

# Arizona Community Health Worker Workforce Coalition Meeting May 8, 2015

## EXECUTIVE SUMMARY

1. **WELCOME AND INTRODUCTIONS:** Flor Redondo welcomed Coalition members to our meeting and Jill de Zapien provided a description of our activities for the meeting including: national and state updates, a presentation of innovative models for sustainability, and working groups in the areas of: advocacy, sustainability, research and workforce development.
2. **NATIONAL UPDATE:** Carl Rush discussed important national information including CHW policy activity by state, various paths in policy innovation, and examples of national webinars, blogs etc. that are providing important opportunities for networking and communication with other states. (See Attachment 1.)
3. **STATE UPDATE:**
  - **The ADHS CHW Leadership Council** has elected a new Chair, Flor Redondo, and a Chair Elect, Berta Carvajal. The council will support the four committees of the coalition including: Research with participation from Samantha Sabo, Elizabeth Reifsnider and Lily Mar. Workforce Development - Lourdes Paez, Martha Monroy and Gail Emrick. Advocacy - Jill de Zapien, Emma Torres, Berta Carvajal and Lorena Verdugo. Sustainability - Melanie Mitros and Yaritza Soto. (See Attachment 2.)
  - **Sunrise Application** The application is under preparation and one key issue is the description of the autonomy and supervision of community health workers. (See Attachment 3.)
  - **Provider Survey** The provider survey response has been very good with almost 200 participants. A copy of the survey was distributed to members with discussion of other potential participants. The survey is both for providers who are utilizing CHWs as well as those who are interested in working with CHWs. (See Attachment 4.)
  - **AZCHOW presented** a conceptual framework of the four key stake holders. They are presently in the data gathering phase for developing a concept paper with recommendations for the certification process in Arizona. (See Attachment 5.)
  - **AZCHW Network** is supported by a HRSA grant to SEAHEC. The Network was described and has established a timeline of activities. (See Attachments 6.)
  - **Medicaid and other funding streams progress** Community Resources LLC is developing a concept paper providing the state with recommendations for best options for funding at the end of June.
4. **EXAMPLES OF INNOVATIVE MODELS:** Susan Kunz presented Mariposa Community Health Center's new Coordinated Care Plus which includes community health workers who are not grant funded. (See Attachment 7.)
5. **WORK GROUPS:** The Coalition formed four work groups including research, advocacy, workforce development and sustainability. Each workgroup met and discussed action steps to support moving forward.
6. **NEXT MEETING:** The Coalition will be meeting on **Thursday, August 20, 2015 from 10:30am - 12:30pm.** Save-the-Date announcement will follow.

**Arizona Community Health Worker Workforce Coalition Meeting**  
**ADHS State lab Auditorium 250 N. 17<sup>th</sup> Avenue**  
**Phoenix, AZ 85007**

**May 8, 2015**

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## 5. **ADVOCACY WORKGROUP:**

The Sunrise Process discussion focused on the issue of autonomy and supervision and the issue of licensing. Several resources for this discussion were identified. The group also discussed tools needed for meeting with groups and organizations as well as a list of important contacts that individuals can make.

### **Action Items:**

- contact Elizabeth Reifsnider to have her review draft of autonomy and supervision.
- contact Carl Rush for examples of decision making tools used by CHWs
- contact Carl Rush for wording regarding licensing and "minimum harm
- Modify CHW 101 fact sheet with definition, competencies, and scope of work*
- *develop two page fact sheet on Health Start with research on cost savings*
- *Obtain ROI from AZ CHW Network*
- Follow up contacts-*
  - Joyce at TMC, Rich Polheber at Benson, Dina Sanchez at Holy Cross –ROBERT GUERRERO
  - Arizona Alliance—SUSAN KUNZ
  - North Country—ROXANA
  - Hospitals—MARCUS JOHNSON
  - Coconino County HD SHAWN THOMAS
  - Press strategies –SHARON McKENNA

## 6. **RESEARCH WORKGROUP:**

The research work group focused on expanding the reach of the provider survey and mechanisms for getting input from health plans. The Arizona Prevention Research Center, Arizona Department of Health Services and the Arizona CHW Outreach Network conducted a statewide survey of Arizona licensed health care providers (N=300) and interviews with health plan leadership (N=4) to assess current and projected utilization and financing of CHWs and the impact of CHWs on provider time, patient outcomes and health care cost. So far, the survey has found that no less than 60-70% of Arizona providers agree CHWs improve access and quality of care, reduce the cost of care and have saved provider time in the coordination of care of their patients. Health plans describe innovative ways to integrate and pay for CHWs as members of the care coordination team and beyond. Based on these findings we believe CHWs are well positioned to support ACA provisions of care coordination such as Patient Centered Medical Homes and Accountable Care Organizations and can help effectively meet ACA mandates for prevention, education and coordination of care.

The workgroup brainstormed contacts within health plans that could facilitate entry to care coordination and quality improvement level decision within Arizona Health Plans. The workgroup also discussed/identified the empirical and local data needed to communicate data regarding Return on Investment and Financing of CHWs. Especially the ICD-10 codes that can serve to reimburse for prevention, education and care coordination.

