

## Massachusetts Strengthens its Community Health Worker (CHW) Workforce Through Broad-Based Policies and Collaboration

*“For decades, community health workers have played a critical role in public health efforts in Massachusetts to improve population health and to ensure that all residents of the state receive quality services.”*

— Massachusetts Department of Public Health, 2015<sup>1</sup>

Massachusetts has a long history of developing policies and partnerships to strengthen and promote the state’s community health worker (CHW) workforce. The Massachusetts Department of Public Health (MDPH) and the department’s Office of Community Health Workers have played a key role in strengthening the state’s workforce by engaging partners, coordinating workforce development activities, and promoting CHWs in disease management and prevention. The state’s landmark 2006 health reform law directed MDPH to convene an advisory council and develop policy recommendations to sustain the CHW workforce. The health department later implemented several of these recommendations, establishing the Office of Community Health Workers and creating a model certification process, while subsequent legislative measures bolstered these efforts by promoting sustainability and integrating CHWs into the broader health system.

Massachusetts’ path is both steady and multifaceted; rather than a singular strategy, stakeholders have taken steps progressively to study, recognize, engage, and strengthen the CHW workforce. A 2011 American Journal of Public Health (AJPH) [article](#) attributes Massachusetts’ successes to “the power of authentic collaboration, based on respect for the authority and necessity of CHWs to define their needs and determine the viability of different policy alternatives to advance the field.”<sup>2</sup>

### Steps Taken

Since 2000, policymakers, state health officials, and other key stakeholders have taken a series of steps that recognize and integrate CHWs into statewide public health initiatives.

- In 2000, a dedicated group of CHWs founded the statewide [Massachusetts Association of Community Health Workers](#) (MACHW) to strengthen the professional identity of CHWs, foster leadership, and promote the integration of CHWs into the healthcare, public health, and human services workforce. Led by CHWs, the association works closely with MDPH and other partners to develop and implement CHW workforce policies.

### How Massachusetts Defines CHWs

MDPH defines CHWs as public health workers who apply their unique public health understanding of the experience, language, 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.

**Source:** Massachusetts Department of Public Health, [CHW Definitions](#).

- In 2005, MDPH published the report, [Community Health Workers: Essential to Improving Health in Massachusetts](#), which summarizes findings from a CHW workforce survey and defines the various roles that CHWs may play.<sup>3</sup>
- In 2006, [Section 110 of Chapter 58](#) required MDPH to examine the CHW workforce and provide the legislature with policy recommendations to support its sustainability. The law also directed MDPH to convene a statewide advisory council to help conduct the study and develop these recommendations.
- MDPH and the CHW advisory council prepared a legislative [report](#) in 2009, summarizing workforce challenges and offering 34 recommendations to develop and enhance the professional identity of the CHW workforce, and to support financing and state infrastructure development. The report recommended expanding CHW training programs and developing a certification process.<sup>4</sup>
- In 2009, MDPH implemented one of the report's recommendations, establishing the [Office of Community Health Workers](#) to coordinate workforce development activities and promote CHWs. The office is the state's single largest funder of CHW services and training; it provides programmatic support through MDPH contracts with community-based service providers. The office sits within the department's Division of Prevention and Wellness and it is responsible for a range of activities, including CHW leadership development, technical assistance, demonstration grants, training and curriculum development, and policy development.<sup>5</sup>
- Massachusetts lawmakers passed [Chapter 322](#) in 2010 to recognize and strengthen the work of CHWs. The law created the Board of Certification of Community Health Workers to develop and administer a voluntary, competency-based CHW certification program. The board held its first meeting in 2012 and drafted regulations (under review as of January 2017) that delineate the scope of practice and standards of conduct for CHWs, as well as standards and requirements for certification, training programs, and certification renewals.
- [Chapter 224 of the Acts of 2012](#) formalized CHWs' roles within the primary care team and on accountable care organization (ACO) advisory bodies.
- In 2014, the certification board approved 10 core competencies for CHWs (see right).
- In May 2015, MDPH published the report, [Achieving the Triple Aim: Success with Community Health Workers](#), describing how the CHW workforce reduces costs, improves health outcomes, improves quality of care and reduces disparities by diversifying the healthcare workforce and strengthening communications with underserved populations.<sup>6</sup>
- In June 2016, the Community-Healthcare Linkages Community of Practice (CoP), a broad partnership co-convened by MDPH and MPHA, recommended that the

