

Indiana Community Health Worker Coalition
CHW Symposium – October 15, 2012

COMMUNITY HEALTH WORKERS: A NATIONAL PERSPECTIVE

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TODAY'S TOPICS

- Who/what is a CHW?
- What's happening nationally
- CHWs in a changing health care system
- Policy initiatives in other states
- What needs to happen in Indiana?

What's your definition of CHW?



Community Health Worker Definition

American Public Health Association (I)

- The 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.

Community Health Worker Definition - APHA (2)

- The CHW also **builds individual and community capacity** by increasing health knowledge and self-sufficiency through a **range of activities** such as
- outreach, community education, informal counseling, social support and advocacy.

APHA Policy Statement 2009-1, November 2009

What is distinctive about CHWS?

- Do not provide clinical care
- Generally do not hold another professional license
- Expertise is based on *shared culture and life experience* with people served

What is distinctive about CHWs? (cont'd.)

- Rely on *relationships and trust* more than on clinical expertise
- Relate to community members *as peers rather than purely as client*
- Can achieve certain results that other professionals can't (or won't)

CHWs and Patient Navigators

- PNs assigned to specific patients; CHWs often not
 - PN duties are a subset of potential CHW duties
 - PNs may have another occupational background (RN, MSW); this is a valid program design choice
 - Patient navigation is a role or function, not a separate occupation
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What's happening at the national level?

- National milestones for CHWs
- Opportunities in State planning for health care reform
- Other new federal CHW initiatives

National milestones

- National Community Health Advisor Study (1998)
- State CHW credentialing in TX and OH(2002-3)
- Massachusetts health care reform bill (2006)
- HRSA CHW National Workforce Study (2007)
- NUCC Provider Taxonomy code for CHWs (2007)
- Minnesota Medicaid State Plan Amendment (2008)
- OMB creates SOC code for CHWs (2009)



Other opportunities in state health reform to promote employment of CHWs

- Standards for “patient-centered medical homes” and “community health teams”
- Standards for preventive care benefits
- Rules for Medical Loss Ratios

Patient-Centered Medical Homes

- National Committee for Quality Assurance accreditation
- Standards scored under 27 “elements” in 6 category areas
- Level 1 = 35-59 points; Level 2 = 60-84 points; Level 3 = 85-100 points

Patient-Centered Medical Homes

Area 1: Enhance Access and Continuity

- Element F: culturally and linguistically appropriate services (CLAS)
- Element G: the practice team - CHWs can add depth of understanding of the patient/family situation

Area 2: Managing the Patient Population

- Element A: patient information; assuring the team has a complete picture, and patient/family are being candid
- Element C: patient assessment
- Element D: population management; emphasizes prevention

Patient-Centered Medical Homes

Area 3: Managing care

- Element A: patient reminders
- Element C: care management (care plan and follow-up)
- Element D: medication management (reconciling and recording)

Area 4: Self-care support and community resources

- Element A: self-care support
- Element B: referrals to community resources

Area 5: Tracking and coordinating care

- Element A: lab test follow-up
- Element B: referral follow-up
- Element C: coordination and care transition

New federal CHW initiatives

- CDC CHW policy e-learning series
- OWH CHW leadership training
- DOL “apprenticeable trade” approval
- OMH Promotora/CHW initiative

New Federal CHW initiatives (2)

- HHS working group on CHWs
- HUD CHW Initiatives
- CMS Medicare diabetes disparities pilots
- CMS Center for Innovation

Link to CDC E-learning

http://www.cdc.gov/dh dsp/pubs/c hw_elearning.htm

[include complete URL in browser]

Evidence of CHW effectiveness

- Hard to present simple answers, but impact is evident
- Diversity of CHW activities and health issues
- Increasing evidence of cost-effectiveness or “return on investment” from cost savings

Recent CHW ROI studies

All show about 3:1 net return or better

- **Molina Health Care:** Medicaid HMO reducing cost of high utilizers
- **Arkansas “Community Connectors”** keeping elderly and disabled out of long-term care facilities
- **Community Health Access Program (Ohio) “Pathways”** reducing low birth weight and premature deliveries
- **Texas hospitals** redirecting uninsured from Emergency Dept. to primary care
- **Langdale Industries:** self-insured industrial company working with employees who cost benefits program the most

Surge in state-level interest

- In addition to established initiatives in MA, MN, FL, NY, RI -
- New movements in AZ, IL, MS, NM, SC
- Recent investigations by State in DE, MO, ND, UT
- Delaware “Health Ambassadors”
- CHW Network of Buffalo (NY)
- Seattle-King County WA

Common elements in all states

- Concentrated education/awareness effort
 - Agreement of scope of practice and qualifications/skills standards
 - Most moving toward some form of credentialing
 - Strategy for sustainable financing of CHW positions
 - Resources for workforce development
 - Mobilizing CHWs to participate in the process
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What needs to happen in Indiana?

- What would you like to do?
- Who else should be involved?
- Who can provide leadership?
- How can the Coalition help?

Useful reports/links

<http://links.chwsurvey.com>

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