ST. LOUIS INTEGRATED HEALTH NETWORK
POSITION DESCRIPTION

Position Title: **Community Health Worker (ELC/Maternal and Child Health)**

Position Purpose: Reporting to the Program Manager, Community Health Worker (ELC/Maternal and Child Health) the Community Health Worker (ELC/Maternal and Child Health) will respond to consumer needs for birthing persons and infants. The CHW will play an essential role in providing outreach, perinatal health education, and improving community knowledge on pregnancy and birth. The CHW (ELC/Maternal and Child Health) will respond to clients' both telephonically and in the field. The CHW will act as a liaison between primary care medical providers, social service agencies, community health departments, hospital systems, and local community organizations. The community health worker will help coordinate activities, deliver health coaching sessions, and provide community referrals for families in pregnancy and infancy. This role also provides individualized health literacy training to beneficiaries to increase self-sufficiency and their ability to advocate for equitable medical services. The CHW (ELC/Maternal and Child Health) will provide ongoing follow up and outreach and complete regular data entry.

About IHN Community Health Worker "Epidemiology and Laboratory Capacity (ELC)" Project:
The IHN have partnered with The MO Department of Health and Senior Services, Missouri Hospital Association and the STL Community Health Worker Coalition to increase referrals to community resources, clinical services and lifestyle change programs through CHWs working with clients at highest risk of poor health outcomes (or COVID -related illness) such as those with chronic conditions. The IHN will partner with DHSS, MHA and the CHW Coalition to develop and deploy a scalable, multisector collaborative birth equity model in high-risk areas of the St. Louis region designed to promote positive birth outcomes and eliminate disparities for minoritized and socially vulnerable populations using CHWs and other clinical community integration specialists.

Primary Responsibilities:
Care Transitions:

- Maintain a positive relationship with the medical team, clinical staff, and patients to act as a health promotion resource during intervention.
- Connect birthing persons monthly with the IHN model of care known as EleVATE (Elevating Voices, Addressing Depression, Toxic Stress and Equity) Group Prenatal Care and Behavioral Health techniques.
- Participate as a member of various teams as needed.
- Represent in meetings with providers, clients, and others.

Internal Patient Support:

- Help with screening and assessments of moms' designed to gather data about maternal and child health knowledge, attitudes, practices and services provided as well as the needs for physical, social, and psychological well-being, including the following domains: mood and emotional well-being; infant care and feeding; sexuality, contraception, and birth spacing; sleep and fatigue; physical recovery from birth; chronic disease management and health maintenance.
- Refer and provide direct 1:1 assistance to help clients obtain and consistently utilize health insurance, primary care and/or prenatal care services, family planning services and other needed community services such as WIC, substance abuse, domestic violence, mental health, etc.
- Schedule medical appointments, provide medical advocacy, and provide transportation for beneficiaries.
- Accompany birthing mother to at least first appointment with OBGYN (Obstetrician/Gynecologist), attend perinatal screening and/or pick up required prescriptions each month, as desired by the patient.
- Follow-up, as needed primarily for the purposes of closing gaps from social determinants of health.
- Make reminder appointment calls, and contact patients who have missed scheduled appointments when necessary.

Tracking and Documentation:

- Prepare and maintains appropriate tracking logs and documents of health promotion activities.

- Review, edit, translate and provide material feedback on maternal and child health education and health literacy materials.
- Ensure client confidentiality and abide by HIPAA.

Referrals and Community Navigation:

- Provides health information through community outreach, canvassing, group health education sessions, individual encounters, and home visits to assess client needs and concerns as they relate to their family, their community, and their health.
- Develops relationships with local health care and social services providers to create a robust, collaborative network to serve the community's needs- helping individuals and families meet basic social needs such as period supplies for postpartum mothers and diapers for mothers from the St. Louis Diaper Bank as well as family resources within the community such as libraries, museums, Family Resource Centers, Child Care Resource and Referral agencies, play groups, breastfeeding support groups, etc.
- Facilitates appointments and appointment follow-up with community agencies.
- Enhances communication between internal medical departments and external medical, social, and various community referral agencies.

Other:

- Attend and actively participate at required meetings.
- Assist with the implementation of new procedures and processes.
- Plan, organize, and participate health fairs and other public events.
- Reduce stigma and other barriers to initiating or continuing health care by providing culturally/linguistically competent, reliable information to both community members and health care providers.
- Participate in networking and coalition meetings that address the concerns of the assigned program area.
- Attend conferences as directed and/or assigned.
- Other duties as assigned.

Qualifications:

Industry:

- Credentialed Community Health Worker Preferred, or willingness to complete the 16-week certification program.
- CPR Certification preferred.
- Knowledge of Medicaid, managed care programs and social service agencies preferred.
- Prior experience working with community-based organizations, birthing people, people with chronic health disease/immunocompromised, uninsured and Medicaid population is preferred.
- Knowledge of health education, motivational strategies, and an empathetic manner working with the underserved preferred.
- Experience in a non-profit, social work, or related field is preferred.
- Prior experience in community health outreach or similar positions within a health care setting is preferred.

