

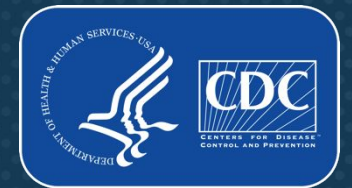
NOTHING ABOUT US, WITHOUT US: ENGAGING CHWS/PROMOTORES IN INSIGHTFUL CONVERSATIONS ON SUSTAINABILITY AND FINANCING

A COLLOQUIUM



NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Division of Diabetes Translation



DISCLAIMER

The information presented here is for training purposes and reflects the views of the presenters. It does not necessarily represent the official position of the Centers for Disease Control and Prevention.



OBJECTIVES

- Discuss results of the CDC-CHW Forum on the perceptions of CHWs, CHW allies and state health departments, and potential pathways to build an infrastructure to sustain and finance CHWs in diabetes prevention and management.
- Facilitate an interactive discussion with CHWs/promotores about building an infrastructure to sustain and finance CHWs in diabetes prevention and management.
- Discuss strategies for increasing CHW engagement in increasing enrollment in diabetes education and prevention programs
- Describe the current landscape for CHW financing and sustainability

ICEBREAKER- COMMUNITY HEALTH WORK: THE BIG PICTURE

Today, what's
ROCKING your CHW
work financially?



"NOTHING ABOUT US WITHOUT US!"

- Is a “mantra/slogan” used to communicate the idea that no policy should be decided by any representative without the full and direct participation of members the group(s) affected by that policy. This involves national, ethnic, disability-based, or other groups that are often thought to be marginalized from political, social, and economic opportunities.



THE CURRENT POLICY LANDSCAPE FOR CHW FINANCING AND SUSTAINABILITY

- Community Health Worker (CHW) services are most often funded for limited periods as part of grants that address specific chronic conditions or preventive health measures.
- The lack of consistent, dependable funding has hindered the creation of permanent CHW positions at many community health centers and other organizations.
- There are multiple efforts throughout the nation to ensure that CHWs become permanent, sustainable members of the community, public health, and healthcare workforce.
- CHWs and those who understand their value are educating health payers and providers about the CHW workforce, the roles CHWs play, the benefits they bring and how to integrate them into healthcare and other multidisciplinary teams.



WHAT'S THE EVIDENCE FOR CHWS?

*Do they contribute to reducing
diabetes disparities?*



Two Sources of Evidence

- The Community Guide/Community Preventive Services Task Force (CPSTF)
- ADA Standards of Care

 The Community Guide

Topics
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CPSTF
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About
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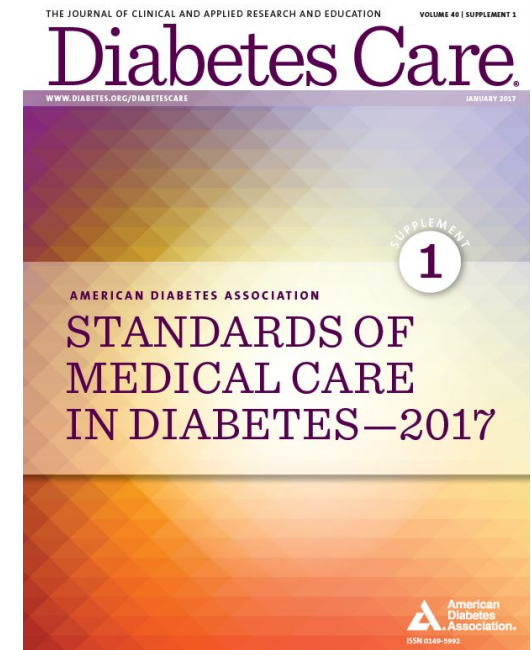
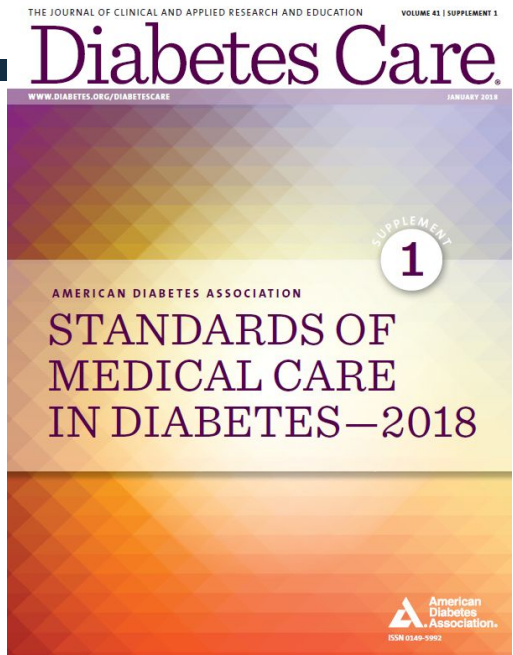
GuideCompass

