

Promoting a Sustainable CHW Workforce in Massachusetts

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Massachusetts Overview

- **State demographics**
- **The CHW workforce**
- **CHW workforce initiatives**

Demographics

Massachusetts is:

- **Dense**
- **Diverse, with significant disparities**
- **Well-educated**
- **High income**
- **Aging**

Population: Over 6.5 million; 3rd densest state, with rural areas in western Mass. and the Cape and Islands

Demographics

- **52% women**
- **Almost 1/3 of residents are 50 or older**
- **One in 5 people is non-White:**
 - **8% Hispanic**
 - **6% Black**
 - **5% Asian**
 - **0.2% American Indian**
 - **80% White**

Demographics

- **14.2% are foreign born**
- **Over 20% speak a language other than English at home**
- **6% of households are “linguistically isolated” (no person over 14 speaks English well)**
- **3rd highest per capita income in U.S. (\$49,000)**
- **10% live below poverty (much higher among Hispanics and children under 5 living in female-headed households)**

Demographics

Education (correlates with income):

- 1st in U.S. for those over 25 with a bachelor's degree or more
- However, 12% have not graduated from high school (35% among Hispanics; 25% among foreign born)

Disparity:

- Massachusetts is relatively prosperous
- Factors separating the poor and prosperous: race and ethnicity, disability, age, gender, and immigration status.

Overview of the CHW Workforce

3,000 CHWs in Massachusetts are:

- **Primarily women (76.2%)**
- **On average, 36-40 years old**
- **People of color (50.8% - Black, Hispanic, Asian)**
- **Bi- or multi-lingual (58.6%)**
- **Have received a degree beyond HS (60%)**
- **46% of employers reported *none* of their CHWs had formal training (13% reported >75% of CHWs formally trained)**
- **Over a third of CHWs (34.5%) in MA earn less than \$15/hr**

CHWs: Where and Who They Work With

- **Community health centers, hospitals, community-based agencies, housing authorities, immigrant and refugee associations, and faith-based organizations**
- **41% of CHWs work in Boston; 21.6% are employed in the Metro region; 14.4% in Central Massachusetts; and less than 10% in each of the other regions of the state (Northeast, Southeast, Western MA).**
- **30% of CHWs are employed by agencies that serve rural clients.**
- **Most clients served by CHWs receive or are eligible for publicly funded health insurance (62.8%).**
- **CHWs work with a wide variety of at-risk populations including: people with substance abuse disorders, homeless persons, immigrants and refugees, persons at risk for or living with HIV/AIDS, and adolescents.**

CHW Workforce Issues

- **(Unstable) funding**
 - Cyclical, categorical grants
 - Recruitment and retention, undermining CHW effectiveness
 - Fair and equitable pay scales
- **Adequate training and supervision**
- **Career advancement and professional development**
- **Recognition and understanding of CHW role**
- **Integration into health care and other teams**
- **Standards for training and certification**
- **Workforce development resources**
- **Workforce surveillance**

CHW Workforce Initiatives

- **MDPH CHW Task Force – attempts in 1990s to define and describe the workforce and develop contract policy**
- **Founding of MACHW (2000) – based on longstanding and ongoing collaboration among CHW leaders and supporters**
- **Joint legislative policy advocacy (Section 110 in 2006 health reform; Ch. 322, in 2010 – CHW Certification)**
- **Collaborative leadership in statewide CHW Advisory Council (2007-08) -- convening key players (MACHW, MDPH, 3 training agencies, MPHA, others)**

CHW Workforce Initiatives

- **Collaborate on policy initiatives and opportunities:**
 - **CHW Certification Board**
 - **CHW Day at the State House**
 - **MACHW Annual Meeting**
 - **MACHW Statewide CHW Policy Meetings**
 - **Patient-Centered Medical Home**
 - **Payment reform**
- **Public awareness activities**
- **Regional organizing**
- **National and regional synergy**