**Action Item:**

*--We are still in need of contacts for the survey. Please send any contact information to: [sabo@email.arizona.edu](mailto:sabo@email.arizona.edu).*

**7. WORKFORCE DEVELOPMENT:**

The Workforce Development group focused on numerous certification considerations. Much discussion centered on portability (nationally) as well as voluntary credentialing. The group would like more information from other states. In terms of core competencies it is important that the Coalition documents highlight the need for cultural competency beyond what is in our policy 101 statement. The group would like to see the curriculum recommendations from the C3 study as soon as it is released. In discussing the certifying agency there was some discussion about whether the state would find this acceptable and whether it would be portable to other states. Some members of the group felt the state should be the certifying agency. Also we discussed certifying sites so that a CHW who is trained by a certified site would be certified in this case AZCHOW could be the certifying agency. The group also discussed the importance of supervisor training and the need for some mechanism for supervisor certification.

**Action Item:**

- Flor will forward her notes on what is going on in other states to group members.*
- Group members will forward cultural competency resources to Flor.*
- The group will request that Carl forward the C3 results as soon as they are public.*

**8. SUSTAINABILITY WORKGROUP:**

The Sustainability workgroup discussed the need to move beyond grant funding. Specific funding streams are available to support the traditional role of CHWs; other funding is directly related to patient care and medical support services. . We need to think broadly about population health and identify state and other sources of support. Another funding stream is with peer support specialists. NAZCARE in Arizona is implementing a model where their peer support specialists receive CHW training. We also need to think about the medical support services and investigate it as a specific financing model—including referral for services—health education, health nutrition, health coaching all provided in a cultural capacity. We need to identify the benefit of outcomes vs. cost. The MCH Home visiting program could possibly be a model as a hybrid of ACA home visiting funding and Medicaid. Alliance for Community Health Centers funding requirements from HRSA provide input for CHW integration (enabling services. ) We need to check with those CHCS who are pushing the envelope. Research is also critical to sustainability funding.

**Action Item:**

*--Invite representatives of the following areas for participation on CHW Coalition and Sustainability Workgroup:*

- *Medicare*
- *National Council on Aging*
- *Triple A's (Area Agencies on Aging)*

- *Housing Authorities*

**9. NEXT STEPS:** The Coalition members generated a list of potential allies and champions who will be key to assisting in moving both financing and legislative efforts forward:

- *Pima County Supervisor*
- *Pima County Health Department- Dr. Francisco Garcia*
- *Regina Romero*
- *HSAG*
- *State Association of Nurses-Elizabeth Reifsnider will contact*
- *Alliance of CHC-Lourdes/Stephanie*
- *Tribal Communities*
- *Marie People- Sean Thomas will contact*
- *Partners in Health – Sean Thomas will contact*
- *Hispanic Nurses Association- Elizabeth R. will contact*
- *Regional Centers for Border Health, Amanda A.*
- *Black Nurses Association, Vanessa Hill*
- *Arizona Area Health Education Centers (AHECs)*
- *Foundations> St. Lukes Health Initiatives-Melanie M.*
- *Interfaith Community*
- *Arizona Public Health Association (AzPHA)-Daniella*
- *Arizona Hospital Association*
- *Health Plans: Medicaid, Medicare, Private, Marketplace*
- *HIV Care Directors- Arizona Aides Association*
- *Area Agencies on Aging*
- *HIV Prevention – John Sapero, ADHS*
- *Cancer Prevention- Wayne Tormala, ADHS*
- *State Representatives-Check your local district and contact*
- *State Medical Society*
- *State Academy of Family Physicians – Tammy Basford*
- *Physician Assistants*

**10. NEXT MEETING:** Our next Coalition meeting will be held on **Thursday, August 20, 2015** from **10:30am - 12:30pm**. Please watch for the Save-the-Date information.

## **Attachment 1**

Arizona Community Health Worker Coalition  
Phoenix, May 8, 2015

# Current Developments in CHW Policy and Practice

Carl H. Rush, MRP, University of Texas School of Public Health

# Important National Trends

- ❑ Pace of state experimentation with CHWs continues to grow: ID, UT, ND, MO, KS, MT
- ❑ Active states holding “kickoff” or other statewide meetings: VA, PA, OR
- ❑ More national organizations getting on board: ASTHO, NASHP, NIIOH, PCORI, AAFP, Sanofi
- ❑ Health plan receptiveness to apprenticeships




# ...also since my last update to the Coalition




- New York Medicaid 1115 Waiver DSRIP grants – hiring “thousands” of CHW
- Florida began CHW certification (based on experience) thru independent certification board
  - ...and introduced bill for certification based on training standards
- North Dakota CHR-CHW study bill passed Senate unanimously, but failed in House

