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COMMUNITY HEALTH WORKERS

Building a workforce in Nevada to reduce health disparities and increase access to health care



Public Health Competencies and Community Health Workers

- Tier 2: Policy Development/Program Planning Skills
 - Develops program goals, and objectives
 - Develops options for policies, programs, and services
 - Recommends policies, programs, and services for implementation
 - Uses public health informatics in developing, implementing, evaluating, and improving policies, programs, and services

Public Health Competencies and CHWs (cont'd)

- Tier 2: Cultural Competency Skills
 - Describes the concept of diversity as it applies to individuals and populations
 - Describes the diversity of individuals and populations in a community
 - Recognizes the ways diversity influences policies, programs, services, and the health of a community
 - Supports diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community
 - Ensures the diversity of individuals and populations is addressed in policies, programs, and services that affect the health of a community
 - Describes the value of a diverse public health workforce
 - Advocates for a diverse public health workforce

Objectives

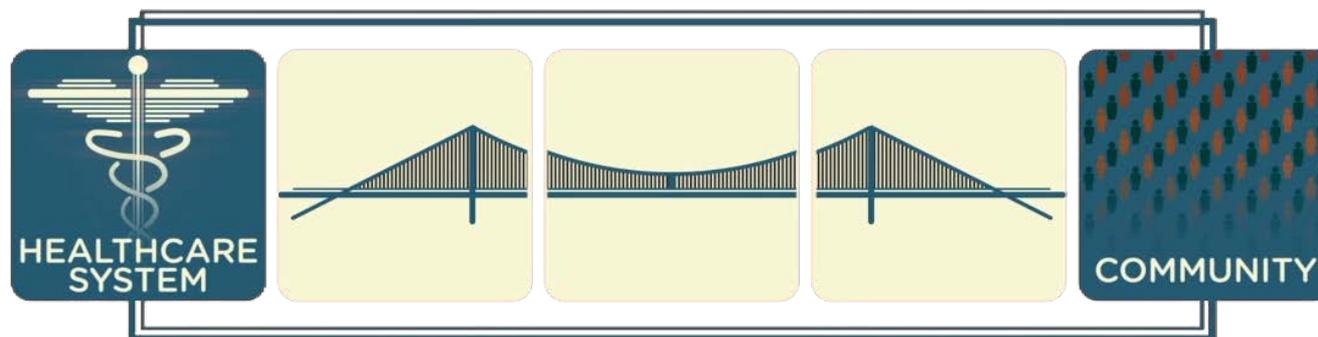
- Define Community Health Workers and identify their roles/scope of work; distinguish CHWs from other occupations
- Recognize the need for utilizing CHWs to address health disparities and why it is essential to integrate them into public health care settings
- Raise awareness of how CHWs can improve the health of underserved communities beyond the health care setting
- Understand how CHWs improve access and reduce the cost of health care
- Understand policy and systems changes to support the integration and sustainability of CHWs into the health care system



WHO ARE CHWs AND WHAT DO THEY DO?

Community Health Workers Defined

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and has an unusually close understanding of the community they serve.



- Promotores de salud
- Street outreach worker
- Family health advocate
- Community health advisor
- Home health aid

- Patient navigator
- Health educator
- Outreach coordinator
- Community health advocate
- Community coordinator

CHW Core Roles

1. Bridging cultural mediation between communities and the health care system;
2. Providing culturally appropriate and accessible health education and information, often by using popular education methods;
3. Assuring that people get the services they need;
4. Providing informal counseling and social support;
5. Advocating for individuals and communities within the health and social service systems;
6. Providing direct services (such as basic first aid) and administering health screening tests; and
7. Building individual and community capacity.

CHW Core Competencies

Core competencies identify behaviors and skills a CHW is expected to demonstrate in order to carry out the mission and goals of their profession. These core competencies can help guide a CHW throughout their career and help a CHW operate within their scope of practice.

- Communication
- Interpersonal relationships
- Knowledge base about the community, health issues, and available resources
- Service coordination
- Capacity building
- Advocacy
- Teaching and education
- Organization

CHW Core Values

The foundation of community health workers rests on the core values that define their profession. These core values are based on the history, unique role, and ongoing development of the field.

These core values reflect a broad definition of healthy communities and include:

- Access
- Acceptance
- Advocacy & education
- Excellence
- Learning partnership
- Self-determination
- Social justice
- Strength
- Trust
- Unity

CHW Code of Ethics

The Community Health Worker Code of Ethics is based on and supported by the core values adopted by the American Association of Community Health Workers. This Code of Ethics is based upon commonly understood principles that apply to all professionals within the health and social service fields (e.g., promotion of social justice, positive health, and dignity).

Article 1. Responsibilities in the Delivery of Care

Article 2. Promotion of Equitable Relationships

Article 3: Interactions with Other Service Providers

Article 4. Professional Rights and Responsibilities

Essential Scope of Work

The essential scope of work for a CHW is primary prevention (health care, behavioral, etc.) and control of chronic disease among underserved populations.

