

# NATIONAL AND STATE PERSPECTIVES ON SUSTAINABILITY INITIATIVES

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# Presentation Flow

- Describe the CHW Policy Opportunities
- Share workforce assessments conducted in Arizona
  1. Arizona CHW Workforce Study
  2. 2015 Arizona Licensed Provider Survey
- Provide evidence on the impact of CHWs on health outcomes and cost savings
- Call to action

# Community Health Workers Are A Global Workforce



# CHWs Defined

CHWs are 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.

Definition Source :  
American Public Health Association –  
Community Health Worker Section  
<https://www.apha.org/apha-communities/member-sections/community-health-workers>



# Community Health Workers Go By Many Job Titles



The term **Community Health Worker** or CHW is the umbrella title used by the US Department of Labor and includes all titles listed.

Bureau of Labor Statistics  
- CHWs  
<http://www.bls.gov/oes/current/oes211094.htm>

- Community Health Worker
- CHW I, II, III, Senior
- Promotora
- **Community Health Representative**
- Community Lay Worker
- Care Coordinator
- Case Manager
- Community Health Advisor
- Health Educator I, II
- Instructional Specialist
- Human Rights Advocate
- Lay Leaders
- Peer Leaders
- Health Systems Navigator
- Lay Health Worker
- Outreach Program Manager
- Outreach Promotora
- Patient Navigator
- Peer Support Specialist
- Public Health Specialist
- Educadora de Salud
- Public Health Aide
- Public Health Specialist
- Teen Health Educator
- Trainer
- Tribal Liaison
- Well being Promoter
- Home Visitor
- Office Assistant

# Windows of Opportunity for the Sustainability and Financing of CHWs



# CHWs and the Patient Protection and Affordable Care Act of 2010

- Law cites CHWs as :
  - An effective way of improving health outcomes as part of a health care team while containing costs <sup>1</sup>
  - A member of the health care workforce and a health professional <sup>2</sup>
- Law authorizes the Centers for Disease Control (CDC) to :
  - Fund agencies who train health care team members, including CHWs<sup>3</sup>
  - Direct intervention grants “to eligible entities to promote positive health behaviors and outcomes for populations in medically underserved communities through the use of community health workers.” <sup>3</sup>

<sup>1</sup> Patient Protection and Affordable Care Act, 42 USCA §18001 (2010); <sup>2</sup> Patient Protection and Affordable Care Act, 42 USCA §294q (2010); <sup>3</sup> Patient Protection and Affordable Care Act, 42 USCA §280g-11 (2010).

# CHWs Role in Primary Care

CHW promotes health in the following ways:

- A. by serving as a liaison between communities and healthcare agencies;
- B. by providing guidance and social assistance to community residents;
- C. by enhancing community residents' ability to effectively communicate with healthcare providers;
- D. by providing culturally and linguistically appropriate health or nutrition education;
- E. by advocating for individual and community health;
- F. by providing referral and follow-up services or otherwise coordinating care; and
- G. by proactively identifying and enrolling eligible individuals in Federal, State, local, private or nonprofit health and human services programs.<sup>3</sup>

<sup>3</sup>

Patient Protection and Affordable Care Act, 42 USCA §280g-11 (2010).



# ACA §5313 - Grants to Promote the Community Health Workforce

The CDC “awards grants to eligible entities that promote positive health behaviors and outcomes for populations in medically underserved communities through the use of community health workers” in the following areas:

1. Prevalent health problems in medically underserved communities, particularly racial and ethnic minority populations;
2. **Promotion of health behaviors** and discouragement of risky health behaviors;
3. **Enrollment** in health insurance;
4. **Identify and referring** individuals to healthcare agencies and social services to increase access and eliminate duplicative care; and
5. **Provide home visitation** services for maternal health and prenatal care.

# ACA §5403 - Interdisciplinary, Community--based Linkages

Authorizes Area Health Education Centers to :

“Conduct and participate in **interdisciplinary training** that involves physicians, physician assistants, nurse practitioners, nurse midwives, dentists, psychologists, pharmacists, optometrists, **community health workers**, public and allied health professionals, or other health professionals, as practicable.”

