Stakeholder Engagement in CHW Workforce Development

ASTHO technical assistance webinar
Multi-STATE CHW Learning Community

July 12, 2018

866-740-1260
Access code: 3185489#
Presenters

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This webinar is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UD3OA22890 National Organizations for State and Local Officials. Any 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.
Webinar Objectives

• Address cross-cutting Learning Community (LC) issues identified in individual state calls.

• Share information from other states.

• Encourage interaction and information sharing among LC members.
Cross-cutting Issues

• Collaboration challenges

• Barriers to CHW engagement

• Resource concerns
State Examples Cited in Webinar

- Arizona
- Delaware
- Florida
- Louisiana
- Massachusetts
- Michigan
- New York
- Oregon
- Pennsylvania
1. Collaboration Challenges

- What is driving the formation of this group?
- Why are we coming together? To what end? What is our purpose?
- What interests do different stakeholders bring?
- Who’s missing at the table, and what value would they bring?
1. Collaboration Challenges (continued)

• How do we address independent agendas of specific stakeholders who may have differing priorities?

• How do we address external factors that can affect our work?
  • Legislation
  • Medicaid waivers
  • Political dynamics, health system uncertainty, etc.

• What’s the most appropriate role for the SHD?
How/Why Does Collaboration Start?

- Legislation-driven
- Maturation of CHW association/network
- Pressure from leading providers; self-interest among stakeholders generally
- Common theme is sustainable financing
Stakeholder Categories

- CHWs—individual and organizational reps
- SHD staff
- Potential employers, including health care providers, public health, CBOs
- CHW training programs
- Health payers
- Others: academics, advocates, grant makers, legislator (and staff)
Factors Affecting State Health Department Role

• SHD may not have internal structure for coordinating CHW-related work (CHW issues cut across programs)
• Health workforce programs in SHD may have little/no experience with CHWs
• No public or statutory mandate for SHD to lead
• Unsure about appropriate role in relationship to other stakeholders, especially CHW associations
  • Are there viable alternatives to the SHD for leadership of the effort?
  • What are other states doing?
Results of Successful Collaboration: Varied, in some cases dramatic

- Establishment of requirements for payers to finance or employ CHWs
- Creation of state-backed certification and other forms of recognition for CHWs
- Waivers and other pilot programs to demonstrate CHW impact
- Growth of active CHW networks/associations
- Major investments in CHW workforce development
Examples of State Health Department Roles in Successful Collaborations

Arizona
- Strong CHW leadership (AZCHOW)
- Longstanding collaboration between U of A Prevention Research Center and AZCHOW led to partnership with SHD and staff support for CHW Workforce Coalition
- CHW/promotor leadership respected in CHW Workforce Development Coalition, and in recent passage of state voluntary certification law
- Successfully engaged tribal Community Health Representatives in process

Florida
- SHD provided staff support from Cancer Control for initial convening of CHW Coalition
- SHD participated in and remained supportive of Coalition under leadership from other sectors
- Coalition became independent 501(c)(3)
Examples of State Health Department Roles in Successful Collaborations (continued)

**Massachusetts**
- Strong CHW leadership, supported by SHD for 20+ years
- Active stakeholder partnerships (MACHW, MPHA, training orgs, etc.)
- State health care reform provided context for policy development
- CHW association able to maintain CHW leadership culture while welcoming non-CHWs as members

**Michigan**
- CHW Alliance built workforce development infrastructure, including certification (strong allied leadership with CHW participation)
- Limited direct involvement by SHD
- Strong relationships with academic community (U of MI) and providers (Spectrum Health)
Examples of State Health Department Roles in Successful Collaborations (continued)

**Louisiana**
- CHW alliance (LACHON) combines strong CHW and ally leadership
- SHD supports LACHON training and networking with local CHWs
- Exploration of broader workforce development partnerships

**Oregon**
- Statutory mandates provided opening for leadership by longstanding statewide CHW network
- OR Health Authority’s Office of Equity & Inclusion was a supportive collaborator
- Nationally prominent local CHW training program was also key partner
Discussion

• What is driving the formation of the group/coalition seeking TA in your state?

• What do other stakeholders in your state expect or want from the SHD?

• Are there viable alternatives to the SHD for leading this work in your state?

• How do examples from other states apply to your situation?
2. Barriers to CHW Engagement

• No established CHW voice/organization in most states

• Some CHWs do not identify with “CHW” as unifying umbrella term

• Many employers do not allow CHW release time to attend meetings, engage in advocacy, etc.

• Scarcity of other resources to support CHW participation (travel, stipends, etc.)
Sample Structures for CHW Engagement

• State CHW association represents workforce interests in stakeholder planning led by SHD

• Combination of CHW association representative(s) and individual CHWs represent workforce

• SHD and/or other stakeholders (typically providers) recruit individual CHWs to represent workforce
Examples: Organizing CHW Leadership

1. Key partners help to secure funding for initial staffing and organizing of CHW network/association:

   1. **MA**: SHD -> HRSA Funding -> positioned MACHW to get BCBS Foundation $ for years
   2. **AZ**: Prevention Research Center at U of A used federal (CDC) funding to initiate AZCHOW
   3. **LA**: SHD using CDC 1305 funding thru Tulane U for background work to establish/support LACHON
Examples: Organizing CHW Leadership

2. Larger collaborative alliance for CHW workforce development builds leadership role for CHWs into structure:

- AZ and FL coalitions have a CHW as Co-Chair and incorporate CHWs in all committees

- MI: CHW Alliance principles require ‘active CHW leadership’ on Steering Committee and each workgroup
  - Grant supporting MICHWA thru U of MI School of Social Work – now has two positions, support from numerous health systems, plans in Alliance
Discussion

• What has worked for you in engaging CHWs?

• Have you reached out to employers directly, and if so, how?

• What kinds of messages have you used—or could we use—encouraging employers to facilitate CHW participation?

• Has anyone in your group/coalition thought about offering fiscal support/sponsorship for formation of a CHW Association?
3. Resource Concerns

- Scarcity of dedicated resources to provide or support facilitation
- Uncertainty about what resources are required to accomplish what tasks
- Unclear whether stakeholders share the will to make this happen
- What are other states doing?
How is Collaboration Sustained?

• Local private philanthropy can be invaluable: BCBS Foundations: NY State Health Foundation; Jewish Health Care Foundation (PA); Nemours Foundation (DE)
• States are encouraged to use CDC 1305 and 1422 funding; new 1815 grants emphasize CHW sustainability
• Major collaborating institutions often contribute in-kind; may also give cash if they see benefit to themselves
• Often the only “true” volunteers are CHWs
• Legislative action can lead to State financial support
Discussion

• What’s your approach to resource planning?
  • How are you estimating needs?
  • What possible sources are you considering?
  • Who’s involved in the discussion?

• Are in-kind resources an option in your considerations? From what sources?
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