Community Health Workers: Part of the Solution for Advancing Health Equity; Perspectives and Initiatives from the New England Regional Health Equity Council

• 1:00pm EST

• Webinar will begin shortly.
Community Health Workers: Part of the Solution for Advancing Health Equity; Perspectives and Initiatives from the New England Regional Health Equity Council

Webinar
August 5, 2014
1:00pm ET
Moderator

Monica Valdes Lupi, JD, MPH
• Chief Program Officer, Health Systems Transformation, ASTHO
ASTHO’s Community Health Worker webpage has resources on:

• Federal Medicare/Medicaid Rulings

• Legislative Tracking

• State Community Health Worker Programs
  • Massachusetts
  • Minnesota
  • Texas

• Other Resources
  • http://www.astho.org/Community-Health-Workers/?terms=community+health+workers
• Are CHWs an integral part of your organization's strategy to address health disparities?
  • Yes
  • No
  • Don't know
Presenters

• Durrell Fox, Minority AIDS Initiative Project Director, New England AIDS Education and Training Center, UMASS Medical School

• Lisa Renee Holderby Fox, CHW Workforce Consultant

• Geoff Wilkinson, MSW, Clinical Associate Professor, Macro Social Work Department, Boston University School of Social Work

• Barbara Ginley, MPH, Project Director of Maine CHW Initiative
Community Health Workers: Part of the Solution for Advancing Health Equity; Perspectives and Initiatives from the New England Regional Health Equity Council

Durrell Fox - CHW
Minority AIDS Initiative Project Director
New England AIDS Education and Training Center,
UMASS Medical School
The National Partnership for Action to End Health Disparities (NPA)

A national movement that will increase the effectiveness of programs and mobilize partners, leaders, and stakeholders with the goal of eliminating health disparities.
Regional Movements

Ten Regional Health Equity Councils (RHECs) have been established to:

- Mobilize regional action around common issues
- Leverage federal, regional, state, and local resources
- Infuse NPA goals and strategies into policies and practices
- Support and enhance state and community efforts
- Share stories and successes across the country
10 Regional Health Equity Councils
# NPA - RHEC Common Priorities

<table>
<thead>
<tr>
<th>Goal</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness</td>
<td>Communication</td>
</tr>
<tr>
<td></td>
<td>Build capacity</td>
</tr>
<tr>
<td>Leadership/Governance</td>
<td>Membership</td>
</tr>
<tr>
<td></td>
<td>Partnerships and champions</td>
</tr>
<tr>
<td>Health System and Life Experience</td>
<td>Improve access to quality care</td>
</tr>
<tr>
<td></td>
<td>Identify intervention points and develop tailored strategies</td>
</tr>
<tr>
<td>Cultural and Linguistic Competency</td>
<td>Cultural competency education and training</td>
</tr>
<tr>
<td>Data, Research, and Evaluation</td>
<td>Improve data collection, usage, and reliability</td>
</tr>
<tr>
<td></td>
<td>Disseminate data</td>
</tr>
</tbody>
</table>
**Vision:**
The New England RHEC's vision is to achieve health equity through cross-sector integration of actions and resources to optimize health for all where they live, learn, work, and play.

**Mission Statement:**
To leverage and increase the effectiveness of the collective actions and resources of partners, community representatives, leaders, and stakeholders, that address the social determinants of health, the delivery of high quality health care, and elimination of systemic health disparities, in order to achieve health equity for all in the New England region.
CHWs Critical Role in Advancing Health Equity

- Improving population health literacy
- Improving access to culturally and linguistically appropriate care and services
- Outreach, enrollment and retention (health insurance, PCMHs, health homes, housing...)
- Identifying and addressing barriers to preventive/wellness care and services
A Community Health Worker (CHW) is a **frontline public health worker** who is a **trusted member** of and/or has an **unusually close understanding** of the community s/he serves. This trusting relationship enables the CHW to serve as **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.
A 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.

