Community Health Teams and Implementation Teams for National Health Response



To assure effective societal action to protect public health, Implementation Teams must be established to support the development and services of Community Health Teams in neighborhoods and communities across the country. Purposeful, active, and effective implementation work (making it happen) is done by Implementation Teams. The functions of the Teams described here are required to establish or sustain a healthy, functioning society. Once in place, the teams stand ready to take on current and future challenges. COVID 19 is used here to illustration the separate, but dependent functions of both teams.

Community Health Teams

Community Health Teams consist of members who are selected, trained, and coached to conduct screening, testing, tracing, vaccination (when available), triage, isolation, and referral best practices. A multidisciplinary Community Health Team is responsible for carrying out health-related best practices for a catchment area consisting of 25,000 people or so (depending on population density and geography). Team members are proactive and seek out individuals so that health-related best practices reach everyone in a catchment area. The severity of COVID-19 dictates the extent to which isolation, modest care, intensive treatment, and hospitalization may be required. Based on screening and testing results, **triage** by the Community Health Teams will help to make efficient use of the existing medical services in each catchment area.

- 1. Universal screening and testing to locate those who have or may have COVID-19
 - a. Health scientists are working to develop a test that reliably detects the disease and promptly provides results so that immediate action can be taken
 - i. In the absence of a reliable and prompt testing procedure, **screening** can be done by Community Health Teams to detect fever, coughs, and other apparent symptoms
 - ii. An adequate **test** will reliably detect people who are contagious before they are symptomatic as well as those who are symptomatic
 - To be most useful for Community Health Teams, results must be available on-thespot to prompt immediate action by the team (something like a home pregnancy test)
 - iii. In the absence of a vaccine, Community Health Team members must have personal protective equipment and, along with others "on the front line," must be tested daily to avoid contracting and spreading the virus.
 - b. Proactive approaches to screening and testing will be done by Community Health Teams so that those who might be exposed are **found** and those who interacted with an infected individual are **traced**, screened, and tested to limit contagion
 - i. The goal is to target known outbreaks first while persisting in screening and testing all individuals in a catchment area
 - ii. In the absence of a vaccine, repeated screening and testing will be required to limit the spread of COVID-19

- 2. **When tests are positive**, Community Health Team members assure isolation and treatment protocols are followed for those who have COVID-19
 - a. **Isolation** protocols must be adhered to for the incubation period of the virus
 - i. Isolation prevents contagion and treatment is targeted to those with symptoms to reduce the burden on a health care system
 - 1. Existing health care systems must be equipped to respond to sick people including those with COVID-19
 - b. **Medical services** to alleviate symptoms and care for those who have COVID-19 can be provided by acute care and health workers that are serving those most ill in clinics and hospitals
- 3. When tests are negative, Community Health Team members can vaccinate (when the vaccine is available) each person to protect them from contracting COVID-19. Whenever a vaccine is developed and available, a Community Health Team can inoculate all individuals in its catchment area to develop "herd immunity."
 - a. For individuals who test negative, Community Health Team members provide **documentation** that permits each healthy individual to interact with others at home, at work, and in the community

Community Health Team functions will change over time as conditions change and as new approaches become available. For example, new testing methods may require new skills to administer effectively. And, when a vaccine becomes available, vaccinations can be done by the Community Health Team members as they contact and test each person in a catchment area. And, Community Health Teams may be tasked with observing for anxiety and depression and making appropriate referrals.

Implementation Teams

Establishing Community Health Teams is the responsibility of Implementation Teams. The knowledge, skills, and abilities needed by Community Health Team members are determined by the healthcare community, which might include public health nurses, physicians, psychologists, advanced practice nurses and others. Developing, supporting, sustaining, and scaling Community Health Teams effectively and efficiently involves the application of active implementation science. Implementation Teams consist of experts in active implementation practice and science.

Implementation knowledge and expertise are not commonly available for use in human services. The development of effective Implementation Teams is essential and can be done while working with medical professionals to establish the parameters of Community Health Teams and while testing those parameters in <u>usability trials</u>. Establishing implementation capacity is as important as developing an effective vaccine when considering solutions to this or other epidemics.

