

Maryland Workgroup for Workforce  
Development of Community Health  
Workers, 22<sup>nd</sup> September 2014

## **Website:**

<http://hsia.dhmh.maryland.gov/SitePages/CHW%20ADVISORY%20WORKGROUP.aspx>

**(Or google “DMMH CHW”)**

**CHW email: [dhmh.marylandchw.maryland.gov](mailto: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*



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**JOHNS HOPKINS UNIVERSITY**

**&**

**FEDERAL COMMUNICATIONS COMMISSION**

# Background and Origins of CHW Model



“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.

*Journal of Healthcare Law and Policy 2006*

# Background and Origins of CHW Model



## Origins of CHW workforce

### International

- 17<sup>th</sup> 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

# Background and 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

- Foundations for Community Health Workers – Josey-Bass, 2009
  - 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



# HHS Action Plan to Reduce Racial and Ethnic Health Disparities

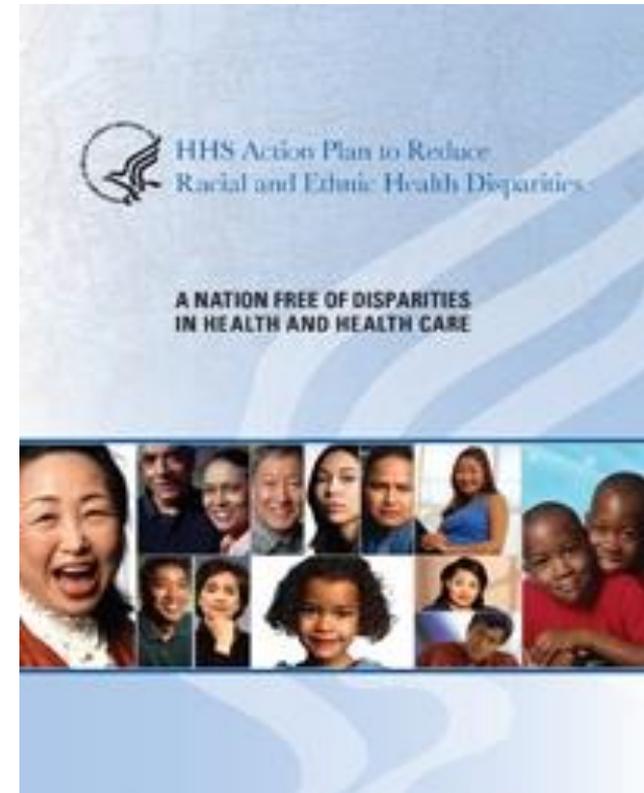


## Vision:

*“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



[http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS\\_Plan\\_complete.pdf](http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf)



# HHS Action Plan to Reduce Racial and Ethnic Health Disparities



- **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

Source: American Public Health Association. (2009). *Community Health Worker Section Definition of CHW*. Retrieved from

<http://www.apha.org/membergroups/sections/aphasections/chw/>

## ■ Health Resources and Services Administration

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professionals. (2007). *Community health worker National Workforce Study*. Retrieved from

<http://bhpr.hrsa.gov/healthworkforce/reports/chwstudy2007.pdf>

## ■ Patient Protection and Affordable Care Act

Source: U.S. Government (2010). *The Patient Protection and Affordable Care Act of 2010, PL. 111-148, sec 5101, 5102, 5313, 5403, and 3509*. Washington, DC: U.S. Government Printing Office. Retrieved from

<http://www.gpo.gov/fdsys/pkg/CPRT-111HPRT61643/pdf/CPRT-111HPRT61643.pdf>



# Summary of CHW Definitions by CHW Characteristics



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



# 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



- **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



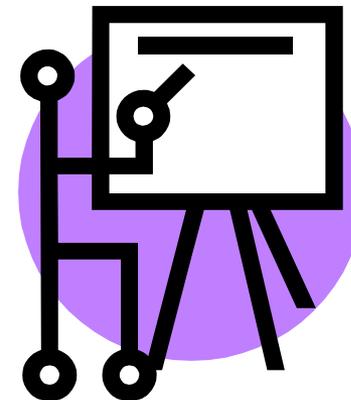
# Forum for Sharing



- 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

## 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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