Maryland Workgroup for Workforce Development of Community Health Workers, 22\textsuperscript{nd} September 2014
Website:
http://hsia.dhmh.maryland.gov/SitePages/CHW%20ADVISO
RY%20WORKGROUP.aspx
(Or google “DHMH CHW”)

CHW email: dhmh.marylandchw.maryland.gov

listserve
History and Background

1. Chris Gibbons, Johns Hopkins University & Federal Communications Commission

2. Meseret Bezuneh, Bureau of Health Workforce, HRSA
CHW’s Past, Present & Future

M CHRIS GIBBONS, MD, MPH

DHMH CHW WORKGROUP

JOHNS HOPKINS UNIVERSITY

&

FEDERAL COMMUNICATIONS COMMISSION
“All of the world’s cultures have a lay health system comprised of natural helpers or community members to whom neighbors can turn for social encouragement and assistance.

Background and Origins of CHW Model

Origins of CHW workforce

International

- 17th Century Feldsher’s
- Chinese “Barefoot Doctor” program
- WHO “Village Health Worker”
Background and Origins of CHW Model

Origins of CHW workforce

Domestic

- **1950’s**
  - War on Poverty
  - New Careers Movement

- **1960’s**
  - Federal Migrant Health Act - 1962
  - Economic Opportunity Act - 1964
Origins of CHW Model

Origins of CHW workforce
US/Domestic

1960’s
- Community Health Aide Program - 1967
- Community Health Representative Program - 1968

CHR Program Goals
- Increase AI/AN in identification and solving of own health problems.
- Enhance understanding between the Indian people and IHS Staff.
- Improve cross-cultural communication between AI/AN & providers
- Increase basic health care and Ed in Indian homes and communities.
Background and Origins of CHW Model

Origins of CHW workforce
US/Domestic

1980’s & 1990’s
- David Olds, PhD
  - Birth Outcomes - Home Visiting Program
- Harold Freeman, MD
  - Patient Navigators - Breast Cancer – NCI
- Eric Bailey, PhD
  - Lay Health Advisors - The Witness Project - NCI
- Healthy Start Program – HRSA
- Nell Brownstein, PhD – NHLBI
- Susan-Mayfield Johnson – U Miss
- Lee Rosenthal, PhD – U Arizona
Background and Origins of CHW Model

Origins of CHW workforce
Maryland

➢ Research
  ➢ Don Fedder – UMMS
  ➢ Arnold Packer, Lee Bone, David Levine et.al - JHMI

➢ Programmatic
  ➢ Community Outreach Workers of Maryland
  ➢ Tuberculosis (DOT), HIV, Substance Abuse/MH
Issues for High Performing CHW Programs

Training of CHW workforce

(What)

- Historically extreme variability nationally
- > 40 terms used to describe the model
- “Peer Supporters” – minimal formal training
- CHW/PN
  - Behavioral vs Disease oriented
  - Didactic vs Practicum
  - Weeks vs months
  - Skills, competencies and knowledge
  - Train or no training at all
  - By mid 1990’s – Initial 40hrs/week + quarterly CME
Issues for High Performing CHW Programs

Training of CHW workforce

(What)

➢ Textbook
    ➢ Background on CHW model
    ➢ Individual client based skills training
    ➢ Community level skills training

➢ Certification Programs
  ➢ Several State and Regional programs
Issues for High Performing CHW

Training of CHW workforce
(Who)

- CHWs Themselves
- Public Health and or Medical Professionals
- Health Educators
- Patients
- Online/Web based
Issues for High Performing CHW Programs

Training of CHW workforce
(How)

- Teaching
  - Classroom Didactics
  - Practicum/Apprenticeship based training
  - Experiential based Education

- Evaluation
  - Written Examination (Competencies)
  - Oral Examination (Competencies)
  - Hard/Soft Skills demonstration
  - Consumer/patient satisfaction
  - Mentor/supervisor evaluation

- Continuing Education
  - Who, what, where, how much
Issues for High Performing CHW Programs

Compensation of CHW workforce

- Historically very variable
  - Range $0 - $40,000/year + benefits
  - Average approx. $20,000- $25,000/yr. ($12-14/hr.)
- Other models
  - Stipends
  - FFS
  - Outcomes based (Value Based)
Issues for High Performing CHW Programs

Infrastructure & Support of CHW Workforce
(Single most important & most overlooked area)

- CHW Supervision
  - How much, who, availability
- CHW Support
  - Caseloads, Productivity and Management
  - Documentation & Reporting
  - QA and CQI
  - Turnover
  - Personal support & Career coaching
- Organizational Models
  - Academia, Public vs. Private entity
- Role of Technology
Summary

- Long and rich Global CHW tradition
- Maryland has made significant contributions
- Several challenges often inhibit development of high performing CHW programs
- Future remains bright if we rise to the challenge
Community Health Workers: Opportunities Under Health Care Reform

September 22, 2014
Maryland CHW Workgroup

Meseret Bezuneh, M.S.Ed.
Chief, Health Careers Pipeline Branch
Division of Health Careers and Financial Support (DHCFS)
Bureau of Health Workforce (BHW)
Health Resources and Services Administration (HRSA)
U.S. Department of Health and Human Services
Explicit roles for Community Health Workers (CHWs) in:

- Preventive Services
- Health Homes
- State Innovation Models
Vision:
“A Nation free of disparities in health and health care.”