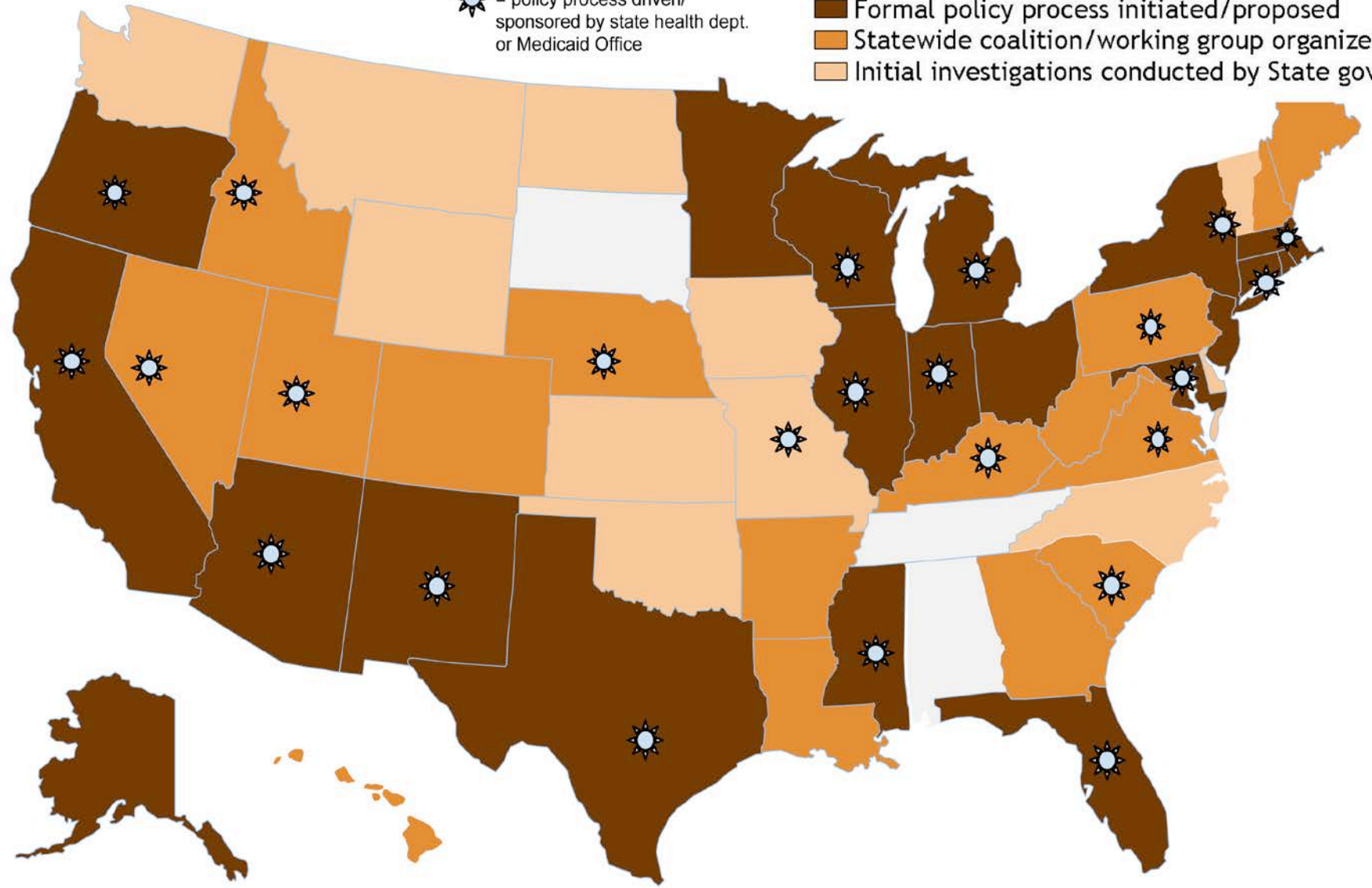
# States are pursuing various strategic paths in CHW policy innovation

- **Legislative:** TX, OH, MA, NM, IL, MD, ND
- **Medicaid rules:** KY?, MN, WI, DC
- Policy driven by specific **health reform initiatives:** NY, OR, SC, VT + SIM states
- **Broad-based coalition** process: AZ, FL, MI, WV

# CHW Policy Activity by State

 = policy process driven/  
 sponsored by state health dept.  
 or Medicaid Office

- LEGEND**
-  Formal policy process initiated/proposed
  -  Statewide coalition/working group organized
  -  Initial investigations conducted by State govt.



# National example – NASHP:

- ❑ State Health Refor(u)m blog on CHWs
- ❑ SIM Learning System for CMMI
- ❑ State Health Refor(u)m webinar on CHWs  
highest ever attendance – 900+
- ❑ Potential featured presentation

# Sanofi initiative

- A. Create a National CHW Organization
- B. Advance State-level Policy Development
- C. Expand Awareness of CHW Roles
- D. Pursue a Focused Research Agenda

# Federal agencies are increasing support for CHW strategies

- ❑ Rumors of potential moves this year:
  - ❑ State policy resource exchange
  - ❑ National “all-payor” meeting convened by CMS
- ❑ HHS CHW Interagency Work Group webinars 3/30 and 4/7
  - ❑ Presentation by C3 Project to Work Group call on 5/12

# Unity conference 2015

- ❑ Sheraton Memphis Downtown Hotel, July 12-15

<http://www.usm.edu/health/2015-csho-unity-conference>

- Organizing for national CHW association
- ❑ Updates on C3 project
- ❑ Likely federal presence
- ❑ “CHWs - Transforming Communities through Trust, Compassion, and Commitment”

