



POLICY BRIEF

Michigan Community Health Worker Alliance (MiCHWA)

June 2013

PROMOTING & SUSTAINING A COMMUNITY HEALTH WORKER WORKFORCE IN MICHIGAN

ISSUE

Disparities and access to health care are not improving in the U.S.¹ Socioeconomic, environmental and cultural barriers, especially for minority and low-income populations, continue to impede access to equitable care and add to rising health care costs. Community Health Workers* (CHWs) effectively connect at-risk communities to health care and human services and promote better health. Our communities rely on these trusted links, but CHW programs lack the sustained financial support needed to impact Michigan's at-risk or unreached populations, and CHWs lack recognition as a professional workforce.²

BACKGROUND

Medical care focuses primarily on clinical treatment and often fails to address social determinants of health including education, housing, public safety, availability of healthy foods, and toxin-free environments.³ Minority and low-income communities lack access to these resources, contributing to poorer health and quality of life. In Michigan, overall inequities including income, percent of children living below poverty, and self-reported fair or poor health are getting worse between racial and ethnic groups.⁴ With the growing shortage of health care and social service providers, the workforce is not equipped to adequately reach the increasing vulnerable population.⁵ Health care providers, while highly trained, often lack the time, cultural competency and community knowledge to engage and empower low-income residents, adversely affecting their care. Despite their positive impact,⁶ almost all CHW programs are funded by time-limited grants. Agencies cannot continue to support these programs because mechanisms do not exist to reimburse CHWs for their services.

EVIDENCE

At the federal level, CHWs are recognized as professional members of the health care workforce who effectively address social determinants of health and reduce health disparities.⁶ They are also specifically listed as important professionals on the health care team in the Affordable Care Act of 2010.⁷ In Michigan, CHWs help residents manage chronic conditions, develop healthier lifestyles, improve maternal and child health, increase rates of preventive screenings, and improve access to and use of health care and social services through outreach, enrollment and patient education.⁸ CHWs are trusted members of the communities they serve, making them ideal for complementing existing care providers by delivering information, building relationships, and coordinating care with high-need residents. CHW programs are a proven cost beneficial resource that improves patient outcomes while saving \$2.28 to \$4.00 for every \$1.00 spent.⁹⁻¹³ There is a distinct need for more sustainable CHW funding mechanisms, including reimbursement from Medicaid and Michigan health plans. Nationally, experts have called for the sustainable financing of CHWs and integration into interdisciplinary care teams.¹⁴ As reimbursed members of the health care team, CHWs can continue making their positive social and community health impact while contributing to positive economic development as sustained employees.

RECOMMENDATIONS

To support Community Health Workers* as a profession, the following actions should be taken:

- Michigan should adopt a standardized competency-based training & certification system for Community Health Workers; and
- Michigan should support policies for Community Health Worker reimbursement through Medicaid, Medicaid managed care, & other payers.

DEFINITIONS

*Community Health Worker is a term that encompasses a health professional as defined by the American Public Health Association:

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

In Michigan, Community Health Workers go by many titles including, but not limited to, promotora, peer support specialist, recovery coach, community-based doula, outreach specialist, community neighborhood navigator, family health advocate, maternal child outreach worker, peer navigator, and community advocate.

BACKGROUND: MiCHWA

The Michigan Community Health Worker Alliance (MiCHWA) is a statewide coalition that exists to address the unsustainable cycle that currently employs and deploys CHWs in Michigan's communities with the aim of supporting a well-trained workforce, hired by organizations that are able to sustainably employ them. MiCHWA targets systems-level issues that restrict CHW programs from thriving. These barriers include a lack of defined educational standards, a limited understanding of the CHW role among health and human service systems, and a lack of financial reimbursement for CHW contributions to patient health. MiCHWA'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.*

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For more information about MiCHWA, please visit our website at www.michwa.org