Level of Prevention	Aim	Phase of Disease	Target	Intervention Examples
Primary	<ul style="list-style-type: none"> Widespread changes that reduce the average risk in the whole population Reduction of particular exposures among identified higher risk groups or Individuals 	<ul style="list-style-type: none"> Specific causal factors associated with the onset of disease Specific and non-specific factors associated with protection against disease 	<ul style="list-style-type: none"> Total Population Selected groups Healthy Individuals 	<p>Measures that eliminate or reduce the causes or determinants of departures from good health, control exposure to risk, and promote factors that are protective of health:</p> <ul style="list-style-type: none"> Systematic immunization to eliminate communicable disease Education programs to increase awareness of the risks of physical inactivity and poor diet to reduce the burden of preventable chronic disease Tobacco control programs

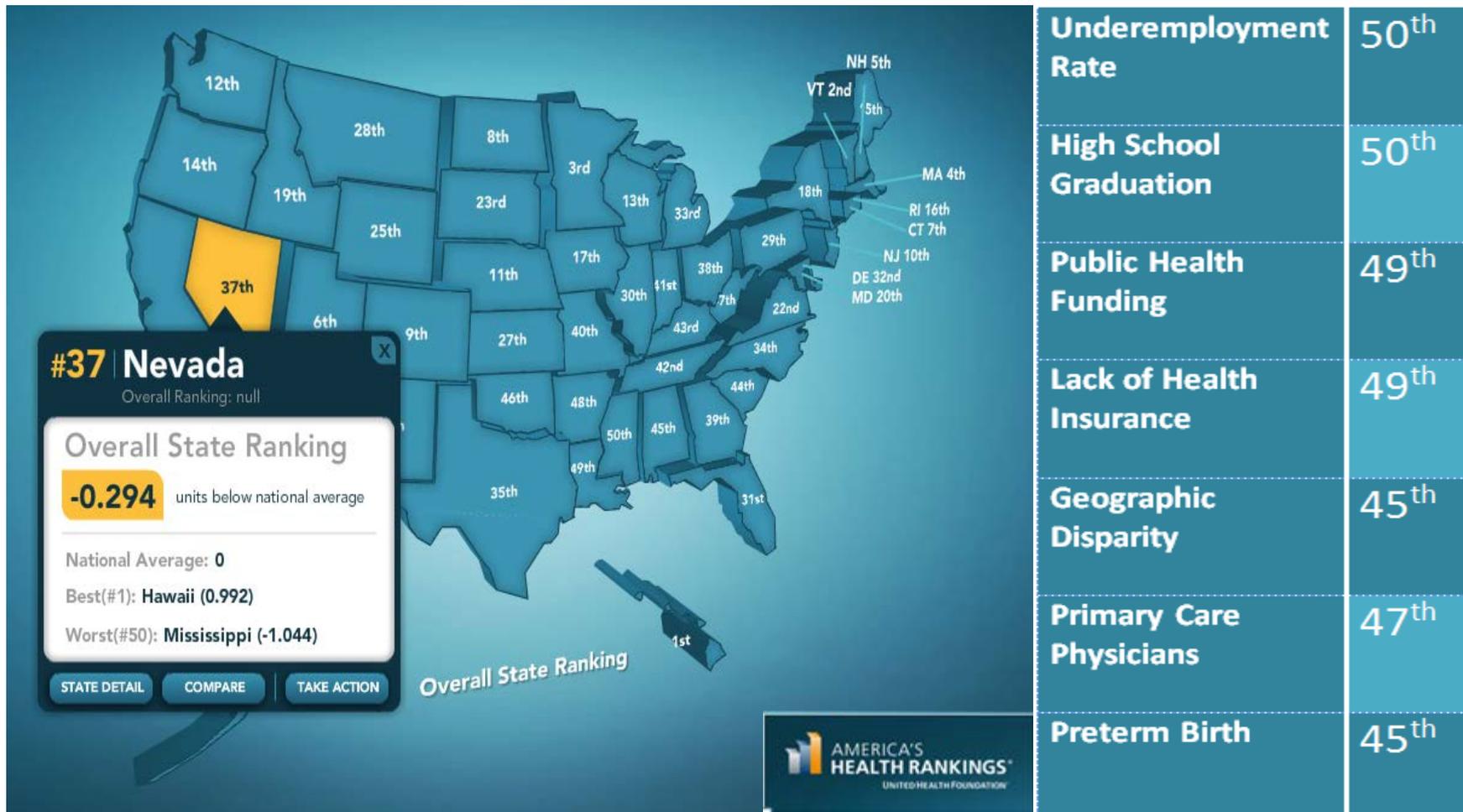
Adapted from Beaglehole R, Bonita R, Kjellstrom T (1993). *Basic Epidemiology*. Geneva, World Health Organization.

