

Community Health Workers in Michigan – A Sustainable Approach

May 11, 2015 | Lansing, MI



*MiCHWA is housed at
the University of
Michigan School of
Social Work*



Community Health Workers

An Overview



Today's Agenda

- Overview & Definition of Need
- Discussion Groups by Table
- Next Steps for CHW Sustainability
- Discussion Groups by Table
- Next Steps
- Closing Remarks



Michigan Community Health Worker Alliance (MiCHWA)



The Michigan Community Health Worker Alliance's mission is to promote and sustain the integration of community health workers into Michigan's health and human service systems through coordinated changes in policy and workforce development.





MiCHWA's Partners



CHW Definition

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 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.

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.

American Public Health Association,
Community Health Worker Section 2009



CHWs in Michigan

- How long have they been here?
 - CHWs were first trained to provide services in Michigan in the 1960s
- Where do they deliver services?
 - Community health centers, community events, client homes, non-profits, schools
- Who employs them?
 - Community-based service agencies, Federally Qualified Health Centers, health systems, non-profits, academic or research institutions, government agencies, health plans
 - Programs including Healthy Start and the Maternal Infant Health Program at some program sites



*CHWs & supporters pose at the MDPH Advocate Conference in the early 1990s.
Photo courtesy of Rebeca Guzman.*

What are CHWs called in Michigan?

CHW Title	Number of Programs (%)
Community Health Worker	22 (63%)
Other	14 (40%)
Community Outreach Worker	5 (14%)
Promotore/a	2 (6%)
Maternal Child Health Worker	1 (3%)

Other titles include:

- Advocate
- Certified Peer Support Specialist
- Community and Neighborhood Navigator
- Community Health Advocate
- Family Health Educator
- Family Health Outreach Worker
- Health Aid
- Health Coach
- Lay Leader Lifestyle Coach

Source: Michigan Community Health Worker Alliance Program Survey 2014.
Title: CHW title (N=35)



What do CHWs do in Michigan?

- Health promotion and health coaching
- Systems navigation
- Case management and care coordination
- Outreach and community mobilization
- Home-based support
- Community/cultural liaison
- Participatory research



What issues do CHWs tackle?

Health Conditions/Issues

- Diabetes
- Nutrition
- Obesity
- Heart Disease
- Physical Activity
- Mental/Behavioral Health
- Hypertension
- Health Literacy
- Asthma
- Maternal/Child Health

