Community Health Workers: An Essential Workforce for Population Health Improvement

MiCHWA is supported by grants and contracts and housed at the University of Michigan School of Social Work.
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
Why MiCHWA?

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.
Why MiCHWA?

Community Health Workers need a place to share resources, engage in peer support, and connect with other CHWs and stakeholders looking to promote and sustain the profession. CHWs also need to be drivers of change to the CHW profession.

*We believe that CHWs are the best voice for CHWs across the state.*
CHWs & Population Health

CHWs have emerged as an essential piece of the workforce for addressing population health.

“to prevent chronic disease and coordinate care along the continuum of health and well-being”

“maintain or improve the physical and psychosocial well-being of individuals through cost-effective and tailored health solutions”

http://www.michwa.org/resources/policy/
State of Michigan Request For Proposal No. 007115B0005022, Comprehensive Health Care Program for the Michigan Department of Health and Human Services
CHWs & Population Health

“overarching emphasis on health promotion and disease prevention and will incorporate community-based health and wellness strategies with a strong focus on the social determinants of health, creating health equity, and supporting efforts to build more resilient communities”

It’s all about community.

http://www.michwa.org/resources/policy/
State of Michigan Request For Proposal No. 007115B0005022, Comprehensive Health Care Program for the Michigan Department of Health and Human Services
Today’s Presentation

• Overview of Community Health Workers (CHWs) in Michigan
• Evidence and support for CHWs as drivers of population health
• Policy and systems considerations for CHWs, including opportunities to support CHWs in Michigan
• The Michigan Community Health Worker Alliance's work to sustain the CHW workforce
I build a bridge to better health by helping my clients find their voice.

How do CHWs build a bridge to better health?

Connecting clients to resources to improve their health.

I build a bridge to better health by having empathy.

#CHWsMatter #CHWMonth15

CHWs in Michigan
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

Source: Michigan Community Health Worker Alliance Program Survey 2014.
What are CHWs called in Michigan?

<table>
<thead>
<tr>
<th>CHW Title</th>
<th>Number of Programs (%)</th>
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<tbody>
<tr>
<td>Community Health Worker</td>
<td>22 (63%)</td>
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<tr>
<td>Other</td>
<td>14 (40%)</td>
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<tr>
<td>Community Outreach Worker</td>
<td>5 (14%)</td>
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<td>Promotore/a</td>
<td>2 (6%)</td>
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<tr>
<td>Maternal Child Health Worker</td>
<td>1 (3%)</td>
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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)
Who are CHWs in Michigan?

• Community members or residents with an unusually close understanding of the population they are serving
  – Group membership, life experience, geography, etc.
• Passionate about connecting people
• Education background: high school diploma/GED
  – Trained specifically to be a Community Health Worker
  – Training is core competency-based
• Non-clinical member of the health care team

Source: Michigan Community Health Worker Alliance Program Survey 2014.
What do CHWs do in Michigan?

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

Source: Michigan Community Health Worker Alliance Program Survey 2014.
Title: Table 11. CHW role (N=32)
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.

Source: Michigan Community Health Worker Alliance Program Survey 2014.
Title: Health issues of clients (N=31)
Title: Social issues (N=31)
CHWs in the Upper Peninsula

• Inter-Tribal Council programs, including Healthy Start
  – Long history of Community Health Representatives (CHRs)
  – Smaller projects including those focused on cancer screening and prevention

• MPCA’s Linkages Project
  – Upper Great Lakes Family Health Center in Hancock
  – Two CHWs focused on perinatal women and pediatric asthma

Linkages Project, mpca.net/?page=linkages
Evidence & Impact
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.”

Source: Michigan Community Health Worker Alliance Program Survey 2014. Title: Table 7. Open-ended responses: rationale for employing CHWs
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”

Source: Michigan Community Health Worker Alliance Program Survey 2014.
Title: Table 7. Open-ended responses: rationale for employing CHWs
Why CHWs?

**Demonstrated clinical effectiveness**

- Decrease in incidence of low birth weight and inadequate prenatal care in women in medically underserved areas
- Increase in prenatal care usage and access
- Decrease in HbA1c levels and improvement in blood glucose testing adherence
- Increase in cervical and breast cancer screenings
- Decrease in depressive symptoms
- Decrease in asthma symptoms

Example: CHWs & Hypertension

- Recognized by CDC Million Hearts™ as part of the workforce to achieve the Million Hearts™ goal
- CHWs currently support chronic disease self management and other programs targeting chronic disease, including
  
  Pathways to Better Health  
  MPCA Linkages  
  Spectrum Health Core Health  
  MDHHS 1422

- Comprehensive literature reviews support CHWs in assisting hypertensive patients achieve positive clinical outcomes
- CDC toolkit on CHWs created by Division for Heart Disease and Stroke Prevention: [http://www.cdc.gov/dhdsp/pubs/chw-toolkit.htm](http://www.cdc.gov/dhdsp/pubs/chw-toolkit.htm)

Source: [http://www.cdc.gov/bloodpressure/docs/mh_commhealthworker_factsheet_english.pdf](http://www.cdc.gov/bloodpressure/docs/mh_commhealthworker_factsheet_english.pdf)  
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”

Source: Michigan Community Health Worker Alliance Program Survey 2014. Title: Table 7. Open-ended responses: rationale for employing CHWs
Why CHWs?