Brownson, R, Remington, P & Davis J (Eds) (1998). *Chronic Disease Epidemiology and control, (2nd Edition)* American Public Health Association, Washington DC



BACKGROUND: A NEED FOR CHWs IN NEVADA

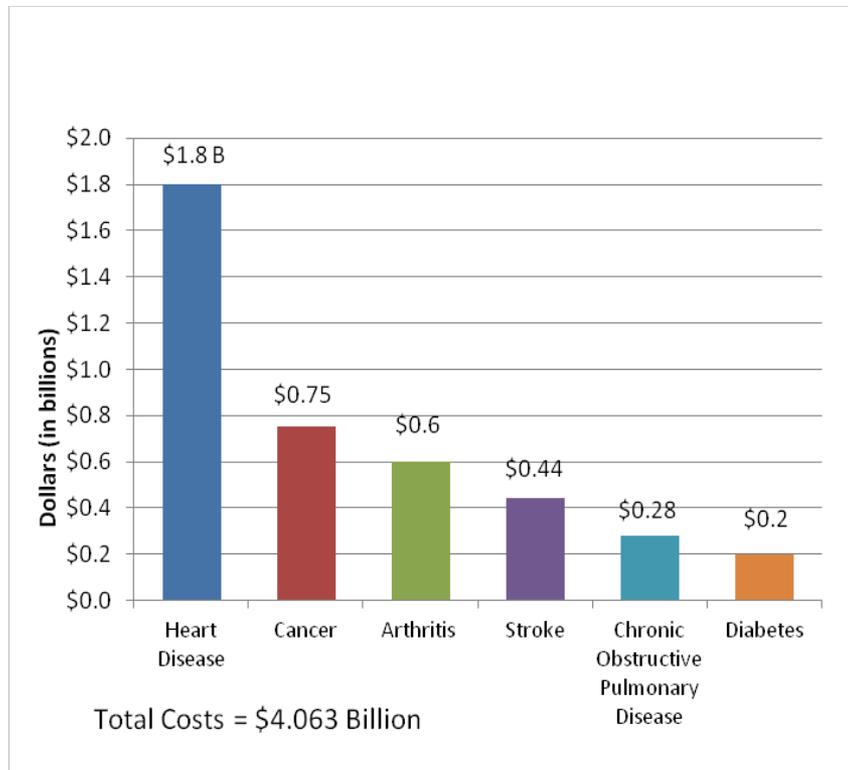
Health in Nevada



Economic Burden of Chronic Disease

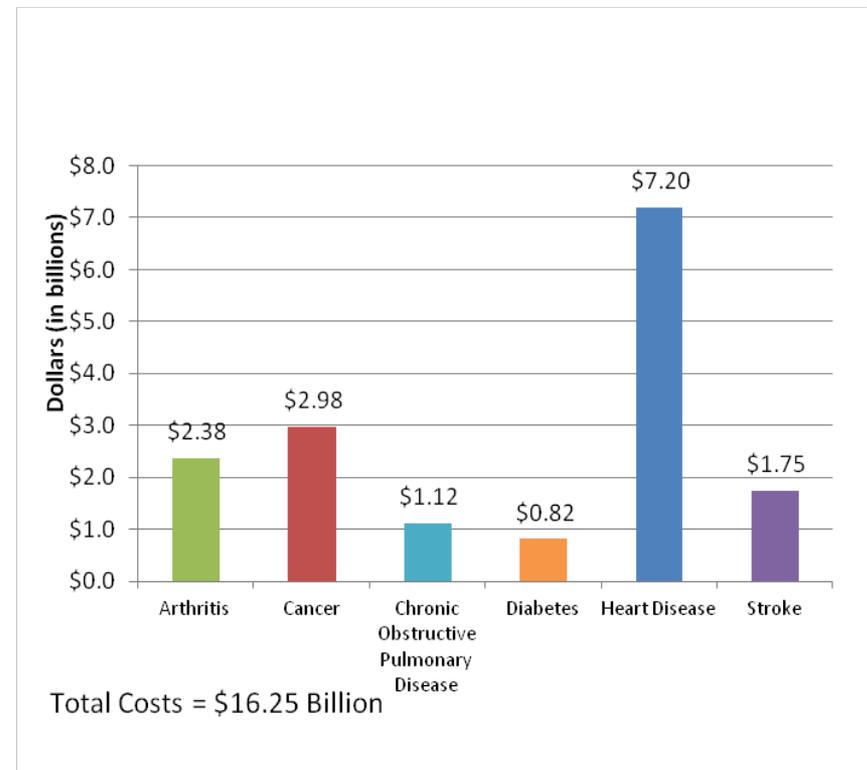
Estimated Direct Costs

per chronic disease in Nevada, 2011



Estimated Indirect Costs

per chronic disease in Nevada, 2011





Health Professional Shortage Areas in Nevada

- Health Professional Shortage Areas (HPSAs) – Designated by the federal government by population-to-clinician ratios
 - Mental health (30,000:1)
 - Primary care clinicians (3,500:1)
 - Dental (5,000:1)

