

DC | HEALTH

Using the Community to Reach the Community: Ending the Epidemic with Community Health Workers and Peer Responders

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DISCLOSURES

Shea Davis, Kenneth Pettigrew, Leah Varga, and Ashley Coleman have no relevant financial or non-financial interests to disclose.

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Commercial support was not received for this activity.

LEARNING OUTCOMES

**AT THE CONCLUSION OF THIS ACTIVITY,
PARTICIPANTS WILL BE ABLE TO:**

1. Summarize the benefits of using Community Health Workers (CHW) and Peers
2. Design a public health model that includes CHWs and Peers
3. Apply best practices when supporting CHWs/Peers and building capacity for their roles

ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA



Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.



Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



ENDING THE HIV EPIDEMIC IN DC

90% of those living with HIV know their status

90% of those who know their status are engaged in care

90% of those in care are virally suppressed

50% reduction in new infections



The graphic features a grid of colorful dots in shades of yellow, pink, blue, and green. Three circular inset photos are overlaid on the grid: a green circle showing three people in a park, a pink circle showing a woman smiling, and a blue circle showing a man smiling. The DC logo is in the top left corner.

WE ADF
DC

Mayor Muriel Bowser

90/90/90/50 Plan

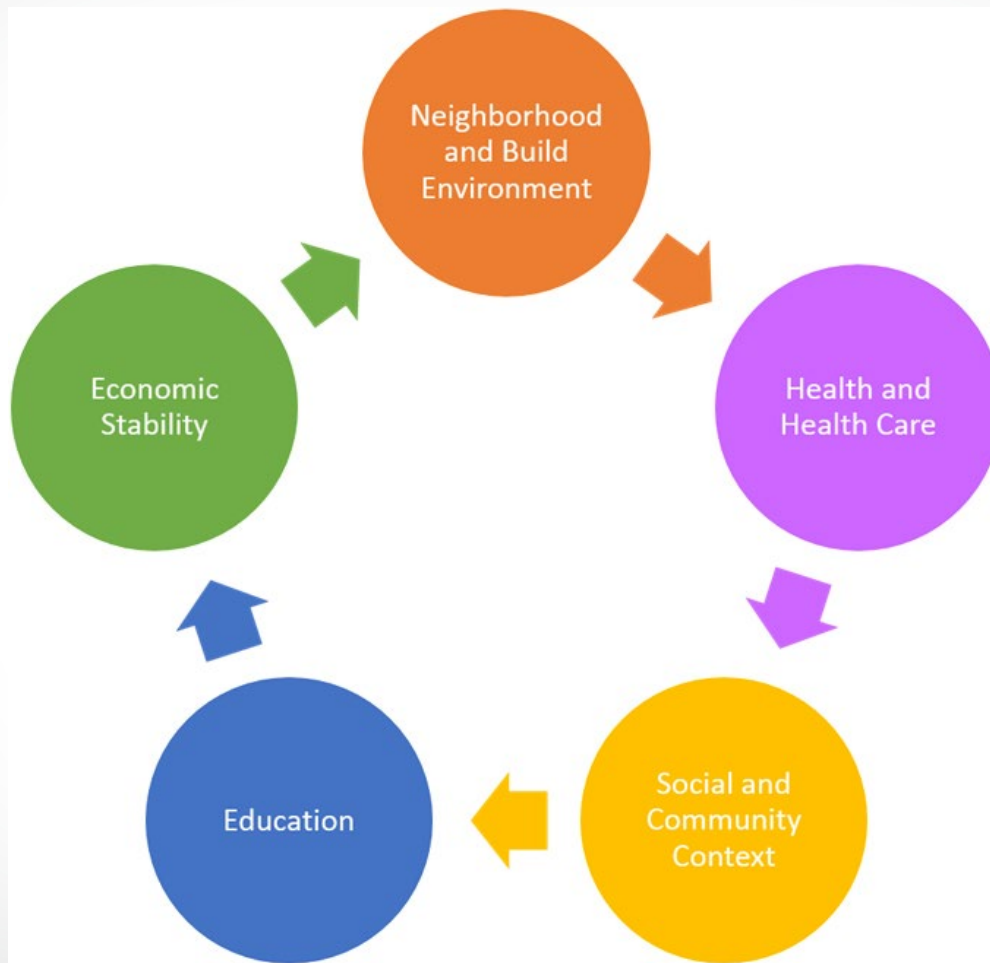
Ending the HIV Epidemic in the District of Columbia by 2020

