

# **Breakout 3C: Community Health Workers or Community Paramedics? Let's Talk About It!**

2023 Flex Program Reverse Site Visit

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# Community Health Workers & Community Paramedicine in Virginia

# Objectives

- Explain the role of Community Health Workers and Community Paramedics
- Discuss examples of CHW and CP work in Virginia
- Discuss lessons learned and areas for improvement

# Community Health Workers

- Individual(s) who (i) applies his(her) unique understanding of the experience, language, and culture of the populations he(she) serves to promote healthy living and to help people take greater control over their health and lives and (ii) is trained to work in a variety of community settings, partnering in the delivery of health and human services to carry out one or more of the following roles: (a) providing culturally appropriate health education and information; (b) linking people to direct service providers, including informal counseling; (c) advocating for individual and community needs, including identification of gaps and existing strengths and actively building individual and community capacity.

# Community Health Workers

- Licensed by the Virginia Certification Board
- Common Roles Consist of:
  - Community Mobilization and Outreach
  - Health Promotion and Coaching
  - Service System Access and Navigation
  - Care Coordination/Management
  - Community-Based Support
  - Participatory Research

# Community Health Workers- Successes

- Carilion Franklin Memorial Hospital
  - Health Efficiency Navigation Initiative (HENI)
    - Significant cost savings and lower burden by utilizing CHWs to screen patients in ED waiting room
- Local Health Districts
  - Blue Ridge Health District: COVID-19 resources/outreach to migrant farm workers
- Community Partners
  - Hero's Bridge: CHWs provided interventions to veterans and social determinants of health
    - COVID testing, meal delivery, assistance for home repairs

# Community Health Workers- Challenges

- **REIMBURSEMENT**

- Virginia Medicaid does not currently reimburse
- Most roles are funded through grants, creating the stress of sustainability

# Community Paramedicine

- Paramedic level EMS providers operating in expanded roles by assisting with public health and primary healthcare to include preventative services to underserved populations in the community. The goal is to improve access to care and avoid duplicating existing services.
- In Virginia, preferred framework is “Mobile Integrated Health”
  - Provision of non-emergent healthcare using patient centered, mobile resources in the out of hospital environment



# Community Paramedicine

- Used to monitor patients with healthcare needs not provided by home health
- EMS focused and driven
- Often for "friendly faces" folks who request frequent assistance from EMS
  - EMS will identify a "case load" of patients to follow
    - Can work on a number of patient needs

**CP utilizes a licensed paramedic to perform duties**

## Lessons Learned

- Community Health Workers VITAL to outreach (as seen throughout COVID-19 pandemic) in rural and underserved communities
    - Community trust that health officials did not have
  - Getting CHWs recognized by funders and health systems is necessary for long term sustainability
  - CP/MIH needs reimbursement for activities outside of pre-hospital care
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# Questions?

# State Offices of Rural Health Facilitating and Supporting Rural Health Care Partnerships

Sarah Andersen  
Oregon Office of Rural Health  
Director of Field Services

*The mission of the Oregon Office of Rural Health is to improve the quality, availability and accessibility of health care for rural Oregonians.*

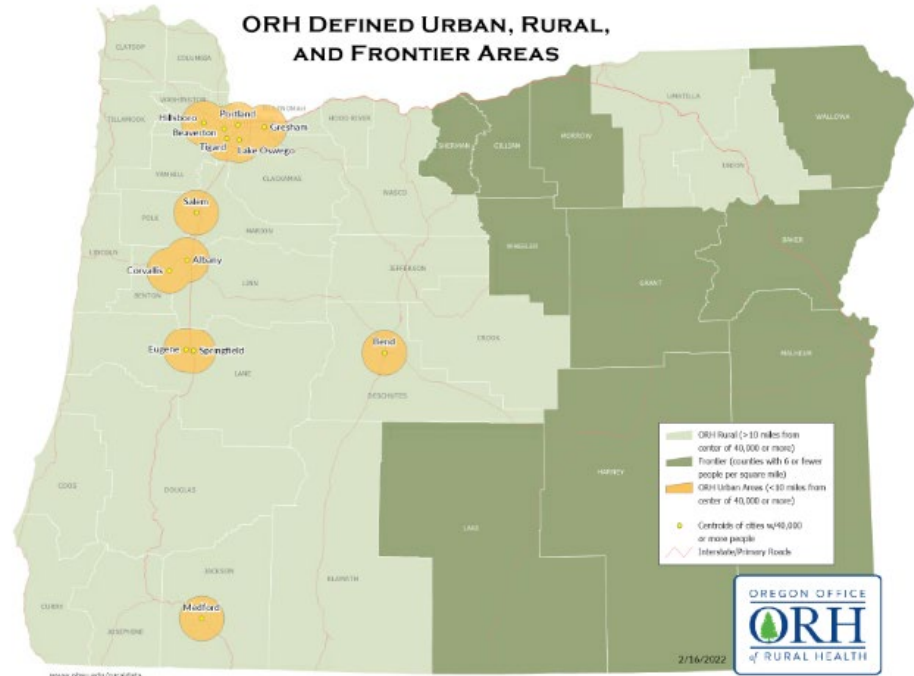
*The Oregon Office of Rural Health's vision is to serve as a state leader in providing resources, developing innovative strategies and cultivating collaborative partnerships to support Oregon rural communities in achieving optimal health and well-being.*

