

State Health Department Support for CHW Workforce Development and Engagement

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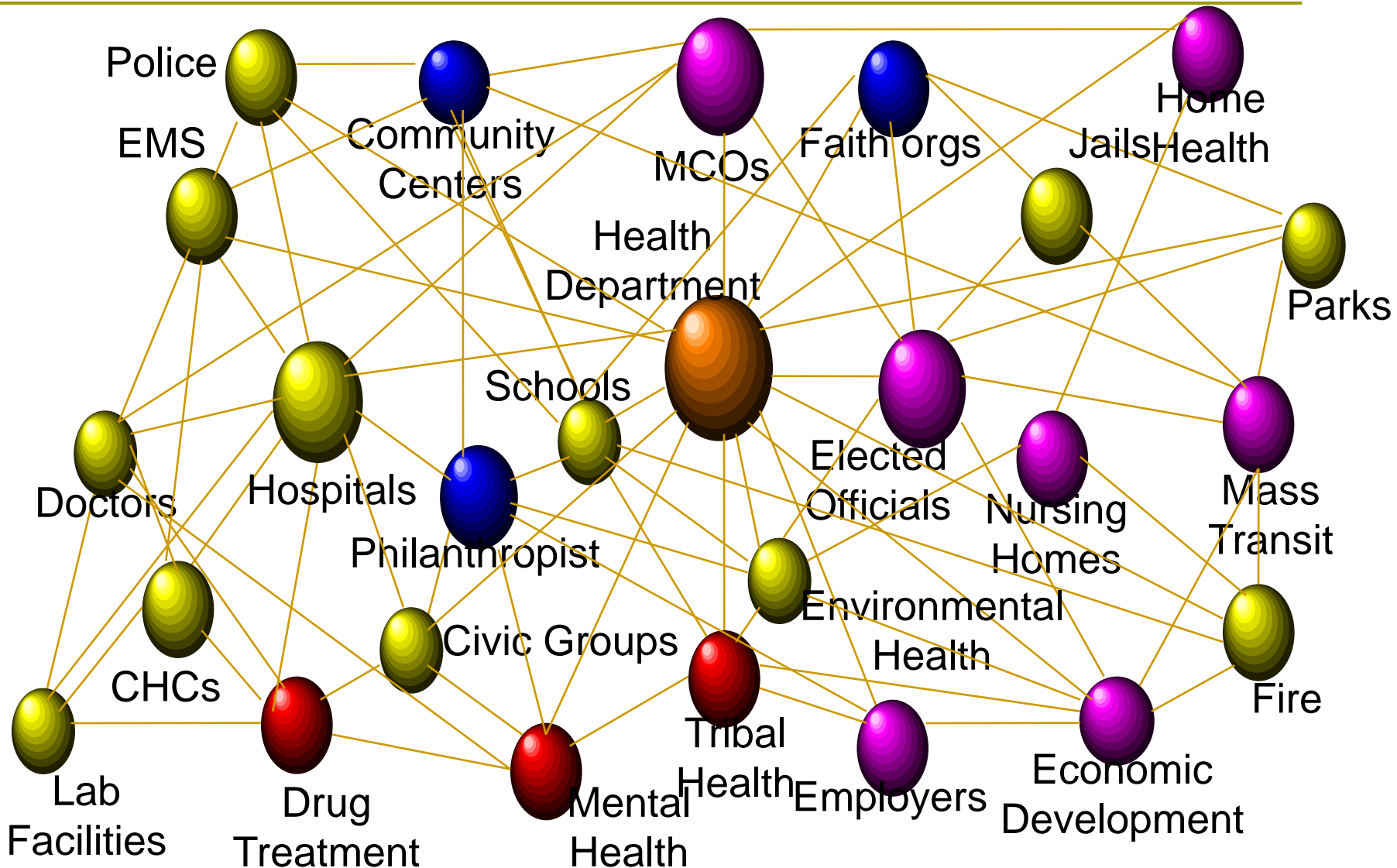
*New England Regional CHW Summit
April 30 – May 1, 2012
Manchester, NH*



Mandate from Lisa Renee

- “Set the tone.”
- “Provide examples.”
- “Connect all the dots.”