Community Impact

• Reduction in unnecessary ED visits
• Increase in appropriate usage of healthcare resources
• Increase in knowledge of cancer and cancer screening among minority populations
• Reduced stress related to neighborhood safety
• Increase in availability of healthy foods and knowledge of those foods and their benefits
• Reduction in number of missed school days

Why CHWs?

Return on Investment

- CHW programs consistently show beneficial 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 Core Health: $2.37 in savings for every $1 of cost
  - Muskegon Community Health Project: $350,000 recovered by enrolling patients in Medicaid
- **Upcoming: Michigan Pathways to Better Health**
National Support

Reports (2014 & 2015)

• CMS: Equity Plan for Improving Quality in Medicare
• CDC Policy Brief “Addressing Chronic Disease Through Community Health Workers”
• National Health Policy Forum: CHWs & Primary Care

Ongoing Initiatives

• Office of Minority Health (DHHS)
• Office on Women’s Health (DHHS)
• American Public Health Association

Source: http://www.michwa.org/resources/research-evidence/
National Support

“Scaling up the use of CHWs presents a unique set of obstacles, but it is also possible to chart a roadmap forward. The potential to improve care for vulnerable populations, help achieve the Triple Aim of better care, better health and lower costs, and advance population health is too promising to be deterred.”

Bringing Community Health Workers into the Mainstream of U.S. Health Care
Institute of Medicine Discussion Paper, 2015
Note: IOM is now NAM (National Academy of Medicine)

The workforce isn’t new.

System transformation, driven by payment reform, is actually creating an urgency to incorporate innovations, like CHWs, that have proven their value for decades.

Remember:
Policy & Systems Opportunities

UPHP Population Health Conference
October 2, 2015
Michigan Community Health Worker Alliance
Buzzwords

Bending the Cost Curve
Innovation
Triple Aim
SIM

CHWs Apply to All

Population Health
Social Determinants of Health

Health Care Transformation
National Policy: PPACA 2010

The Patient Protection & Affordable Care Act cites CHWs:

- §5101: CHWs listed as “health professionals” and as an important part of the health care workforce; a comprehensive CHW definition is included
- §5313: CDC authorized to fund agencies who train and use CHWs to promote positive health behaviors and outcomes for populations in medically underserved communities; CHW functions include outreach, enrollment, and patient education
- §5403: mandates Area Health Education Centers to provide interdisciplinary training of health professionals, including CHWs

Standard Occupational Classification

Assist individuals and communities to adopt healthy behaviors. Conduct outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health. May provide information on available resources, provide social support and informal counseling, advocate for individuals and community health needs, and provide services such as first aid and blood pressure screening. May collect data to help identify community health needs. Excludes "Health Educators" (21-1091).

#21-1094

Local & State CHW Activities

• At least 24 states, including the District of Columbia, have established CHW groups
  – Several additional states are pending/starting up
• Regional collaborations emerging
  – DC-MD-VA, New England
• Grassroots groups and state authorities assisting with CHW organizing
  – Examples: Nevada, Virginia
• National association in process of relaunch
Local & State CHW Activities

Resource
National Association of State Health Policy (NASHP)
(http://www.nashp.org/state-community-health-worker-models/)

State Community Health Worker Models
By NASHP | May 7th, 2015

As states transform their health systems many are turning to Community Health Workers (CHWs) to tackle some of the most challenging aspects of health improvement, such as facilitating care coordination, enhancing access to community-based services, and addressing social determinants of health. While state definitions vary, CHWs are typically frontline workers who are trusted members of and/or have a unique and intimate understanding of the communities they serve. This map highlights state activity to integrate CHWs into evolving health care systems in key areas such as financing, education and training, certification, and state definitions, roles and scope of practice. The map includes enacted state CHW legislation and provides links to state CHW associations and other leading organizations working on CHW issues in states.
What’s *still* 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.*
Michigan’s CHW Environment

Successes

• Michigan CHW programs continue to show improved health and reduced costs

Instability

• CHW programs almost exclusively rely on grant dollars or other unstable funds

Pilots/Demonstrations

• What’s the next step?
Major Areas to Address

• Occupational Definition
  • Who is a CHW? How can we be sure?
• Training Capacity/Workforce Development
  • What does a CHW need to know? How do we support the role?
• Data
  • What evidence do we need? Where can programs align?
• Financing Models
  • How do we pay for the CHWs and/or the CHW program?

Where are we now?

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, managed by MiCHWA; registry to launch within 3 months
  • Grandparenting mechanism also supported

This report is under review by MiCHWA CHWs right now!
How can we address policy here?

Training & Supervision

- MiCHWA’s standardized CHW Curriculum
  - 126 hours of instruction
  - 40 hours of internship experience (unless employed)
  - Three pilots and one non-pilot in 2015
  - Evaluation of curriculum very positive thus far

- Training Next Steps
  - Train the Trainer Curriculum (take training to scale)
  - Continuing education, supervision resources
How can we address policy here?

