

Contracting Model

The Compelling Case for Community Health Workers

Health systems and the health services sector are increasingly interested in the role Community Health Workers (CHWs) can play in decreasing costs, improving health care, and increasing equity. Their roles range from connecting people to medical and social services, to organizing communities to identify and address health inequities. They have been essential members of communities for generations, and of health systems around the world for more than 50 years.

The Model for Contracting with CHWs

While some health systems may choose to hire CHWs as employees, at times it can be most beneficial to all parties to hire them on a contract basis.

With support from Health Share of Oregon, the Oregon Community Health Workers Association has built the ORCHWA Contracting Model that includes several benefits:

- Health systems can obtain the services of culturally specific CHWs employed by Community-Based Organizations (CBOs).
- CBO-employed CHWs have full-time positions with benefits and a living wage (increasing retention).
- A dedicated supervisor offers trauma-informed and reflective support.

ORCHWA Suite of Services

In addition to full-time positions at a living wage and supportive supervision, ORCHWA provides wrap-around services to CHWs, so they can be highly successful in their work:

Training

ORCHWA provides initial and ongoing training based on popular education methodology. This training builds on what CHWs already know based on their life experience and helps them enhance their skills, knowledge and sense of empowerment. It also qualifies successful graduates for CHW certification in the State of Oregon.

Steering Team

Most successful CHW programs are designed and driven by CHWs themselves, not just by administrative staff. Thus, the ORCHWA Model Steering Team includes all CHWs from a given region as well as their supervisors and other program staff. It may also include funders and research and evaluation staff. The Steering Team is the primary decision-making body, driving programmatic and evaluation direction. It meets at least monthly and more frequently as needed.

Clinical Supervision

As members of communities most affected by inequities, many CHWs have experienced historical trauma. In their work, they are exposed to vicarious trauma. For that reason, successful CHW programs provide trauma-informed and reflective supervision from an on-site task supervisor and a mental health professional. For CBOs unable to provide clinical supervision on their own, ORCHWA provides both group and one-on-one clinical supervision by contracting with staff with at least a master's degree in social work.

Evaluation

Program evaluation indicators in the model are consistent with the CHW Common Indicators (CI) Project—the only national-level effort aimed at identifying common process and outcome indicators in the CHW field. ORCHWA staff and collaborators lead the CI Project, which is funded by the Centers for Disease Control and Prevention. Indicators are tracked using Efforts to Outcomes, an online case management database that is also used to track CHW outcomes in other programs around the country.

Questions about the ORCHWA Model? Please contact Edna Nyamu (ednaglena@orchwa.org) or Noelle Wiggins (noelle@orchwa.org), Interim Co-Executive Directors.