# CHWs and the Children's Health Insurance Program (CHIP) Reauthorization Act of 2009

- Makes explicit that CHIP outreach funds can be used for activities conducted by community health workers.



# Most Important ! Centers for Medicaid and Medicare (CMS)

In June of 2014, the Centers for Medicaid and Medicare (CMS) **issued new guidance that allows for reimbursement** of preventive services offered by unlicensed professionals such as CHWs.

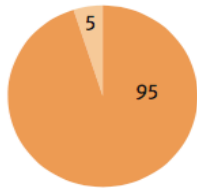


# Many States Have Passed Laws to Certify CHWs to Prepare for Reimbursement

- CA 916
- CN 2011 SB 913-PA
- FL SB 866 2011 Intro
- HB02244I
- HB3650.1
- MA Bill H00339
- MA Bill H00598
- MA Bill H01220
- MA Bill H01518
- MA Bill S01087
- MN HF0262
- MN S.F. 1467
- New Mexico-2011-HB35
- New Mexico-2011-SJM12-Introduced
- Ohio 129 HB 16 9 1 Y
- Ohio H0169-i-129
- Oklahoma SB882 Introduced
- PA HB 342
- Rhode Island 2011 H5633 (Draft)
- Rhode Island 2011 S0481 (Draft)
- Texas HB 2610
- Texas HB02244I

## A Profile of CHWs in Arizona

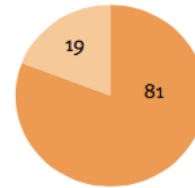
The following are findings from the 152 self-identified CHWs in Arizona who completed the 2014 National Community Health Worker Advocacy Survey.



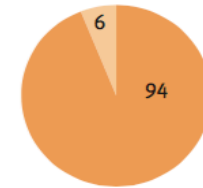
PREDOMINANTLY FEMALE

8.4

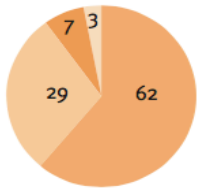
AVERAGE YEARS WORKED AS CHW



MOST CHWs HAVE COMPLETED SOME COLLEGE OR HIGHER



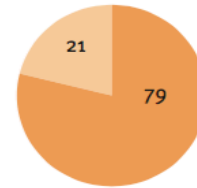
MOST "AGREE" TO "STRONGLY AGREE" WITH THE APHA'S DEFINITION OF A CHW



62% HISPANIC/LATINO(A)  
29% AMERICAN INDIAN/  
ALASKA NATIVE  
7% WHITE  
3% BLACK/  
AFRICAN AMERICAN

37.6  
8.6

37.6 AVERAGE WEEKLY HOURS FOR PAID CHWs  
8.6 AVERAGE WEEKLY HOURS FOR NON-PAID CHWs



MOST CHWs WORK AT A COMMUNITY-BASED ORGANIZATION, FEDERALLY QUALIFIED COMMUNITY HEALTH CENTER OR TRIBAL HEALTH DEPARTMENT

