Reaching Indiana: Community Health Workers

Who is a Community Health Worker (CHW)?

CHWs are from the community in which they serve. They are natural extensions of the community who can help promote population health and facilitate the prevention, management, and treatment of chronic conditions. CHWs serve as members of patient care teams and as a bridge between the health and human services system and the communities they seek to serve.

The American Public Health Association defines CHWs as “frontline public health workers who are a trusted member of and/or has an unusually close understanding of the community served” (American Public Health Association). CHW job titles include promotora de salud, certified recovery specialist, care coordinator, patient navigator, health access worker, outreach worker, health educator, home visitor, lay advisor among others.

There is growing national recognition of CHWs: the National Uniform Claim Committee added a provider classification for CHWs (172V00000X) for billing purposes in 2007. In 2010, the U.S. Department of Labor assigned a Standard Occupational Classification code (21-1094) for Community Health Workers.

What is needed for Indiana to obtain the benefits of the CHW workforce?

A 2010 paper in Health Affairs lays out a series of action areas necessary to stimulate policy and system change to promote the roles of CHWs. These include:
- Sustainable Financing for CHWs
- Coordinated workforce development resources – including training and career development
- Occupational standards or regulation such as core competencies training and certification
- Guidelines for common measures research and evaluation

(Rosenthal et al. Community Health Workers, Part of the Solution. Health Affairs, July 2010)

Why CHWs? Why now? recent evidence of return on investment from cost savings

All show net return of about 3:1 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 company working with employees who cost benefits program the most

What can we do?

Together, we can recognize and support the CHW workforce through coordinated action. Potential action steps include:

**Indiana Community Health Worker Coalition**
- Define a scope of practice, roles, competencies and skills needed for delivering quality CHW services.

**Managed Care Organizations and Third-Party Payers**
- Recognize and integrate CHWs in health care related planning and policy

**Providers**
- Recognize the CHW workforce as vital to advancing Indiana’s health care value

**State Agencies**
- Encourage utilization of CHWs in planning, policymaking and funding decisions.

**CHW Employers**
- Encourage CHW involvement in statewide CHW continuing education, advocacy and networking.
### CHW Resources

**State of Indiana:** Various programs within the State Department of Health (ISDH) and the Family and Social Services Administration support and value the role of CHWs. [http://www.in.gov/isdh/24942.htm](http://www.in.gov/isdh/24942.htm) or [http://www.in.gov/fssa/dmha/4339.htm](http://www.in.gov/fssa/dmha/4339.htm). The ISDH **Division of Maternal and Child Health** developed Indiana’s first certification for CHWs in care coordination. Contact Beth Johnson, RN, MSN 317-233-1344 or bmjohnso@isdh.in.gov.

The **American Public Health Association's CHW Section** serves as a voice for CHWs and those who support them through policy and system integration: [http://www.apha.org/membergroups/sections/aphasections/chw](http://www.apha.org/membergroups/sections/aphasections/chw)

The **Centers for Disease Control and Prevention (CDC)** has a six-session online course entitled, “Promoting Policy and Systems Change to Expand Employment of CHWs” for state programs and other stakeholders: [http://www.cdc.gov/dhdsp/pubs/chw_elearning.htm](http://www.cdc.gov/dhdsp/pubs/chw_elearning.htm)

**Affiliated Service Providers of Indiana** offer training and ongoing technical assistance to those seeking designation as a Certified Recovery Specialist (with Gambling, Mental Health, and Addiction specialty): [www.aspin.org](http://www.aspin.org)

**HealthVisions Midwest** has extensive expertise in training, employing and supervising CHWs. Contact Raquel Castro, RN at (219) 844-2698 or rcastro@hvusa.org.

**Ivy Tech Community College** offers CHW coursework. Contact LaShung Willis at 219-980-7704 or lwillis6@ivytech.edu.

**Esperanza Ministries** has trained over 300 CHWs. Contact Margarita Hart at 317-881-HOPE or Margarita@Esperanzanjesus.org.

### CHWs in Indiana: Highlights of a new survey of CHWs, employers and payers

More than half of CHW survey respondents have worked as a CHW for more than 5 years with almost one third with more than a decade of experience.

Just under a third of CHWs reported work in community based organizations, 26% work in hospitals; almost 15% work in health departments; 11% work in clinics; nearly 2% reported working in the school systems.

CHWs and employers alike rated health and education and promotion, assuring access to care, and informal counseling and social support as CHWs’ most important roles.

Full time CHWs are more common in urban areas whereas part time CHW employment is more common in rural parts of the state.

Over one third of employer respondents anticipate CHWs playing a role in patient-centered medical homes (PCMH) in the future.

Over half of Employers reported that they use public or private grant funding to pay CHWs; half said they also use funds from core or internal budgets; 8% said that they use Medicaid and 8% said they use Medicare funds to pay CHWs.

Just over half of employers responded that CHWs positions in their organization are “moderately secure;” just over a third said positions are “highly secure.”

Among “potential” CHW employers and payer, more than two thirds indicated that the lack of funding was a reason not to hire CHWs in their organizations. One third said that their organization was unclear about how best to integrate CHW services and the same number said they were concerned about CHW training standards and related capacity.

One quarter of potential employers said they were concerned about liabilities issues and more than half of current Employers rate liability issues as extremely important in their decision to hire CHWs.

80% of Employer respondents support the notion of CHW certification.

Indiana Employers and CHWs are ready to work together to strengthen CHW services, with many asking to be informed and/or active in efforts to develop CHW services and the field in the state.