## Attachment 2



## Arizona CHW Leadership Council

First Name	Last Name	Title	Organization	Email
Ana	Guzman	Community Health Educator		<a href="mailto:aguzmanrojas@aol.com">aguzmanrojas@aol.com</a>
Elizabeth	Reifsnider	Associate Dean for Research CONHI, PHN	Arizona State University	elizabeth.reifsnider@asu.edu
Berta	Carbajal	Research Technician/Promotora	ASU/HOPE Network	berta.carbajal@asu.edu
Emma	Torres	Executive Director	Campesinos Sin Fronteras	etorres@campesinosinfronteras.org
Flor	Redondo	Program Director	Az CHW Network	floribella@seahec.org
Gail	Emrick	Executive Director	Southeast Arizona Area Health Education Center SEAHEC	gemrick@seahec.org
Jill	De Zapien	Associate Dean for Community Programs	UA COPH PRC	dezapien@email.arizona.edu
Karla	Birkholz	Chief Wellness Officer	Scottsdale Lincoln Health Network	karla.birkholz@jcl.com
Kim	Elliott	Administrator	AHCCCS	kim.elliott@azahcccs.gov
Lilia	Mar	Director	Barrow Neurological Institute/ HOPE Network	lilia.mar@dignityhealth.org
Lorena	Verdugo	Community Health Advisor	El Rio CHC	lorenav@elrio.org
Lourdes	Paez	Coordinator Workforce Development	Alliance of Community Health Centers	lourdesp@aacchc.org
Maia	Ingram	Deputy Director	UA COPH PRC	maiai@email.arizona.edu
Martha	Moore-Monroy	Program Manager	Center of Excellence in Womens Health	mmonroy@email.arizona.edu
Melanie	Mitros	Director	St. Luke's Health Initiatives	melanie.mitros@slhi.org
Nancy	Wexler	Health Plan Manager	University Family Care	nancy.wexler@uahealth.com
Padma	Tagarse	Director	HSAG	ptaggarse@hsag.com
Rosa	Morales	Instructional Faculty	Pima Community College	rimorales2@pima.edu
Roxana	Deniz	Community Health Worker	North Country Health Center	rdeniz@nchcaz.org
Samantha	Sabo	Assistant Professor	UA COPH	sabo@email.arizona.edu
Sara	Rumann	Health Program Manager	Arizona Department of Health Services	sara.rumann@azdhs.gov
Susan	Kunz	Director of Health Promotion & Disease Prevention	Mariposa Community Health Center	skunz@mariposachc.net

## Attachment 3

## Draft Answer

### § 32-3105. Applicants for Regulation; Factors

Applicant groups for regulation shall explain each of the following factors to the extent requested by the legislative committees of reference:

1. A definition of the problem and why regulation is necessary including:
    - (c) The extent of autonomy a practitioner has, as indicated by the following:
      - (i) The extent to which the health profession calls for independent judgment and the extent of skill or experience required in making the independent judgment
      - (ii) The extent to which practitioners are supervised.
- 

(i) **The extent to which the health profession calls for independent judgment and the extent of skill or experience required in making the independent judgment**

Community Health Workers are largely autonomous and frequently utilize their independent judgment when interacting with clients. In particular, Community Health Workers use their substantial community knowledge in the areas of issue response, program design, and direct implementation at the individual and group levels.

A strong knowledge of, and experiential history with, the community served is essential to a Community Health Worker's success. Community Health Workers provide an alternative to clinical outreach and education and are better prepared to partake in client home visits.

The Arizona Community Health Outreach Workers Network and the Arizona Community Health Worker Workforce Coalition have adopted the National Community Health Advisor Study's Community Health Worker Core Competencies. An explanation of each competency is outlined below:

#### **Community Health Worker Core Competencies:**

- Communication
  - CHWs communicate effectively with clients about individual needs, concerns and assets. They convey knowledge of basic health and social indicators clearly and in culturally appropriate ways. CHWs also write and prepare clear reports on their clients, their own activities, and their assessments of individual and community needs.
- Interpersonal
  - CHWs help to protect mental and physical health by providing social support through informal counseling and relationship-building efforts. They create supportive relationships with their clients and encourage clients to build strong connections with among themselves through the formation of support and education groups.
- Community Knowledge
  - CHWs demonstrate deep cultural knowledge in all aspects of their work with individuals, their families, community members, and colleagues. They convey standard knowledge of basic health and social concerns in ways that are familiar to clients and their families. CHWs are able to discuss the reasons and options for behavioral changes in culturally sensitive ways.

## Draft Answer

- Service Coordination
  - CHWs know what services are available, where they can be located, and agency hours of operation in their given communities. They also develop active referral and coalition networks to be of assistance to clients. CHWs utilize standard follow-up procedures to ensure their intended treatment methods are effectively being utilized.
- Capacity-Building
  - CHWs play a critical role in increasing the abilities of their communities to care for themselves. They work together with other community members, workers, and professionals to develop collective plans to increase resources in their community and to expand broader public awareness of community needs
- Advocacy
  - In addition to helping individuals, CHWs advocate for clients. They are familiar with, and maintain, contact with agencies and professionals in the community in order to secure necessary care for their clients. CHWs participate in community and agency planning efforts that are aimed at improving care and bringing needed services into the community.
- Teaching
  - CHWs make ongoing efforts to assist individuals and their families in making desired behavioral changes. They use standard knowledge of the effects of positive and negative behaviors in order to assist clients in adopting desirable behaviors. CHWs effectively engage clients and their families while encouraging them to follow intervention protocols and identify barriers to change.
- Organizational Skills
  - CHWs set goals for their clients and practice areas and make long and short-terms plans in order to achieve those goals. They are able to manage multiple priorities at one time.

