
COMMUNITY HEALTH WORKERS

Multi-disciplinary Effort to Promote CHW Sustainability
in a Bi-state, Regional Community

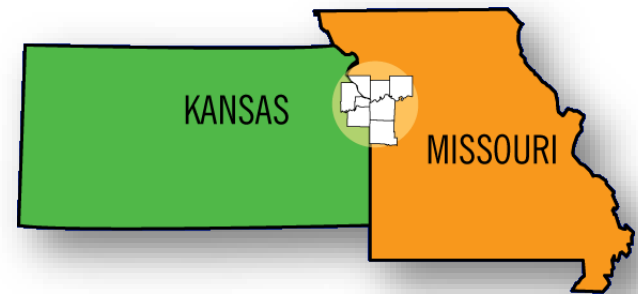


KC Regional
**COMMUNITY
HEALTH WORKER**
Collaborative

www.marc.org/communityhealthworkers

KC REGIONAL CHW COLLABORATIVE

- Bi-state Collaboration
- Multi-disciplinary members:
 - Community Health Workers
 - Federally qualified health centers
 - Hospitals
 - Social service organizations
 - Faith-based organizations
 - Educational partners
 - Other community-based organizations
- Supported by Mid-America Regional Council with a grant from the Health Care Foundation of Greater Kansas City

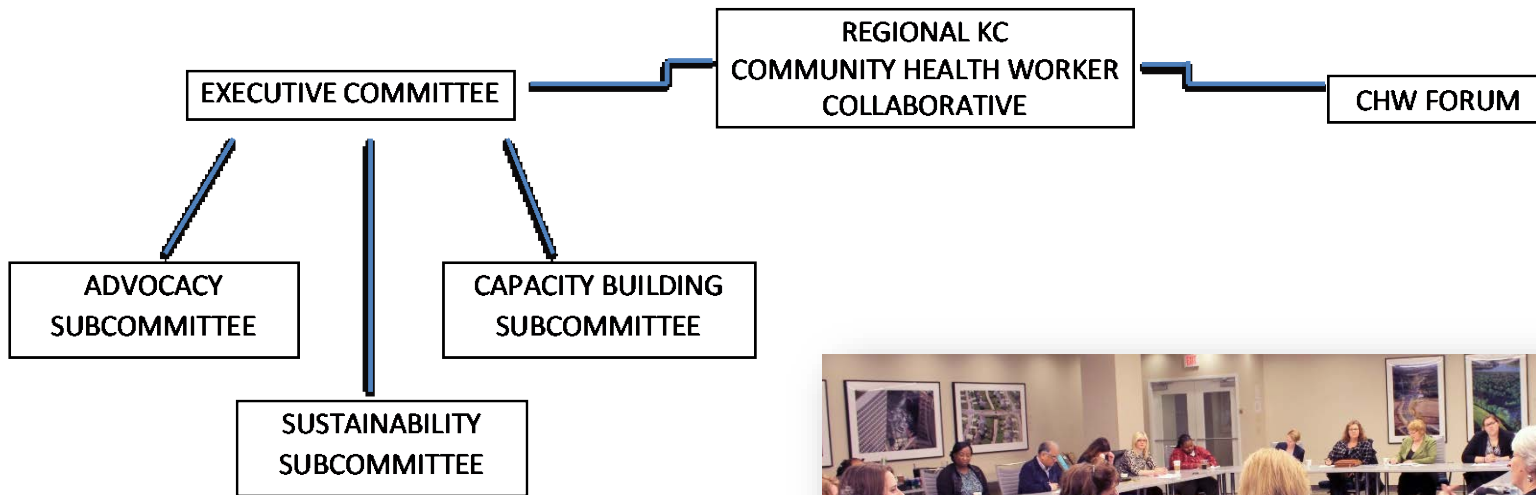


MISSION AND VISION

- *Vision:* Optimal health outcomes for the Greater Kansas City bi-state community.
- *Mission:* To integrate CHWs into the health and human services systems through capacity building, advocacy, and sustainability.
- Community Health Workers link between the health and human service system.



LEADERSHIP AND STRUCTURE



HISTORY

- Stated in 2011
- 2011-2016 Accomplishments
 - CHW Training Program
 - Membership and CHW Growth
 - CHW Forum
 - White Paper
 - Bylaws and Org Structure
 - Strategic Plan
 - State Involvement
 - KS CHW Coalition





LONG-TERM STRATEGIC PLAN



LONG-TERM STRATEGIC PLAN

- Long-term Goal Development with Executive Committee
 - Guided Discussion - KEY
 - Long-term goals related to **capacity building, sustainability, and advocacy** to further vision and mission
 - Measureable Benchmarks
- Subcommittee Work Plans
 - Guided Discussion in subcommittees to develop work plans with action steps to achieve benchmarks and long-term goals set by Executive Committee
 - Subcommittee work includes engaging CHWs and other Collaborative members through focus groups and survey methods
- Logic Model
 - Visual representation of subcommittee work plans, short and long-term goals and measurements of success

LONG-TERM GOALS

- 5-year goal: CHWs are integrated into the health and human services systems:
 - 25% increase in volunteer or employed CHWs in the region
 - 10% increase in the number of organizations that offer CHW programs
 - 100% regional safety net providers coordinate with CHWs
 - 80% of hospitals coordinate with CHWs
- Measurement tools:
 - MARC CHW regional occupational analysis
 - Regional CHW program inventory



PLAN COMPONENTS - ADVOCACY

Advocacy Goal: Payers, educators and relevant stakeholders recognize CHW value.