Access to Care in Nevada

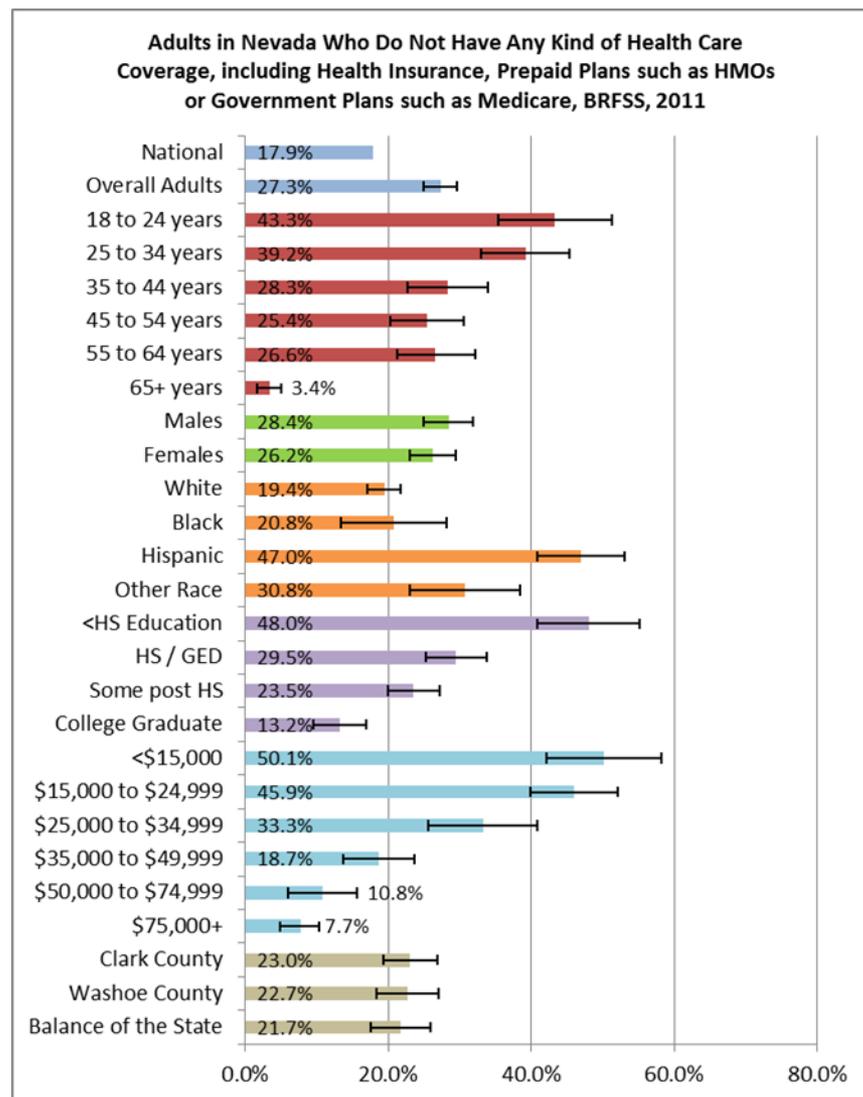
27% of adults do not have any kind of health insurance