### (ii) The extent to which practitioners are supervised

Facility-based supervisors, whether from the nearest primary care center or the district health office, have the ability to monitor the quality of services, provide technical support and refresher training, and collect information, forms, and other data.

Many Arizona agencies also utilize CHW peer supervision models. Peer supervision is focused on CHWs helping other CHWs learn new skills and assessing the quality of work performed by fellow CHWs. Examples of this approach are the following:

- Peers observing CHWs performing consultations and providing feedback
- High performance peers supporting less-experienced colleagues (e.g., through on-the-job training)
- Peers discussing issues and problem-solving with CHWs
- Peers being promoted to a more formal supervisory role

## Attachment 4



# The University of Arizona Disclaimer

## Community Health Worker (CHW) Utilization and Impact in the Primary Care Setting Survey

The University of Arizona, Arizona Prevention Research Center is conducting a 2-3 minute, anonymous survey to assess licensed health care providers opinions of the impact of Community Health Workers (CHWs) in the primary care setting. CHWs serve under a variety of titles including Community Health Advocate (CHA), Patient Navigator, Community Health Representatives and Promotor/a and are defined as:

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.

You are invited to participate because you are a licensed health professional, involved in direct patient care. You do not need to work directly with CHWs to complete this survey.

Your participation is voluntary and you may stop the survey at any time. There are no known risks to participate except your time. No identifying information will be collected and all information will be reported in aggregate. There are no direct benefits to participation. Information you share will contribute to a better understanding of current and projected utilization and impact of CHWs in the clinical setting. We expect approximately 500 Arizona licensed health care providers to participate in the survey.

For questions, concerns, or complaints about the project you may contact **the Principal Investigator**, Samantha Sabo, DrPH, MPH at 520-626-5204 or [COPH-azprc@email.arizona.edu](mailto:COPH-azprc@email.arizona.edu).

For questions about your rights as a participant in this project or to discuss other project-related concerns or complaints with someone who is not part of the research team, you may contact the Human Subjects Protection Program at 520-626-6721 or online at <http://www.orcr.arizona.edu/h spp>.

An Institutional Review Board responsible for human subjects research at The University of Arizona reviewed this research project and found it to be acceptable, according to applicable state and federal regulations and University policies designed to protect the rights and welfare of participants in research.

**Your Participation is Greatly Appreciated Thank You!**



Mel and Enid Zuckerman  
College of Public Health

ARIZONA PREVENTION  
RESEARCH CENTER



## Community Health Worker (CHW) Utilization and Impact in the Primary Care Setting Survey

A community health worker (CHW) is 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. CHWs serve under a variety of titles including Community Health Advocate (CHA), Patient Navigator, Community Health Representatives and Promotor/a.

You are invited to participate because you are a licensed health professional, involved in direct patient care. You do not need to work directly with CHWs to complete this survey.

### What is your medical degree/role in patient care?

*(Choose only one)*

- Physician
- Nurse Practitioner
- Physician Assistant
- Registered Nurse
- Pharmacist
- Behavioral Health Provider
- Other *(Please specify)* \_\_\_\_\_

Overall, how familiar are you with the role of Community Health Workers (CHWs)?

*(Choose only one)*

- Extremely Familiar
- Moderately Familiar
- Somewhat Familiar
- Slightly Familiar
- Not at all Familiar

### In what ways have you been involved with CHWs?

(CHWs: also known as Patient Navigators, Community Health Advisors, Peer Navigators, Community Health Representatives, Community Health Advocates)

*(Choose only one)*

- Leader/Champion that oversees implementation of CHW staff or program
- Direct involvement (I directly work with the CHWs)
- Indirect involvement (I do not work directly with CHWs, but my staff or my colleagues do and/or I receive information from those that are working with CHWs)
- No involvement with CHWs **If NO Please continue to BLUE Section ▼**
- Other *(Please specify)* \_\_\_\_\_





## Community Health Worker (CHW) Utilization and Impact in the Primary Care Setting Survey

Please indicate how much you agree or disagree with each of the following statements.

<b>As a result of working with CHWs, patients are more likely to:</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
1. Follow my recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Show up for scheduled appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Maintain regular care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Better manage their chronic disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Have good birth outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Have more effective communication during office visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Have better access to care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>In my experience, CHWs have contributed to:</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
8. Reduction in the <u>cost of care</u> for high risk or high cost patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Reduction in the <u>cost of care</u> for NON-high risk or high cost patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Improved <u>health outcomes</u> for high risk or high cost patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Improved <u>health outcomes</u> for NON-high risk or high cost patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. <u>Prevention</u> of high risk or high cost health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>In my experience, CHWs have saved me time:</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
13. Arranging clinical referrals and follow-up for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Arranging social service referrals for patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Educating patients on disease management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Educating patients on health promotion (i.e. nutrition and physical activity)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Educating patients on healthy childbirth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Overall, how do CHWs in your organization work with the primary care team:</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
18. Meeting regularly with primary care staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Regularly receiving patient referrals or assignments from primary care staff (for needed education sessions or home visits)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Providing interpreting services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>What would make you more likely to use CHWs as part of the health care team:</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
21. More evidence that CHWs improve health outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. If CHWs services were reimbursed (i.e. By Center for Medicare and Medicaid Services (CMS), AHCCCS, third party payers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall, the way I care for patients has been positively impacted by CHWs.

