Pre-Summit Read: A helpful guide to provide context for our discussion. For full access to the links, refer to the electronic copy located at https://www.inchwa.org/CHWAppreciationDay

INCHWA CHW SUMMIT

EDUCATE UNIFY UNITE

July 25th, 2024

OVERVIEW:

The Summit is a gathering of community health workers (CHWs), employers, and allies to get informed about the current and future changes in the workforce and how they will affect CHWs, employers, and our communities. We will also discuss new models of care and sustainable approaches to help CHWs move beyond depending solely on grants. The aim is to provide CHWs with the tools they need to advocate for changes in the community and break down barriers for their clients. CHWs have the power and responsibility to support the people they work with, and in this summit, we will provide a toolkit to act.

Role of Community Health Workers

Individual risk factors or chronic conditions do not just cause health inequities. They are closely tied to economic inequality and are perpetuated by an imbalance of power that leads to unequal social, financial, and political conditions. Thus, focusing on medical treatment or even singular unmet social needs (e.g., food insecurity through food pantries) will only get us so far. Achieving health equity requires addressing the underlying socioeconomic and political determinants of health and taking a holistic approach considering individual and community circumstances. This approach is possible when we center and empower people who have experienced inequities and have often been excluded from decision-making.

Community Health Workers, Promotoras, and Community Health Representatives (CHW/P/CHR) are a Department of Labor classified workforce in the United States for 80 years. CHW/P/CHR are defined not by standard training or licensure but by who they are and what they do. CHWs are trustworthy individuals who share life experiences with the people they serve and have firsthand knowledge of the causes and impacts of health inequity. They work primarily in communities with limited income, communities of color, and immigrant and undocumented communities. In best practice models, CHWs find and meet people where they are, get to know their clients' life stories, and ask each client what she thinks will improve her life and health. They then provide social support, health coaching, and navigation for community members while advocating for system change.

Evidence of CHW Effectiveness

The evidence is clear that CHW/P/CHRs and their flexible, holistic approach to addressing the social determinants of health (SDOH) can produce remarkable outcomes. A large body of scientific evidence suggests that well-designed CHW/P/CHR programs can improve chronic disease control and mental health, promote healthy behavior, reduce hospitalization, and increase participation in

primary care. Their effect on health translates into cost savings: randomized controlled trials have shown that CHW/P/CHRs working with Medicaid beneficiaries diagnosed with at least two chronic diseases can prevent costly hospitalizations and save $2500 per enrollee.

Current Funding Landscape for CHW Services

There are approximately 60,000 CHW/P/CHRs in the country, employed by grassroots organizations, hospitals, clinics, or public health departments with funding from a patchwork of grants and pilot funding. The current financing structure must be sufficiently robust to realize the workforce's full potential. If the workforce could be scaled to even 15% of Medicaid beneficiaries and retain its effectiveness, CHW/P/CHR would save U.S. taxpayers $46 billion gross annually.

Policymakers are taking a growing interest in this proven, cost-effective workforce's ability to stem the tide of health inequity and control healthcare costs. Recent policy changes under Medicare and Medicaid have created new pathways for CHW/P/CHR program funding but have yet to ensure widespread access to CHW/P/CHR services. A primary focus of this convening will be to identify opportunities to translate new payment mechanisms into scalable, sustainable, effective service delivery models.

- **Medicare.** In 2024, Medicare Part B began paying for Community Health Integration (CHI) services delivered by CHWs under the general supervision of a Medicare billing practitioner. Medicare beneficiaries are eligible to receive CHI services if Medicare billing practitioners identify that an SDOH need presents a barrier to diagnosis or treatment of an illness or injury. CMS created two new codes for CHI, which capture a holistic range of services, including person-centered assessment, care coordination, health education, patient self-advocacy, and healthcare access and health system navigation, among others. More details on Medicare payment for CHW services, including the codes, documentation requirements, and payment rates, are available here.

- Medicaid. State approaches to covering and paying for CHW services vary significantly. A 50-state analysis found that 26 states have authorized Medicaid reimbursement for CHW services. However, states differ regarding how CHWs are defined, what CHW services are covered, which populations are eligible for CHW services, and payment rates. For example, payment for CHW services covered by state FFS programs ranges from under $10 to $52 per 30 minutes. In some states, CHW services are only available for narrow populations (e.g., pregnant or postpartum individuals) or are limited to a discrete set of services (e.g., patient education). In contrast, other states make CHW services available to most Medicaid beneficiaries, covering a wider breadth of screening and assessment, coaching, navigation, and care planning services. These coverage and payment policies influence the effectiveness and sustainability of CHW programs on a state-by-state basis. More detailed information on Medicaid coverage and payment by state is available in this resource developed by the Connecticut Health Foundation and this state tracker developed by the National Academy for State Health Policy.