43% are between ages 18 and 24

47% are Hispanic

48% have less than a high school education

50% make less than \$15,000 a year





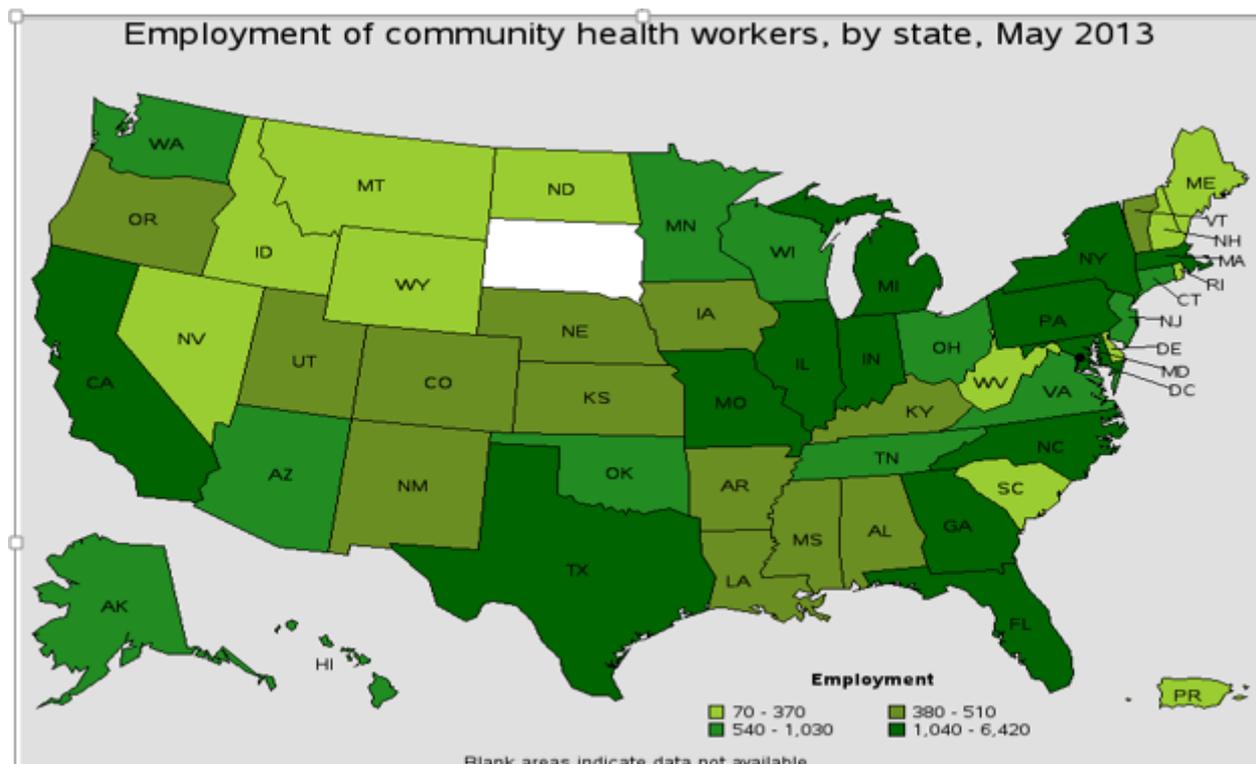
WORKFORCE DEVELOPMENT

Workforce: Who employs community health workers?

- Community health centers
- Hospitals
- Managed care organizations
- Accountable care organizations
- Specialty vendors to states:
 - Medicaid enrollment
 - Chronic disease management
- Non-health care agencies
 - Early childhood education (Head Start)
 - Parenting and child abuse prevention
 - Emergency preparedness programs
 - Services for formerly incarcerated individuals and families affected
 - Employee benefits programs in large companies or institutions

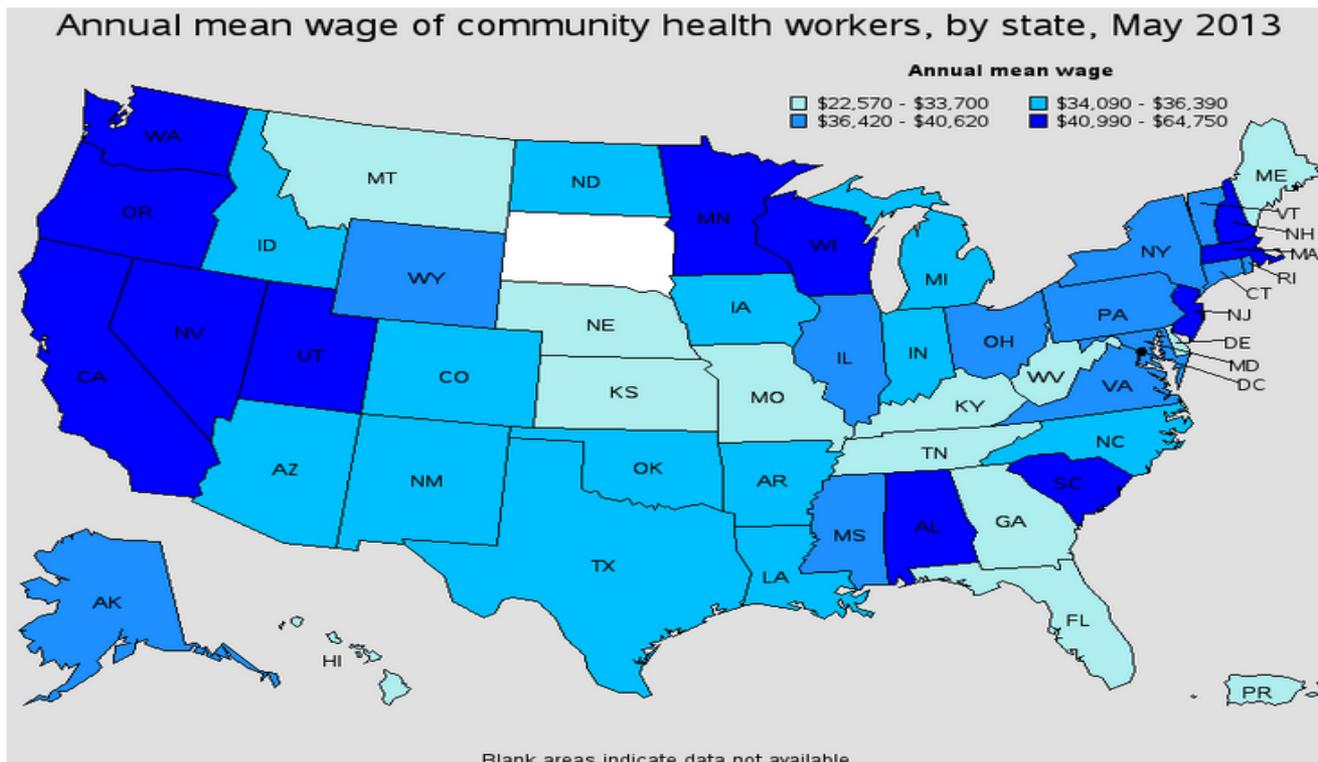
Employment of CHWs Throughout the United States