Search The Community Guide

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Community Health Workers



What is the Community Preventive Services Task Force?

- A non-federal, independent, rotating panel
- Internationally renowned experts in public health research, practice, and policy who:
 - Oversee the systematic review process
 - Produce recommendations and identify evidence gaps to help inform decision making by various government and non-government entities



What is the Community Guide?

Credible sources of systematic reviews and findings from the Task Force

- A focus on population-based interventions in
 - Communities
 - Health care systems
- Provides evidence-based findings regarding use

<https://www.thecommunityguide.org/>

❖ Findings of the Task Force

- Recommend
 - Based on strong evidence
 - Based on sufficient evidence
- Recommend against
- Insufficient evidence to recommend for or against



The Community Guide

Community Guide Recommendations on CHWS

- Interventions engaging CHWs for Type 2 Diabetes prevention, and in management which are typically implemented in underserved communities, can improve health, reduce health disparities, and enhance health equity.
- See:
<https://www.thecommunityguide.org/content/community-health-workers>



Why are these recommendations important?

- Adds to and supports the growing evidence-base surrounding the work of CHWs for both diabetes and cardiovascular disease prevention
- Findings reached using an evidence-based approach (i.e., systematic review of the included studies)
- Allow you to keep up-to-date with overwhelming volume of literature
- Help establish if scientific findings are consistent and can be generalized
- Limit bias and helps improve accuracy of conclusions
- Incorporate research into decision or policy making
- Identify crucial areas and questions that remain unanswered



Return on Investment for CHWs

- CHWs can save organizations between **\$2.28** to **\$3.00** for every dollar spent.
- CHWs can help to reduce hospitalization and emergency room visits.
- CHWs can help to reduce health disparities and increase health equity.



CHW Evidence Summary

- CPSTF recommends interventions engaging CHWs on evidence of effectiveness
 - CVD prevention
 - Diabetes prevention
 - Diabetes management
- Implemented in underserved communities and can improve health and health equity
- CHWs can perform diverse roles in many settings
- Economic evidence: cost-effective
- ADA recommends patients with self-management support from lay health coaches, navigators, or community health workers when available.