- Yes
- No

Are there areas in your organization where you feel CHWs could be utilized but are not currently?

- Yes
- No

*(Please specify)*

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**What are the barriers you face in hiring or integrating CHWs into your health care team?**

*(Select all that apply)*

- Lack of ability to bill insurers for their services
- Lack of clarity about the value of their use
- Lack of clarity about how they function as members of or link to a primary care team
- Lack of training of CHWs
- Other *(Please specify)* \_\_\_\_\_

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**Which of the following best describes your practice type?**

*(Please select **ONLY ONE**)*

- Solo practice
- Group practice
- Managed Care Organization
- Federally Qualified Health Center
- Hospital-based practice
- Indian Health Service / 638 Clinic / Hospital
- Other *(Please specify)* \_\_\_\_\_

**Are you part of a Patient Centered Medical Home?**

- Yes
- No

# Community Health Worker (CHW) Utilization and Impact in the Primary Care Setting Survey

## NON CHW Provider Survey

[Next Section ▲](#)

A community health worker (CHW) is 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. CHWs serve under a variety of titles including Community Health Advocate (CHA), Patient Navigator, Community Health Representatives and Promotor/a.

Please indicate how much you agree or disagree with each of the following statements.

What functions could CHWs offer in your organization?	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
1. Provide culturally appropriate health education/information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Home visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Bridge / culturally mediating between patient and health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Case finding/recruitment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Informal counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Refer or link patients to community-based resources (the Y, farmer's markets, after-school programs, senior centers, exercise programs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Lead support groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Advocate for individual and community needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Insurance enrollment (AHCCCS, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Case management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Translation/Interpretation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Health System Navigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Assist in more effective communication during patient visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Improve patient's access to care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>In your opinion, could CHWs contribute to:</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
15. Reduction in the <u>cost of care</u> for high risk or high cost patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Reduction in the <u>cost of care</u> for NON-high risk or high cost patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Improved <u>health outcomes</u> for high risk or high cost patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Improved <u>health outcomes</u> for NON-high risk or high cost patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. <u>Prevention</u> of high risk or high cost health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>What would make you more likely to use CHWs as part of the health care team:</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Unsure</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
20. More evidence that CHWs improve health outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. If CHWs services were reimbursed (i.e. By Center for Medicare and Medicaid Services (CMS), AHCCCS, third party payers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**What are the barriers you face in hiring or integrating CHWs into your health care team?**

*(Select all that apply)*

- Lack of ability to bill insurers for their services
  - Lack of clarity about the value of their use
  - Lack of clarity about how they function as members of or link to a primary care team
  - Lack of training of CHWs
  - Other *(Please specify)* \_\_\_\_\_
- 
- 
- 

**Which of the following best describes your practice type?**

*(Please select **ONLY ONE**)*

- Solo practice
- Group practice
- Managed Care Organization
- Federally Qualified Health Center
- Hospital-based practice
- Indian Health Service / 638 Clinic / Hospital
- Other *(Please specify)* \_\_\_\_\_

**Are you part of a Patient Centered Medical Home?**

- Yes
- No

**Would you be interested in learning more about research regarding the impact of CHWs on health outcomes?**

- Yes
- No

**Are there areas in your organization where CHWs could be utilized but are not currently?**

- Yes
- No

*(Please specify)*

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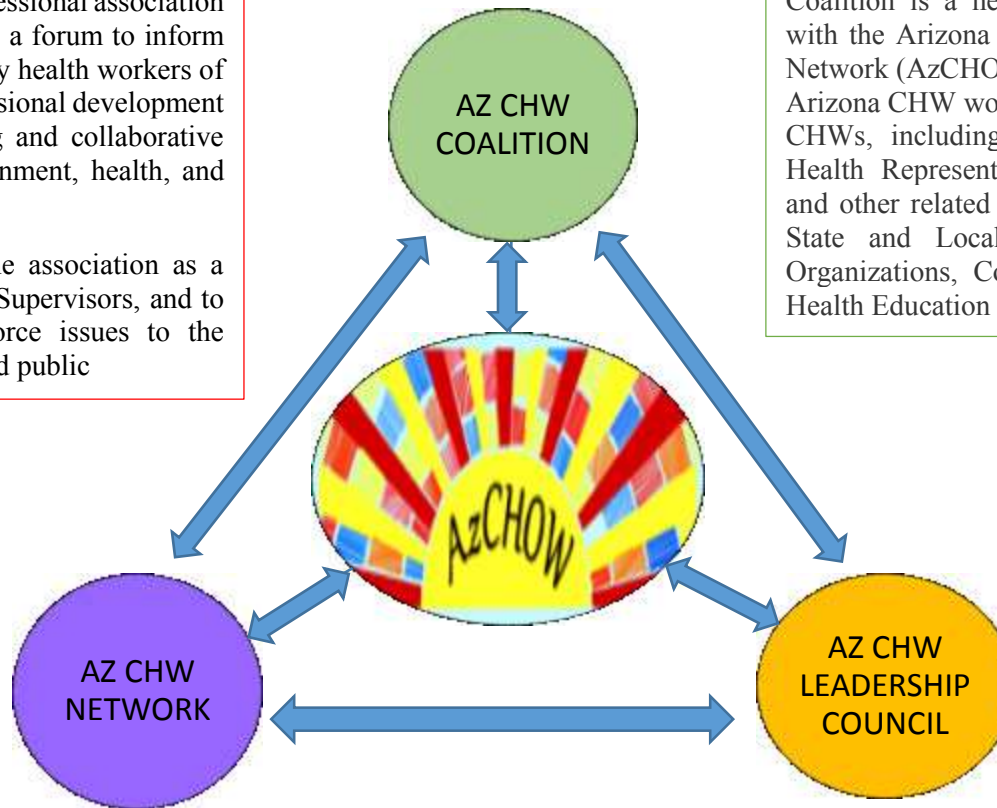
## Attachment 5