### CHW Core Competencies

The certification board defined the following core skills and competencies necessary for CHWs:

1. Outreach methods and strategies.
2. Individual and community assessment.
3. Effective communication.
4. Cultural responsiveness and mediation.
5. Education to promote healthy behavior change.
6. Care coordination and system navigation.
7. Use of public health concepts and approaches.
8. Advocacy and community capacity building.
9. Documentation.
10. Professional skills and conduct.

**Source:** Massachusetts Board of Certification of Community Health Workers, [Core Competencies](#), 2014.

state's Medicaid program, MassHealth, incorporate CHWs into its ACO redesign plan. The CoP provided three evidence-based models and CHW interventions for MassHealth to consider, including a model designed to impact perinatal and infant outcomes among enrollees by utilizing CHWs and doulas to improve the use of maternity and early pediatric care resources and social services.

In addition, Massachusetts reimburses developmental specialists and educators to provide [early intervention](#) services to children from birth to age three. These providers are not referred to as CHWs; they are considered occupational therapy assistants, speech language pathology assistants or physical therapy assistants. However, they share similar features with CHWs, including partnering with families to follow the child's individual family service plan, delivering services in home and community-based settings, living in and knowing the communities they serve, and working under the supervision of a provider who can bill for services (e.g., a physical or occupational therapist).<sup>7</sup>

The state facilitates reimbursement for CHW-like providers because of state legislative and Medicaid requirements that require coverage for medically necessary early intervention services. As in every state, all children enrolled in Medicaid are entitled to receive developmental screening and other required services under the Medicaid Early and Periodic Screening, Diagnostic, and Treatment benefit. The Massachusetts legislature took additional steps to cover early intervention services for children with private health insurance coverage. The legislature passed [laws](#) in 1990 and in subsequent years requiring insurers and third-party payers to cover medically necessary early intervention services for young children who are at risk for developmental delays. These laws also require services to be delivered by early intervention specialists working in early intervention programs certified by MDPH.

## Key Data and Results

Several studies indicate positive cost, quality of care, and health outcomes related to the state's estimated 3,000-strong CHW workforce.<sup>8</sup>

- The 2009 [legislative report](#) found that "CHWs play unique and valuable roles in increasing access to healthcare, decreasing racial and ethnic health disparities, improving cultural competency and quality of care, and controlling health system costs." CHWs in Massachusetts increased access to primary care services by enrolling individuals in health insurance, linking them to primary care providers and resources, and helping them use preventive health services.<sup>9</sup>
- CHWs have played a "highly visible role by helping more than 200,000 uninsured people enroll in health insurance programs" in Massachusetts, according to a 2010 Health Affairs [article](#).<sup>10</sup> The authors concluded that "broad-based policies combined with consistent and powerful advocacy from the leaders of the workforce...together with state public health partners, have secured the ongoing integration of community health workers in state health reform efforts."<sup>11</sup>
- In 2013, the Agency for Healthcare Research and Quality's Health Innovations Exchange published a [state policy profile](#) and determined that "progress has been made toward achieving several legislative goals related to community health workers, including greater professional recognition, an expanded workforce and training infrastructure, and increased funding of [CHW] services."<sup>12</sup> For example, the Massachusetts Attorney General's office awarded grants to four community health centers to fund CHW services and these services have been incorporated in various public health initiatives, including the state's school-based health center program, the Prevention and Wellness Trust Fund, and the Healthcare Workforce Transformation Fund.<sup>13</sup>

- In its 2015 [Achieving the Triple Aim](#) report, MDPH concluded that “CHWs help contain costs by reducing high risk patients’ use of urgent and emergency room care and preventing unnecessary hospitalizations. CHWs also improve quality of care and health outcomes by improving patients’ access to and use of preventive services, chronic disease self-management support, maternal-child home visiting and perinatal support.”<sup>14</sup>

---

*“The collaborative dialogue in Massachusetts that resulted in a CHW policy agenda and legislative successes emerged from a shared commitment among all partners to prioritize and promote CHW perspectives and interests while protecting the integrity of the field.”*

— American Journal of Public Health, 2011

---

## Lessons Learned

The state’s approach has yielded several important lessons, including the value of collaboration and partnerships; the need for increasing awareness, building capacity, and cultivating champions; and the importance of state health agency leadership and continuity.