According to the Bureau of Labor Statistics (BLS), employment of community health workers and health educators is projected to grow 21 percent from 2012 to 2022, faster than the average for all occupations. The following map shows employment of community health workers by state during 2013.



Salary Range

CHW salaries vary depending on local economies, wage scales, and demand. According to a May 2012 report by the Bureau of Labor Statistics (BLS), the mean hourly wage for CHWs in the United States is \$18.02 for an annual mean wage of \$37,490, and the mean hourly wage in Nevada is \$24.62 for an annual wage of \$51,200.



Why Community Health Workers are Successful in Health Care

There is a need for CHWs working in practices that serve populations:

- Living in poverty
- Without insurance
- With linguistic challenges
- With cultural, racial, and ethnic diversity
- With treatment/medication adherence challenges
- Engaging in high-risk behaviors
- With health inequity and disparities



CHWs IN THE CLINICAL SECTOR

Why Should We Integrate CHWs in the Clinical Sector?

- **Population health initiatives**
- **Chronic disease care model**
 - Clinical, community, and social services linkages
- **Community preventive services task force**
- **Joint Commission certification**
 - Patient rights and education
 - Patient satisfaction
 - Medication management
- **Patient-centered medical home certification**
 - Team-based care
 - Coordinated care
- **Triple aim**
 - Improved outcomes
 - Reduction of costs
 - Improved patient experience

CHW vs. Social Worker

	Community Health Workers	Social Worker
Education & Training	<ul style="list-style-type: none"> • Vary, but typically at least a high school diploma • Must complete a brief period of on-the-job training 	<ul style="list-style-type: none"> • At least a Bachelor's Degree • <u>Clinical Social Worker</u> <ul style="list-style-type: none"> ○ Master's Degree ○ Two years of post-master's experience in a supervised clinical-setting ○ License
Core Competencies /Scope of Practice	<ul style="list-style-type: none"> • Communication • Interpersonal relationships • Knowledge base about community, health issues, and available resources • Service coordination • Capacity building • Advocacy • Teaching and education • Organization 	<ul style="list-style-type: none"> • Professional identity • Ethical practice • Critical thinking • Diversity in practice • Human rights and social justice • Research-based practice • Human behavior • Policy practice • Practice contexts • Engage, assess, intervene, evaluate

Bureau of Labor Statistics – Education and Training <http://www.bls.gov/>

CHW Core Competencies http://www.cdc.gov/dhdsp/docs/chw_brief.pdf

CSWE Core Competencies and Practice Behaviors <http://www.wheelock.edu/about/accreditation-information/core-competencies>

CHW vs. Registered Nurse

	Community Health Workers	Registered Nurse
Education & Training	<ul style="list-style-type: none"> • Vary, but typically at least a high school diploma • Must complete a brief period of on-the-job training 	<ul style="list-style-type: none"> • Associate Degree in nursing • Bachelor 's Degree in nursing • Diploma from an approved nursing program • Registered nurses must be licensed
Core Competencies /Scope of Practice	<ul style="list-style-type: none"> • Communication • Interpersonal Relationships • Knowledge base about community, health issues, and available resources • Service Coordination • Capacity Building • Advocacy • Teaching and Education • Organization 	<ul style="list-style-type: none"> • Assessment • Identification of health care problems • Establishment • Planning strategy of care • Implementing strategy of care • Delegation and supervision of nursing care • Maintaining safe and effective care • Evaluating responses to interventions • Teaching theory and practice of nursing • Managing practice of nursing

Bureau of Labor Statistics – Education and Training <http://www.bls.gov/>

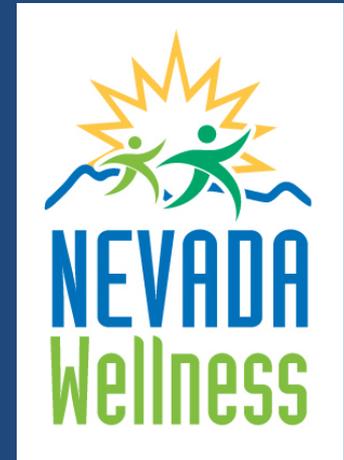
CHW Core Competencies http://www.cdc.gov/dhdsp/docs/chw_brief.pdf

Nevada State Board of Nursing <http://nevadanursingboard.org/practice-and-discipline/scope-of-practice/>

Team-Based Care & CHWs

Community health workers provide seamless, continuous, coordinated, and patient-centered care in the community and clinical sector.