- This definition is currently used for **CHW Registered Apprenticeship Program** – HRSA and DOL – Workforce Investment Act & Labor Standards 29 CFR Part 29. Not currently used for the BLS CHW SOC #21-1094
NE RHEC: Work plan Goal

- Leverage CHW organizing efforts in New England, including CHW training and credentialing, by assisting in development and dissemination of materials detailing the role of CHWs in achieving health equity and reducing health disparities.
Social Determinants of Health

External factors that influence health outcomes are known as the Social Determinants of Health. Examples include:

- Environment
- Transportation
- Housing
- Health Care
- Education
- Jobs
- Food Security
Determinants of Health

- Income and social status
- Social support networks
- Employment and working conditions
- Physical environments
- Education
- Healthy child development
- Biology and genetic endowment
- Health services
- Personal health practices and coping skills

New England Regional Health Equity Council
<table>
<thead>
<tr>
<th>GOAL #</th>
<th>GOAL DESCRIPTION</th>
<th>STRATEGIES</th>
</tr>
</thead>
</table>
| 1      | AWARENESS — Increase awareness of the significance of health disparities, their impact on the nation, and the actions necessary to improve health outcomes for racial, ethnic, and underserved populations | 1. Healthcare Agenda Ensure that ending health disparities is a priority on local, state, tribal, regional, and federal healthcare agendas  
2. Partnerships Develop and support partnerships among public, nonprofit, and private entities to provide a comprehensive infrastructure to increase awareness, drive action, and ensure accountability in efforts to end health disparities and achieve health equity across the lifespan  
3. Media Leverage local, regional, and national media outlets using traditional and new media approaches as well as information technology to reach a multi-tier audience — including racial and ethnic minority communities, youth, young adults, older persons, persons with disabilities, LGBT groups, and geographically isolated individuals — to encourage action and accountability  
4. Communication Create messages and use communication mechanisms tailored for specific audiences across their lifespan, and present varied views of the consequences of health disparities that will encourage individuals and organizations to act and to reinvest in public health |
| 2      | LEADERSHIP — Strengthen and broaden leadership for addressing health disparities at all levels | 5. Capacity Building Build capacity at all levels of decision making to promote community solutions for ending health disparities  
6. Funding Priorities Improve coordination, collaboration, and opportunities for soliciting community input on funding priorities and involvement in research and services  
7. Youth Invest in young people to prepare them to be future leaders and practitioners by actively engaging and including them in the planning and execution of health, wellness, and safety initiatives |
| 3      | HEALTH SYSTEM AND LIFE EXPERIENCE — Improve health and healthcare outcomes for racial, ethnic, and underserved populations | 8. Access to Care Ensure access to quality health care for all  
9. Children Ensure the provision of needed services (e.g., mental, oral, vision, hearing, and physical health; nutrition; and those related to the social and physical environments) for at-risk children, including children in out-of-home care  
10. Older Adults Enable the provision of needed services and programs to foster healthy aging  
11. Health Communication Enhance and improve health service experience through improved health literacy, communications, and interactions  
12. Education Substantially increase, with a goal of 100%, high school graduation rates by working with schools, early childhood programs, community organizations, public health agencies, health plan providers, and businesses to promote the connection between educational attainment and long-term health benefits  
13. Social and Economic Conditions Support and implement policies that create the social, environmental, and economic conditions required to realize healthy outcomes |
| 4      | CULTURAL AND LINGUISTIC COMPETENCY — Improve cultural and linguistic competency and the diversity of the health-related workforce | 14. Workforce Develop and support the health workforce and related industry workforces to promote the availability of cultural and linguistic competency training that is sensitive to the cultural and language variations of diverse communities  
15. Diversity Increase diversity and competency of the health workforce and related industry workforces through recruitment, retention, and training of racially, ethnically, and culturally diverse individuals and through leadership action by healthcare organizations and systems  
16. Ethics and Standards, and Financing for Interpreting and Translation Services Encourage interpreters, translators, and bilingual staff providing services in languages other than English to follow codes of ethics and standards of practice for interpreting and translation; encourage financing and reimbursement for health interpreting services |
| 5      | DATA, RESEARCH, AND EVALUATION — Improve data availability, and coordination, utilization, and diffusion of research and evaluation outcomes | 17. Data Ensure the availability of health data on all racial, ethnic, and underserved populations  
18. Community-Based Research and Action, and Community-Originated Intervention Strategies Invest in community-based participatory research and evaluation of community-originated intervention strategies in order to build capacity at the local level for ending health disparities  
19. Coordination of Research Support and improve coordination of research that enhances understanding about, and proposes methodology for, ending health and healthcare disparities  
20. Knowledge Transfer Expand and enhance transfer of knowledge generated by research and evaluation for decision making about policies, programs, and grant making related to health disparities and health equity |
New England Regional Health Equity Council

