

GRADE: 6
DIVISION: Director's Office – Center for Community Health Improvement

BACKGROUND INFORMATION:

The Center for Community Health (CCH) represents an exciting opportunity for Tulsa. Funded through the Saint Francis Health System (SFHS), the goal of the partnership is to improve health disparities in Tulsa community, decrease re-admission rates and inappropriate emergency room usage, and increase the use of primary care providers to improve patient health outcomes.

POSITION SUMMARY:

The Community Health Worker (CHW) is a team member to help the CCH attain program success and to improve the health and wellbeing of patients. The CHW position works under the supervision of the Director of the CCH. The employee works with a team of health care professionals to provide patients with opportunities to improve their health and assist individuals in their communities to adopt healthy behaviors. CHWs will primarily work out in the community with previously identified patients and will have office space at SFHS. The employee provides information on available resources, provides social support, advocates for individuals and community health needs, and provide health maintenance services such as blood pressure screening. Responsibilities will include case management, documentation of each patient contact, general health management skill building and training to reduce barriers to help patients access appropriate health care services. CHWs will work closely with medical providers, primary care teams, THD, and other agencies to improve patient care and outcomes. Implement effective strategies for linking "High Risk" uninsured and underinsured clients to primary care/medical homes; increase access to appropriate health care and community based services; assist individuals in improving health status; and promote behavior change in using the health care delivery system.

PRINCIPAL DUTIES/RESPONSIBILITIES:

The following functions represent most of the duties performed by the position. The description is not meant to be all-inclusive or prevent other duties from being assigned when necessary:

ESSENTIAL JOB FUNCTIONS:

1. Create a trusting, comfortable, and respectful environment that fosters partnership and continual engagement with "High Risk" clients from all backgrounds through ongoing contact.
2. Provide focused case management and risk reduction services by conducting home visits and/or linking clients to the most appropriate venue for entry into the health care delivery system to include primary health care providers, medical home, specialty care services, and emergency department utilization for chronic disease and lifestyle management.
3. Coordinates care with SFHS physicians, SFHS/CCH case management, and other staff to provide coordinated care for patients.
4. Coordinates as needed with Tulsa Health Department services, Morton Comprehensive Health Services, and other community partner resources.
5. Increase patient understanding of preventative and maintenance health care by providing education and resource information.

6. Act as patient advocate by providing social support and bridging gaps in client's service by conducting patient/health education and assisting in setting follow-up appointments.
7. Notifies clinical team and clinical coordinator regarding changes in: behavior, nutrition, exercise, substance abuse, medication compliance, and other issues as related to the care plan for the patient.
8. Assist in facilitating workshops, events, and community-based classes/education sessions related to chronic disease management and prevention awareness screenings.
9. Participates and attend regularly scheduled supervision meetings; be prepared to share both successes and pitfalls of case management.
10. Provide culturally and linguistically appropriate services to assigned clients.
11. Maintain complete and accurate documentation of all activities and reports through computerized entry in accordance with program standard, guidelines and THD requirements.
12. Attend regular peer group meetings for networking and information sharing for optimal care management and navigation.
13. Other duties as assigned including those required to fulfill activities in support of public health emergency operations.

QUALIFICATIONS/SPECIFICATIONS:

Education: High school diploma required. Associates Degree a healthcare, social services, or adult health program preferred.

Experience: Previous experience with low-resource families, home visitation programs, engaging culturally diverse families in health and social services, is preferred. Healthcare background or education preferred

Certification: Community Health Worker Certificate required within twelve (12) months of hire is a condition of continued employment.

Skills and Knowledge:

- Knowledge of community resources and services
- Ability to practice cultural humility
- Excellent interpersonal communication skills in order to communicate effectively with peers and to maintain productive working relationships with agency partners
- Ability to prepare reports and communicate program goals and activities effectively both orally and in writing
- Skill in operating a personal computer and smart phone applications
- Bilingual (English/Spanish/Burmese) preferred
- Understanding of healthcare delivery processes
- Demonstrated patient care skills

Licenses/Certification:

- Valid Oklahoma driver's license

INTERNAL AND EXTERNAL WORKING RELATIONSHIPS:

- Regular internal contact with various staff to coordinate meetings and facilitate referrals for the target population
- External contact with outside agencies to coordinate referrals and link clients to appropriate services

PHYSICAL EFFORT:

- Communicate: Frequent phone communication with "High Risk" clients; Must be able to exchange accurate information over the phone, email, use an enterprise SMS text messaging platform, and face to face
- Operate: Constant operation of computer, phones and other office productivity machinery
- Must be able to climb one to four flights of stairs (2-50 steps)
- Must be physically and psychologically able to tolerate varying working conditions that will be found while conducting home visitation.

SUPERVISORY RESPONSIBILITY/ACCOUNTABILITY:

Direct Supervision: None

Indirect Supervision: None

Budget/Money/Material: Responsible for assigned equipment

Reports to: Director of Center for Community Health Improvement

WORKING CONDITIONS:

- Must be able to work and record in an area of moderately high noise level, visual distraction and little privacy
- Must feel comfortable visiting patient homes and working with patients in diverse socioeconomic communities

SPECIAL REQUIREMENTS:

- Must maintain THD record confidentiality according to HIPAA regulations
- Must possess ability and willingness to perform job-related travel (e.g., home visits, community events, training, meetings)
- Verifiable good driving record and reliable transportation to conduct home visits
- Maintain appropriate confidentiality and follow agency guidelines and regulations regarding the release of patient, provider, or agency information.

FLSA Status: *Non-Exempt*