## Who We Are

- Mission
  - The mission of the Oregon Office of Rural Health (ORH) is to improve the **quality, availability** and **accessibility** of health care for rural Oregonians.
- Vision
  - ORH's vision is to serve as a state leader in providing **resources**, developing innovative **strategies** and cultivating collaborative **partnerships** to support Oregon rural communities in achieving optimal health and well-being.



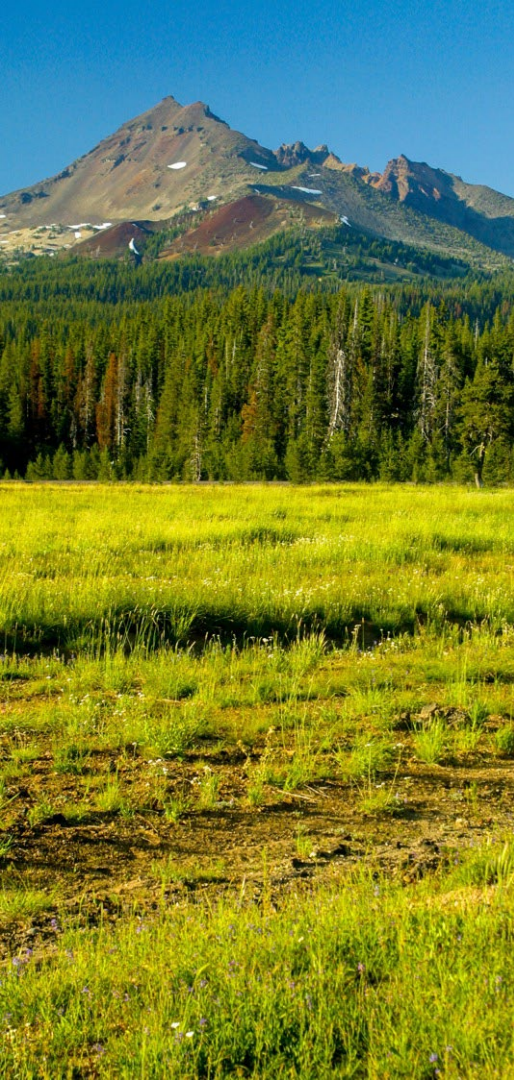
- As determined by ORH, the State of Oregon defines rural as “communities with a population of less than 40,000 and located 10 or more miles from the centroid of a population center of 40,000 or more”
- Oregon has a population of approximately 4.3 million, of which 34.8% live in rural communities





# HRSA Public Health Workforce Training Network Grant Healthy Rural Oregon Program: Building a Workforce for Community Health





## Healthy Rural Oregon Program

- Began as a pilot program through a CDC COVID-19-related Health Equity Grant to support rural and public health in the state
  - Train 50 Community Health Workers (CHWs) over two years to serve in rural Oregon
- HRSA Rural Public Health Workforce Training Network Grant (three-year grant)
  - Focus Areas and Goals
    - Community Health Support
      - Train 27 new CHWs
      - Cross-train 100 CHWs to meet the needs of employers
    - Community Paramedicine (CP)
      - 40 new trainees complete EMR/EMT and CP training and enter related jobs in their rural communities
      - Cross-train at least 24 currently-certified EMRs/EMTs as CPs