*Efforts to formalize the CHW workforce should be balanced with steps to maintain its grassroots identity.* It is important to consider unintended consequences related to new workforce standards and certification requirements, such as unnecessary barriers to entering the workforce. There is an “inherent tension between promoting sustainability and integrating CHWs into health and human service delivery (on the one hand) and retaining and supporting the grassroots nature of the profession (on the other),” says Gail Hirsch, co-director of the Office of Community Health Workers, in the MDPH’s Division of Prevention and Wellness.<sup>15</sup> Collaboration among stakeholders is key to striking the right balance.

*Stakeholder engagement and authentic collaboration are keys to sustaining the CHW workforce.* The AJPH article recognizes the essential role of partnerships and ongoing collaboration between MDPH, the Massachusetts Association of Community Health Workers (MACHW), the Massachusetts Public Health Association (MPHA), policymakers, and other key stakeholders in “garnering resources, promoting strategic thinking, and increasing the ability to convene and build consensus among diverse stakeholders representing varying interests...With MACHW serving as the voice of the emerging profession, and with [the health department] and MPHA providing technical assistance, the partners were positioned to influence health reform in Massachusetts.”<sup>16</sup>

*CHW leadership is essential in developing and implementing policy.* MACHW, a statewide, CHW-led professional organization, has been instrumental in developing policies that support the workforce without creating unnecessary barriers. The authors of the 2011 AJPH article hypothesize that, without the dedicated leadership of CHWs, “certification legislation...might have wound up imposing regulations and procedures that would prevent many effective CHWs from practicing.”

*State health agency leadership, collaboration, and infrastructure support sustainability.* Strong and sustained public health department support and leadership for more than 20 years has been key to Massachusetts’ ongoing progress.<sup>17</sup> “Sustainability involves so much more than money,” Hirsch says. “It involves constant moving forward with creating buy-in and consensus.”<sup>18</sup> Moreover, agency partnerships and collaboration with Medicaid personnel and others have been instrumental in

identifying opportunities to reimburse developmental specialists and educators for providing early intervention services. “These discussions are happening broadly in Massachusetts,” according to Ron Benham, director of MDPH’s Family Health and Nutrition Bureau.<sup>19</sup>

*Public health champions are critical to advancing CHW initiatives.* Over the years, legislative and public health champions have played key roles in developing and enacting CHW laws and policies. “Identifying and working directly with legislative champions who understood CHWs’ contributions to improving health in underserved communities turned out to be pivotal,” explain the authors of the 2011 AJPH article.<sup>20</sup> Cultivating relationships with current and emerging public health leaders and champions requires ongoing education, collaboration, and resource-sharing.

## For More Information

Gail Hirsch, Co-Director  
Office of Community Health Workers  
Division of Prevention and Wellness  
Massachusetts Department of Public Health  
Email: [gail.hirsch@state.ma.us](mailto:gail.hirsch@state.ma.us)

Christi Mackie  
Family and Child Health Senior Director  
Association of State and Territorial Health Officials (ASTHO)  
Email: [cmackie@astho.org](mailto:cmackie@astho.org)

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number: UC4MC28036; award title: Alliance for Innovation on Maternal and Child Health: Cooperative Agreement Expanding Access to Care for the Maternal and Child Health Population (Category 1: Collaborative Engagement). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

---

<sup>1</sup> Massachusetts Department of Public Health. “Achieving the Triple Aim: Success with Community Health Workers.” May, 2015. Available at <http://www.mass.gov/eohhs/docs/dph/com-health/com-health-workers/achieving-the-triple-aim.pdf>.

