

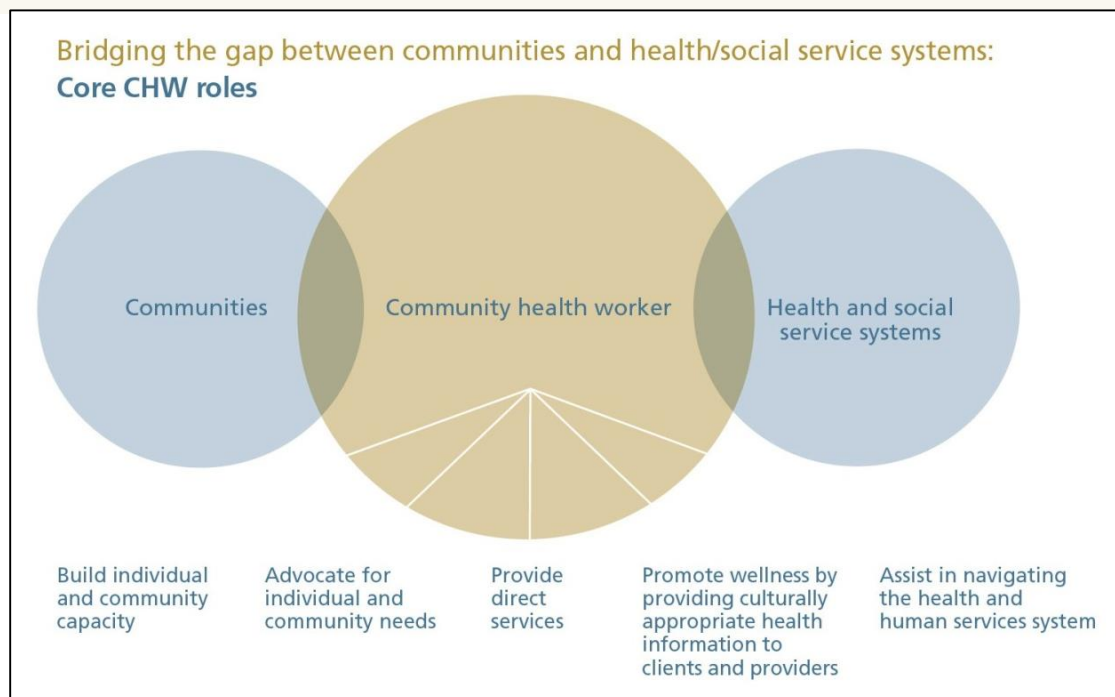
Policy Brief: Community Health Workers in Washington State

What are Community Health Workers?

Community health workers (CHWs) are known by many alternative names, including outreach workers, promotores(as) de salud, patient navigators, community health representatives, community health advisors, as well as other titles. Regardless of their title, CHWs are frontline workers who help individuals to improve their health. The CHW model is founded on natural helping systems within communities and is based on peer-to-peer relationships rather than provider-client relationships.ⁱ

Why are they important?

A key feature of CHWs is that they are individuals who have a relationship with the community they serve, often belonging to the same culture, speaking the same language, and having similar life experiences because they “gain their core experience from local forms of knowledge.”ⁱⁱ As a result, they are in a unique position to engage individuals and populations that medical professionals have difficulty reaching. Studies show that CHWs are effective at preventing and managing a number of chronic diseases, such as diabetes, depression, and asthma; increasing knowledge about cervical and breast cancer screening; and improving maternal and child health. They also reduce health care costs by improving access to primary care and social services and enhancing individuals’ capacity to manage their health conditions; thereby reducing costly emergency room visits and hospital admissions and readmissions.ⁱⁱⁱ CHW programs generally average a \$3 return on investment per dollar spent.



Source: Blue Cross and Blue Shield of Minnesota Foundation

What is their role in health reform implementation?