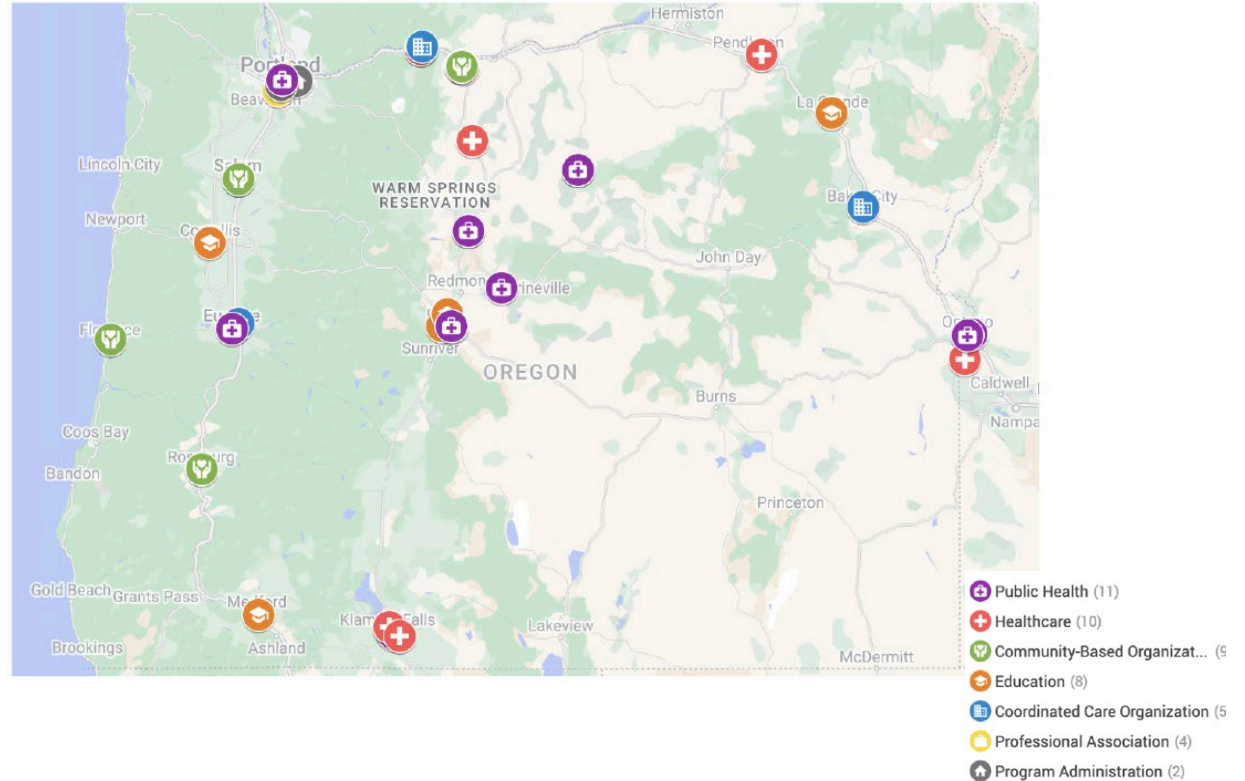


## Healthy Rural Oregon Program (cont.)

- Partnership between ORH (fiscal sponsor) and the Oregon Coalition of Local Health Officials (subawardee to coordinate program) and 48 network partners
  - Public health
  - Rural health clinics and FQHCs
  - Community colleges
  - Coordinated Care Organizations (administer Oregon Medicaid)
  - Traditional health worker training programs
  - Community-based organizations