DEH
Department of Health

WALKING THE
TALK
PARTNERSHIP

DC
DC APPLESEED
Solving DC Problems

ENDING THE HIV EPIDEMIC IN DC



ENDING THE HIV EPIDEMIC IN DC

EXPAND THE USE OF COMMUNITY HEALTH WORKERS AS A COMPONENT OF HIV CARE AND TREATMENT

- Multiple levels of integration in EHE Planning
- Feedback from Community
 - Ryan White Needs Assessment
 - Provider Needs Assessment

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**PROGRAM MODEL #1: RYAN
WHITE COMMUNITY HEALTH
WORKERS**

RYAN WHITE COMMUNITY HEALTH WORKERS (CHW)

THE PURPOSE OF THE PROGRAM

- Improve health outcomes for people living with HIV/AIDS (PLWHA)
- Utilize people from the community, preferably people living with HIV, to provide early intervention services
- Include CHWs in patient care and wrap-around services at Community Based Organizations and Federally Qualified Health Centers
- Provide professional opportunities for PLWHA to become CHWs and work alongside medical case managers and other healthcare workers

RYAN WHITE COMMUNITY HEALTH WORKERS (CHW)

DEVELOPMENT OF THE PROGRAM

Plan: As part of DC Health's Early Identification of Individuals with HIV/AIDS (EIIHA) plan, new strategies were developed to embed CHWs in Community Based Organizations (CBOs) and Federally Qualified Health Centers (FQHCs).

- DC Health offered the following options to Ryan White providers:
 1. Positive Pathways: CHW training institute that trains and deploys CHW to Ryan White providers
 2. Directly hire CHWs from the community and provide in-house training and support within the agency

RYAN WHITE COMMUNITY HEALTH WORKERS

IMPLEMENTATION

- **Option #1: Positive Pathways** was funded by AIDS United, through a 5-year grant (2011-2015) from the Social Innovation Fund. Other funders, such as DC Health, provided matching funds.
- Positive Pathways established a network of trained peer community health workers (CHWs) who were placed in clinical and non-clinical settings with the goal of identifying and supporting out-of-care HIV-positive individuals.

RYAN WHITE COMMUNITY HEALTH WORKERS

IMPLEMENTATION

- **Option #2: Direct Hire:** In 2011, DC Health approved Ryan White providers to include CHWs under their Medical Case Management budget. Providers were responsible for hiring, training and supervising their CHWs. Training was delivered internally and/or externally.
- **Services:** Both options required CHWs to provide Early Intervention Services, which included identifying, testing, educating, linking, and retaining high-risk negatives and HIV positive people to care.

RYAN WHITE COMMUNITY HEALTH WORKERS

PROGRAM RESULTS

- After the five year grant with Positive Pathways, their evaluation results showed that 12 months after a client enrollment, 78% of participants had a suppressed viral load.
- Both program options increased linkage to medical care and social support services
- DC Health has continued to fund CHWs and has approximately 25-30 Ryan White providers who hire, train and supervise CHWs.
- Depending on the agency and the funding stream, CHWs work under different job titles, but still share similar roles and responsibilities (i.e. Non-medical case management, navigators, peers, etc).

LESSONS LEARNED

Pros	Cons
<p>Option #1:</p> <ul style="list-style-type: none">• Funding a single CHW training institute standardized CHW training• CHWs became an important part of wrap-around services• The training institute provided a network of support and continued education for CHWs• Viral suppression increased	<p>Option #1:</p> <ul style="list-style-type: none">• Not all RW CHWs participated in the standardized training, creating inconsistencies in service delivery.• Lack of training to support CHW Supervisors• Only a 5 year grant
<p>Option #2:</p> <ul style="list-style-type: none">• CBOs hand-pick CHWs who best fit their organization.• CBOs include CHWs to their RW budgets• CHWs are important part of wrap-around services	<p>Option #2:</p> <ul style="list-style-type: none">• No set standards for CHWs in DC• CHW training varies depending on the agency• Inconsistent roles and expectations• Lack of training to support CHW supervisors

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**PROGRAM MODEL #2:
HEALTH IMPACT SPECIALISTS**

HEALTH IMPACT SPECIALISTS

THE PURPOSE

- In 2015 HAHSTA received a four-year demonstration grant from CDC. The project was focused on creating a system of care from men who have sex with men and transgender persons of color
- Our Senior Deputy Director charged the program team with developing a program that would give individuals in the community an opportunity for economic growth while simultaneously putting health resources in the community.
- The position would be an opportunity to help individual in community most impacted by HIV, move their career forward.
- Out of it was born Health IMPACT Specialists (H.I.S) more than peers, their role was to impact the health of individuals in the community while gaining professional development. They would become the Navigators of health and wellness.

