The Journey of A Nurse and Community Health Worker: Interprofessional Collaboration in a Nurse Managed Health Center

Vanessa K. Baldwin, BSN, RN
Institute for Urban Health Partnerships
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Objectives

1. Identify the clinical practice strategy of collaboration with Community Health Workers (CHWs) to expand community nurse case management services.

2. Describe the journey of creating a collaborative interprofessional practice.

3. Illustrate the benefits of the BSN nurse - CHW interprofessional collaborative practice strategy for an African American Diabetic population.
Clinical Strategy

1. The Lundeen Comprehensive Community-based Primary Health Care Model brings health services into the lives of people in community settings that are familiar to them. (Hong & Lundeen, 2009)

2. Example: Nurse Managed Health Centers provide primary health care, prevention and health promotion services in collaboration with trusted community-based organizations. (Lundeen, 1993, 1999)

3. Community Health Workers live in the community and know the people in the community. (CDC, 2011)

4. Result: delivery of health services through a unique team approach
Health Promotion for Chronic Disease Management

I.D. problem immediate needs

Education chronic disease

Prevention

Lifestyle modification

Self management

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Future of Nurse Case Management

Nursing Shortage

Longer Lifespan

*Less Time

*More Health Care Needs

*More Health Education Needed

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Vision Statement:
Our vision is to transform community health through bridging the gap between health services and community-based prevention.

Mission Statement:
Wisconsin Community Health Worker Alliance is a statewide collaborative. Our mission is to advance the professional CHW workforce and transform community health through education, advocacy, and research.

Expected Outcomes:
- Improved health care access, quality and cultural competence
- Improved health outcomes
- Increased size and diversity of workforce
- Reduced cost of care
- Reduced health disparities

http://milahec.org/wichwa/
The Journey

• My role, their role…whose role is it?
• The challenges of supervising CHWs
• Supporting CHW staff development
• The CHW ‘s perspective
• My acceptance
The Community Health Worker Assists the Nurse Case Manager

http://www.naz.edu/wellness/Health_WellnessWheel.jpg/view
Example: Nurse Case Management

Diabetes

Evaluation

Desired Outcome

Help I.D. problem needs

Time

Lifestyle modification

Education

Self Management

Support

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Example: Nurse Case Management with Community Health Worker

Diabetes
- Poor eating habits
- Doesn’t check blood sugars in AM & PM
- No exercise
- Recognizes client has little to no support system at home

Evaluation
- Helps plan healthy meals & goes grocery shopping with client
- They discuss ‘wellness’ things during walks
- Checks Blood sugars AM & PM
- Uses principles of health literacy in teaching

Positive Outcomes
- Lower blood sugar levels
- Better eating habits
- Takes brisk walks 3-5 times per week for 30 min

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References