Technical:

- Basic administrative skills and is detail oriented and organized.
- Knowledge of health center protocols, policies, procedures and EMR.
- Proficiency with technology such as Microsoft Word, Microsoft Excel, Microsoft Office365, Virtual Meeting technologies, and Internet browsing software is required.
- Ability to prioritize work, use initiative and operate under tight deadlines.
- Must have reliable, personal vehicle with valid driver's license, state required automobile insurance and clean driving record.
- Associate degree or 2 years of relevant experience required.
- Ability to keep information confidential.

Interpersonal:

- Strong analytical, interpersonal, communication, and organization skills.
- Ability to work remotely in a self-directed manner and without close supervision.
- Strong stress management, problem solving and case management skills.
- Community relationship and reach is evident.
- Ability to build trust and maintain confidentiality with diverse populations.
- Demonstrate flexibility in addressing changing community needs and program environment.
- Ability to navigate the social service system and advocate for others.
- Ability to always maintain a professional attitude and demeanor.

Competencies:

Incorporates basic competencies into all aspects of the position, including:

- *Organizational Commitment:* Aligns behavior with the needs, priorities and values of the organization.
- *Service Orientation*: Has a genuine desire to help others, especially those in need; Derives satisfaction from serving others while remaining attentive to one's own wellness; Understands people's needs and overcomes obstacles in serving them.
- *Learning Orientation:* Values and seeks opportunities to learn; collects and uses information relevant to work-based problems.
- *Attitude Toward Change:* Adapts to and works effectively with a variety of situations, individuals, groups and systems.
- *Personal Effectiveness:* Takes initiative to do more than the minimum requirements of the job; Expresses self-confidence in stating opinions and when called upon to make decisions.
- *Achievement Motivation:* Sets challenging objectives and works to continually improve personal performance.
- *Interpersonal and Team Performance:* Builds and maintains positive relationships with people on the job; Listens effectively to understand others.
- *Values Diversity and Equity:* Treats all people with respect; seeks and considers diverse perspectives and ideas; provides a supportive work environment for a multicultural workforce; shows sensitivity to individual differences; treats others fairly without regard to race, sex, color, religion or sexual orientation; engages in personal reflection and development to address unconscious bias, demonstrates no tolerance for micro-aggressions; recognizes differences as opportunities to learn and gain by working together.
- *Quality Focus:* Minimizes errors and maintains high quality by checking or monitoring data and work in a timely manner, and by developing and maintaining systems for organizing work and information; actively explores ways to improve quality of output.
- *Problem-Solving Effectiveness:* Uses data and analytical thinking to identify problems and develop solutions.
- *Task Accomplishment:* Acts resourcefully to ensure that work is accomplished within specified time and quality parameters; Can focus effectively on more than one task or project at a time.
- *Proven Track Record and Requisite Skillset:* Has a demonstrated track record and/or possesses the requisite skill set required to accomplish the goals and objectives set forth by the IHN; the skills and expertise required include: an understanding of the delivery of local health care, and an understanding of government, regulations, policy and programs.
- *Leadership*: Exudes confidence in serving as a champion in the formation and implementation of the IHN's objectives.

Additional Information:

Position is full-time, exempt, 40- hours per week. This position is grant funded for a projected 14 months. This role is eligible for full IHN benefits, including the Employee Assistance Program (EAP).

Reporting Relationships:

The Community Health Worker (ELC/Maternal and Child Health) reports to the Program Manager, Community Health Worker (ELC/Maternal and Child Health).

Work Environment:
This position will include a combination of standard office environment, remote work, and 'field' time within the service delivery area to perform the above-outlined responsibilities. Majority of the work will also happen in the community, working one-on-one with clients, as well as IHN staff and partner organizations. Regular, travel for client visits may be required within a 60-mile radius. Travel is primarily local during the business day, although some out-of-the-area travel may be expected. The employee is constantly required to talk, hear, and operate a computer and mouse. The employee is frequently required to walk, bend, twist, push, pull, reach above shoulder and use hands to finger, handle, or feel. The employee will occasionally lift and/or move up to 20 pounds. Specific vision abilities required by this job include close vision and distance vision.

Salary Range:
$42,000-$47,000 depending on experience

Application Instructions:
Please email cover letter, resume, & reference list to the contact information below.

IHN CHW ELC Position
HR@stlouisihn.org

Timeline:
If invited to interview, virtual interviews may be scheduled as soon as 2/22.
Desired start date is as early as March 15, 2024.

About St. Louis Integrated Health Network:
MISSION OF THE INTEGRATED HEALTH NETWORK
Through partnership and collaboration, the St. Louis Integrated Health Network is a healthcare intermediary building capacity across sectors to advance health equity and improve wellbeing by increasing access to health and social services, with an emphasis on communities that have been historically excluded.

IHN GUIDING PRINCIPLES:
Our guiding principles reflect our most important organizational commitments. They underscore our priorities and inform the decisions, actions and agendas of our leadership and staff. Practiced with fidelity, these principles help to ensure the alignment of our mission and operations. We hold ourselves accountable to these principles and we seek partners who share our commitments to our principles.

Health Equity • Patient-Centered Orientation • Accountability
• Outcome-Focused Decision Making • Innovation