Health System

- "A state of being"
  - An ideal value
  - Survival, welfare and dignity

Health Determinants

Health Sector

Health Services

Medical Care

The resources and processes dedicated to activities that are intended to improve health (i.e., service delivery, norms and standards setting)

The part of economy, institutions and society that deals with the demand for health (i.e., services, norms, production and distribution of drugs, etc.)

The resources and processes dedicated to the delivery of preventive and curative medical services (i.e., service delivery)
Recommendations

▸ Partner with CHW networks/associations to develop and disseminate data and information related to the role of CHWs in achieving health equity

▸ Partner with the RHEC in your region to support ongoing and enhance new efforts to support CHWs in addressing all of the determinates of health

▸ Ensure that CHWs, some of whom are outside of the health care system are “valued” and integrated into CHW workforce development/sustainability efforts in each state (the H in CHW is Holistic, public health…)

▸ At this critical time of public health and health care “transformation” we need to support equitable partnerships with the CHW workforce in each state/region and embrace the principle of CHW leadership in CHW workforce self determination
Thank You!

Durrell J. Fox
Minority AIDS Initiative Project Director
UMASS Medical School,
New England AIDS Education and Training Center
New England Regional Health Equity Council Member

dfoxnehec@aol.com
Supporting CHWs to Enhance Health Equity: Region I Experience

Lisa Renee Holderby-Fox
CHW Workforce Consultant
# CHWs in New England

<table>
<thead>
<tr>
<th>state</th>
<th># of CHWs</th>
<th>source</th>
<th>Updated # of CHWs</th>
<th>source</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT</td>
<td>877</td>
<td>HRSA, 2007</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ME</td>
<td>549</td>
<td>HRSA, 2007</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MA</td>
<td>2441</td>
<td>HRSA, 2007</td>
<td>2,932</td>
<td>MA Dept. of Public Health, 2009</td>
</tr>
<tr>
<td>NH</td>
<td>665</td>
<td>HRSA, 2007</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RI</td>
<td>543</td>
<td>HRSA, 2007</td>
<td>3,350</td>
<td>RI Dept of Labor &amp; Training, 2009</td>
</tr>
<tr>
<td>VT</td>
<td>271</td>
<td>HRSA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Total estimated CHWs w/updated numbers 8,644
Region I

- 6 New England states
- History of regional collaboration
- New England Regional Minority Health Coalition
- Cross state conversations
- New England Regional Health Equity Council
- HHS
Seeds of Partnership
New England Regional Minority Health Coalition

- Participation from 6 New England states
- HHS Region I
- State health departments
- Community-based & faith-based organizations
- Health plans
- Other stakeholders with an interest in promoting health equity
Foster regional collaboration to promote health equity

Develop a common understanding of the CHW workforce

Strengthen the public health system’s capacity to reach, engage, and provide quality care and support services to underserved communities, by institutionalizing CHWs

Enhance collaboration among established and emerging CHW organizations in New England
Continuous CHW Involvement & Engagement

- Planning
- Summit
- Coalition
NE CHW Summit Participants

- Community Health Workers
- Federal agencies
- State/Local Health Departments
- Education and Training Entities
- Employers
- Funders
- CHW Association staff
Outcomes

- Compromisos
- New England CHW Coalition
- Potential collaboration with NE RHEC
- Enhanced cross state collaborations/conversations
- Continued engagement by HHS Region I
Recommendations

- Engage CHWs in all facets of CHW initiatives/programming
- Support CHW organizations/networks (in-kind, financial and other)
- Collaborate on all levels
- Utilize regional HHS offices
- Ask participants for a commitment & to follow through
- Build relationships over time for future “windows of opportunity”
Thank You!

