Community Health Worker (CHW) Learning Community

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ASTHO CHW LEARNING COMMUNITY
CDC’S 1815 COOPERATIVE AGREEMENT FUNDING:
EFFORTS TO SUPPORT CHW INFRASTRUCTURE

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DISCLAIMER

The information presented here is for training purposes and reflects the views of the presenters. It does not necessarily represent the official position of the Centers for Disease Control and Prevention.
OBJECTIVES

▪ Discuss results of the CDC-CHW Forum on the perceptions of CHWs, CHW allies, and state health departments, and potential pathways to build an infrastructure to sustain and finance CHWs in type 2 diabetes prevention and management.

▪ Provide an overview of the CDC 1815 cooperative agreement and evolution from previous programs.

▪ Summarize a high-level update on how states are using 1815 cooperative agreement funds to support CHW infrastructure.

▪ Explain the evidence base CDC has used to demonstrate the effectiveness of CHWs.
ICEBREAKER- COMMUNITY HEALTH WORKERS: THE BIG PICTURE

What's ROCKING the CHW workforce financially?
"NOTHING ABOUT US, WITHOUT US!"

- Is a “mantra/slogan” used to communicate the idea that no policy should be decided by any representative without the full and direct participation of members of the group(s) affected by that policy. This involves national, ethnic, disability-based, or other groups that are often thought to be marginalized from political, social, and economic opportunities.
CHW services are most often funded for limited periods as part of grants that address specific chronic conditions or preventive health measures.

The lack of consistent, dependable funding has hindered the creation of permanent CHW positions at many community health centers and other organizations.

There are multiple efforts throughout the nation to ensure that CHWs become permanent, sustainable members of the community, public health, and health care workforce.

CHWs and those who understand their value are educating health payers and providers about the CHW workforce, the roles CHWs play, the benefits they bring, and how to integrate them into health care and other multidisciplinary teams.
Do they contribute to reducing diabetes disparities?
Two Sources of Evidence

- The Community Guide/Community Preventive Services Task Force (CPSTF)
- ADA Standards of Care

The Community Guide
What is the Community Preventive Services Task Force?

- A non-federal, independent, rotating panel
- Internationally renowned experts in public health research, practice, and policy who:
  - Oversee the systematic review process
  - Produce recommendations and identify evidence gaps to help inform decision making by various government and non-government entities
Community Guide Recommendations on CHWS

- Interventions engaging CHWs for type 2 diabetes prevention and management, which are typically implemented in underserved communities, can improve health, reduce health disparities, and enhance health equity.

- See: https://www.thecommunityguide.org/content/community-health-workers
Why are these recommendations important?

- Adds to and supports the growing evidence base surrounding the work of CHWs for both type 2 diabetes and cardiovascular disease prevention
- Findings reached using an evidence-based approach (i.e., systematic review of the included studies)
- Allow you to keep up-to-date with an overwhelming volume of literature
- Help determine if scientific findings are consistent and can be generalized
- Limit bias and help improve accuracy of conclusions
- Incorporate research into decision or policy making
- Identify crucial areas and questions that remain unanswered
Return on Investment for CHWs

- CHWs can save organizations between $2.28 to $3.00 for every dollar spent.
- CHWs can help reduce hospitalizations and emergency room visits.
- CHWs can help reduce health disparities and increase health equity.
CHW Evidence Summary

- CPSTF recommends interventions engaging CHWs on evidence of effectiveness in:
  - CVD prevention
  - Type 2 diabetes prevention
  - Diabetes management

- Implemented in undeserved communities, these interventions can improve health and health equity

- CHWs can perform diverse roles in many settings.

- Economic evidence: cost-effective

- ADA recommends patients receive self-management support from lay health coaches, navigators, or CHWs when available.
Community Health Workers’ Role in DSMES and Prediabetes

Reviewed by AADE Professional Practice Committee

For every diabetes educator working in the United States, there are at least 1,000 people living with diabetes in need of diabetes self-management education and support (DSMES). For every person with prediabetes seeking evidence-based care to prevent or delay the development of type 2 diabetes, there are another 5,600 who could join a lifestyle change program. As the number of Americans living with diabetes and prediabetes grows and the population of the United States grows increasingly diverse, investing in an agile, culturally competent workforce to provide person-centered DSMES and diabetes prevention is critical; community health workers, promotores and community health representatives can be that workforce.
FEDERAL INVESTMENTS IN SUPPORT OF CHWS
The Centers for Medicare & Medicaid Services (CMS) created a new rule which allows state Medicaid agencies to reimburse for preventive services provided by professionals that may fall outside of a state’s clinical licensure system.