<sup>2</sup> Mason T, Wilkinson G, Nannini A, *et al.* “Winning Policy Change to Promote Community Health Workers: Lessons from Massachusetts in the Health Reform Era.” *American Journal of Public Health*. Dec. 2011, 101: pp. 2211-2216.

<sup>3</sup> Massachusetts Department of Public Health. “Community Health Workers: Essential to Improving Health in Massachusetts.” 2005. Available at <http://www.mass.gov/eohhs/docs/dph/com-health/com-health-workers/comm-health-workers-narrative.pdf>.

<sup>4</sup> Massachusetts Department of Public Health. Community Health Worker Advisory Council. “Community Health Workers in Massachusetts: Improving Health Care and Public Health.” Dec. 2009. Available at <http://www.mass.gov/eohhs/docs/dph/com-health/com-health-workers/legislature-report.pdf>.

- 
- <sup>5</sup> Massachusetts Department of Public Health. "Community Health Workers." Available at <http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/prevention-and-wellness/comm-health-wkrs/>. Accessed Jan. 10, 2017.
- <sup>6</sup> Massachusetts Department of Public Health. "Achieving the Triple Aim: Success with Community Health Workers." May, 2015. Available at <http://www.mass.gov/eohhs/docs/dph/com-health/com-health-workers/achieving-the-triple-aim.pdf>.
- <sup>7</sup> Benham R (personal communication, Aug. 29, 2016).
- <sup>8</sup> MACHW. "MACHW Advisory Board." Available at [http://www.machw.org/index.php?option=com\\_content&view=article&id=57:machw-advisory-board&catid=8:machw](http://www.machw.org/index.php?option=com_content&view=article&id=57:machw-advisory-board&catid=8:machw). Accessed Jan. 10, 2017.
- <sup>9</sup> Massachusetts Department of Public Health. Community Health Worker Advisory Council. "Community Health Workers in Massachusetts: Improving Health Care and Public Health." Dec. 2009. Available at <http://www.mass.gov/eohhs/docs/dph/com-health/com-health-workers/legislature-report.pdf>.
- <sup>10</sup> Rosenthal EL, Brownstein JN, Rush C, *et al.* "Community Health Workers: Part of the Solution." *Health Affairs*. July 2010. 29: 1338-1342. Available at <http://content.healthaffairs.org/content/29/7/1338.full>.
- <sup>11</sup> *Ibid.*
- <sup>12</sup> AHRQ. "State Legislation Supports Professional Development of Community Health Workers, Leading to Greater Professional Recognition, Enhancements in Training, and Funding." June 2014. Available at <https://innovations.ahrq.gov/profiles/state-legislation-supports-professional-development-community-health-workers-leading>.
- <sup>13</sup> *Ibid.*
- <sup>14</sup> Massachusetts Department of Public Health. "Achieving the Triple Aim: Success with Community Health Workers." May, 2015. Available at <http://www.mass.gov/eohhs/docs/dph/com-health/com-health-workers/achieving-the-triple-aim.pdf>.
- <sup>15</sup> Hirsch G. "Building a Sustainable Community Health Workforce in Massachusetts." Presented at ASTHO Supported Primary Care and Public Health Care Collaborative. 2013. Available at <http://www.astho.org/Workforce-Committee-CHW-Presentation-12-11-13/>. Accessed 9-30-2016.
- <sup>16</sup> Mason T, Wilkinson G, Nannini A, *et al.* "Winning Policy Change to Promote Community Health Workers: Lessons from Massachusetts in the Health Reform Era." *American Journal of Public Health*. Dec. 2011, 101: pp. 2211-2216.
- <sup>17</sup> *Ibid.*
- <sup>17</sup> Hirsch G. "Building a Sustainable Community Health Worker Workforce in Massachusetts." Presented at NCU-CUNY Prevention Research Center's "Integrating CHWs into Healthcare Systems" meeting, 2015. Available at <https://www.med.nyu.edu/prevention-research/sites/default/files/prevention-research2/hirsch-massachusetts-doph.pdf>.
- <sup>18</sup> Hirsch G (personal communication, Aug. 29, 2016).
- <sup>19</sup> Benham R (personal communication, Aug. 29, 2016).
- <sup>20</sup> *Ibid.*