The Public Health System



What CHWs deserve



Objectives

- ❑ Underscore importance of CHW leadership
- ❑ Offer rationale for prioritizing CHW workforce development
- ❑ Identify categories of support state health departments can provide
- ❑ Provide specific examples
- ❑ Encourage dialogue



Guiding Principle

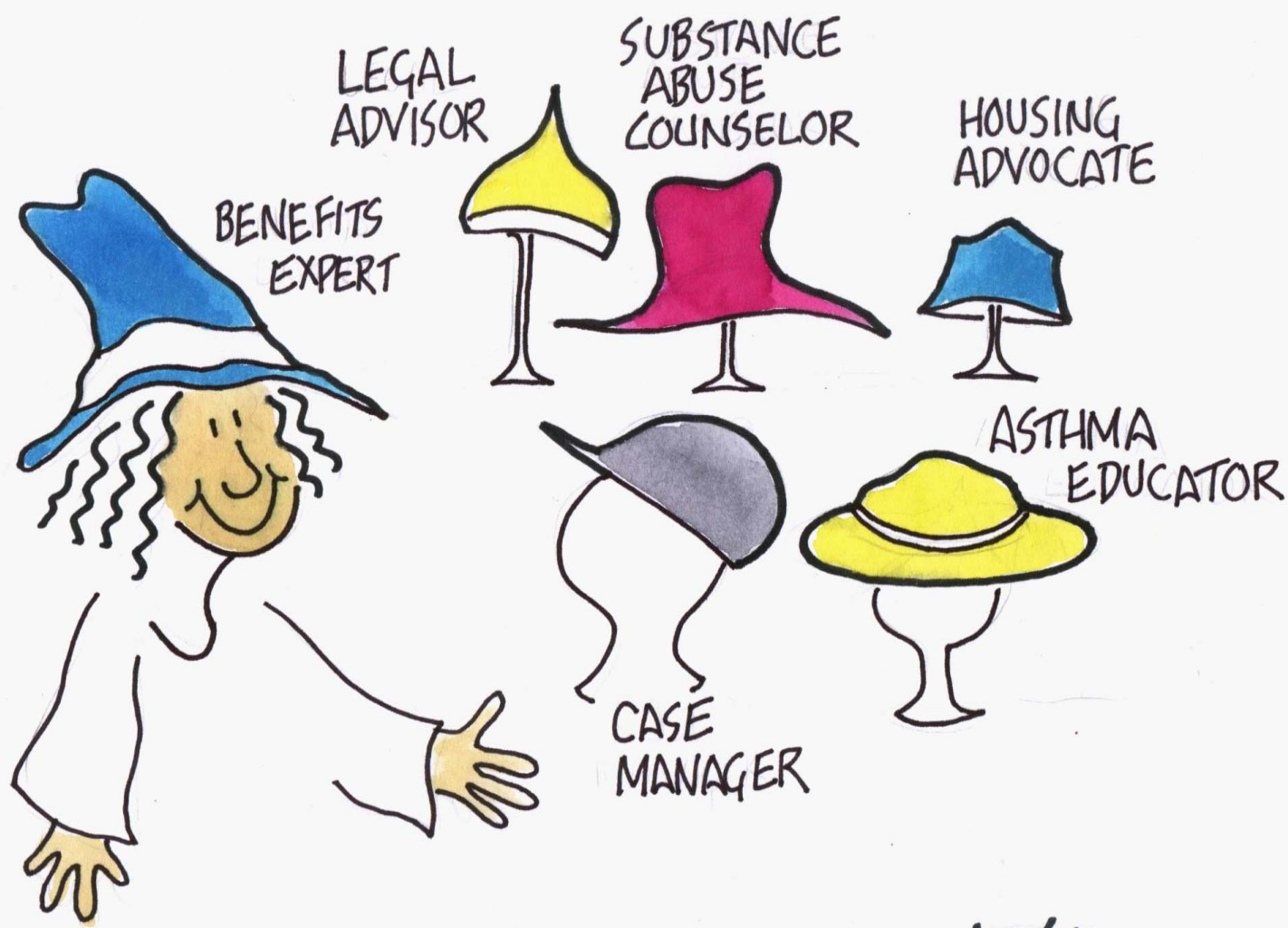
- “Nothing about us without us!”



