F
- Breaks down the barriers that many families have with addressing their needs or seeking help

Strengths-based, client-centered care
- Contrasts with care that is often:
  - Problem-based
  - Provider-centered
- Families identify, prioritize, and address their own SDOH

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Best practices

- 5. Evaluation and improvement
  - Collect, analyze, and report data
  - Share data and celebrate successes with partners and the community

Collect, analyze, and report data ~
to strengthen and expand services to the community.

Share and celebrate successes with the community ~
- Part of strengths-based work
- Emphasizes the power of participants
- Publicly and joyfully share their triumphs and accomplishments
- Graduations, family reunions, recognition luncheons, etc

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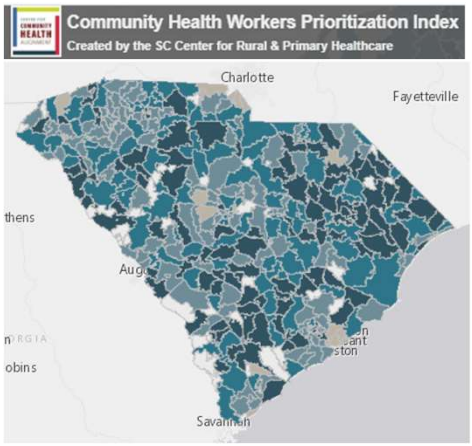
Where is the ideal fit for perinatal CHWs?

PERSISTENT NEED
- Clinical and social services haven't been able to adequately address alone
- PCHWs may be able to help better connect families & clinical / social services because of trust & individualized support



https://communityhealthalignment.org/chwindex/

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Where is the ideal fit for perinatal CHWs?

Where pregnant people and infants lack **continuity of care**

- Rural areas
- Areas that lack obstetric care
- Patients with health risks or financial need that routinely require them to transfer from one clinical practice to another
- Local providers don't give patients the option to have one main, trusted provider

Where there are particularly **vulnerable populations**

- Need extra support due to their social determinants of health
- Need extra trust built

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EACH Mom & Baby Initiative

BirthMatters empower prevent plan

CENTER FOR COMMUNITY HEALTH ALIGNMENT

SOUTH CAROLINA OFFICE OF RURAL HEALTH FAMILY SOLUTIONS

PASOs Educate. Connect. Advocate.

Intentional collaborative with the aim of:

- **Identifying best practices** of PCHW models of care in South Carolina
- **Increasing awareness** of CHW approach in the perinatal period
- Identifying **sustainable funding** for PCHWs
- **Expanding** the # of families who have access to PCHWs

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EACH Mom & Baby Initiative

3 sub-awards available to replicate PCHW models – up to $170,000 for 2 years

More information at
communityhealthalignment.org/capacity/perinatal-chw-toolkit/

For more information:
SC77@mailbox.sc.edu
(803) 200-2183

South Carolina FOUNDATION

The BlueCross BlueShield of South Carolina Foundation is an independent licensee of the Blue Cross Blue Shield Association.

LOI due by Friday, August 27 to Sarah

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