KEY STAKEHOLDERS IN STRENGTHENING ARIZONA'S CHW WORKFORCE &  
CREATING A ROADMAP TO SUSTAINABILITY

The Arizona Community Health Workers (AzCHOW) Network, established in 2001, is a professional association of CHWs with the mission to provide a forum to inform and unite culturally diverse community health workers of all disciplines, to strengthen the professional development of the field through resource sharing and collaborative opportunities with community, government, health, and educational institutions.

AzCHOW's vision is to establish the association as a training center for CHW's, and their Supervisors, and to provide education on CHW workforce issues to the healthcare industry, policy makers, and public

The Arizona Community Health Worker Workforce Coalition is a network of organizations collaborating with the Arizona Community Health Outreach Worker Network (AzCHOW) to support the sustainability of the Arizona CHW workforce. The Coalition is comprised of CHWs, including Promotores de Salud, Community Health Representatives, Community Health Advisors and other related titles, and the University of Arizona, State and Local Health Departments, Community Organizations, Community Health Centers, and Area Health Education Centers.



The Arizona Community Health Worker Network (AzCHWN) goal is "to unite rural and regional CHW interest groups across ethnic, racial and geographic sectors in AZ to increase access to and quality of care by enhancing capacity and integration of CHW workforce in primary care and health promotion". The Network is currently focusing on AzCHOW's sustainability; CHW credentialing and certification; and increasing demand for CHWs in the health sector.

The AzCHW Leadership Council is composed of Community Health Worker champions who have been identified to provide leadership and guidance to the Arizona Department of Health Services to establish a curriculum for the certification and training of Community Health Workers in Arizona. In addition, the leadership council supports the Arizona Community Health Worker Workforce Coalition to advance the development of the CHW workforce development, advocacy, research, and sustainability.

## Attachment 6



# AZCHW NETWORK accomplishments to date

## *Arizona Community Health Workers' Network*

**AZCHW  
Network Partners**

**Background:**

**Southeast Arizona  
Area Health  
Education Center,  
Inc. (SEAHEC)**

SEAHEC has served as fiscal agent for AzCHOW since 2002. As a rural health workforce development agency, SEAHEC is working with other valuable partners to increase capacity building and sustainability of Arizona's growing CHW workforce and models to improve access to care and to increase cultural competency in health care provision. AzCHOW was founded in 2001, by and for Arizona's community health workers, as a statewide professional association designed to create unity while preserving cultural diversity among community health workers in Arizona.

**Arizona Department  
of Health Services  
(ADHS)**

2013 meetings with SEAHEC, UAPRC & AzCHOW to strengthen CHW efforts & our fiscal partnership – goal to identify .5FTE for the coordination of AzCHOW

**Cochise Health and  
Social Services  
(CHSS) Cochise  
County Health  
Department**

**January 2014** - SEAHEC and partners submit HRSA Network Planning Grant

**September 21, 2014** - HRSA award letter received by SEAHEC

**October 2014** - 1<sup>st</sup> network meeting held (Phoenix), project goals reviewed, meeting dates set

**November 2014** - Criteria for Network Director developed; statewide search begins

**December 2014** - Network Director selected; to initiate January 2015

**Northern Arizona  
Consumers  
Advancing Recovery  
by Empowerment  
(NAZCARE)**

**January 2015** - 2<sup>nd</sup> quarterly meeting held (Bisbee) Strategic goals/areas for CHW Network drafted

- Focus areas include: AzCHOW sustainability; CHW workforce strengthened; CHW utilization and integration increased
- Gail Emrick & Flor Redondo travel to Florida for Network Leadership Conference
- ADHS releases subcontract for credentialing and certification research to SEAHEC (Kathleen Gilligan & Flor Redondo)

**February 2015** - UAPRC conducts provider survey on CHW utilization, value, etc

**March 2015** - AzCHOW membership/marketing plan drafted

- Flor & Yanitza travel to Minnesota to participate in Network Leadership training and visit CHW site