# Healthy Rural Oregon Program: Network Partner Map

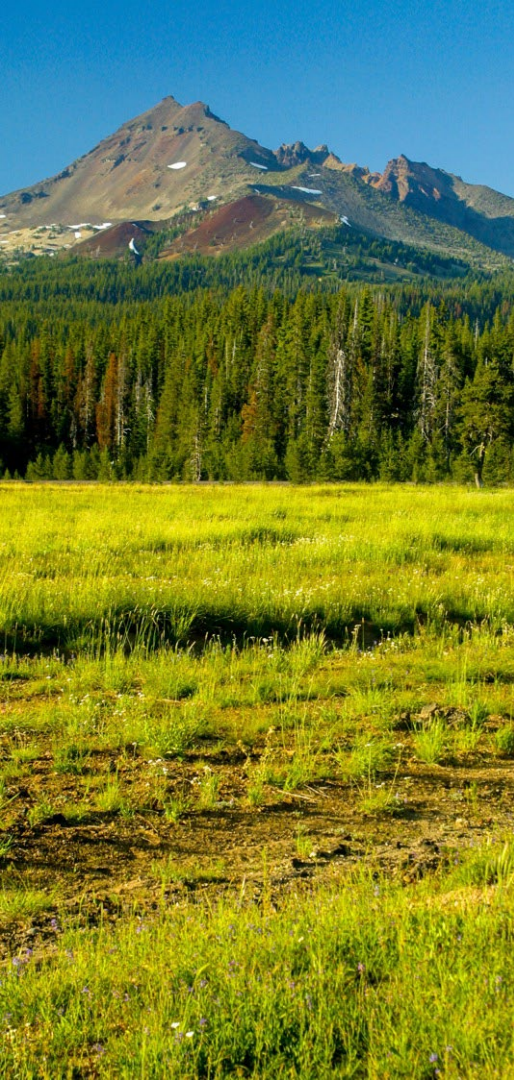




## Healthy Rural Oregon Program | Components of CHW Training

- Initial certification
  - Six-week/120 contact hour hybrid or fully remote program
  - 25 students per cohort/~\$1,200 tuition/student
  - Curriculum includes:
    - Patient education/group facilitation strategies
    - Relationship-building and strategies to support behavior change
    - Community advocacy and community organizing
    - Case management
    - How to manage home visits
    - Recovery, resilience, and wellness models
    - Public health essential knowledge (i.e., social drivers of health, disease prevention, health across the lifespan, cultural competency, and trauma informed care)





## Healthy Rural Oregon Program | CHW Cross-Training

- Cross-training opportunities
  - Medical assistants
  - Healthcare interpreters
  - Doulas
  - Peer Support Specialists
  - Billing and coding
- Why?
  - Meets the staffing needs of clinics and hospitals
  - Helps address sustainability of CHWs at the facility

