Paving a Path to Advance the Community Health Worker Workforce in New York State:

A NEW SUMMARY REPORT AND RECOMMENDATIONS

CHW NETWORK NYC

Community Health Worker Network of New York City

Columbia University MAILMAN SCHOOL OF PUBLIC HEALTH

NYS HEALTH FOUNDATION

Improving the state of New York's health

The New York State Community Health Worker Initiative

OCTOBER 2011

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American Cancer Society

Arthur Ashe Institute

Bronx-Lebanon Hospital Center

Building Bridges, Building Knowledge, Building Health Coalition

Business and Labor Coalition of New York

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New York State Department of Health, Bureau of Community Chronic Disease Prevention

New York State Department of Health, Bureau of Women's Health Perinatal Unit

New York State Department of Health, Diabetes Prevention and Control Program

New York State Department of Health, Division of Family Health

Alliance of New York State YMCAs, Inc.

Northeast Business Group on Health

Northern Manhattan Asthma Basics for Children

Northern Manhattan Perinatal Partnership

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THE NEW YORK STATE COMMUNITY HEALTH WORKER INITIATIVE

The Community Health Worker Network of NYC is an independent professional association of community health workers (CHWs). The Network unites CHWs to share experiences and resources, inform policy issues, and guide the development of our field.

The Mailman School Mission: Dedication to knowledge creation and teaching, with an unrivaled commitment to service at a local, national, and global level, and the translation of science for impact.

The New York State Health Foundation (NYSHealth) is a private, statewide foundation that aims to improve New York's health care system by expanding health insurance coverage, containing health care costs, increasing access to high-quality services, and addressing public and community health.

ACKNOWLEDGEMENTS

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The Initiative partners would like to extend a special thanks to the Leadership Advisory Group (LAG) of the New York State Community Health Worker Initiative. This group of community health workers, health care leaders, policy makers, and representatives from the public and non-profit sectors from across the state provided invaluable guidance and support to the success of this work. We would also like to extend a very special thanks to members of the LAG that gave significant contributions of their time and expertise to participating in the Initiative's Work Groups, which allowed for the creation of the recommendations published in this report.

The production of this summary report and the success of this Initiative has required special effort and expertise. We would like to thank the Do Canto and Raben Groups for their tireless efforts and wealth of knowledge in supporting and guiding us during this Initiative.

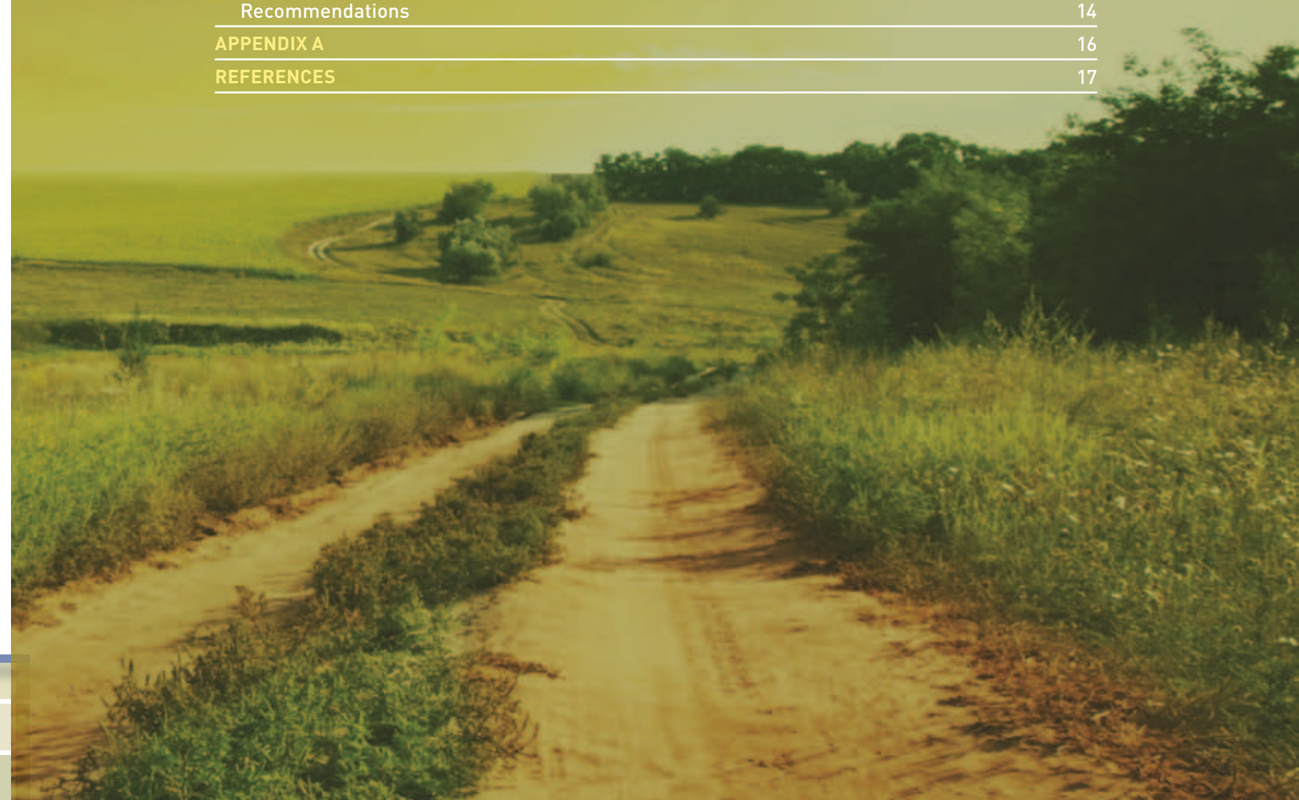
Licy Do Canto	Donald Gatlin	Charu Gupta	Jamal Simmons
Robert Raben	Haley Griffin	Jonathan Kent	

