National Trends in CHW Workforce Development

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Geoff Wilkinson
Boston University School of Social Work
Overview of Presentation

• Summary of Trends and Issues: Part I
• CHW Core Consensus Project (C3)
• Trends and Issues, Part II: Challenges for the CHW Workforce
• National Association of CHWs (NACHW)

Disclaimers:

*C3 and NACHW are separate initiatives.*

*NACHW has taken no position on certification.*
Guiding Principle for Policy Development: CHW Self-Determination

• “Nothing about us without us!”
Summary of Trends & Issues

• Explosion of research demonstrating CHW value, including ROI
• CHWs “hot” in health policy, workforce innovation, and system design
  ▪ ACA impacts (financing, care models, pilots)
  ▪ Red & blue state interest
  ▪ Increased focus on CHW impact for moving care upstream (SDOH/HRSN)
Trends & Issues (continued)

• Widespread interest in credentialing, training, and financing

ASTHO Learning Community States
Expanding interest in state-based certification
Trends & Issues (continued)

• Move toward value-based payments and care models (e.g., ACOs) driving increased CHW integration and investment
  ▪ Providers beginning to hire CHWs on core budgets
  ▪ State health departments exploring financing strategies, using federal programs to promote workforce development
  ▪ Medicaid mechanisms available
    o 1115 waivers, including DSRIP
    o SPAs
    o MMCO administrative payments

• Continued over-reliance on grant-based funding
Trends & Issues (continued)

• Increasing adoption of common formal workforce definition (APHA)

“... frontline public health workers who are trusted members of and/or have an unusually close understanding of the community they serve. This trusting relationship enables CHWs 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....”
Trends & Issues (continued)

• Increasing adoption of common definition of core CHW roles and skills (C3)
CHW Core Consensus Project (C3)

- Project managed through Texas Tech Health Sciences Center, El Paso, TX
- Updates findings of 1998 National Community Health Advisor Study
- Inclusive Stakeholder Process
- Privately funded
  - Phase I (2014 - 2016): Amgen
  - Phase II (2016 - 2017): Sanofi
- Project core value: **promote CHW self-determination.**
- Dissemination underway

- Defines CHW roles, skills and qualities.
- Establishes national consensus.
- Provides guidance for improving CHW practice and policy.
States with Networks that Participated in the Review

States with CHW Networks that Participated in Phase 1 Review

12/5/2017 C3 Project
Phase I: Common Core

- Qualities
- Skills
- Roles

Individuals, Families, and Community Served
C3 CHW Roles

1. Cultural Mediation
2. Providing Culturally Appropriate Health Education & Information
3. Care Coordination, Case Management, & System Navigation
4. Providing Coaching & Social Support
5. Advocating for Individuals & Communities
6. Building Individual & Community Capacity
7. Providing Direct Service
8. Implementing Individual & Community Assessments
9. Conducting Outreach
10. Participating in Evaluation & Research

New (up from sub roles) or significant modification during C3
C3 CHW Skills

1. Communication
2. Interpersonal & Relationship-Building
3. Service Coordination & Navigation
4. Capacity Building
5. Advocacy
6. Education & Facilitation
7. Individual & Community Assessment
8. Outreach
9. Professional Skills & Conduct
10. Evaluation & Research
11. Knowledge Base

New (up from sub skills) or significant modification during C3
CHW Qualities (reaffirmed from 1998): “Connected to the community served”
C3 Project Phase 2: 3 Cores

- Outreach & consensus building with other stakeholder groups
- Recommendations on methods to assess skill proficiency
- Analysis of roles & skills in community vs. clinical settings
Use of C3 Recommendations by State Governments and Coalitions

C3 Project
Trends & Issues (*Part II*): Common Challenges for the CHW Workforce

- Comparatively low pay & poor benefits
- Uneven supervision and training
- Lack of respect
  - Racism
  - Medicalized hierarchies
  - Poorly planned care models and team integration
  - Scope of practice concerns by allied health professionals
  - “Dump bucket” responsibilities within teams
Trends & Issues (continued)

• Health workforce innovation opening new CHW roles, e.g., telemedicine

• Threats to integrity of CHW workforce
  ▪ Access to field through publicly-sanctioned training and certification programs
  ▪ Related fields interested in potential financing coattails, e.g., community paramedics, doulas

• Increasingly urgent need for CHW voice in policy making, system design, care models
National Organization for Community Health Workers (NACHW)

- National CHW organization (being developed)
- CHW-led; 20 member board
- Launch announcement being planned for Oct., 2018 in Washington, DC
- Founding meeting being planned for April, 2019 at Unity conference in Las Vegas
Building on a Legacy of CHW Organizing

- National Association of Community Health Representatives (NACHR), 1978
- Unity conference, 1999—incubator for national CHWs
- American Public Health Association (APHA):
  - New Professionals SPIG, 1970 →
  - CHW SPIG, 2000 →
  - CHW Section, 2009
- American Association of CHWs (AACHW), 2007-2009
- 40 local, state, and regional CHW organizations nationwide
States with identified CHW associations

- 40 state, regional, and city-based CHW organizations
- “CHW” includes entire workforce, including promotoras & CHRs
Vision: Community Health Workers united nationally to support communities in achieving health, equity and social justice.

Mission: To unify the voices of Community Health Workers and strengthen the profession’s capacity to promote healthy communities.

Values:
- Self-empowerment
- Self-determination
- Social justice and equity
- Integrity
- Dignity and respect
- Unity
NACHW Purpose and Benefits

• Build a unified professional identity among the many individuals whose responsibilities encompass the APHA definition of CHWs, including CHWs, Promotores, Community Health Representatives, and others;

• Preserve the integrity of this workforce;

• Provide technical assistance and opportunities for collaboration among state and regional CHW networks and associations;

• Serve as a national clearinghouse for information about best practices, policy, training, and research;
NACHW Purpose and Benefits

(continued)

• Conduct and disseminate workforce assessments and research;
• Represent the workforce in policy development and advocacy;
• Convene conferences and fostering professional collaborations; and
• Provide training, networking opportunities, and other member services and benefits.
NACHW Membership Categories

1) Individual CHWs, including students & retirees

2) Individual allies, including health and public health professionals, researchers, etc.

3) CHW Associations (state, regional, city)

4) Other Organizations (professional associations, policy & advocacy orgs., disease groups, health care providers, public health providers, Rx companies, universities, etc.)
NACHW Organizational Development Milestones

- Inaugural planning meeting, 2014 APHA annual meeting
- Board planning calls: bi-weekly since 2016
- Unity conference plenary sessions, 2015 – 2017
- APHA annual meeting sessions, 2015 – 2017
- National webinar series, 2015: T/A to local, state, and regional organizations
- Sanofi funding and partnership with Boston University, 2016
- National planning meetings: Phoenix (Oct., 2016), Atlanta (July, 2017), Chicago (Feb., 2018)
- Formal strategic planning (2017 – 2018)
- National survey of workforce organizations (2017)
- Lawyer retained (2018)
How to get involved in NACHW

Launch announcement meeting planned for October, 2018, Washington, DC

Founding meeting planned for April, 2019, Las Vegas, NV

Sign up for notices and invitation to join: katherinesutkowi@gmail.com
Contact Information

Geoff Wilkinson, MSW
Clinical Associate Professor
Boston University School of Social Work
264 Bay State Road, Room 128
Boston, MA 02215

gww@bu.edu

(617) 353-7721