- The services must be initially recommended by a physician or other licensed practitioner.
- The new rule for the first time offers state Medicaid agencies the option to reimburse for more community-based preventive services, including those of CHWs.
- The rule went into effect on January 1, 2014.
CDC Division of Diabetes Translation (DDT)
Investments in Community Clinical Linkages

1705
Scaling the National Diabetes Prevention Program in Underserved Areas

1815
Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke

1817
Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke
What Are States Doing?

Assessment:

▪ Conduct surveys to get a better understanding of the landscape of CHWs.

▪ Initiate assessments of training curricula, reimbursement mechanisms, and roles of CHWs.

Partnership Development:

▪ Develop partnerships with CHW professional associations and other stakeholders; establish work groups and task forces at the state level.
What Are States Doing?

**Marketing/Promotion:**

- Develop marketing materials and communication plans to increase awareness of the role and value of CHWs among payers and policy makers.

- Develop toolkits and other resources on CHWs for patients and health care providers.
What Are States Doing?

Supporting Service Delivery:

- Encourage health care and community-based organizations to implement a CHW model.
- Involve CHWs as lifestyle coaches at CDC-recognized organizations delivering the National DPP lifestyle change program.
- Train CHWs to provide or support delivery of diabetes self-management education and support (DSMES).
What Are States Doing?

Supporting Service Delivery:

▪ Collaborate with CHWs to develop and implement culturally appropriate strategies to connect patients to clinics.

▪ Develop tools for CHWs to track outreach/referral/follow-up.

▪ Connect CHWs, diabetes educators, and pharmacists to ensure patient access to resources on medication management and adherence, insurance, and diabetes self-management.
What Are States Doing?

Documenting and communicating the evidence:

- Develop reports and white papers on CHWs to highlight lessons learned and best practices.
- Describe health outcomes of clients who have received services from CHWs.
What Are (A Few) States Doing?

Developing Statewide Infrastructure to Institutionalize and Sustain CHWs:

- Participate in CHW collaboratives to create a sustainable statewide model for reimbursement.
- Implement policy and system changes to allow CHWs to be embedded in teams and reimbursed for their services.
- Work with health care organizations to train and compensate CHWs as part of the care team.
Adapt a CHW training curriculum for statewide use along with the State CHW Task Force, coalitions, and other key partners.

Develop a statewide certification/licensing process for CHWs.

Use State Plan Amendments and 1115 waivers as a path to reimbursement for CHWs under Medicaid.
Take Away Messages

▪ “Nothing about us, without us”- Always have a CHW at the table.

▪ States that are contemplating engaging CHWs will need to take time to learn more about CHWs, who they are, what they can do, and how to get their help in improving outcomes for people with diabetes.

▪ Reach out to your peers who have already embedded CHWs into their practices to learn how to involve them.

▪ Remember that CHWs can fill needs in health care provider shortage areas, so get them involved in your work.

▪ Take time to review pivotal resources (e.g. AADE’s position statement on CHWs and the value of incorporating them into diabetes work).
CDC CHW Forum

- What we were trying to accomplish?
- Methodology, Assumptions, Findings, and Limitations
- Lessons and Observations
- What’s Next?
CHW FORUM

Forum: hosted by CDC’s Division of Diabetes Translation,

- May 10–11, 2018, in Atlanta

Purpose of forum:

- Understand and explore ways to maximize the impact of CHWs on diabetes outcomes
- Learn from CHWs, those who support them, states that engage them in this work about viable financing and sustainability mechanism
- Inform guidance and technical assistance to CDC grantees and others working in diabetes management and prevention on how to better integrate and support CHWs in this work
Methodology

- Nineteen participants attended the 2-day forum at the invitation of CDC/DDT staff.
- Participants included a mix of racial/ethnic minority populations and urban and rural attendees.
- Each attendee participated in a 30 minute pre-conference discussion to gather relevant input related to CHW financing and sustainability.
- The forum included interactive sessions and discussions to probe and learn from the attendees.
Key Learnings: Overview

- Forum was intended to gather diverse perspectives of participants
- Forum was not intended to achieve consensus or generate recommendations from CDC or organizations represented
- Discussions coalesced around several themes and concepts related to CHW financing and sustainability
Key Learnings about Defining CHWs’ Roles and Workforce Development

- Financing for CHW networks should be a priority—including funding to establish and maintain the networks and to allow CHWs time to participate in them.