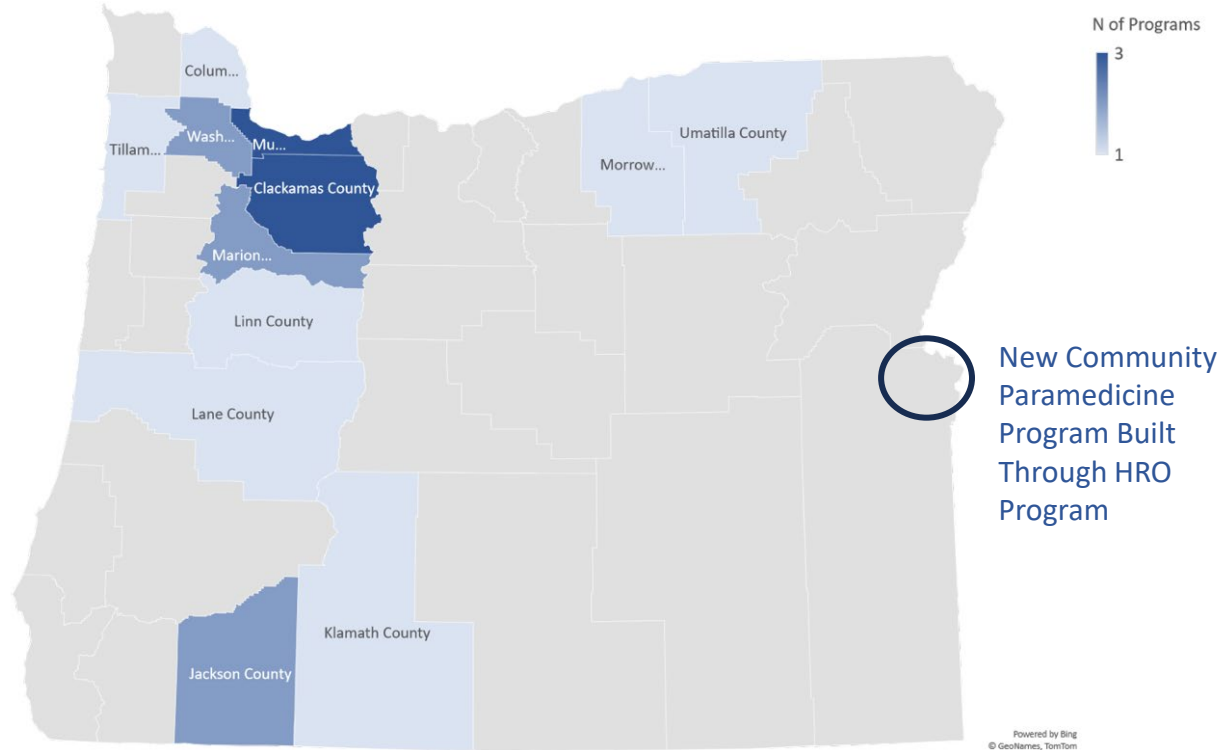


## Healthy Rural Oregon Program | Community Paramedicine Program

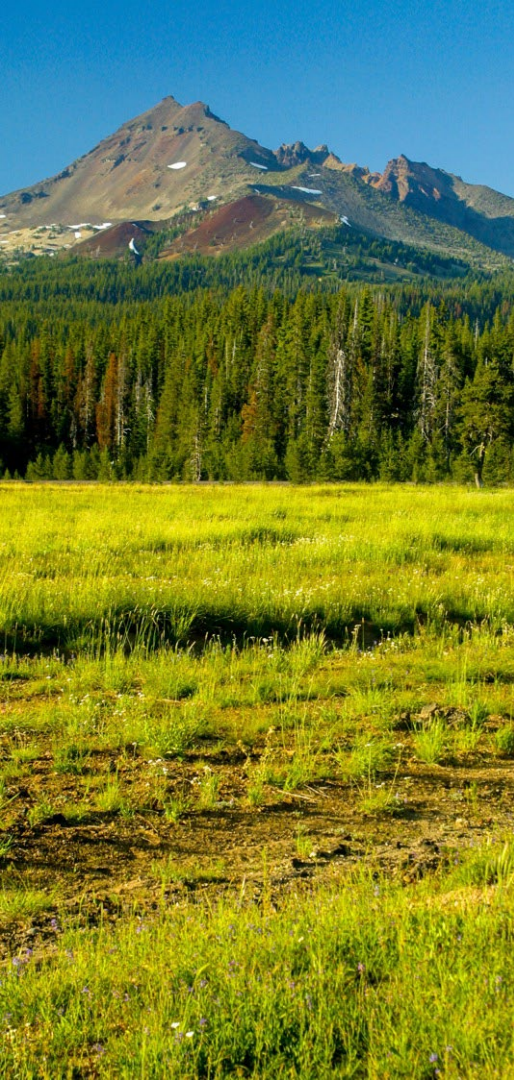
- Initial certification
  - Requires current EMR/EMT (or higher) certification
  - 28 didactic hours and 20 clinical hours
  - 15 students per cohort/~\$4,000 tuition/student (includes cost of curriculum development)
  - Curriculum includes:
    - Introduction to Community Paramedicine and Mobile Integrated Health
    - Motivational interviewing
    - Wellness and nutrition
    - Hospice and palliative care
    - Mental health and substance use
    - Geriatrics
    - Pediatrics/children with special health care needs
    - Endocrine, respiratory, and cardiovascular disease
    - Clinical rotations



## Community Paramedicine Programs in Oregon







## Healthy Rural Oregon Program Outcomes

- Year One Outcomes
  - 29 new CHWs trained
  - 40 existing CHWs cross-trained in employer and community-relevant programs
  - 48 network partnerships created (doubled since beginning of grant)
  - 16 Oregon rural counties served
  - 5 EMRs trained
- Year Two Goals
  - 40 new CHWs trained
  - 18 existing CHWs cross-trained
  - New accredited, completely online CHW program for rural students
  - Maintain and increase partnerships
  - 11 EMR/EMTs trained
  - 15 Community Paramedics trained
  - EMS workforce assessment (via Flex)



## Lessons Learned

- Partnerships (with MOUs) are essential!
- CHW payment limited in Oregon/no Medicare reimbursement
  - Medicaid covers at ~\$35 per hour; but limited with barriers to getting payment
- Fully in-person or hybrid not realistic for rural students
  - Entered into contract with OHA to expand fully remote CHW training options
- Need for student barrier removal support
  - Laptops/iPads
  - Transportation reimbursement
  - Childcare reimbursement
- CP services not billable
- Lack of EMRs/EMTs/Paramedics makes recruitment challenging
- Workforce issues also impact whether EMS agencies can allow students to train because it may leave too many staff unable to respond while in school



Thank you!  
Questions?

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