Recalling what worked to eradicate smallpox Foege (2011; p 192) stated, "The objective may be global, but implementation is always local. The strategy for smallpox eradication did not change from country to country, but the local culture determined which tactics were most useful. Only the specific locality can provide information on who is sick, who is hiding from the vaccinators, when people are available for vaccination, how to hire watch guards, or how to secure the cooperation of the community. In all cultures, an approach of respect for local customs is needed." Implementation Teams establish and sustain these tactics locally while maintaining a laser focus on the goal of limiting the spread and impact of the coronavirus.

- 1. implementation Teams work with leaders from healthcare, churches, business and industry, and others with a grounded knowledge of the community in a catchment area to **develop** a Community Health Team
 - a. The Implementation Team works with local leaders to <u>plan the details and amass the resources</u> to begin establishing a Community Health Team
 - b. The Implementation Team <u>prepares Community Health Team members</u> for their specific roles in a catchment area

- i. Community Health Teams are expected to do new work in novel ways while interacting with individuals in their homes and neighborhoods. <u>New skills being used in new contexts</u> requires purposeful use of active implementation supports to develop competencies and assure leadership and organization supports
- c. The Implementation Team <u>recruits and selects</u> Community Health Team members for basic skills and education
- d. The Implementation Team <u>trains and coaches</u> Community Health Team members to establish the range of competencies required to find, trace, and respectfully and effectively interact with individuals and families in a catchment area
- e. The Implementation Team conducts frequent <u>assessments of the performance</u> of the Community Health Team and documents specific outcomes
- 2. The Implementation Team supports the work of a Community Health Team in a catchment area
 - a. The Implementation Team establishes <u>leadership</u>, <u>organization</u>, <u>and system supports</u> to sustain and enhance the effectiveness of Community Health Teams in a catchment area
 - b. The Implementation Team assures the selection and operational definitions that will guide the use of <u>data to inform decision making</u> to cope with health concerns while allowing individuals to safely interact in public settings
 - i. The Implementation Team uses relevant data to <u>continually improve</u> Community Health Team performance and health outcomes
- 3. The Implementation Team sustains Community Health Teams in a catchment area
 - a. As turnover occurs, new Community Health Team members are prepared in a similar manner so they can rapidly contribute to Community Health Team performance
 - b. As resources expand or diminish, the Implementation Team adjusts supports for the Community Health Team so that the goals will continue to be accomplished
- 4. Implementation Teams scale Community Health Team nationally
 - a. An <u>implementation infrastructure</u> consists of cascading Implementation Teams where National Implementation Teams develop State Implementation Teams that develop Regional and Local Implementation Teams
 - Scaling high fidelity use of Community Health Team depends on scaling implementation capacity, the missing link between intention and accomplishment for the vast majority of national human service initiatives
 - ii. The estimated cost of establishing and operating cascading Implementation Teams and high performance Community Health Teams nationally for <u>one year</u> is less than the cost of <u>one week</u> of <u>CARES act</u> extra support for those newly unemployed by the coronavirus pandemic (as of April 16, 2020)
- 5. This new implementation and Community Health Team infrastructure can become a Bureau in the National Public Health Service
 - a. The Public Health Service has served to support other national initiatives (e.g. the <u>National</u> <u>Institute of Mental Health</u> became part of the Public Health Service to support the Great Society Programs)
 - b. The linked Implementation Teams provides an <u>agile and responsive infrastructure</u> so that new learning about "what works" to minimize the impact of a virus can be communicated nationally and rapidly employed at the local level
 - c. The linked Implementation Teams and Community Health Teams provide an effective, efficient, and enduring infrastructure for <u>rapidly responding</u> to future problems where health and safety are threatened

The AIRN Active Implementation Research Network® is a learning organization to advance implementation practice, research, and policy and to support the development of implementation science as a field and a profession.

Learn more About AIRN at: www.activeimplementation.org

This material is copyrighted by the authors and is made available under terms of the Creative Commons license CC BY-NC-ND



http://creativecommons.org/licenses/by-nc-nd/3.0

Under this license, you are free to share, copy, distribute and transmit the work under the following conditions:

<u>Attribution</u> — You must attribute the work in the manner specified by the author or licensor (but not in any way that suggests that they endorse you or your use of the work);

<u>Noncommercial</u> — You may not use this work for commercial purposes;

<u>No Derivative Works</u> — You may not alter, transform, or build upon this work.

Any of the above conditions can be waived if you get permission from the copyright holder.