FEDERAL INVESTMENTS IN SUPPORT OF CHWS



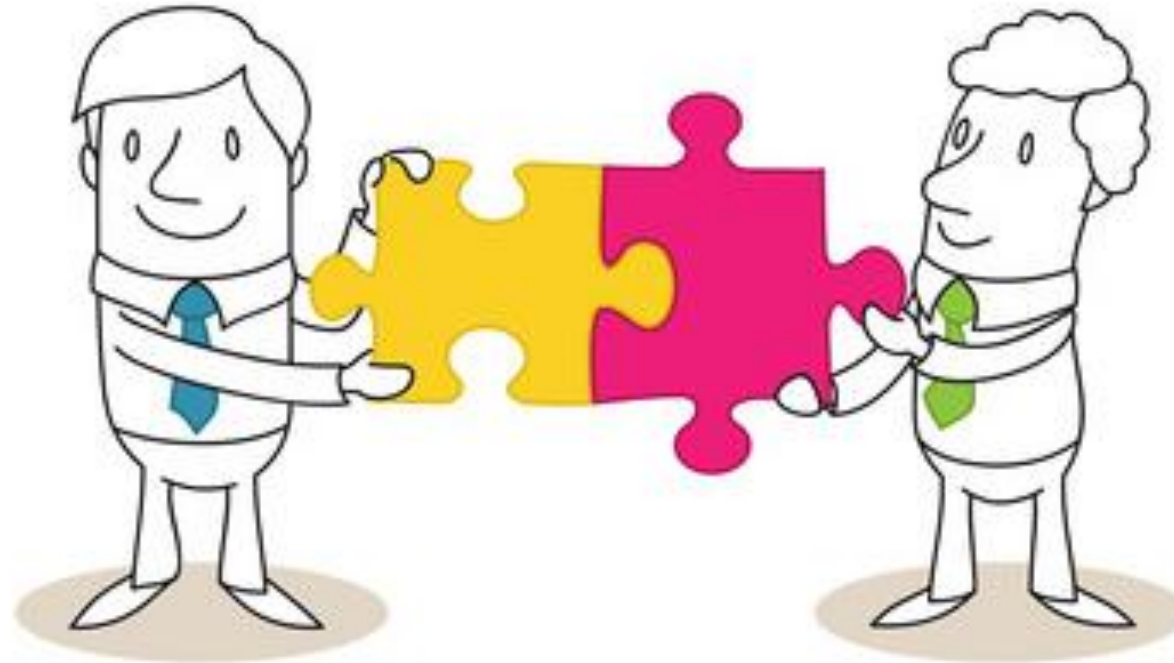
Centers for Medicare and Medicare Services: Preventative Services Payment Rule

- The Centers for Medicare and Medicaid Services (CMS) created a new rule which allows state Medicaid agencies to reimburse for preventive services provided by professionals that may fall outside of a state's clinical licensure system.
- The services must be initially recommended by a physician or other licensed practitioner.
- The new rule for the first time offers state Medicaid agencies the option to reimburse for more community-based preventive services, including those of CHWs.
- The rule went into effect on January 1, 2014.



State Plan Amendments: What Are They?

- Federal and state laws and regulations govern the services for which Medicaid can pay.
- Medicaid program receives federal matching funds for strictly defined categories of services.



State Amendment Plans(SPA) for Reimbursing CHWS

- Only a few states reported using an approved state amendment plan to reimburse for CHWs.
- **Minnesota** was the first state to complete a SPA to reimburse CHWs
- Here is their story...



1115 Transformation Waivers

- In 2011, *Texas* established the 1115 Medicaid Transformation Waiver.
- The Waiver is designed to test new service delivery and management models.
- Currently approved for an 1115 waiver with a Delivery System Reform Incentive Payment (DSRIP) component.
- All *39* Community Centers participate.



CDC Investments that Include Work with CHWs

1305

State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health

1422

State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke

1705

Scaling the National Diabetes Prevention Program in Underserved Areas

CDC Investments That Include Work with CHWs

1815

Improving the Health of Americans Through the Prevention and Management of Diabetes and Heart Disease and Stroke

1817

Diabetes and Heart Disease & Stroke Prevention Programs- Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke



What Are States Doing?

Assessment:

- Conduct surveys to get a better understanding of the landscape of CHWs.
- Initiate assessments of training curricula, reimbursement mechanisms, and roles of CHWs.

Partnership Development:

- Develop partnerships with CHW professional associations and other stakeholders; establishing work groups and taskforces at the state level.



What Are States Doing? (CONT'D)

Marketing/Promotion:

- Develop marketing materials and communication plans to increase awareness of the role and value of CHWs among payers and policy makers.
- Develop toolkits and other resources on CHWs for patients and healthcare providers.



What Are States Doing? (CONT'D)

Supporting Service Delivery:

- Encourage healthcare and community-based organizations to: implement a CHW model.
- Involve CHWs as lifestyle coaches at CDC-recognized organizations delivering the National DPP lifestyle change program.
- Train CHWs to provide or support delivery of DSMES.