- Ongoing coordination with the primary care team
- Charting
- Identifying the best teaching methods for each patient, including self-management education
- Contributing to the needs assessment
- Providing input to each patient's action plan
- Performing clinical procedures as appropriate and properly trained



FINANCING & RETURN ON INVESTMENT

Cost Savings Realized Through:

- Reduced hospitalizations
- Fewer emergency department visits
- Better self-management of chronic illness
- Prevention & wellness investments
- Cost savings go to employers, hospitals, insurers, taxpayers, and most importantly, the patients themselves
- ROI on CHWs ranges from \$2.28 to \$4 for every \$1 invested in the program

Financing Models for CHWs

Source	Mechanism	Benefits	Challenges
Charitable foundations and government agencies	<ul style="list-style-type: none"> Contract Grant 	Most common; known option; evaluations required	Short-term; categorical
Medicaid	<ul style="list-style-type: none"> Reimbursement <ol style="list-style-type: none"> Administrative <ul style="list-style-type: none"> Medicaid outreach Other 1115 Waiver Direct Managed care contract 	Relative stability	Very rare so few models; time-consuming to establish; cost data required; opposition from competing providers
Federal, state or local government general fund	<ul style="list-style-type: none"> General fund budget 	Relative stability; data collection conducted	Time-consuming political negotiations to establish
Private organizations – hospitals, managed care organizations, insurance, companies, and employers	<ul style="list-style-type: none"> Operating budget 	Decisions to establish can be made quickly; cost and quality data collection conducted; potential stability	Stability tied to business success