“Lessons Learned”

Sergio Matos at 2008 Ounce of Prevention Conference

1. **Organize CHWs** at local, regional and national levels
2. **Provide leadership** - Lend CHW voice to policy and practice issues relevant to our practice
3. **Embrace self-determination** – maintain identity & traditions
4. Provide appropriate training content and training methods – core skills plus specialty areas
5. **Involve CHWs in all aspects of program development-** planning, implementation, training, supervision, management and evaluation
6. **Recognize, value and respect CHWs** as members of a practice
7. **Recognize, respect and value the trust we enjoy** from community
8. **Non-CHWs must resist the urge to make us like “Them”**



" I GET TO WEAR THEM ALL!?! "

Defining Community Health Workers

- Public health workers who apply their unique understanding of the experience, language, and/or culture of the populations they serve in order to carry out one or more of the following roles:
 - Provide culturally appropriate health education, information, and outreach in community-based settings
 - Provide direct services, such as informal counseling, social support, care coordination, and health screenings
 - Advocate for individual and community needs
 - Provide cultural mediation between individuals, communities, and health and human service providers (system navigation)
 - Build individual and community capacity
 - Assure people have access to needed services



What makes CHWs special?

- CHWs are distinguished from other health professionals because they:
 - Are hired primarily for their understanding of the populations and communities they serve
 - Conduct outreach a significant portion of their time
 - Have experience providing services in community settings



MDPH Priorities

- 1) Promote quality and cost containment in health care reform.
- 2) Eliminate racial and ethnic disparities.
- 3) Manage chronic disease and promote wellness in the workplace, school, community, and home.
- 4) Reduce and prevent youth violence.
- 5) Build public health capacity at the local and state levels.



Why focus on CHWs?

- Support all five top MDPH priorities
- Research support for CHW effectiveness
- Help bridge clinical and community prevention systems
- Promote cost and quality objectives of health care reform
 - Included specifically in Mass. and federal legislation



Outcome-based studies show CHWs have positive impacts:

- ❑ Assist individuals and families to obtain and maintain health insurance;
- ❑ Increase access to and use of preventive education, screenings, and treatment services;
- ❑ Encourage the use of primary care and medical home models;
- ❑ Reduce unnecessary use of urgent care;



Positive impacts (continued):

- Improve management of chronic diseases
 - Diabetes
 - Asthma
 - High blood pressure, etc.
- Strengthen patient health literacy
- Strengthen culturally competent provider practices (organizational effectiveness)



Research evidence:

- CHWs are effective in large measure due to cultural, linguistic, ethnic, and/or other experiences they share with the populations they serve.
- CHWs highly effective with vulnerable populations, including people with low incomes and racial, ethnic, and linguistic minorities.



Research evidence:

- CHWs can help significantly improve outcomes of care teams.
 - perform variety of activities
 - help patients reduce risks of complications from chronic diseases
 - improve compliance with prescribed treatment plans
 - improve patient self-management



General Areas of State Support



Categories of MDPH Support

- 1) Development and support of CHW Leadership (MACHW)
- 2) Promotion of CHWs by Commissioner and leadership team
- 3) Commitment of DPH staff and resources
- 4) Fundraising support and promotion of funding opportunities
- 5) Demonstration grants
- 6) Policy development
- 7) Employment of CHWs through DPH contracts
- 8) Training and curriculum development
- 9) Research and publications
- 10) Strategic partnerships
- 11) Convening and leading public-private initiatives
- 12) National networking and promotion of CHW movement



Development and support of CHW Leadership (MACHW)

- Early leadership
- Board membership
- Mentoring of MACHW leadership
- Strategic planning & board development
- Fundraising



Public promotion of CHWs by Commissioner and leadership team

- Defining role of CHWs in health care payment reform, e.g., HCCQC
- National planning for public health department of the future (ASTHO, RWJF, CDC)
- Regional Health Dialogues
- Ounce of Prevention conference
- Presence at CHW conferences and events
- Coordination and support from commissioner's office



Commitment of DPH staff and resources

- Office of CHWs with full time director
- Website
- Direct employment of CHWs for immigrant and refugee health, other programs
- Use of consultants