HEALTH IMPACT SPECIALISTS

IMPLEMENTATION

The project reimagines workforce development:

- The project is more than a workforce development project. It addresses social determinants of health. It is a model for activating social justice and empowerment.
- The project would give resources to members of the focus population while providing resources to the community.
- Participants of project would be select as result of community referrals. It is low barrier acceptance.

IMPACT SPECIALISTS

IMPLEMENTATION

The project reimagines workforce development:

Career advancement and realignment (CAR) expands the concept of workforce development through three key components. (1) It sustains the belief that organizations and industry should provide trainings to best respond to current and future service needs. (2) It intentionally recognizes that the development of an individual is driven by the person and the needs of the industry/organization. (3) It aims to create strategic partnership and tools that will support meaningful support to both individuals and organizations.

Advancement as a component responds to the needs associated with growth. These include, but are not limited to, goals at increasing one's capacities or formal position title within an organization or formal education or vocational training.

IMPACT SPECIALISTS

IMPLEMENTATION

The project reimagines workforce development:

Realignment is the component that supports development as concept of shift. Shifts can occur as a result discovering a new interest, impacts of life and working industry, and possibly the attainment of previously created goals. Examples might include the launching of a second or new career interest, changing departments within the same organizations, redefining job descriptions, etc.

CAR is a strength-based concept that recognizes the strengths in all individuals and how those strengths are the foundation of individual and industry growth.

HEALTH IMPACT SPECIALISTS

IMPLEMENTATION

The project reimagines workforce development:

CAR a vehicle for that carries resources to participants and community

To date over 70 individuals have participated in the project of which at least 80% have gone on to find full time employment with community-based organizations,

HEALTH IMPACT SPECIALIST

LESSONS LEARNED FOR THIS MODEL

Pros	Cons
<ul style="list-style-type: none">• Participants in the project have opportunity work at a DC government agency• Program provides professional development and career pathing.• Individuals can participate in the program for up to 18 months• Community base organizations expand their personnel portfolio• Low barrier entrance into the program	<ul style="list-style-type: none">• Low barrier access to the project can create challenges with regards to skill and performance• Some community-based sites find it difficult supervise IMPACT Specialists• Some participants view this a program and not a "real" job

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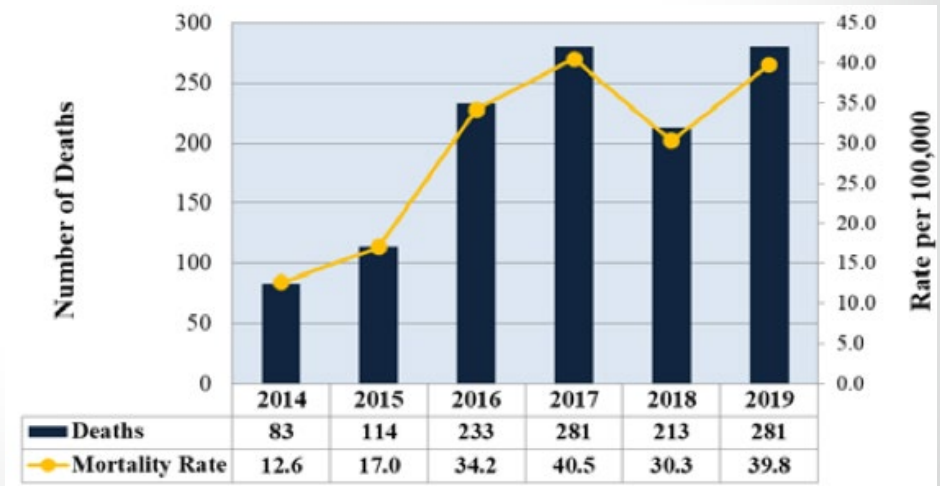
**PROGRAM MODEL #3: RAPID
PEER RESPONDERS**

RAPID PEER RESPONDERS

THE PURPOSE OF THE PROGRAM

- Address drug user health through a harm-reduction lens
- Reduce fatal opioid overdoses
- Provide job opportunities to PWUD