What Are States Doing? (CONT'D)

Supporting Service Delivery:

- Collaborate with CHWs to develop and implement culturally appropriate strategies to connect patients to clinics.
- Develop tools for CHWS to track outreach/referral/follow-up.
- Connect CHWs, diabetes educators, and pharmacists to ensure patient access to resources on medication management and adherence, insurance, and diabetes self-management.



What Are States Doing? (CONT'D)

Documenting and communicating the evidence:

- Develop reports and white papers on CHWs to highlight lessons learned and best practices.
- Describe health outcomes of clients who have received services from CHWs.



What Are (A Few) States Doing?

Developing Statewide Infrastructure to Institutionalize and Sustain CHWs:

- Participate in CHW collaboratives to create a sustainable statewide model for reimbursement.
- Implement policy and system changes to allow CHWs to be embedded in teams and reimbursed for their services.
- Work with healthcare organizations to train and compensate CHWs as part of the care team.



What Are (A Few) States Doing? (CONT'D)

Developing Statewide Infrastructure to Institutionalize and Sustain CHWs:

- Adapt a CHW training curriculum for statewide use along with the State CHW Task Force, coalitions, and other key partners.
- Develop a statewide certification/licensing process for CHWs.
- Utilize State Plan Amendments and **1115 waivers** as a path to reimbursement for CHWs under Medicaid.



Take Away Messages

- “Nothing about us without us” - Always have a CHW at the table.
- For states that are contemplating engaging CHWs will need to take the time to learn more about CHWs, who they are, what they can do, and how to get their help in improving outcomes for people with diabetes.
- Reach out to your peers who have already embedded CHWs into their practice to learn how to involve them.
- Remember that CHWs can fill needs in health care provider shortage areas, so get them involved in your work.
- Take time to review pivotal resources for example the AADE’s position statement on CHWs and the value of incorporating them into diabetes work.



ADD HERE THE CHW FORUM PARTICIPANTS PICTURE- BETSY WILL DO THAT

OUR 2018 CHW FORUM



CDC CHW Forum Report Discussion

- What we were trying to accomplish?
- Methodology, Assumptions, Findings and Limitations
- Lessons and Observations
- What's Next?



CHW Forum

- **Conducted** on May 2018 with CHWs, CHWs allies representation, POs, DDT leadership, and the director of the National Center for Chronic Disease Prevention and Health Promotion.
- **Purpose:** to better understand and think through ways to maximize the impact of community health workers (CHWs) on diabetes outcomes.



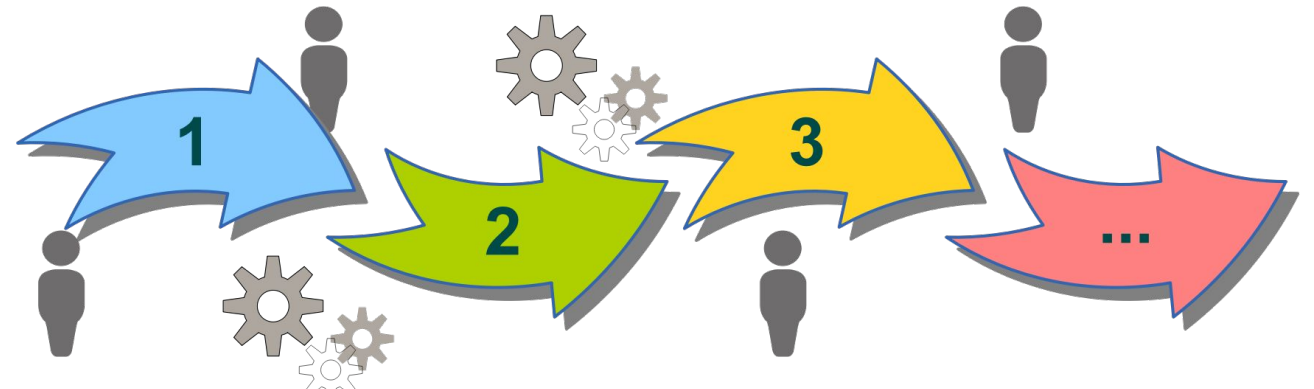
Goals Of The Forum Were To Identify:

- Existing barriers and gaps.
- Promising practices and lessons learned in CHW reimbursement and sustainability.
- Promising practices and lessons learned about the roles CHWs can play in increasing enrollment and improving retention in CDC-recognized lifestyle change programs.
- “Pearls of wisdom” from the perspective of CHWs.



