Presenters

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Benchmarks of an emerging profession

- Long history of community health workers (CHWs)
  - U.S. origins in anti-poverty programs and community health center movement (1960s)
  - CHWs long used in Europe, Asia, Latin America, Africa

- National organizing of and by CHWs (1990s onward)
  - APHA Special Interest Group → APHA Section
  - American Association of CHWs (2006-2009) → current organizing


- National workforce definition
  - Uniform Claim Committee provider code (2007)
  - Department of Labor Standard Occupational Classification (2010)
Emerging Profession (continued)

- Affordable Care Act (ACA) defines CHWs as health professionals (2010)
- CMS preventive services rule change (2013)
- Proliferation of post-ACA research, grants, and provider models integrating CHWs, including:
  - CDC integrated chronic disease treatment and prevention
  - State Innovation Models, Delivery System Reform Incentive Payments, Health Home State Plan Amendments
  - Accountable Care Organization standards, Accountable Health Communities
  - CDC 6|18 Initiative, HHS Million Hearts campaign
  - Hospitals and Community Health Centers
  - Telehealth, EMS integration, etc.
- State-based credentialing
Community Health Workers (CHWs) Training/Certification Standards

Current Status

- Legislation introduced
- Pending legislation; But has state-led Training/Certification Program
- Laws/Regulations Establish CHW Certification Program Requirements
- Statute Creates a CHW Advisory Board, Taskforce, or Workgroup to Establish Program Requirements
- No Law; But Has State-led Training/Certification Program
- Medicaid Payment for Certified CHW Services
- None
- Legislation Died

*AK does not have a state-run CHW training program, but statutorily provides community health aide grants for third-parties to train community health aides.

Last updated: 3/20/2016
The CHW is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.

This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.
The CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.

APHA Policy Statement 2009-1, November 2009
CHW Skills: CHW Core Consensus (C3) Project

1. Communication Skills
2. Interpersonal and Relationship-Building Skills
3. Service Coordination and Navigation Skills
4. Capacity Building Skills
5. Advocacy Skills
6. Education and Facilitation Skills
7. Individual and Community Assessment Skills
8. Outreach Skills
9. Professional Skills and Conduct
10. Evaluation and Research Skills
11. Knowledge Base
CHW Roles: CHW Core Consensus (C3) Project

1. Cultural Mediation Among Individuals, Communities, and Health and Social Service Systems
2. Providing Culturally Appropriate Health Education and Information
3. Care Coordination, Case Management, and System Navigation
4. Providing Coaching and Social Support
5. Advocating for Individuals and Communities
6. Building Individual and Community Capacity
7. Providing Direct Service
8. Implementing Individual and Community Assessments
9. Conducting Outreach
10. Participating in Evaluation and Research
CHWs work under many job titles

A few examples:

- Community Health Educator
- Outreach Educator
- Outreach Worker
- Enrollment Worker
- Health Advocate
- Peer Advocate
- Peer Leader
- Street Worker
- Youth Outreach Worker
- Family Advocate
- Family Planning Counselor
- Family Support Worker
- Patient Navigator
- Community Health Representative
- Promotores de salud
CHWs address diverse issues

- Chronic Disease
  - Asthma
  - Diabetes
  - Cancer
  - Cardiovascular

- Infectious Disease
  - HIV/AIDS
  - Sexually Transmitted Infections
  - Hepatitis C
  - Tuberculosis

- Early Childhood Intervention
- Parenting Education and Support

- Violence
  - Domestic
  - Sexual
  - Youth
  - Suicide

- Environmental Justice
- Emergency Preparedness
- Nutrition Services
- Tobacco Control
- Lead Poisoning Prevention
- Access to Social Services
CHWs work in multiple settings

- Hospitals
- Community health centers
- Managed Care Organizations
- Substance abuse service providers
- State and municipal health departments
- Community-based organizations
- Public housing authorities
- Schools
CHWs are distinct from other health-related professions.
Distinctive capabilities of CHWs in healthcare

- Establishing close relationships with patients based on shared life experience and unique community knowledge
- Building trust: overcoming power distinctions and mistrust of institutions
- Fostering *candid and continuous* communication
Distinctive capabilities of CHWs in healthcare (continued)