Recommendations for a Sustainable CHW Program (CHW Advisory Council Report)

34 Recommendations in four areas:

1. Conduct a Statewide **CHW Identity** Campaign
2. Strengthen **Workforce Development**, including Training and Certification
3. Expand **Financing** Mechanisms for services and for training
4. Establish a state **Infrastructure** to Ensure Implementation of Recommendations

Collaboration for CHW Workforce Development

POLICY ARENA	State Public Health Department	Massachusetts Association of CHWs
CHW Professional Identity	<ul style="list-style-type: none"> •Consistent contract language •Educate other providers 	<ul style="list-style-type: none"> •Professional ID campaign among the workforce, funders, other health professionals
Financing	<ul style="list-style-type: none"> •Support effective use of public resources for CHW services to achieve DPH mission •Promote stable funding 	<ul style="list-style-type: none"> •Advocate for multiple funding streams and mechanisms with both public and private payers, i.e. state budget line items that support CHWs
Workforce Development, Training	<ul style="list-style-type: none"> •Jointly id. core competencies •Identify/convene state workforce development partners •Advocate for CHW training programs 	<ul style="list-style-type: none"> •Jointly identify core competencies, career ladders •Advocate for funding for CHW training programs
Occupational regulation/ Certification	<ul style="list-style-type: none"> •Joint development of certification board bill •Board to be at MDPH with strong MACHW input 	<ul style="list-style-type: none"> •Joint development of certification board bill •Advocate for passage of bill •Leadership in planning for Board
Ongoing infrastructure	<ul style="list-style-type: none"> •Establishment of Office of CHWs in HC Workforce Center, Certification Board 	<ul style="list-style-type: none"> •CHW Board of Certification

Key policy areas identified nationally for comprehensive systems changes

- Sustainable **financing** for community health worker services, especially in Medicaid, SCHIP and other major funding streams
- **Workforce development** resources, including training and career development
- **Occupational regulation**, such as standards for training and certification
- Guidelines for **common metrics in research and evaluation** related to CHWs.

Rosenthal L, Brownstein JN, Hirsch GR, Willaert AM, Rush C, Holderby LR, Fox DJ, Scott JR, Community Health Workers, Part of the Solution: Promising State Policy Change Supporting the Integration of Community Health Workers into Systems of Care. Health Affairs. In Press July 2010.

Strategies for Sustainability and Integration

- Build **collaboration among categorical funding sources** for CHWs (diseases, populations, etc.)
- Collaborate with health advocacy organizations; join coalitions.
- **Identify champions** in all sectors.
- Strengthen **workforce development and training**.
- **Policy development and advocacy** - regulation and legislation.
- **Document** outcomes and **publish**.

Strategies for Sustainability and Integration

- Build consensus around **core competencies** of CHWs and the need for **comprehensive state policies**.
- Policy change happens most effectively in **all four arenas at the same time** (financing, workforce development resources, occupational regulation, and guidelines for common metrics).

Pay attention to all four areas and engage key partners to do so.

- **Seek opportunities for CHWs in emerging models of health care delivery and payment reform.**
- **Strengthen CHW professional identity** in multiple ways – educate **employers, supervisors, state agency staff, including top level, and the CHW workforce.**
- **Support CHW associations and CHW leadership development.**

Resources

**“Community Health Workers in Massachusetts:
Improving Health Care and Public Health”**
(MDPH CHW Advisory Council Report)

http://www.mass.gov/Eeohhs2/docs/dph/com_health/com_health_workers/legislature_report.pdf

Mason, T., Wilkinson, G. W., Nannini, A., Martin, C.M., Fox, D.J., and Hirsch, G. **“Winning policy change to promote community health workers: lessons from Massachusetts in the health reform era.”** American Journal of Public Health. December 2011, Vol 101, No. 12. 211–2216.

RESOURCES at:

www.machw.org

www.mass.gov/dph/communityhealthworkers

Thank you!

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