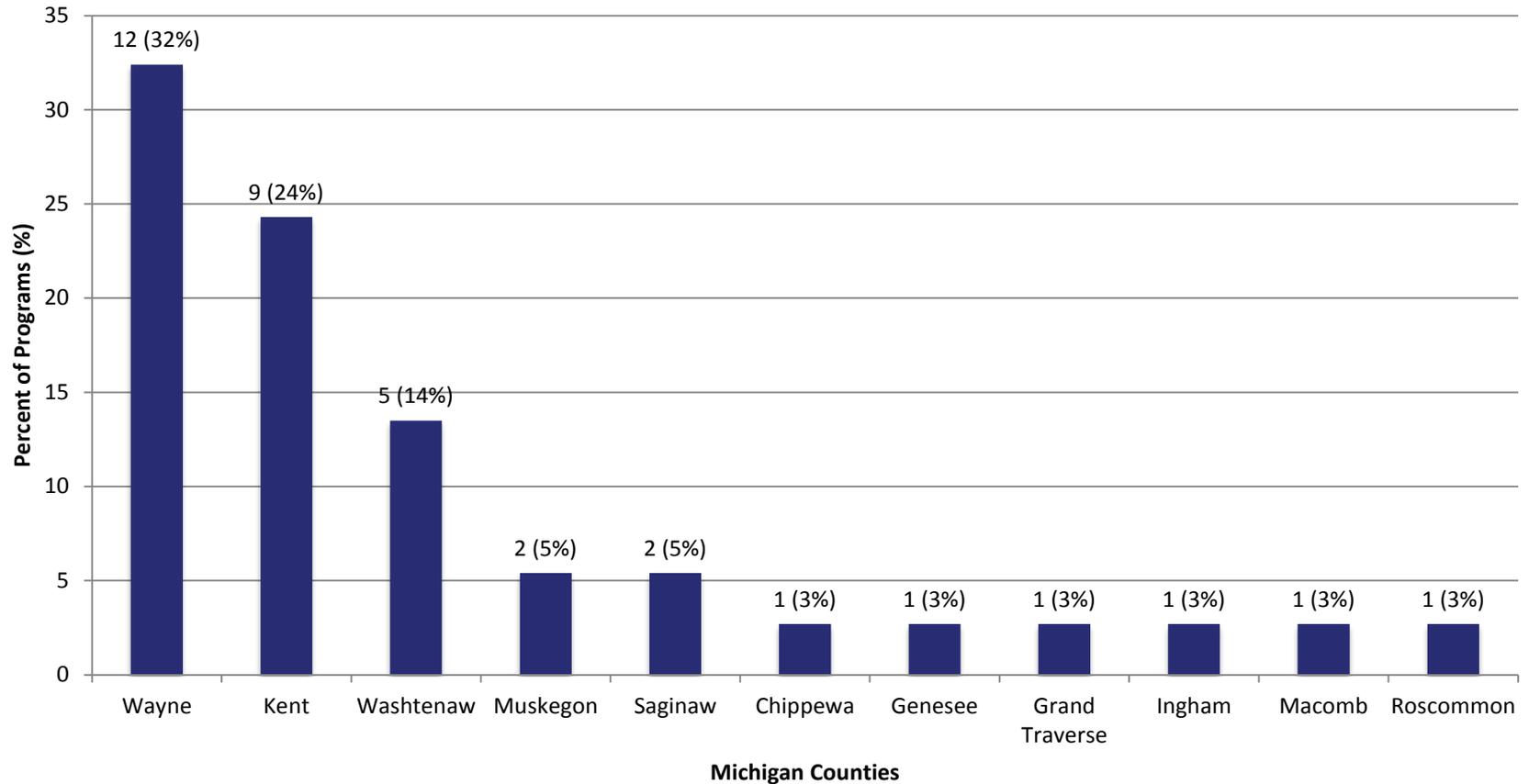
Other Areas

- Connecting to Resources
- Food Security
- Housing
- Employment
- Education Assistance
- Income Assistance

Over half of programs currently tackle chronic disease/healthy lifestyles issues and food security, and 97% of programs help clients connect to resources.



Where are CHWs in Michigan?



Source: Michigan Community Health Worker Alliance Program Survey 2014.
Title: CHW program location by Michigan County (N=37)



Why CHWs?

Ability to engage and establish trust

“The ability of CHWs to engage with, and relate to, our clientele was the original rationale. Over the years, that rationale has not changed! It continues to be the foundational value of the role!”

“As peer mentors, CHWs are best able to form trusting relationships, serve as role models, and engage and retain the most vulnerable families in our community”



Why CHWs?

“Cultural Brokers”

“CHWs serve as cultural brokers and bring a unique personal and professional expertise that complements the expertise of our other case management team members (RNs and SWs)”

“CHWs are...culturally competent and closely connected to the community in which they serve”



Why CHWs?

Demonstrated effectiveness

“Our research results showed the effectiveness of CHWs”

“We have used CHWs for a number of years and understand the benefit of this type of workforce being developed in our community”

“Our organization is built on the CHW Model. CHWs are inherent to the organization's mission”

Why CHWs?

Return on Investment

- CHW programs consistently show return on investment, cost savings, and recovered costs
- Nationally, effective CHW program ROIs routinely range from \$2.04-\$5.58 per \$1 spent
- Michigan examples:
 - Spectrum Health's Core Health Program: \$2.37 in savings for every \$1 of cost
 - Muskegon Community Health Project: \$350,000 recovered by enrolling patients in Medicaid



What's the problem?

Existing policy and payment structures encourage CHW programs to depend on time-limited grants and other unsustainable mechanisms that limit the impact CHWs have in their communities to combat health disparities in Michigan.

We believe that CHWs are essential for the improved health of Michigan's vulnerable populations.



But what are some other problems?

- **Infant mortality** rate greater than US
- **Obesity** rate at 31.5%
- 76% of hospital admissions due to **chronic disease**
- Over 1 million adults with **diabetes**
- Number of adults with a **serious mental illness** greater than the national average
- **Asthma** mortality rate higher than national average



CHWs Make a Difference

- **Decrease in low birth weight** incidence and inadequate prenatal care
- **Improvements in chronic disease** indicators and healthy lifestyle behaviors including nutrition and physical activity
- **Decrease in HbA1c levels** and **improved cholesterol**
- **Increased cancer screening** and **knowledge**
- **Decrease in depressive symptoms** and **stress**
- **Increased asthma control** and **management**



What policy issues need to be addressed to support CHWs?

- Occupational Definition
- Training Capacity/Workforce Development
- Data
- Financing Models

Source: Rush, C. State policy and community health workers: a national perspective. In: DC/MD/VA regional CHW workforce webinar. October 15, 2014.



Major Areas to Address

- Quality Assurance
 - Who is a CHW? How can we be sure?
- Training & Supervision
 - What does a CHW need to know? How do we support the role?
- Data Collection & Sharing
 - What evidence do we need? Where can programs align?
- Financing Models
 - How do we pay for the CHWs and/or the CHW program?

Source: Rush, C. State policy and community health workers: a national perspective. In: DC/MD/VA regional CHW workforce webinar. October 15, 2014.



Discussion

1. What challenges are you facing in managing your member population as it relates to social determinants of health (SDOH)?
2. How are CHWs addressing or how could CHWs address these SDOH issues with your member populations?

