



# **Raising Awareness and Making Change through Public-Private Partnerships:**

## **Lessons Learned from a Statewide Community Health Worker Advisory Council in Massachusetts**

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# **BACKGROUND ON CHWs, LEGISLATIVE MANDATE, & ADVISORY COUNCIL**



# DPH Priorities

- 1) Support the success of health care reform.
- 2) Eliminate racial and ethnic disparities.
- 3) Promote wellness in the workplace, school, community, and home.
- 4) Manage chronic disease.
- 5) Build public health capacity at the local and state levels.



# Background: the Emerging Profession

- 1960's forward – Mass. DPH becomes largest funder of CHW programs
- 1994 forward:
  - Internal DPH task force to define and study the field
  - Building external collaborations with key stakeholders to promote CHW workforce development
- 2000-2003 - Federal (HRSA) infrastructure grant for statewide CHW network, survey, and policy development
- 2000 - Formation of statewide CHW professional association (Massachusetts Association of Community Health Workers - MACHW)
- 2002 forward - MACHW partnership with Massachusetts Public Health Association and funding from BCBS of MA Foundation



# Defining Community Health Workers

- Public health workers who apply their unique understanding of the experience, language, and/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



# What makes CHWs unique?

- **CHWs are distinguished from other health professionals because they:**
  - Are hired primarily for their understanding of the populations and communities they serve
  - Conduct outreach a significant portion of their time
  - Have experience providing services in community settings



# CHWs work under many job titles

- Community Health Educator
- Enrollment Worker
- Family Advocate
- Family Planning Counselor
- Family Support Worker
- Health Advocate
- Health Educator
- HIV Peer Advocate
- Outreach Worker
- Outreach Educator
- Patient Navigator
- Peer Advocate
- Peer Leader
- Promotor(a)
- Promotor(a) de Salud
- Street Outreach Worker
- Youth Outreach Worker



# DPH is largest employer of CHWs

- Community-based Primary Care
- TB Prevention and Control
- Domestic Violence Crisis and Outreach Services for GLBT Communities
- Early Intervention
- Environmental Health Outreach and Education
- Family Initiatives
- HIV/AIDS Bureau
- Lead Poisoning Prevention
- Rural Domestic Violence and Child Victimization
- Youth Violence Prevention
- Men's Health Services
- Disease Prevention
- Refugee and Immigrant Health
- Sexual Assault Prevention and Survivor Services
- Suicide Prevention
- WIC Nutrition Program
- Women's Health Network



# Background: the Emerging Profession

- 2005 - MDPH CHW report “Community Health Workers: Essential to Improving Health in Massachusetts”
- 2006 Universal Health Care Reform (Chapter 58, Acts of 2006) has two CHW components:
  - MACHW seat on Public Health Council
  - Section 110, health disparities provision on CHWs



# MA Legislative Mandate

- CHWs co-authored the bill that became Section 110; CHW leadership development essential
- Long time partnership with state, CHW workforce, other advocates was key to inclusion
- Legislature recognized the importance of CHWs in:
  - expanding access to health care
  - eliminating health disparities



# Legislative Mandate to DPH (Section 110)

- Conduct investigation of the CHW workforce:
  - Use and funding of CHWs
  - CHW role in increasing access to health care
  - CHW role in eliminating health disparities
- Convene a statewide CHW Advisory Council
  - Inform the investigation & interpret the findings
  - Develop recommendations for a sustainable CHW program in MA, including training, certification and financing
- Submit a report of the findings and recommendations to the Legislature



# CHW Advisory Council

30 organizations and agencies (14 named in legislation):

- State agencies
- CHW training programs
- Health plans
- Health care and community-based organizations
- CHW workforce
- Health care providers
- Employers of CHWs
- Foundations
- Academic institutions
- Health policy advocates



# Four Workgroups

- Finance
  - Explored a diversity of financing mechanisms in order to develop recommendations for sustainable funding for the CHW workforce.
- Research
  - Employed a variety of research methods, including literature reviews, key informant interviews, and focus groups, to determine CHWs' impact on: 1) increasing access to health care; 2) eliminating health disparities; and 3) cost-effectiveness.
- Survey
  - Developed and administered a survey of CHW employers to gather data on the use and funding of CHWs in Massachusetts.
- Workforce Training
  - Developed recommendations for a standard CHW training curriculum and statewide certification program.



# Findings



# The Workforce

- 3,000 CHWs in Massachusetts
  - Primarily women (76.2%)
  - On average, 36-40 years old
  - People of color (50.8%)
  - Bi- or multi-lingual (58.6%)
  - Have a degree beyond HS (60%)



# CHWs Serve Vulnerable Populations

- 30% of CHWs employed by agencies serving rural clients
- Most clients receiving or eligible for publicly funded health insurance
- At-risk populations:
  - substance abuse disorders
  - homeless persons
  - immigrants and refugees
  - at risk for or living with HIV/AIDS
  - adolescents
  - elders



# CHW Funding

- CHWs work at CHCs, hospitals, CBOs, housing authorities, immigrant and refugee associations and faith-based organizations
- Funding is unstable
  - Cyclical, categorical grants
  - Job instability, undermining CHW effectiveness
  - Turnover is high; communities are vulnerable
- Sources for funding for CHWs:
  - 49% state agencies
  - 26% federal
  - 21% private foundations
  - 4% - other sources: non-profit agencies, program fees, health plans
- MDPH - largest funder in state: \$18+ million