Methodology

- Nineteen participants attended the forum at the invitation of CDC/DDT staff.- forum at a mix of ethnic minority populations and a mix of urban and rural attendees.
- Each attendee provided a 30 minutes pre-conference discussion via the telephone to gather relevant input related to CHW financing and sustainability.
- Two – days face to face facilitated forum with CDC leadership and Project Officers.
- Interactive sessions and discussions to probe and learn from these attendees.



Lessons And Observations Overview

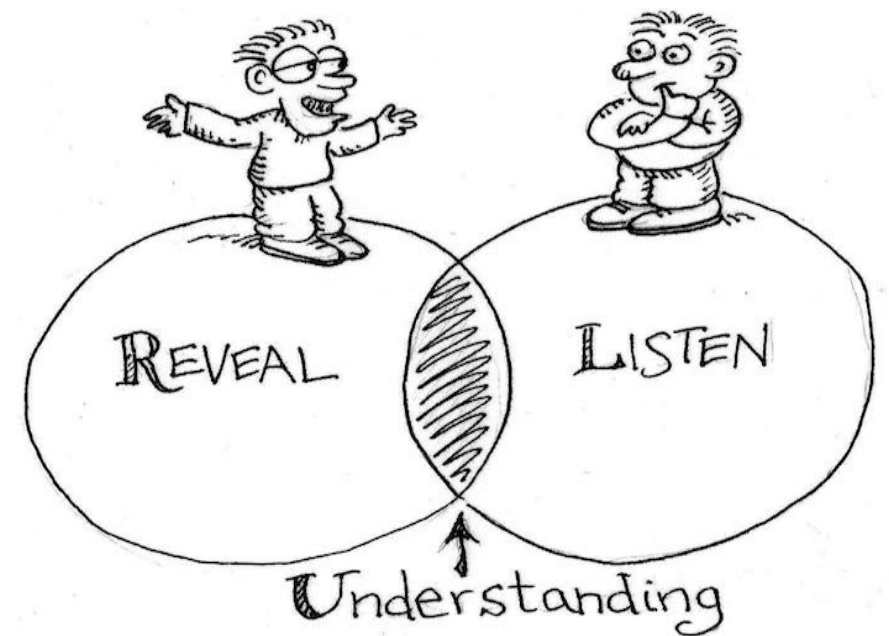
1. Need for better understanding and consensus about CHWs' roles and value
2. Challenges related to credentialing and CHW workforce development
3. Inconsistencies and inadequacies in compensation for CHWs
4. Need for and challenges in establishing CHW Networks, Associations, and Alliances
5. Incomplete documentation of CHWs' contributions
6. Limitations in funding mechanisms
7. Solidifying the Definition of CHWs and raising awareness of their roles
8. Providing opportunities for CHW input-CHWs desire a voice at the table with decision makers at all levels (federal, state, health system, etc.).
9. Improving CHW integration into health systems and CBOs

Overview



Need For Better Understanding and Consensus About CHWs' Roles and Value

- Variations in the understanding of CHWs' roles can also be found within the CHW workforce itself and among all stakeholders
- A CHW's relationship with members of the community is based on shared power
- Differences in the titles of CHWs add to an incomplete understanding of what CHWs do.



Challenges Related to Credentialing and CHW Workforce Development

- Pathways for workforce development are not always clear. Better systems for furthering knowledge and skills could help develop the next generation of CHWs and ensure retention and promotion of current CHWs.
- There are different perspectives on credentialing required for CHWs.
- Recent development of credentialing programs may put seasoned CHWs at a disadvantage.