Goals:
I. Transform Health Care
II. Strengthen the Nation’s Health and Human Services Infrastructure and Workforce
III. Advance the Health, Safety, and Well-Being of the American People
IV. Advance Scientific Knowledge and Innovation
V. Increase Efficiency, Transparency, and Accountability of HHS Programs

Strategy II.B: Promote the use of community health workers and promotores

- Action II.B.1: Increase the use of Promotores to promote participation in health education, behavioral health education, prevention, and health insurance programs.

- Action II.B.2: Promote the use of CHWs by Medicare beneficiaries.
Growing Expectations

- Improve patient engagement in care
- Bridge language, culture, social supports and health care
- Coordinate care across sectors
- Advance population health
- Allow primary care and other providers to focus more on patient care
- Decrease costs of care
Emerging Issues for CHWs

- Variation in definitions
- Inconsistent training requirements
- State certification
- Scope of practice
- Role on teams
- Payment sources
- Career ladder
CHW Definitions

- **American Public Health Association**
  

- **Health Resources and Services Administration**
  

- **Patient Protection and Affordable Care Act**
  
### Summary of CHW Definitions by CHW Characteristics

<table>
<thead>
<tr>
<th>CHW CHARACTERISTIC</th>
<th>CHW DEFINITION</th>
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<tbody>
<tr>
<td><strong>Identity</strong></td>
<td></td>
</tr>
<tr>
<td>From the communities they serve and/or share commonalities</td>
<td>X</td>
</tr>
<tr>
<td><strong>Functions</strong></td>
<td></td>
</tr>
<tr>
<td>Serve as link between communities and health/social service agencies</td>
<td>X</td>
</tr>
<tr>
<td>Facilitate access and information to services and resources</td>
<td></td>
</tr>
<tr>
<td>Improve/provide culturally competent/appropriate education and service delivery</td>
<td></td>
</tr>
<tr>
<td>Enhance community residents’ ability to effectively communicate with healthcare providers</td>
<td></td>
</tr>
<tr>
<td>Offer interpretation and translation services</td>
<td>X</td>
</tr>
<tr>
<td>Build individual and community capacity</td>
<td></td>
</tr>
<tr>
<td>Conduct outreach and health education</td>
<td>X</td>
</tr>
<tr>
<td>Provide informal counseling and social support on health behavior</td>
<td>X</td>
</tr>
<tr>
<td>Advocate for individual and community health</td>
<td>X</td>
</tr>
<tr>
<td>Provide services such as first aid and blood pressure</td>
<td></td>
</tr>
<tr>
<td>Provide referral and follow-up services or otherwise coordinating care</td>
<td></td>
</tr>
<tr>
<td>Identify and enroll eligible individuals in Federal, State, local, private or nonprofit health and human services programs.</td>
<td></td>
</tr>
</tbody>
</table>
Characteristics Most Linked to Cost Outcomes

- Access and communication
- Referral tracking
- Care management
- Patient self-management support
CHW Work Settings

- Federally Qualified Health Centers
- Home Health Agencies
- Health Departments
- Hospital Systems
- Accountable Care Organizations
- Health Plans
HHS Interagency CHW Workgroup

- **Formed out of the Secretary’s Workforce Initiative**
  Overall goals:
  - Support CHWs in its programs and policies
  - Approximately 76 members representing 11 offices, agencies, and centers within HHS

- **Co-Leads:**
  - Health Resources and Services Administration
  - Office of Minority Health
Discussion Items

- Enhanced training and employment opportunities

- Expanded training and employment opportunities for CHWs in healthcare support, behavioral-mental health, team-based care, care coordination, and health insurance navigation

- Programmatic policy strategies to promote expanded use of the CHW workforce
- Centers for Medicare & Medicaid Services - Innovation Community Health Worker Learning Collaborative

- Centers for Disease Control Prevention - Chronic Disease State Policy Tracking System and State Law Fact Sheet

- Area Health Education Centers - CHW training initiatives

- Office of Rural Health Policy Toolkits

- U.S. Department of Labor - CHW Competencies
Unity Conference

Listening Session:

- Opportunity to meet with and listen to CHWs
- Roundtables and flip charts
- Consistent themes from participants
Consistent Themes

CHW Practice

- Role and scope of practice
- Standardization of training, practice, and definition
- Developing competence
- Good practice models
- Quality improvement

CHW Role in Society

- Relationships with the federal, state, and local governments
- Threats to practice
- Recognition of competence
- Fiscal mechanisms
- Relationships with other healthcare team members
What Next?

- Continue to learn what is happening in states with CHW programs
- Review the benefits of certification and credentialing
- Recommend standardized definition, training and competencies
- Provide career development resources
- Develop a prototype Scope of Practice
- Integrate CHWs into inter-professional teams
- Collect workforce data that include CHWs
- Conduct evaluation studies including impact on quality of care and cost effectiveness
Contact Information

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