\$10,000-35,000

AVERAGE ANNUAL INCOME FOR OVER HALF OF CHWs

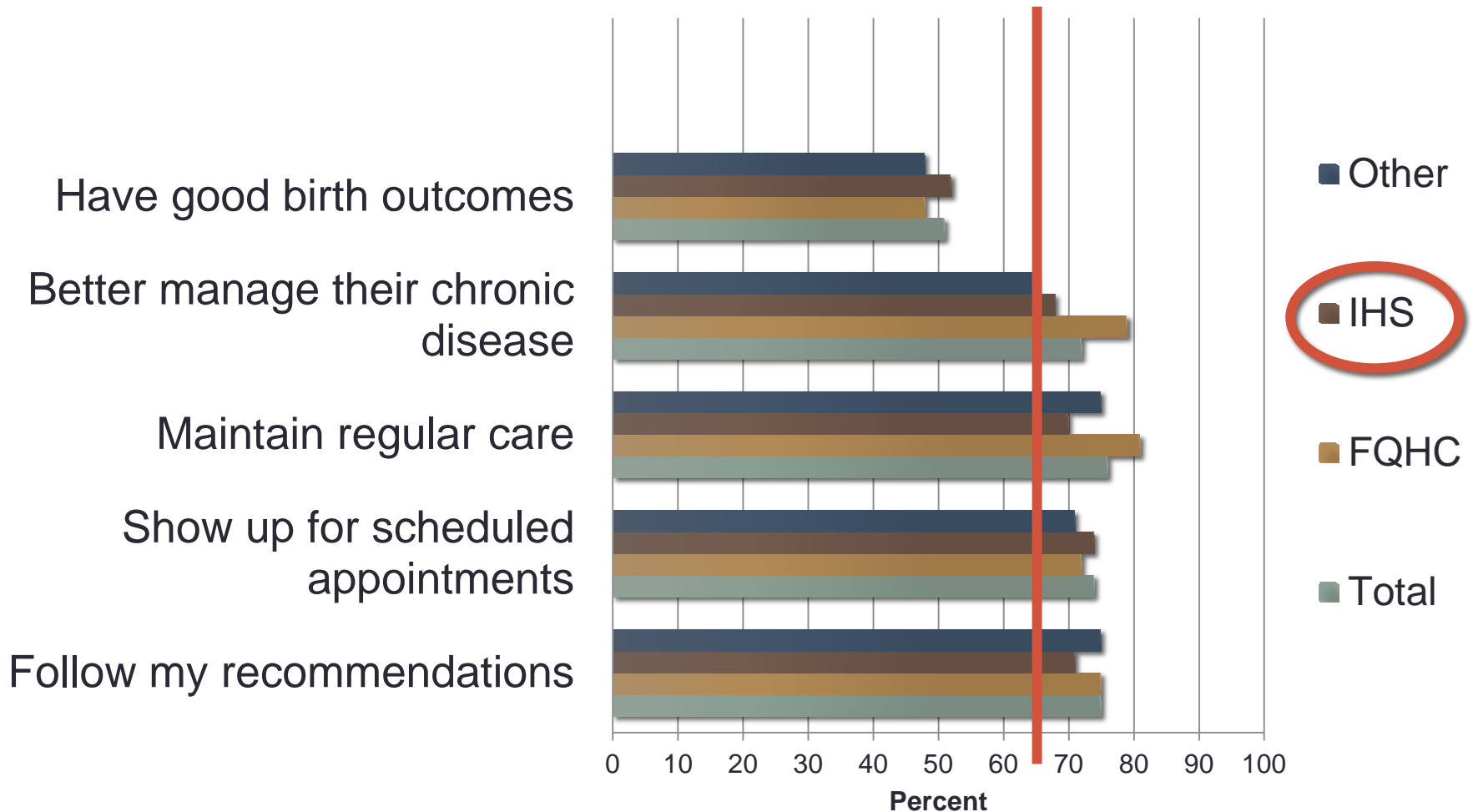
## Arizona Licensed Provider Survey Results: Perspectives on CHW Impact in Primary Care

Type of Practice	Number	Percent
FQCHC	88	39%
Indian Health Service /638 Tribal Clinic	66	29%
Other ( group, solo practices, manages care, hospital based practice)	74	32%
	228	100

