Stakeholder Engagement in CHW Workforce Development

ASTHO technical assistance webinar

Multi-STATE CHW Learning Community

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Webinar Objectives

- Address cross-cutting Learning Community (LC) issues identified in individual state calls.
- Share information from other states.
- Encourage interaction and information sharing among LC members.

Cross-cutting Issues

- Collaboration challenges
- Barriers to CHW engagement
- Resource concerns

State Examples Cited in Webinar

- Arizona
- Delaware
- Florida
- Louisiana
- Massachusetts
- Michigan
- New York
- Oregon
- Pennsylvania

1. Collaboration Challenges

- What is driving the formation of this group?
- Why are we coming together? To what end? What is our purpose?
- What interests do different stakeholders bring?
- Who's missing at the table, and what value would they bring?

1. Collaboration Challenges (continued)

- How do we address independent agendas of specific stakeholders who may have differing priorities?
- How do we address external factors that can affect our work?
  - Legislation
  - Medicaid waivers
  - Political dynamics, health system uncertainty, etc.
- What's the most appropriate role for the SHD?

How/Why Does Collaboration Start?

- Legislation-driven
- Maturation of CHW association/network
- Pressure from leading providers; self-interest among stakeholders generally
- Common theme is sustainable financing

Stakeholder Categories

- CHWs—individual and organizational reps
- SHD staff
- Potential employers, including health care providers, public health, CBOs
- CHW training programs
- Health payers
- Others: academics, advocates, grant makers, legislator (and staff)

Factors Affecting State Health Department Role

- SHD may not have internal structure for coordinating CHW-related work (CHW issues cut across programs)
- Health workforce programs in SHD may have little/no experience with CHWs
- No public or statutory mandate for SHD to lead
- Unsure about appropriate role in relationship to other stakeholders, especially CHW associations
  - Are there viable alternatives to the SHD for leadership of the effort?
  - What are other states doing?

Results of Successful Collaboration: *Varied, in some cases dramatic*

- Establishment of requirements for payers to finance or employ CHWs
- Creation of state-backed certification and other forms of recognition for CHWs
- Waivers and other pilot programs to demonstrate CHW impact
- Growth of active CHW networks/associations
- Major investments in CHW workforce development

Examples of State Health Department Roles in Successful Collaborations

Arizona

- Strong CHW leadership (AZCHOW)
- Longstanding collaboration between U of A Prevention Research Center and AZCHOW led to partnership with SHD and staff support for CHW Workforce Coalition
- CHW/promotor leadership respected in CHW Workforce Development Coalition, and in recent passage of state voluntary certification law
- Successfully engaged tribal Community Health Representatives in process

Florida

- SHD provided staff support from Cancer Control for initial convening of CHW Coalition
- SHD participated in and remained supportive of Coalition under leadership from other sectors
- Coalition became independent 501(c)(3)

Examples of State Health Department Roles in Successful Collaborations (continued)

Massachusetts

- Strong CHW leadership, supported by SHD for 20+ years
- Active stakeholder partnerships (MACHW, MPHA, training orgs, etc.)
- State health care reform provided context for policy development
- CHW association able to maintain CHW leadership culture while welcoming non-CHWs as members

Michigan

- CHW Alliance built workforce development infrastructure, including certification (strong allied leadership with CHW participation)
- Limited direct involvement by SHD
- Strong relationships with academic community (U of MI) and providers (Spectrum Health)

Examples of State Health Department Roles in Successful Collaborations (continued)

Louisiana

- CHW alliance (LACHON) combines strong CHW and ally leadership
- SHD supports LACHON training and networking with local CHWs
- Exploration of broader workforce development partnerships

Oregon

- Statutory mandates provided opening for leadership by longstanding statewide CHW network
- OR Health Authority's Office of Equity & Inclusion was a supportive collaborator
- Nationally prominent local CHW training program was also key partner

Discussion

- What is driving the formation of the group/coalition seeking TA in your state?
- What do other stakeholders in your state expect or want from the SHD?
- Are there viable alternatives to the SHD for leading this work in your state?
- How do examples from other states apply to your situation?

2. Barriers to CHW Engagement

- No established CHW voice/organization in most states
- Some CHWs do not identify with “CHW” as unifying umbrella term
- Many employers do not allow CHW release time to attend meetings, engage in advocacy, etc.
- Scarcity of other resources to support CHW participation (travel, stipends, etc.)

Sample Structures for CHW Engagement

- State CHW association represents workforce interests in stakeholder planning led by SHD
- Combination of CHW association representative(s) and individual CHWs represent workforce
- SHD and/or other stakeholders (typically providers) recruit individual CHWs to represent workforce

Examples: Organizing CHW Leadership

1. Key partners help to secure funding for initial staffing and organizing of CHW network/association:

    1. **MA:** SHD -> HRSA Funding -> positioned MACHW to get BCBS Foundation $ for years
    2. **AZ:** Prevention Research Center at U of A used federal (CDC) funding to initiate AZCHOW
    3. **LA:** SHD using CDC 1305 funding thru Tulane U for background work to establish/support LACHON

Examples: Organizing CHW Leadership

2. Larger collaborative alliance for CHW workforce development builds leadership role for CHWs into structure:

- **AZ** and **FL** coalitions have a CHW as Co-Chair and incorporate CHWs in all committees
- **MI:** CHW Alliance principles require 'active CHW leadership' on Steering Committee and each workgroup
  - Grant supporting MICHWA thru U of MI School of Social Work – now has two positions, support from numerous health systems, plans in Alliance

Discussion

- What has worked for you in engaging CHWs?
- Have you reached out to employers directly, and if so, how?
- What kinds of messages have you used—or could we use—encouraging employers to facilitate CHW participation?
- Has anyone in your group/coalition thought about offering fiscal support/sponsorship for formation of a CHW Association?

3. Resource Concerns

- Scarcity of dedicated resources to provide or support facilitation
- Uncertainty about what resources are required to accomplish what tasks
- Unclear whether stakeholders share the will to make this happen
- What are other states doing?

How is Collaboration Sustained?

- Local private philanthropy can be invaluable: BCBS Foundations: NY State Health Foundation; Jewish Health Care Foundation (PA); Nemours Foundation (DE)
- States are encouraged to use CDC 1305 and 1422 funding; new 1815 grants emphasize CHW sustainability
- Major collaborating institutions often contribute in-kind; may also give cash if they see benefit to themselves
- Often the only “true” volunteers are CHWs
- Legislative action can lead to State financial support

Discussion

- What's your approach to resource planning?
  - How are you estimating needs?
  - What possible sources are you considering?
  - Who's involved in the discussion?
- Are in-kind resources an option in your considerations? From what sources?

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