CHW Sustainability

Where do we go next?



Major Areas to Address

- Quality Assurance
 - Who is a CHW? How can we be sure?
- Training & Supervision
 - What does a CHW need to know? How do we support the role?
- Data Collection & Sharing
 - What evidence do we need? Where can programs align?
- Financing Models
 - How do we pay for this person?

Source: Rush, C. State policy and community health workers: a national perspective. In: DC/MD/VA regional CHW workforce webinar. October 15, 2014.



How can we address policy here?

Quality Assurance

- Adoption of CHW Definition
- Support of CHW Roles
 - Updated guidance to be released this Fall
- Certification
 - MiCHWA supports a state-level CHW certification based on experience and education
 - Grandparenting mechanism also supported



How can we address policy here?

Training & Supervision

- MiCHWA's standardized CHW Curriculum
 - 126 hours of instruction
 - 40 hours of internship experience (unless employed)
 - 3 pilot sites winter 2015
- Support for continuing education
- CHW registry
- Supervision resources and support
- Program technical assistance and best practices



How can we address policy here?

Data Collection & Sharing

- MiCHWA's Common Indicators Project
 - Looking at common evaluation measures
- Statewide Program Survey
 - Surveying the workforce every other year
- Data-driven projects
 - Pathways Community HUB
 - Integration projects & EHRs



How can we address policy here?

Financing Models

We need to assess feasibility of new financing mechanisms

- What does this look like here?
- How can CHWs and their programs be supported?

We don't want to limit our options. How can we support CHWs, employers, and programs?



Evidence-based policy component (<i>short description</i>)	Quality Score ^a	Impact Score ^b	Evidence Category ^c
CHWs provide chronic disease care services (<i>Chronic Care</i>)	40	40	Best
Inclusion of CHWs in team-based care model (<i>Team-based Care</i>)	33	33	Best
Core competency CHW certification (<i>Core Certification</i>)	29	28	Best
CHWs supervised by health care professionals (<i>Supervision</i>)	28	26	Best
Standardized core CHW curriculum (<i>Standard Core Curriculum</i>)	26	28	Best
Medicaid payment for CHW services (<i>Medicaid</i>)	25	22	Best
Specialty area CHW certification (<i>Specialty Certification</i>)	21	28	Best
Inclusion of CHWs in development of their certification requirements (<i>Certification Development</i>)	21	24	Best

Policy Best Practices



	Evidence-based policy component (<i>short description</i>)	Evidence Category ^c
Programmatic →	CHWs provide chronic disease care services (<i>Chronic Care</i>)	Best
Programmatic →	Inclusion of CHWs in team-based care model (<i>Team-based Care</i>)	Best
Quality Assurance →	Core competency CHW certification (<i>Core Certification</i>)	Best
Training & Supervision →	CHWs supervised by health care professionals (<i>Supervision</i>)	Best
	Standardized core CHW curriculum (<i>Standard Core Curriculum</i>)	Best
Financing →	Medicaid payment for CHW services (<i>Medicaid</i>)	Best
	Specialty area CHW certification (<i>Specialty Certification</i>)	Best
MiCHWA →	Inclusion of CHWs in development of their certification requirements (<i>Certification Development</i>)	Best

CHWs **provide active leadership** at all levels of MiCHWA including its steering committee and its working groups.

Policy Best Practices



Why CHWs?

“We know that telephonically, our engagement rate for our Medicaid membership is about 33%. We have far more success with face to face in person engagement (approx. 90-100%), which our CHWs are able to do to facilitate the ongoing case management relationship. Because our CHWs are often from the communities we serve and/or share similar life experiences with our members, the establishment of trust is so much easier.”



Why CHWs?

Regarding a member with alcoholism and multiple physical needs:

“...it was the respect that our CHW gave the member, regardless of the successes or failures, that helped give him the motivation to seek and try to maintain his sobriety. Someone cared about this member, believed in him, and walked the journey with him. It made all the difference.”



Why CHWs?

Claims history for the 5 months prior to the CHW program referral:

8/1/2013 – 12/31/2013

10 Admissions

(5 into the Peds ICU)

1 Observation stay

4 ER visits

5 Diabetes Clinic Visits

Claims history for the 5 months since CHW program involvement:

1/1/2014 – 5/31/2014

4 Admissions

(1 into the ICU)

2 Observation stays

3 ER visits

10 Diabetes Clinic Visits



Discussion

1. What questions do you have about CHWs?
2. What barriers do you see to your adoption of payment for CHWs in the health and/or human service setting?
3. What strategies could be implemented to reduce or eliminate these barriers?

Next Steps

1. You are an essential part of sustaining community health workers and their programs – where do you see yourself fitting in?
2. We want to create a joint agenda for action into the future: what do you see on the agenda for CHW sustainability?