**56% (125) were part of Patient Centered Medical Home**

# Provider Perspectives on CHW Impact

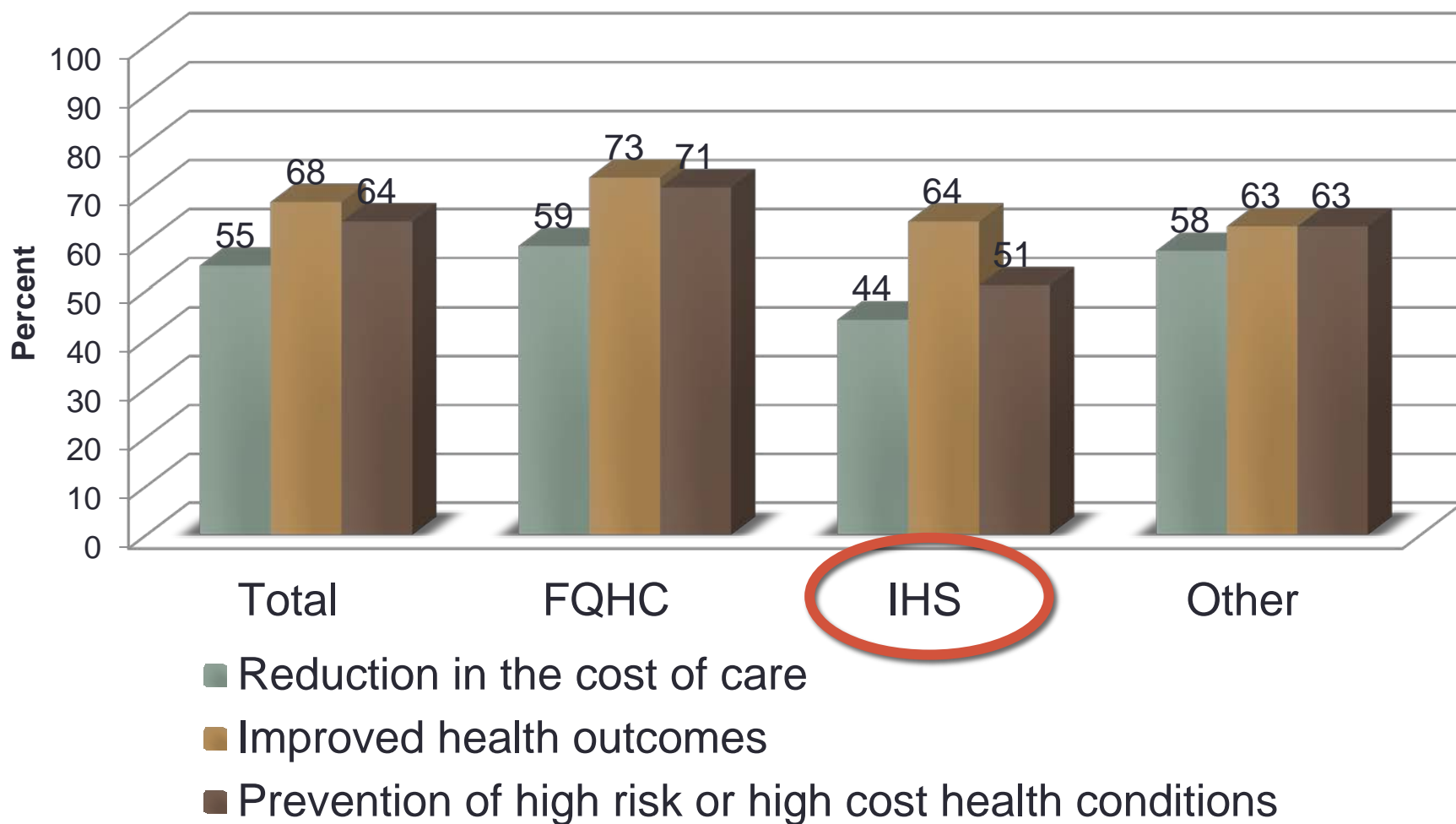
In my experience CHWs have contributed to (N= 228) :