# Impact of CHWs

- CHWs Increase Access to Care
- CHWs Improve Health Care Quality
- CHWs Reduce Health Disparities
- CHWs Improve Service Delivery
  - Reduced hospitalizations and use of emergency departments
  - Improved self-management of health conditions



## Outcome-based studies show CHWs have positive impacts:

- Assist individuals and families to obtain and maintain health insurance
- Increase access to and use of preventive education, screenings, and treatment services
- Encourage the use of multidisciplinary care teams, extending the capacity of primary care providers
- Reduce unnecessary use of urgent care



## Outcome-based studies show CHWs have positive impacts:

- Improve management of chronic diseases such as diabetes, asthma and related health conditions, including high blood pressure
- Enhance patient health literacy
- Strengthen culturally competent provider practices (organizational effectiveness)



## Research evidence:

- CHWs are effective in large measure due to cultural, linguistic, ethnic, and/or other experiences they share with the populations they serve.
- CHWs highly effective with vulnerable populations, including people with low incomes and racial, ethnic, and linguistic minorities.



## Research evidence:

- CHWs can help significantly improve outcomes of care teams:
  - perform variety of activities
  - help patients reduce risks of complications from chronic diseases
  - improve compliance with prescribed treatment plans
  - improve patient self-management



# Recommendations



# Recommendations for a Sustainable CHW Program

In four areas:

- Statewide CHW Identity Campaign
- Strengthen Workforce Development: Training and Certification
- Expand Financing Mechanisms
- Infrastructure to Ensure Implementation of Recommendations



# Statewide CHW Identity Campaign

- Encourage agencies to adopt the CHW term and definition, including MDPH
- Implement a CHW awareness campaign targeted to CHWs, employers, policy makers, providers and communities
- Incorporate the CHW role into training and education of health and human service providers



# Strengthen Workforce Development: Training and Certification

- Stabilize current funding for training of CHWs and CHW supervisors
- Expand statewide access to training
- Establish a Board of Certification of CHWs



# Expand Financing Mechanisms

- MDPH recommends **health care funders** to consider incorporating CHWs into their various payment mechanisms:
  - **Public payers**, including MassHealth (Medicaid) and Commonwealth Care (state subsidized health insurance)
  - **Private sector** organizations
  - Public agencies, through **grants and contracts**
  - Private **foundations** through grants



# Infrastructure to Ensure Implementation of Recommendations

- Establish “Office of Community Health Workers” (now at DPH)
- Establish a Board of Certification of CHWs
- Establish ongoing statewide CHW Advisory Council



# Next Steps

- Report in administrative review
  
- Submit report to Legislature
  - House and Senate Ways and Means Committees
  - Joint Committee on Health Care Financing
  
- CHWs in ongoing Health Care Reform (Chapter 305, 2008)
  - Cost containment
  - Primary care workforce development
  - Improved quality



## Next Steps

- House, No. 4130 – An Act to Establish a Board of Certification of CHWs (at DPH Division of Health Professions Licensure, awaiting hearing at HC Financing)
- Ongoing commitment -- continue to work with key public and private partners and stakeholders to move recommendations forward



# **OPPORTUNITIES, CHALLENGES AND LESSONS LEARNED**



# Opportunities

- Legislative mandate in MA HCR bill
  - Endorsed CHWs role in health care access and coverage
- Tie to health care reform (whether through legislative vehicle or not)
  - CHWs help improve access, outcomes and cost
    - PCP and nursing shortages, inappropriate use of the ER, poor health literacy, system navigation for most vulnerable populations, role in new delivery or financing models (e.g., medical homes)



## Opportunities (2)

- Able to engage essential state partners & other stakeholders
- New and strange bedfellows
  - Built strong and lasting relationships
- Coordinate funding sources and CHW employers
- Diversity of stakeholders
  - Brought numerous perspectives to the table



# Challenges

- Diversity of stakeholders
  - Especially when striving for consensus recommendations – negotiations necessary
- Inherent tensions among perspectives
  - Public health and medical/insurance-based health care, but...
    - Agreement on role of public health in health care reform



## Challenges (2)

- CHWs as “emerging profession” presents some obstacles
  - Professional identity
    - No single, concise definition of “CHW” and articulation of their unique role or scope of practice
  - No statewide or standardized core or specialty training, or certification process



## Challenges (3)

- Not enough quantitative research on impact of CHWs on access, disparities reduction, utilization and cost-effectiveness (particularly important to payers)
  - But small disease-specific program evaluations and significant anecdotal evidence
- Incomplete data collection related to specific measures
  - E.g., Data collection by payers and other programs on race and ethnicity



# Lessons Learned

- CHW leadership & participation is critical
- Essential public and private partners are too!
- Clearly define intervention and distinguish from others
  - Unique role, perspective, skill sets



## Lessons Learned (2)

- Use data-driven evaluation tools
  - Synthesize and present clearly, early, and repeatedly
  - Or...design intervention programs with built-in evaluations
- Legislative mandate and link to health care reform (access to coverage) helped
- Get payers in early (public and private) if funding is a goal



## Lessons Learned (3)

- It's a marathon, not a sprint
  - Change doesn't happen overnight
  - Leaders (and CHWs!) with years of dedication and commitment
  - Build and synthesize quantitative research
  - Go with the ebb and flow of state budget cycles



## Questions:

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