- Measurement of short-term success (1-3 years):
 - Presentation feedback indicates audience understands CHW value
 - Increase in Collaborative membership
- Accomplishments
 - Held 8 presentations with positive feedback and in-depth follow up questions
 - Developed and implemented an advocacy campaign using print and online media (rack cards, regular newsletter, use of Facebook)
 - Dedicated website (www.marc.org/communityhealthworkers)

PLAN COMPONENTS – CAPACITY BUILDING

Capacity Building Goal: A comprehensive curriculum and professional development opportunities exist that meet the needs of the community, CHWs, employers, and payers.

- Measurement of short-term success (1-3 years):
 - Increase in CHW and employer satisfaction with training opportunities
 - Increase in diversity of CHWs trained and type of post-training work
 - Statewide advisory committees adopt our recommended approach to CHW core competencies, scope of practice and certification

- Accomplishments:
 - Surveyed CHWs on professional development needs and regional CHW training
 - Developed a 12-month action plan to create a supervisory training
Hired consultant to improve regional training opportunities
 - Recommendation to MO and KS on CHW scope of practice, core competencies, certification
 - Facilitated 6 professional development speakers for the CHW forum

PLAN COMPONENTS - SUSTAINABILITY

Sustainability Goal: Regional CHW workforce is supported by a CHW association and multiple funding mechanisms

- Measurement of short-term success (1-3 years):
 - Local public health associations created CHW chapters
 - MO and KS Medicaid reimburse for CHW services
- Accomplishments
 - Held a regional conference targeted to payers
 - Initiated a collaborative partnership across Missouri to develop a collective recommended approach to payment
 - Research and recommend to KS and MO governmental agencies Medicaid state plan language or Medicaid managed care contractual language for CHW reimbursement



COMMUNITY - STATE COLLABORATION



COMMUNITY-STATE COLLABORATION: CERTIFICATION POLICY

- Background research on certification policies nationally
- Educational presentations for Collaborative and CHW Forum members
- Distribution of a regional survey on CHW certification
- Focus groups to refine survey results
- Draft a certification policy proposal
- Review and refine draft proposal with Collaborative and CHW Forum members
- Presented to Missouri Statewide CHW Advisory Committee (administered by the Department of Health and Senior Services)
- Participate and contribute experience and research in discussions with Missouri Statewide CHW Advisory Committee to develop a recommendation for state officials
- Plan to present policy recommendation to the Kansas CHW Coalition

COMMUNITY-STATE COLLABORATION: KEYS TO SUCCESS

- **Formalized process.** Organized regional efforts to research policy, engage stakeholders, and communicate stakeholder experience with CHW efforts can contribute to learning at the state level
- **Stakeholder collaboration.** Expanding a regional collaboration statewide can improve advocacy for sustainability payment, while leveraging the work and voice of regional stakeholders
- **Impetus for state-level involvement.** MO DHSS has a CDC grant that requires for community-state partnership to further community-clinical linkages
- **State-level Champion.** DHSS staff believe community voice is critical to effective public policy



FINAL THOUGHTS



CONSIDERATIONS

- Diverse partnership is critical.
- Identify key leaders at state level that are open to working together.
- At the community level, include funders and state government as an equal partner.
- Don't wait to be asked! Take the initiative to do the research, form the partnerships and make the recommendations to both funders and state governments.
- State must include the “right” people at the advisory level, representing all aspects of the CHW profession.

PRESENTERS AND CO-AUTHORS

Broderick Crawford

Executive Director, NBC CDC

745 Walker Avenue

Kansas City, KS 66101

broderick.crawford@nbccdc.org

www.nbccdc.org

Erika Saleski

Consultant, ES Advisors, LLC

esaleski@comcast.net



KC Regional
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REGIONAL CONTACT

KC Regional CHW Collaborative Marlene Nagel

Mid-America Regional Council
600 Broadway, Suite 200
Kansas City, Missouri 64105

mnagel@marc.org

www.marc.org/communityhealthworkers



RESOURCE LINKS

- White Paper

- http://marc.org/Community/Regional-Health-Care-Initiative/pdf/CHW_White_Paper_Final.pdf

- Videos

- <https://www.youtube.com/watch?v=rfPTvXEVw90>
- <https://vimeo.com/dontblinkmpls/review/222731842/420b91e274>
- <https://www.youtube.com/watch?v=Ro6H76IH3fk>