Fundraising support and promotion of funding opportunities

- HRSA Maternal & Child Health CISS grant supported formative work
- Blue Cross Blue Shield of Mass. Foundation—key operating support
- DentaQuest
- CMS innovation proposals
- AGO funding program
- DoN community health initiatives
- Other public and private sector opportunities



Demonstration grants

- Healthy Homes pilots
- Asthma grant
- Childhood Obesity



Policy development

- CHW definition
- DPH policy on supervision and training requirements for contracts
- Chapter 58, Section 110
- Chapter 322 (including legislative advocacy by department)
- 1115 Waiver for payment reform model with CHWs and asthma prevention
- Recommendations in CHW Advisory Council report, and related follow-up



Major employer of CHWs through DPH contracts

- Community Health Centers
- CHW training providers
- Childhood Lead Poisoning Prevention Program
- Asthma
- Other MDPH programs



DPH programs supporting CHWs

- Community-based Primary Care
- TB Prevention and Control
- Domestic Violence Crisis and Outreach Services for GLBT Communities
- Early Intervention
- Environmental Health Outreach and Education
- Family Initiatives
- HIV/AIDS Bureau
- Lead Poisoning Prevention
- Rural Domestic Violence and Child Victimization
- Youth Violence Prevention
- Men's Health Services
- Chronic Disease Prevention
- Refugee and Immigrant Health
- Sexual Assault Prevention and Survivor Services
- Suicide Prevention
- WIC Nutrition Program
- Women's Health Network



Training and curriculum development

- Promotion of established training programs and specialized curricula—OWTI, CHEC
- Support of new programs, e.g., Public Health Training Center (UMass Amherst)
- On-line training by DPH women's health program
- Patient Navigation Conferences (supported by the federal Office on Women's Health)



Research and publications

- CHW Workforce study 2005
- CHW advisory council report, including 2009 market study
- Journal articles
 - Articles in Health Affairs
 - American Journal of Public Health
 - Journal of Ambulatory Care Management



Strategic partnerships

- MACHW
- CHW training providers
 - Area Health Education Center/Outreach Worker Training Institute (OWTI)
 - Boston Public Health Commission/Community Health Education Center (CHEC)
- Universities and Community Colleges
- Health policy advocates, e.g., state APHA affiliate
- CHW Initiative of Boston/Agency for Boston Community Development
- Health Providers
 - Community Health Centers
 - Hospitals
- Health Plans
- Private Industry Council



Convening and leading public-private initiatives

- CHW Advisory Council (with all of its various components, including updated workforce study)
- Board of Certification of CHWs



National networking and promotion of CHW movement

- APHA CHW SPIG and APHA CHW Section
- Contributions to development of professional benchmarks
 - CHW professional code of ethics
 - Definition of core competencies
 - DOL workforce classification
 - ACA professional definitions
- Contributions to national research
 - Asthma
 - Diabetes
 - HIV/AIDS



National networking (continued)

■ Strategic partnerships and consultation

- CDC
- HRSA Bureau of Health Professions
- HHS Office of Minority Health
- University partners—U of Texas, Georgetown Law
- CHW leaders and advocates in other jurisdictions

- Arizona
- California
- Illinois (Chicago)
- Indiana
- Louisiana
- Maryland
- Michigan
- Minnesota



- New Jersey
- New Mexico
- New York
- Ohio
- Oregon
- Rhode Island
- Texas
- Indian Health Service

CHW Board of Certification

- ❑ Chapter 322, Acts of 2010
- ❑ Resulted from CHW Advisory Committee policy recommendations
- ❑ Intent: address provider, payer, and CHW needs for workforce standards
- ❑ 11 members, appointed by governor
 - Chaired by DPH commissioner or designee
 - MACHW nominates 4 members
 - Also reps from CHW training, health plans, CHCs, employers, MPHA, public
 - Statewide geographic representation



CHW Certification Program

- Education, training, experience qualifications for individual CHWs
- Standards and requirements for CHW training programs and trainers
- Continuing education
- “Grandparenting” requirements
- Fees
- Exam or other documentation requirements
- Tiered practice levels
- Reciprocity, complaints, etc.



Discussion



Contact

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