As knowledge and evidence of their value grows, CHWs are gaining more recognition as an integral member of the health care team. During brief office visits, physicians are often unable to build meaningful relationships with patients to affect behavior change and unable to address the barriers that may prevent non-compliance with the care plan. CHWs, on the other hand, can spend more time with each patient, presenting information in a culturally-competent manner and in the language spoken by the patient.^{iv} In Washington State, the Affordable Care Act will extend Medicaid to 355,000 individuals and provide subsidies to additional 460,000 individuals to purchase insurance on the Exchange. This population will not only need assistance in enrollment, but also help accessing appropriate care. CHWs can perform these functions of outreach, enrollment, and care coordination and can be critical team members of patient-centered medical homes and health homes to improve outcomes. However, Washington State has not issued any guidelines as to CHW definition, scope of practice or work, qualifications, or reimbursement.

Recommendations:

We recommend developing a platform or vehicle to support and recognize CHWs and their work. CHWs need a network or association where they can receive support, access professional development, advocate for themselves, and powerfully contribute to broader conversations about CHWs scope of work, qualifications, and training requirements. Experiences in other states indicate that it is essential to have CHWs involved in these policy conversations.

We recommend developing, implementing and evaluating a variety of CHW programs and program model.

A variety of CHW pilot and demonstration projects need to be implemented and evaluated throughout Washington State. As the number and scope of CHW programs increases, the value of their work will become apparent, and we will have a better sense of which programs are most effective with different clientele. The development of CHW networks and demonstration projects will build a foundation for the state to develop effective guidelines on CHWs scope of practice or work, qualifications, and reimbursement methods.

We recommend that an exploratory task force be convened to develop CHW road map outlining steps each key stakeholder would need to take to establish a CHW workforce for the state. The task force should be convened by the Governor's Office or the State Legislature and include key stakeholders from public and private sectors. Public sector representatives should include the Health Care Authority, Department of Social and Health Services, Department of Health, Commerce, Workforce Development, local health jurisdictions, and Community and Technical Colleges. Private sector representatives should include health care providers, including CHWs; Community Health Clinics; health care payers; professional associations; funders; labor organizations; organizations advocating for the health of low-income people and communities of color; low-income housing providers; and training organizations.

Task Force Responsibilities and Questions to Consider:

1. Define CHW scope of practice: What are CHW roles? What activities can they perform? What skills are required?
2. Define training standards: What is the optimal training methodology, development, and delivery? Who should provide training? What is the core content? Should specialized training be provided to address specific diseases or levels of practice? How can training be effective yet also honor the CHW tradition and not create barriers to workforce entry?
3. Identify stable financing models for CHWs: What is the business case for CHWs? What outcome or performance measures should be used to fairly assess their work and value? What are the feasible funding sources?

If we are to achieve Washington State's goals of improving individual and population health and reducing health care costs, then we must support, develop, and utilize the CHW workforce now.

ⁱ Rosenthal EL, Brownstein JN, Rush CH, Hirsch GR, Willaert AM, Scott JR, et al. Community health workers: part of the solution. *Health Aff (Millwood)*. 2010 Jul;29(7):1338-42.

ⁱⁱ Martinez J, Ro M, Villa NW, Powell W, Knickman JR. Transforming the delivery of care in the post-health reform era: what role will community health workers play? *Am J Public Health*. 2011 Dec;101(12):e1-5.

ⁱⁱⁱ Matos S, Findley S, Hicks A, Legendre Y, Canto LD. Paving a Path to Advance the Community Health Worker Workforce in New York State: A New Summary Report and Recommendations [Internet]. New York: Community Health Worker Network of NYC, New York State Health Foundation, Columbia University Mailman School of Public Health; 2011 [cited 2013 Apr 29]. Available from: <http://nyshealthfoundation.org/uploads/resources/paving-path-advance-community-health-worker-october-2011.pdf>

^{iv} Brownstein JN, Hirsch GR, Rosenthal EL, Rush CH. Community health workers “101” for primary care providers and other stakeholders in health care systems. *J Ambul Care Manage*. 2011;34(3):210-20.