Inconsistencies and Inadequacies in Compensation for CHWs

- Grant-based and other short-term funding can make it challenging to provide sustainable compensation for CHWs and create instability.
- CHWs are professionals, but their pay does not always reflect that.
- CHWs often do not know how to sell their services or to set a value for their services. It is difficult to establish fees if CHWs have not been engaged in payment structures before.



Need for and Challenges in Establishing CHW Networks, Associations, and Alliances

- Having CHW networks and alliances can bring bargaining power for the CHW workforce and provide a “by us, for us” platform for resolving issues that can happen within the workforce.
- Funding is a key barrier to creating and sustaining CHW networks at all levels. It is typically difficult to use federal resources to support statewide alliances.
- The National Association of CHWs, currently in development, could give a voice to CHWs at the highest levels and lend credibility to the CHW profession



Incomplete Documentation of CHWs' Contributions

- Showing impact of CHWs' work is essential, but not everyone defines impact in the same way. Performance indicators are critical, and it is necessary to show CHWs' impact according to those metrics.
- Recognition for success is often ascribed to the program or program leaders, rather than to CHWs who are on the frontline doing the work.



Limitations in Funding Mechanisms

- Funding awarded to state health departments by CDC is directed by congressional appropriation, which determines how that money can be spent. It is generally not intended to pay for direct services that CHWs provide.
- There is incongruity between how initiatives are funded and how CHWs work. Funding typically comes from one agency to address specific health issues, risk factors, or conditions. However, CHWs' work across health conditions and social determinants of health, rather than focusing on an individual disease, like diabetes.



Solidifying the Definition of CHWs and Raising Awareness of Their Roles

- It's important to establish a definition for the CHW profession that captures the full array of CHWs' skills, roles, and responsibilities
- CHW marketing and advocacy efforts should convey the financial value of their services and community relationships.
- Communicating core competencies of CHWs is vital to help people better understand what they're getting for their money.



Providing Opportunities for CHW Input

- CHWs desire a voice at the table with decision makers at all levels (federal, state, health system, etc.).
- Education for new policy makers across sectors and agencies can foster understanding of what CHWs do and ensure support for CHWs does not end when someone leaves their office or position.
- It's also important to educate and equip CHW leadership to advocate among decision makers for more funding and recognition.



Improving CHW Integration Into Health Systems and Community-based Organizations (CBOs)

- Use the evidence, examples, and guidelines from exiting CHW models and programs to inform efforts to better integrate CHWs into health systems and CBOs
- There may be ways to leverage the increasing focus on population health to advance the infrastructure for CHWs. Health systems desire help in this arena, so the time might be ripe for conversation about CHW services.
- Partnerships between health care and CBOs should be strengthened



H-Form



H-Form Questions

Negative Feelings

- What came to your mind as you heard the report from the CHW Forum?
- Did anything you heard resonate with you?
- Do you think these ideas will work?
- Who do you think was missing and why at this event?
- What negative feelings, issues and problems occurred to you based on what you heard?

Successes

- What were the successes?
- What were the achievements
- What worked well?





**LET'S TALK
ABOUT IT**

GRAFFITI WALL





What are You Taking Away to
ROCK Your work!



ROCK YOUR WORLD

What are Our Takeaway Messages

- Respect and give a voice to CHW at every table where CHWs will be discussed
- Greater understanding is needed among policy makers, medical and health care agencies, payers, and public health professionals
- A CHW's relationship with members of the community is based on shared Pathways for workforce development are not always clear.