Lisa Renee Holderby-Fox
CHW Workforce Consultant
holderbylr@aol.com
(978) 729-5379
Are there opportunities for CHWs to make a difference in addressing health disparities within your community?

- Yes
- No
- Don’t know
Massachusetts: A Model of Sustained State-Based Collaboration with Community Health Workers

Geoff Wilkinson
Clinical Associate Professor
Boston University School of Social Work
Why Support CHWs?

1) Promote cost and quality objectives of health care reform
   ➢ Included specifically in ACA and state law

2) Research support for CHW effectiveness

3) Promote health equity
CHWs Bridge Community and Care Systems

Clinical Care

CHWs

Community Prevention
CHW Impacts: Access

- Increase access to health insurance
- Increase access to and use of preventive education, screenings, and treatment services
- Reduce unnecessary use of urgent care
- Increase use of primary care and medical homes
CHW Impacts: Health Equity

- Highly effective with vulnerable populations:
  - Low-income
  - Communities of color
  - Linguistic minorities
  - Immigrants, refugees
  - Children, youth, elders
  - Rural communities
Help Reduce Persistent Health Disparities

- Asthma
- Cancer (breast, colorectal, prostate)
- Cardiovascular disease
- Diabetes
- HIV/AIDS
- Infant Mortality, Low Birth Weight, SIDS
- Obesity
- Violence
CHW Impacts: Quality

- Improve chronic disease management—diabetes, asthma, high blood pressure
- Help improve outcomes of care teams
  - Care coordination
  - Compliance with treatment plans
  - Patient self-management
- Strengthen patient health literacy
- Strengthen culturally competent provider practices (organizational effectiveness)
CHW Impacts: Cost

- Demonstrated Return on Investment:
  - Asthma
  - Diabetes
  - Cardio-vascular disease
  - Pregnancy services
  - ER utilization
What CHW’s Deserve
Guiding Principle

“Nothing about us without us!”

--Durrell Fox
General Areas of State Support

- Leadership
- Partnerships
- Resources
- Research
- Policy & Program
12 Categories of MDPH Support

1) Development and support of CHW Leadership (MACHW)
2) Promotion of CHWs by Commissioner and leadership team
3) Commitment of DPH staff and resources
4) Fundraising support and promotion of funding opportunities
5) Demonstration grants
6) Policy development
12 Categories of MDPH Support

7) Employment of CHWs through DPH contracts
8) Training and curriculum development
9) Research and publications
10) Strategic partnerships
11) Convening and leading public-private initiatives
12) National networking and promotion of CHW movement
Sample Policy and Program Milestones

‣ Integration into state health care reform
  – 2006 expansion of access
  – 2012 cost and quality
‣ Workforce assessments (2005, 2009)
‣ Policy report and recommendations (2010)
‣ Certification
Mass. Board of Certification of CHWs

- Scope of practice, core competencies
- Standards and requirements for
  - Individual Certified CHWs
  - Certified CHW training programs
  - CHWs certified as trainers
- Continuing education, renewals
- Reciprocity with other states
- Fees, complaints, etc.
Recommendations

1. Develop and support state CHW associations
2. Engage CHWs in policy development
   - Program design
   - Workforce assessments
   - Credentialing
   - Training, etc.
3. Coordinate state health department programs and policies involving CHWs
4. Collaborate with external partners
5. Commit resources
6. Avoid unintended consequences of professional development
“Nothing about us without us!”
Thank You!

Contact Information:
Geoff Wilkinson, MSW
Clinical Associate Professor
Boston University School of Social Work
270 Bay State Road, Room 128
Boston, MA 02215
(617) 353-7721
gww@bu.edu
Community Health Workers: Part of the Solution for Advancing Health Equity; Perspectives and Initiatives from the New England Regional Health Equity Council

Barbara Ginley, MPH
Community Health Worker Initiative Project Director
Maine Migrant Health Program
CHWs Under the Affordable Care Act

Operationalized by:
- Preventive Services
- Health Homes
- State Innovation Models

Affordable Care Act Opportunities for Community Health Workers, Katzen and Morgan, 2014
# Maine State Innovation Model (SIM) Initiative