Data Collection & Sharing

• MiCHWA’s Common Indicators Project
  • Looking at common evaluation measures
  • Survey of CHW program evaluation practices launched in August/September

• Data-driven projects
  • Pathways Community HUB
  • MPCA’s Linkages Project
  • Integration projects & EHRs
How can we address policy here?

Financing Models

- **State Innovation Model:** ACA funding for state plans that improve healthcare quality, and health outcomes while slowing growth of health costs, include CHWs
- **Medicaid Managed Care Contracts:** State-level mandate requiring managed care payment of CHWs
- **Other Models:** States have developed different schemes including direct reimbursement and requiring CHW integration into relevant programs that receive state funding

No one else has figured this out yet.

Michigan Medicaid Managed Care RFP 2015: http://www.michigan.gov/micontractconnect/0,4541,7-225-48676---,00.html
How can we address policy here?

State Innovation Model (SIM)
- Michigan’s SIM proposal supports CHWs
  - Members of health care teams
  - Part of the interprofessional workforce
  - Identified as a potential part of patient-centered medical homes
- MiCHWA included as policy convener

We still don’t know what’s going to happen.

Source: Reinventing Michigan’s Health Care System: Blueprint for Health Innovation
How can we address policy here?

Medicaid Managed Care Contracts

• “Contractor must provide or arrange for the provision of community health worker (CHW) or peer-support specialist services to Enrollees who have significant behavioral health issues and complex physical co-morbidities who will engage with and benefit from CHW or peer-support specialist services.”

• “Contractor agrees to establish a reimbursement methodology for outreach, engagement, education and coordination services provided by community health workers or peer support specialists to promote behavioral health integration.”

• “Contractor must maintain a CHW to Enrollee ratio of at least one full-time CHW per 20,000 Enrollees.”

Contracts begin January 1!

Source: State of Michigan Request For Proposal No. 007115B0005022
Comprehensive Health Care Program for the Michigan Department of Health and Human Services
How can we address policy here?

Health Homes?

- ACA innovation focused on integrated care
- Criteria for Medicaid beneficiaries to use services:
  - Have at least two chronic conditions; or
  - Have one chronic condition and be at risk for another; or
  - Have one serious and persistent mental health condition
- Chronic diseases may be physical or mental

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<th>Impact Score&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Evidence Category&lt;sup&gt;c&lt;/sup&gt;</th>
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<tr>
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<tr>
<td>Inclusion of CHWs in development of their certification requirements <em>(Certification Development)</em></td>
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<td>24</td>
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[Link to CDC Policy Evidence Assessment Report](#)
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CHWs provide active leadership at all levels of MiCHWA including its steering committee and its working groups.
Next Steps
MiCHWA’s Role

Convener.
• CHWs, health plans, policymakers, stakeholders
• Employers, educators, communities

Advocate.
• Work directly with statewide organizations and community-based groups
• Continue building strategic partnerships across the state

Voice.
• Foster and support CHW voice in everything we do
Why MiCHWA?

- MiCHWA identified need to have a regulated, supported CHW workforce
- MiCHWA partners reviewed options for regulation; due to policy environment in Michigan, Michigan partners agreed to support CHW certification and training management through MiCHWA

Support:
SIM Initiative | Medicaid Rebid | MDHHS

Source: http://www.michwa.org/about/michwa-chw-training/.
Current MiCHWA Policy Priorities

Action Plan

• Analyze various payment models for CHW services
• Evaluate the possibility of a State Plan Amendment for CHW payment
• Create protocol for CHW certification
• Data Collection and Evidence
• Data sharing and Quality Improvement

Developed by stakeholders during spring/summer 2015

What can you do? Get involved.

Learn.
- Who are other CHWs in your area?
- What issues are being discussed in Michigan? Nationally?

Join.
- Fill out MiCHWA’s Contact Form
- Review MiCHWA’s Web site and resources

Act.
- Participate in a MiCHWA working group
- Attend MiCHWA’s Annual Meeting or other events
Activities 2015

• Conference Calls (Monthly)
  – Four working groups
  – Evaluation Board
  – Steering Committee
• michwachws mailing list – new!
• Stakeholder Forums (May, June, August)
• CHW Appreciation Month (August)
• Spectrum Health CHW Conference (August)
• MiCHWA Annual Meeting (October)
Connecting Online

Facebook: Michigan Community Health Worker Alliance
Twitter: @Mi_CHWA
Website: www.michwa.org

Get Connected
Jumping on a monthly working group call is the easiest way to get caught up on MICHWA activities and get the tools you need to work toward CHW sustainability.

Get Equipped
Are you up to date on the latest CHW tools and resources? Download our fact sheets, one-pagers, and new CHW ROLES document today.

Get the MI Data
MICHWA released its Michigan-wide CHW program survey report. The report details results from 37 programs across the state. Take a look.

Sign up for our newsletter
Questions & Discussion

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