Infrastructure to Support CHW Programs

Sustainable payment is necessary but needs to be improved to support CHW/P/CHRs and programs in delivering population-level improvements in healthcare outcomes. While CHWs have existed for a long time, most programs have failed to improve health or lower costs because of implementation pitfalls such as high turnover rates, variable performance, ineffective workflows, or inadequate supervision. To achieve positive patient health outcomes, CHW/P/CHRs need the right inputs: adequate training and ongoing professional development, person-centered workflows, and guidance for clinical integration and supportive supervision.

Principle of Self-Governance

Stakeholders working to expand, support, and empower this workforce should consider the following when designing CHW/P/CHR programs and policies:

- Protecting CHW/P/CHRs' professional identity to ensure the individuals serving in this role have the essential qualities that define this workforce (e.g., lived experience).

- Expanding workforce requirements to include essential qualities (e.g., listening skills, empathy, lived experience) rather than linking payment for these services solely to training and certification.

- Include CHW/P/CHRs in policymaking to incorporate this workforce's professional identity and critical competencies into advocacy, leadership, and decision-making.

A great way to achieve these objectives is to partner with state CHW/P/CHR associations on workforce and policy development. CHW/P/CHR associations are organizations that represent and empower CHWs who work in underserved and marginalized communities. These associations play a vital role in strengthening the capacity, recognition, and sustainability of CHWs and amplifying their voices and needs. More information on the value and importance of supporting these organizations is available here. NACHW also offers a variety of resources.

The Vital Role of Your Professional Association in Indiana

One of the most effective ways to promote Diversity, equity, and inclusion (DEI) is to support community health worker (CHW) associations, representing and empowering CHWs who work in underserved and marginalized communities. CHWs are frontline health workers who share the culture, language, and life experiences of the people they serve. They provide essential health services, education, and advocacy for their communities, especially during the COVID-19 pandemic. CHW associations play a vital role in strengthening the capacity, recognition, and sustainability of CHWs, as well as amplifying their voices and needs.

Associations play a vital role in developing the CHW workforce. They help bridge the skills gap, advocate for policies that benefit industries and workers, and recruit the next generation of employees. These organizations can contribute to the growth of industries by providing training programs, recruitment initiatives, and support for hiring and retention. Employers and public

health officials often rely on trade associations to assist workforce development by seeking training programs and recruitment support to enhance their hiring and retention practices. Therefore, associations and non-profits are responsible for securing the next generation of workers and contributing to the overall development of industries.

The primary goal of the Indiana Community Health Worker Association (INCHWA) is to provide support and representation for Community Health Workers (CHWs) in Indiana. INCHWA's staff consists of Certified Community Health Workers (CCHW) with a combined experience of over 40 years between the Executive Director and Assistant Director. To effectively advocate for CHWs across Indiana, it is essential for all CHWs, whether trained by INCHWA or other organizations, to become members so their voices can be heard and represented. The advocacy work on behalf of CHWs includes:

We offer the following to the Indiana CHW Workforce:

1. Fostering Collaboration and Knowledge Sharing
2. Advocating for Professional Standards and Regulation
   - Advocate for pay
   - Advocate for policies
   - Advocate for sustainability
   - Advocate for the work environment
   - Advocate for mental wellness
   - Advocate for training
   - Advocate for issues brought up by CHWs.
3. Providing Access to Training and Educational Resources
   - Create training through a CHW lens.
   - Create training CHW requests.
   - On-demand to take on your leisure.
4. Facilitating Career Advancement and Job Opportunities
5. Promoting Diversity, Equity, and Inclusion
6. Protect CHW standards and certification
   - CHW definition aligns with APHA
   - Certification through INCHWA aligns with the scope of practice, C3, and Governor Task Force.
   - Certification remains with the Association, not the state, so CHWs retain control of decisions.

Be a part of something bigger, INCHWA!
Your Association for ALL CHWs.
Sign up for Member Portal
Level 2 Membership $40/year
Stay in the know – https://www.inchwa.org

Reference: *IMPaCT;5/24; Pre-Read: Moving from "Who" to "How": Scaling Effective Community Health Worker Programs*