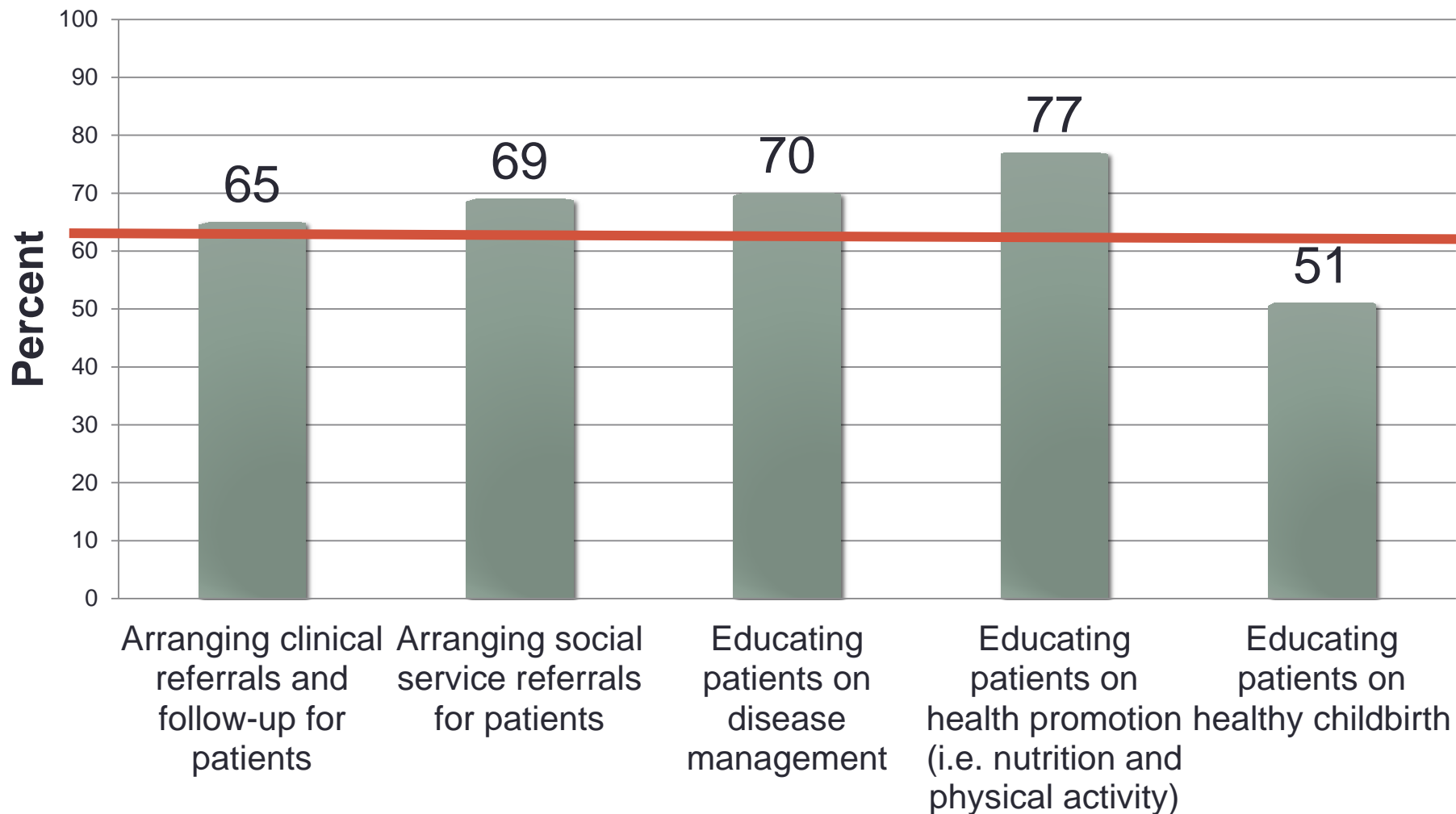
# Provider Perspectives on CHW Impact on High-Risk High-Cost Patients

In my experience, CHWs have contributed to (N=228):



# Provider Perspectives on CHW Impact on Provider Time

In my experience, CHWs have saved me time (N=228):



# Providers Want More CHW Integration

Providers suggested more CHW integration with primary care, including having more CHWs available to meet patient needs in the clinic

*“Greater integration of CHW services with provider teams including efforts on child health and chronic disease management. More CHWs to provide optimal patient to CHW ratio”*

*Physician, Indian Health Service/638*

*“A CHW is part of our interdisciplinary team managing a sub-population of high acuity adult patients within our family practice. She is a great asset to the team, and I would like to see CHW services available to our whole population.”*

*Nurse Practitioner, Group Practice*

# Barriers to Integration of CHWs

- **75% of providers would be more likely to utilize CHWs** as part of the health care team if :
  - CHWs service were reimbursable by the Center for Medicare and Medicaid Services (CMS) (or AHCCCS in Arizona) or third-party payers.