Number and Rate of Fatal Opioid Overdoses by Year 2014-2018



RAPID PEER RESPONDERS

DEVELOPMENT OF THE PROGRAM

- **Who we hire:** individuals who have lived experience with SUD with identified employment deficiencies
- **Oversight:** Hired through a contracting agency, supervised by Health Department staff
- **Hours/ Period of Employment:** 6-month period, 20 hours per week
- **Pay:** \$20/ hour
- **Number of peers:** 8
- **Training:** DC Health provides training. Emphasis is on harm-reduction and linkage MAT

RAPID PEER RESPONDERS

IMPLEMENTATION

- Outreach to identify individuals who have experienced an overdose
- RPRs have completed the following activities in their 7 months of outreach:
 - Identified 108 new overdose survivors**
 - Distributed 4,012 units of naloxone
 - Transported 6 individuals to a MAT appointment
 - Transported 2 individuals to HIV treatment

**We did not start collecting this information until 4 months into the program

RAPID PEER RESPONDERS

LESSONS LEARNED FOR THIS MODEL

Pros	Cons
<ul style="list-style-type: none">• DC Health has direct oversight and can quickly respond to data• 6-month employment provides more individuals with opportunities• DC Health facilitates connections for peers• DC Health has resources to train peers• Some peers prefer to work part-time (I.e. helpful for maintaining benefits, to go back to school/ certification)• RPRs have flexibility in where they refer participants	<ul style="list-style-type: none">• RPRs prefer job-security by not having a 6-month end date• Some RPRs prefer full-time opportunities• Challenging to develop a schedule for part-time employees, including training• Hard to take ownership over a program w/ part-time employment

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LESSONS LEARNED

LESSONS LEARNED

- Standardizing CHW training and certification equips CHWs with the tools necessary to work with individuals living with chronic illnesses, thereby resulting in, retention in care and improved health outcomes.
- Increase Health Department capacity to provide effective and culturally appropriate care and treatment service delivery.
- As a government entity, hiring/contracting from individuals from the community comes with its own set of challenges to be addressed.

PROGRAM MODEL COMPARISON

	Ryan White Community Health Worker	IMPACT Specialists	Rapid Peer Responders
Employed By:	<ul style="list-style-type: none"> • CBO 	<ul style="list-style-type: none"> • DC Health 	<ul style="list-style-type: none"> • Staffing agency
Deployed To:	<ul style="list-style-type: none"> • CBO 	<ul style="list-style-type: none"> • CBO 	<ul style="list-style-type: none"> • DC Health
Training Provided By:	<ul style="list-style-type: none"> • CBO 	<ul style="list-style-type: none"> • DC Health 	<ul style="list-style-type: none"> • DC Health
Length of Position:	<ul style="list-style-type: none"> • No set time limit 	<ul style="list-style-type: none"> • Up to 18 month 	<ul style="list-style-type: none"> • 6 months
Full-time/Part-time Status:	<ul style="list-style-type: none"> • Both 	<ul style="list-style-type: none"> • Full Time 	<ul style="list-style-type: none"> • Part-time
Service Area:	<ul style="list-style-type: none"> • HIV and STD Services 	<ul style="list-style-type: none"> • HIV/Navigational Health 	<ul style="list-style-type: none"> • Harm-reduction/ Drug-user health
Average Salary:	<ul style="list-style-type: none"> • \$40-50k/ year • Varies per CBO 	<ul style="list-style-type: none"> • \$31,000 	<ul style="list-style-type: none"> • \$20/ hour • \$41,000/ year

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RESULTS AND RESPONSE

RESULTS AND RESPONSE

HOW DID WE USE THE LESSONS TO MOVE FORWARD?

- Over 100 CHWs are employed under the three pilot programs
- Over 40 agencies have CHWs at their sites
- DC Health is working on CHW certification
- Plan to hire full-time RPRs in the fall 2020
- DC Health has embedded the IMPACT Specialists project into its Ryan White programs permanently
- While the IMPACT Specialist project remains low barrier access, screenings are now conducted to assess appropriateness

STANDARDIZATION FOR CHW AND PEERS

Rapid Peer Responders: DC Health is developing a standardized training plan for harm reduction peers

IMPACT Specialists: DC Health is developing an onboarding process across all divisions regardless of funding stream and/or focus area

DC CHW Standardization and Certification: DC Health's EIIHA committee is standardizing the profession of CHWs District-wide. This allows CHWs the opportunity for professional development and career advancement. The goal is to ultimately make CHWs a billable and standardize profession in DC.

- Steps of Implementation
 - Needs Assessment
 - Development of Workgroup
 - Monthly Meetings
 - Legislation

Questions

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Answers

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THANK YOU!

CONTACT US!

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