<table>
<thead>
<tr>
<th>Primary Innovations</th>
<th>Strengthen Primary Care</th>
<th>Integrate Physical &amp; Behavioral Health Care</th>
<th>Develop New Workforce Models</th>
<th>Develop New Payment Models</th>
<th>Centralize Data &amp; Analysis</th>
<th>Engage People &amp; Communities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Expand access to Patient Centered Medical Home (PCMH) / Health Home (HH) models</td>
<td>Provide learning collaborative &amp; technical assistance to help BH organizations move to Health Homes model, and to improve integration of physical and BH</td>
<td>Develop Community Health Worker pilot in 5 communities Develop Diabetes transitions</td>
<td>Support development of Accountable Community Organizations (ACOs)</td>
<td>Support development &amp; use of common</td>
<td>Engage patients and families as active participants in their care</td>
</tr>
<tr>
<td></td>
<td>Provide quality improvement support, recognition &amp; rewards to PCMH/HH practices Provide leadership development for physicians and practice leaders</td>
<td>Provide incentives &amp; assistance to BH providers to participate in HealthInfoNet Develop BH quality measures</td>
<td>Develop Diabetes Prevention Program Provide training for PCMH/HH practices to improve care for developmental disabilities Align Long Term Care with PCMH/HH models Improve care transitions</td>
<td>Support development of Accountable Community Organizations (ACOs)</td>
<td>Support development &amp; use of common</td>
<td>Conduct consumer engagement campaign, with special focus on MaineCare members</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Promote Shared Decision Making, tools including Choosing Wisely</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Measure &amp; publicly report patient experience</td>
</tr>
</tbody>
</table>

**Maine's SIM initiative** is a state-led, federally-funded public-private partnership that seeks to develop, accelerate and test a set of innovations to transform health care delivery and payment.

**New England Regional Health Equity Council**
Maine CHW Initiative
Goals

▸ To develop a new and recognized allied health care profession in Maine
▸ To develop a statewide system for training and certifying CHWs
▸ To develop a program and financial model that supports the incorporation of CHWs into the transformed health care delivery system
MAINE CHW INITIATIVE - TIMELINE FOR YR 1

**Background/Enviro Scan**
Literature Review, Inventory of ME CHWs, Other States, Best Practices, compiled to inform development of stakeholder group and pilots

**Recommendations for 5 CHW Pilots**
Rationale, selection criteria, performance metrics to develop CHW programs

**Mentoring/Supporting Pilot Sites**
Provide ongoing technical assistance and support to pilots in their initial year of implementation.

---

**Summer ‘13**

**Stakeholder Convening**
Engage CHW allies and interested parties to support long-term goal of sustainability*

**Fall ‘13**

**Selection and Start-up of Pilots**
Focus will be on initial stage of implementation, training, recruitment, supervision & support

**Winter ‘14**

**Reflection and Fine-tuning of YR 1**

**Spring ‘14**

**Summer ‘14**

**YR 2**

---

*New England Regional Health Equity Council*
ME Stakeholder Group Committed to:

- Inclusiveness- for process but also moving forward in who we call a CHW
- CHWs are central to initiative, supporting their participation is key
- Common Language – Defining or adopting language is foundational work of group
- Connecting to PCMHs/CCTs/HHs
- Workforce Development- Training/Certificate/Curriculum/Credentialing
- Reimbursement & Payment Models
- Project design focus on evaluation & sustainability
Community Health Worker: Maine Stakeholders’ Definition

Community Health Worker:

- A trained and trusted public health worker who is respected by the people they serve and applies his/her unique understanding of the experience, socio-economic needs, language and/or culture of the communities served to:
  - Act as a bridge between providers and individuals to promote health, reduce disparities, and improve service delivery
  - Advocate for individual and community needs
Maine CHW Initiative

Thank You!

For more information, please contact:
Barbara Ginley
9 Green Street  P.O. Box 405
Augusta, ME 04332-0405

(207) 622-9252 ext. 102
bginley@mainemigrant.org
Questions and Discussion
Evaluations
Visit the New England RHEC's Website:
http://region1.npa-rhec.org/

Like us on Facebook:
www.facebook.com/RegionIHEC