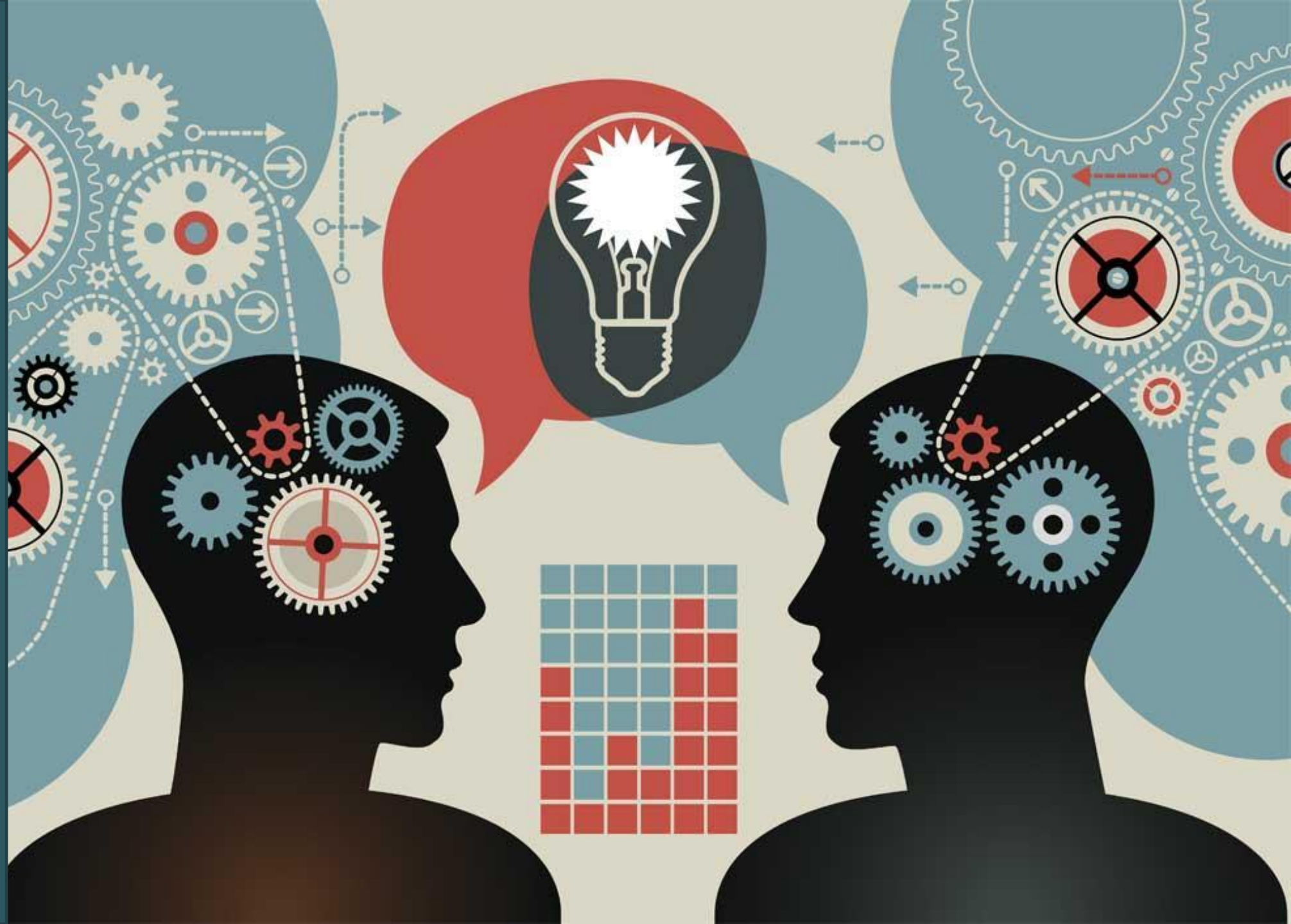


TAKEAWAYS MESSAGES CONT'D

- Clinical CHWs embedded in care teams have opportunities for reimbursement, but that may be more challenging for community-based CHWs.
- There are different perspectives on credentialing required for CHWs
- CHWs are professionals, but their pay does not always reflect that.



What are
your
takeaways?



Evaluation

- Shopping trolley



**“NOTHING ABOUT
US, WITHOUT US!”
“DON’T TALK ABOUT,
BE ABOUT IT”**



**Window of Opportunity - Embedding CHWs
into the fabric of diabetes care**



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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.