- Managing Social Determinants of Health (SDOH)
  - Providing context to team members on “whole picture” of patient’s life
  - Serving as “SDOH expert” on the team
  - Assisting patient/family in dealing with non-medical issues affecting health status and access
  - Mobilizing community to deal with macro issues
Unique value in healthcare and public health systems

- Spend *more time* with individuals/family in home, community, or clinical settings
- CHWs possess the “Three C’s” of community:
  - Connectedness
  - Credibility
  - Commitment
CHWs help achieve the “Triple Aim,” and the related goal of health equity.
CHWs bridge healthcare and public health
CHWs work across continuum of prevention strategies

CDC “Health Impact Pyramid”
Factors that Affect Health

- Socioeconomic Factors
- Changing the Context to make individuals’ default decisions healthy
- Long-lasting Protective Interventions
- Clinical Interventions
- Counseling & Education

Examples
- Poverty, education, housing, inequality
- Fluoridation, trans fat, smoke-free laws, tobacco tax
- Immunizations, brief intervention, cessation
- Rx for high blood pressure, high cholesterol, diabetes
- Eat healthy, be physically active

Thomas Frieden, AJPH, January, 2010
CHW Impacts: Health Equity

- Core values based in equality, justice, and empathy
- Improve health outcomes and reduce disparities for:
  - Racially and ethnically diverse patients/clients
  - Patients with high cost, complex conditions
  - Linguistic minorities
  - Immigrants, refugees
  - Low-income communities
  - Rural communities
CHWs increase access to:

- Health insurance
- Primary care
- Preventive education, screenings, and treatment, including immunizations
- Mental health/behavioral health services
- Community/social services
CHWs improve quality of healthcare services

- Chronic disease management and prevention
- Patient engagement and satisfaction
- Outcomes of integrated care teams including CHWs
  - Care coordination
  - Rx adherence
  - Care plan utilization
  - Patient self-management
- Health literacy and self-efficacy
- Culturally competent/responsive provider practices
CHWs help contain costs

- Reduce costs of high utilizers
- Improve birth outcomes
- Improve diabetes management
- Improve asthma management
- Increase cancer screening rates
- Improve blood pressure and other cardiovascular disease measures
- Reduce unnecessary emergency department utilization
- Reduce hospital readmissions
Internal Financing: ROI can be dramatic – Examples with net 3:1 or better

- Molina Health Care: Medicaid HMO reducing cost of high utilizers
- Arkansas “Community Connectors” in-home and community-based care
- Community HUB “Pathways” reducing low birth weight and premature deliveries
- Texas hospitals: redirecting uninsured from emergency departments to primary care
- Langdale Industries: self-insured industrial company working with employees who cost benefits programs the most
Challenges facing CHWs

- Reality of work for many CHWs includes:
  - Poor pay and benefits
  - Insecure jobs
  - Ill-defined roles
  - Unlimited expectations
  - Uneven supervision
  - Lack of respect
  - Toxic personal stress
Workforce Development Challenges

- Unified professional identity
- Provider readiness and respect
  - Integration strategies
  - Supervision
  - Training
  - Career ladders
- Sustainable Financing
- Credentialing
- Training Infrastructure
- Documentation, research, and data standards
Strategic Opportunities for State Health Departments

- CDC integrated chronic disease programs
- State Innovation Model implementation
- Accountable Care Organization standards
- Delivery System Reform Incentive Payment planning
- Accountable Health Community development
- CDC 6|18 Initiative
- HHS Million Hearts campaign
- Telehealth, rural health, EMS integration, oral health, immigrant/refugee health, (etc.)
- CHW certification
Guiding Principle: CHW Self-Determination

“Nothing about us without us!”
Include CHWs in policy and program development

- Multiple ways for state health departments to support organized CHW voice (association, network)
- What workforce advances without leadership from its practitioners?
- CHWs bring unique assets to “the table”:
  - Expertise in community needs and resources
  - Community connection and commitment
  - Legitimacy and trust within community
  - Relationships with local agencies and leaders
Unintended Consequences: Risks of planning without CHW influence

- Medicalization of the CHW role
  - Marginalizing the effective work many CHWs do outside the healthcare delivery system
  - Limiting flexibility to address complex, non-medical needs

- Diminishing advocacy as a core CHW competency
  - CHWs use advocacy to help clients navigate systems
  - CHWs must often confront institutional barriers to quality care within their own organizations.

- Undervaluing CHWs in healthcare systems and financing
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