CHW SUSTAINABILITY

Education & Training

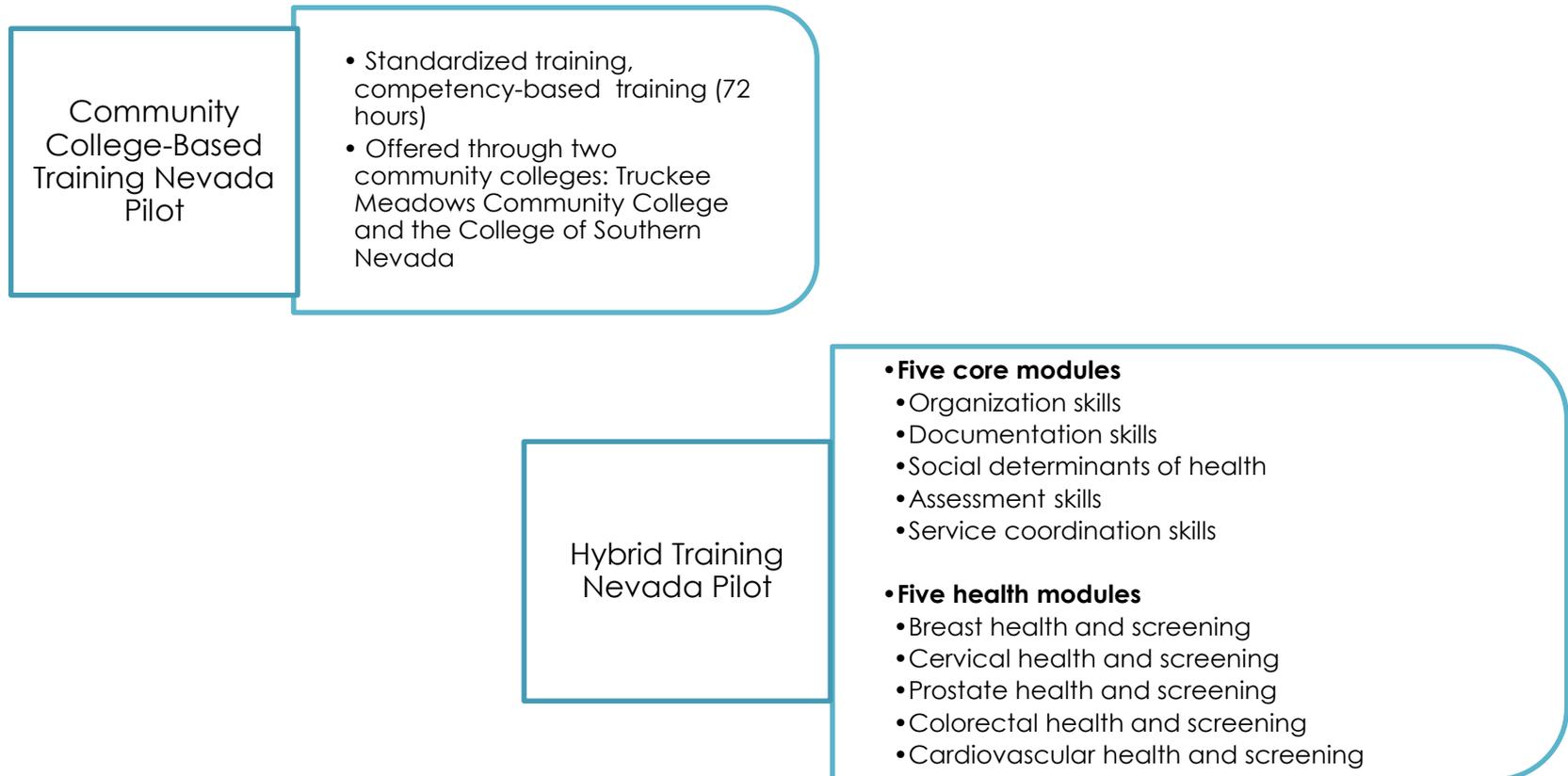
CHW Training in Different States

There is currently no national standard for CHW training curriculum; however, many public health scholars recommend standardization of training and certification policies within and across states in order to legitimize the CHW profession, and improve quality of care. The following table shows examples of different states' training models:

Texas	<ul style="list-style-type: none">• State regulated training• Completion of approved 160-hour competency-based CHW training program certified by health division or experience of at least 1000 cumulative hours of service within the most recent 6-years accompanied by documentation• Continuing education requirements (20-hours)
Minnesota	<ul style="list-style-type: none">• Statewide standardized, competency-based education (45-50 hours)• Based in higher education, on-the-job training, and continuing education• Continuing education is not mandatory.
Massachusetts	<ul style="list-style-type: none">• Standardized curriculum (45-55 hours)• Offered through community colleges and certified institutions

CHW Training in Nevada

Under the direction of the Nevada System of Higher Education (NSHE), the College of Southern Nevada and Truckee Meadows Community College developed the first 8-week community health worker training program in the summer of 2014. Both entities still run the curriculum on an as-needed basis. A hybrid (online, in-person) training is currently provided by the Nevada Division of Public and Behavioral Health and the Chronic Disease and Health Promotion Section.



CHW Workforce

CHW Certification Models

There is currently no national standard for CHW training curriculum or professional certification. Some states mandate specific credentials for CHWs, but most do not. The following table shows examples of some states' models of certification.

	ALASKA	OHIO	TEXAS	Nevada
Certification/Legislation in place	Yes	Yes	Yes	Licensing of agency with CHW pool
Certifying Body	Indian Health Service	Ohio Board of Nursing	Texas Department of State Health Services	Bureau of Health Care Quality and Compliance (HCQC)
Reach of Law	Defines scope of practice, training, and certification requirements	Required to call oneself a "Certified CHW." No protected scope of practice	Compensated CHWs must be certified. No protected scope of practice	License agency bodies hiring CHW pools
Methods for Meeting Certification Requirements	Board-certified training and employment by HIS or credential equivalency	State-approved training; Experience; Endorsement	State-certified trainings; Experience	Define scope of practice for agencies who will hire CHWs Defined standards for CHWs
Application Process	\$400 fee	\$35 fee Criminal background check	No fee	TBD
Length of Certification	2 years	2 years	2 years	License for 1 year before renewal
Continuing Education /Renewal Requirements	48 hours	Hours	20 hours	TBD

Reimbursement

Why Focus on Reimbursement?

- The Affordable Care Act increased access to health insurance
- New CMS ruling to fund preventive services by non-clinical professionals
- Care coordination reform
- Evidence of community-based prevention yielding savings
- CHW associations help with pathways to reimbursement and CHW professional development
 - Nevada is in the process of developing a CHW association
 - For more information about CHWs in Nevada visit:
<http://chwnv.org>



The Centers for Medicare and Medicaid Services (CMS) created a new rule that allows state Medicaid agencies to reimburse for preventive services provided by professionals that may fall outside of state's clinical licensure system (effective 1/1/14)

The new rule now states:

- *Preventive services means services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law to —*
 - Prevent disease, disability, and other health conditions or their progression;
 - Prolong life; and
 - Promote physical and mental health and efficiency.

<http://www.gpo.gov/fdsys/pkg/FR-2013-07-15/pdf/2013-16271.pdf>



Medicaid and Minnesota

- Requirements for Medicaid reimbursement
 - Valid CHW certification
 - Services are performed under the supervision of a licensed health professional (i.e. physician, dentist, advanced practiced registered nurse, certified public health nurse, mental health professional)
- Covered service:
 - Not a social services
 - Diagnosis-related
 - Medical intervention
 - All services must be provided in person “face-to-face” and in an outpatient clinic, home, or other community setting

CONTACT INFORMATION



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