- Efforts to develop a statewide CHW infrastructure should include CHWs in conversations from the start.

- A clear, consistent definition of what constitutes the role of CHWs will help in integrating them into clinical and community-based settings.

Resources that provide definitions of CHWs:
- CHW Core Consensus Project, 2016
- APHA CHW Section
Key Learnings about Defining CHWs’ Roles and Workforce Development

▪ It’s important to educate decision makers and policymakers about CHWs’ roles and the value CHWs bring

▪ Workforce development for CHWs is essential to attract new CHWs and retain and promote current CHWs, but funding for these activities is lacking

▪ Further discussion is needed among CHWs, allies, and state health departments regarding CHW certification to reach consensus for the field
Key Learnings about Integrating CHWs in Health Care Systems and CBOs

- CHWs should be integrated in strategies and budgets from the beginning and provide input to decision makers about their engagement.

- Strategies to foster integration of CHWs:
  - Widely disseminate methods and explore new ways to integrate CHWs.
  - Foster “champions” within a health system or CBO.
  - Strengthening partnerships between health systems and CBOs.
Key Learnings about Integrating CHWs in Health Care Systems and CBOs

- Current funding mechanisms can limit the health issues CHWs address and the settings they work in.
- A single CHW–client interaction may address multiple clinical needs and impact of social determinants of health; blend funding across silos.
- Leveraging increased focus on population health may hold promise.
Key Learnings about CHW Compensation and Documentation

- Complicating factors for CHW compensation include short-term program funding and Medicaid policy and budget limitations
- Compensation for CHWs should align with the professional services they provide
- Institutionalizing CHWs as a public health career path will help
Key Learnings about CHW Compensation and Documentation

- Better capturing CHWs’ contributions can influence CHW compensation—funders want to know something works
- The National Association of CHWs and state networks could help gather and disseminate data
Promising Practices and Lessons Learned about CHWs’ Roles in Supporting Diabetes Prevention and Management

- CHWs understand the cultures of their community; thus, they can help policymakers and programs understand, reach, and serve target populations.
- CHWs can also help tailor and adapt materials and activities to be user-friendly and culturally appropriate.
Promising Practices and Lessons Learned about CHWs’ Roles in Supporting Diabetes Prevention and Management

- Standardized training and peer learning can help CHWs better support program participants and improve outcomes
- CHWs often serve marginalized clients, for whom commitment to a program can be difficult
- Emphasizing how CHWs’ involvement can help their clients and overall community can encourage them to connect clients with these programs
Promising Practices and Lessons Learned about CHWs’ Roles in Supporting Diabetes Prevention and Management

- Documenting and sharing existing and emerging best practices is vital.
- CHWs address clients’ health holistically—being able to address diabetes management and type 2 diabetes prevention alongside other health issues will make engagement more appealing.
Next Steps

- Key learnings from the forum will:
  - Inform future work at CDC and efforts of states and policymakers to engage CHWs
  - Contribute to training and technical assistance for states working with CHWs to improve diabetes outcomes
  - Be incorporated in materials to foster communication with and support for state health departments in creating and infrastructure for CHW financing and sustainability
To access resources generated from CHW Forum visit:
What are You Taking Away to ROCK Your work!
What are Our Take Away Messages

- Respect and give a voice to CHWs at every table where CHWs will be discussed.
- Greater understanding is needed among policy makers, medical and health care agencies, payers, and public health professionals.
- Pathways for workforce development are not always clear.
TAKE AWAY MESSAGES

- Clinical CHWs embedded in care teams have opportunities for reimbursement, but that may be more challenging for community-based CHWs.
- There are different perspectives on credentialing required for CHWs.
- CHWs are professionals, but their pay does not always reflect that.
What are your take away messages?
“NOTHING ABOUT US, WITHOUT US!”

“DON’T TALK ABOUT IT; BE ABOUT IT.”
State Updates – *Questions to consider*

- Overview of top priorities
- How have your team’s focus areas shifted over the past year?
- How are you soliciting engagement from CHWs?
- Are CHWs an emerging topic in your states’ legislative sessions?
- How have/will CHWs align with other policy changes in your states?
Thank you!

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CHW resources and presentations available at: www.astho.org/community-health-workers