**The University of  
Arizona College of  
Public Health PRC  
/AzCHW Workforce  
Coalition**

**April 2015** - 3<sup>rd</sup> quarterly meeting held (Flagstaff) Workgroups forge ahead:

- ROI document outlined – financial and quality of care value of CHWs
- Models for CHW integration – summarized
- Products & Programs of AzCHOW drafted

**Arizona Community  
Health Outreach  
Workers' Network,  
Inc.  
(AzCHOW)**

**May 2015** - and beyond

- will conduct focus groups with CHW/CHRs on considerations for certification/credentialing process

**InterTribal Council  
of Arizona, Inc. (ITCA)**

**June** - Flor & Yanitza travel to Oregon to visit CHW Training Center

- At AzCHOW conference: will launch membership drive to increase representation and diversity of CHW/CHRs in AzCHOW and will launch agency membership drive to increase financial sustainability through providing TA

**Canyonlands  
Healthcare FQHC**

**July/August** - 4<sup>th</sup> quarterly meeting of Network to be held – Strategic and Business Plan finalized

## Attachment 7

# Platicamos Salud: The Journey to Integrate CHWs in Coordinated Care

Susan Kunz, MPH



Chief of Health and Wellness  
Mariposa Community Health Center  
Nogales, Arizona  
May 8, 2015

# Who are we?

- MCHC established in 1980
- Federally Qualified Health Center (FQHC)

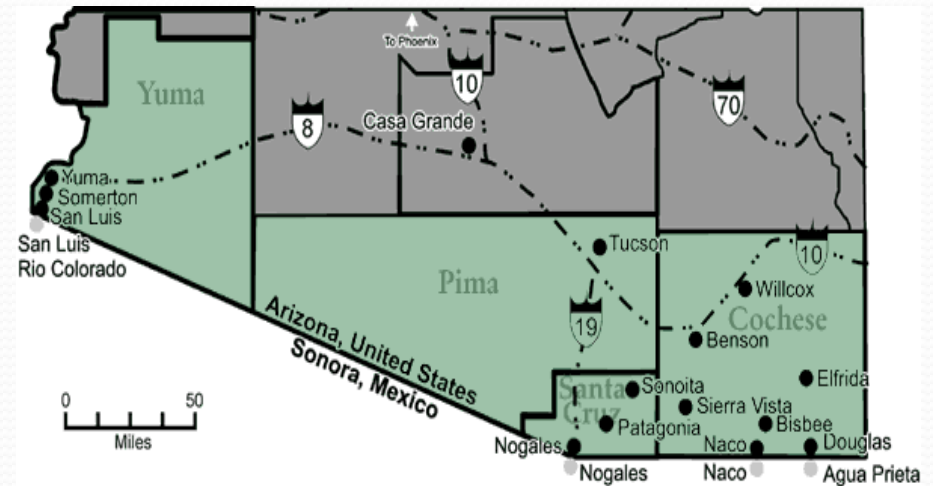


# Who are we?

- Platicamos Salud (Let's Talk Health)
- MCHC's Health and Wellness Department
- Began with one grant to develop CHWs
- Now 20% of health center workforce



# Why CHWs?



- **Nogales, Arizona**
  - transborder environment
  - immigrant community

# Why CHWs?

## Hispanic/Latino community

95% Nogales/85% Santa Cruz County

- predominantly Spanish-speaking
- cultural norms (diet, gender, family values)
- use of health care in Mexico



**CHWs necessary to reach and provide care**

# Platicamos Salud CHW titles have evolved

**Promotores de Salud**

**MCH Case Managers**

**Patient Navigators**

**Teen Health Facilitators**

**Lay Leaders**



# Mariposa CHWs are everywhere

## Community Roles

- Outreach
- Screening
- Referral
- Group education
- Case management
- Surveys

## Change Agents

Partnerships

Advocacy

Community development

# Community - Based

Advocacy for  
health and its  
social  
determinants



# CHW Leadership

Regional, state  
and national



# Innovation

## Teen Health Facilitators



# Patient Coordinated Care

## **Patient Navigators who are CHWs**

- member of the patient care team
- extension of clinical care
- Education via home visit, clinic and phone follow-up

# Vivir Mejor! (Live Better)

- First foray into CHW integration in 2012
- Patient Navigator support for adults with Type 2 Diabetes
- Culture shift to involve CHW in patient care



# Expansion of Patient Navigation

- CHW salaries paid by clinical funds (not grants)
- Standing orders for high-risk referral
- Diabetes, hypertension, obesity, heart disease, asthma
- Services documented in EMR
- Using Launchpad software to track the impact of initiative on A1c and blood pressure



# Patient Navigation Success

## Martha's Disease Self-Management Success

65-year old Martha Jimenez changed her lifestyle  
Patient Navigator Sylvia Ochoa is part of the story.

- Improved her diet
- Walks twice per day
- Takes her meds





# Patient Navigator Success Story

In 10 months, Martha reduced her diabetes risk

- Reduced A1C from 9.6 to 5.6
- Lost 13.8 lbs.
- Baseline LDL was literally off the charts and changed to 106!

# Mariposa PLUS



MARIPOSA  
-COMMUNITY-  
HEALTH-CENTER

## Coordinated care with

# CHWs

## at the core !!

# Please join our CHW Journey

## Questions??

Susan Kunz, MPH

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**MARIPOSA**  
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