*“ Reimbursement for CHWs would allow us to increase the use of CHWs in the primary care setting”*

Behavioral Health Provider, Federally Qualified Community Health Center

*“Currently, because CHWs are paid through grants, we can only use them for specific sub-populations (e.g. refugee, under age 5, etc.). I would like to see them used in our whole practice to improve follow through in our mobile population that has difficulty navigating the health care system.”*

- Physician, Hospital based practice

# Growing Body of Evidence is Clear

- **CHWs are increasingly recognized for their value in improving the efficacy of care** and contributing to the provision of high quality and coordinated care (Brownstein et al., 2005; Brownstein et al., 2007; Felix, Mays, Stewart, Cottoms, & Olson, 2011; Tang et al., 2014).
- **Well functioning multidisciplinary care teams that include a CHW** have been identified as contributing to the efficacy of Patient-Centered Medical Homes (PCMH), Accountable Care Organizations (ACO), and Community Health Teams (Brownstein et al., 2011, Balcazar et al., 2011; Brownstein et al., 2005).
- **CHWs are well positioned to support coordinated care, both ACOs, PCMHs and** effectively meet health reform mandates for prevention, education and coordination of care (Brownstein et al., 2011).
- The **Affordable Care Act (ACA)** through expanding payment methods and focusing on value and quality of care may constitute a landmark in the movement to integrate Community Health Workers (CHWs) within the mainstream of health care, public health, and social services(ACA, 2010).

# CHWs are Cost Effective

- CHW interventions have been shown to improve :
  - **Clinical indicators**(Allen et al., 2011; Culica, Walton, Harker, & Prezio, 2008; Esperat et al., 2012; Margellos-Anast, Gutierrez, & Whitman, 2012)
  - **Lower risk factors in chronic disease and mental health** (Krantz et al., 2013; Roman et al., 2007)
  - **Increase medication adherence** (Margellos-Anast et al., 2012; Roth et al., 2012).
- CHW interventions also contribute to :
  - **Reduction in Emergency Department visits** (Bielaszka-DuVernay, 2011a, 2011b; Findley et al., 2011; Gary et al., 2009; Johnson et al., 2012; Margellos-Anast et al., 2012; Peretz et al., 2012).
- CHW integration into the primary care team and beyond is associated with:
  - **Reductions in cost** (Bielaszka-DuVernay, 2011b; Brown et al., 2012; Esperat et al., 2012; Felix et al., 2011; Johnson et al., 2012; Krieger, Takaro, Song, & Weaver, 2005)
  - **A return on investment (ROI) that ranges from \$0.02 to \$5.58 per dollar invested in CHW interventions** (Bielaszka-DuVernay, 2011a; Esperat et al., 2012; Felix et al., 2011; Margellos-Anast et al., 2012)

# In sum

1. The CHW workforce is a growing and an effective workforce
2. Several policy and payment mechanisms have emerged to support CHWs
3. States are positioning themselves to advance the CHW workforce through CHW certification

# Arizona CHW Workforce Coalition Recommendations

- Integrate and pay for this vital workforce

## Actions You Can Take :

- Join the Arizona CHW Workforce Coalition to act on :
  - Promote the CHW Definition & Scope of Practice
  - Develop the voluntary CHW certification process
  - Identify dynamic payment strategies ( that do exist!)
  - Explore policy strategies to sustain the workforce outside of the clinical setting

To join the CHW Workforce Coalition – and be added to the list serve to receive information about upcoming meetings – please email:  
Monica Munoz [mgmunoz@email.arizona.edu](mailto:mgmunoz@email.arizona.edu)



# For more information !

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