A special thanks to the Community Health Worker Association of Rochester (CHWAR) for joining us in this effort to unite CHW voices across the state while supporting the philosophy of CHW self-determination so that this workforce may maintain its tradition and history.

We would like to acknowledge the contributions made by Andres Nieto, Patricia Peretz, and Emilio Carrillo of New York-Presbyterian Hospital; John Sparks of Lowndes County Partnership for Health; and Barbara Barrett of Langdale Industries. Their knowledge and experience allowed for us to further build the business case for CHWs highlighted in this summary report.

Lastly, we would like to recognize that the success of this Initiative and the creation of this report would not have been possible without the contributions of community health workers, their employers, and advocates from across the State. We honor you and thank you.

Contents



Message from the Initiative Director

OCTOBER 25, 2011

Three years ago, I met with two dear friends and colleagues over breakfast while attending the annual conference of the American Public Health Association, which was held in San Diego that year. We reminisced about the many years we had strived to promote community health workers by mounting CHWs programs, building evidence that showed the effectiveness of CHW-based interventions, organizing CHWs into a professional association, and developing appropriate training programs for CHWs. Maybe it was the coffee, or maybe the warm southern California air, but soon we were dreaming about what more we could do if we could just get a little money to get going. One of my friends at the table pulled out a pen and started writing down our thoughts and ideas on a napkin. We quickly focused on how unstable financing for CHWs was, and how this kept so many in the profession from realizing opportunity and potential. That breakfast meeting amongst three friends, where we shared food, company and passion, along with the napkin, was the beginning of the NYS Community Health Worker Initiative.

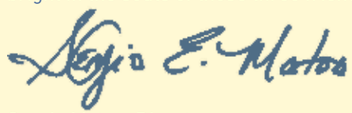
The NYS Community Health Worker Initiative was formed to advance the CHW workforce. Although we understood very early on that our activities would be focused on financing, we also believed deeply in the need for CHW voices from across the state to inform the process. In fact, we have always held a guiding principle of self-determination for CHWs in order to preserve the history, traditions and dignity of the work. We set about contacting and visiting different areas of the state in search of CHWs and CHW groups who were also interested in building a statewide association of CHWs. We were met with enthusiasm from CHWs everywhere we went. This was an energy that we clung to throughout this process, as it wasn't always free of conflict. Along the way, we encountered some varying perspectives on how this path for advancing the CHW workforce should look. Some differences were very obvious and therefore easy to identify and reject in order to protect and preserve the CHW identity. Some differences were more nuanced and highly difficult to discern. Yet out of these difficulties an important lesson was learned that not only reinforced our understanding of the critical importance of CHW leadership but also led to redoubling our commitment to CHW self-determination. We are thankful for the continuous leadership and support from CHWs across the state that made this possible. We also received this support and had great success in re-establishing relationships with colleagues who built the Community Health Worker Association of Rochester and have now partnered with the Community Health Worker Network of NYC to launch a statewide CHW association in New York.

To continue in this process, we sought participation from private, non-profit, and government stakeholders. We were continuously energized by their excitement and support and they formed our Leadership Advisory Group (LAG), along with the CHW leaders identified earlier. The LAG has offered their knowledge, wisdom, and experience to guide this effort in identifying and making recommendations on a scope of practice, training and credentialing standards, and stable financing models for CHWs. The products this LAG has created through its work groups and the process they applied has been called perhaps the most contemporary, comprehensive, and sophisticated treatment of this issue to date anywhere in the US.

We have been busy these past three years. But on those rare occasions when we are able to stop and reflect, when we are able to realize what has been created and what we have accomplished, we are amazed to have so far exceeded our expectations. Truth be told, at those times I am often brought to tears, marveling at the opportunity we have been given to advance the CHW workforce with the dignity and respect it deserves – grateful to contribute to supporting CHWs in their heroic work for health and social justice. Of course, none of this could have been achieved without the tireless efforts of my coworkers and others who gave so much of themselves to this work.

As we move forward to implement our recommendations and continue to advance the CHW workforce, we expect that the statewide CHW association and the LAG will continue to guide the development and maturation of the CHW workforce. We fully expect that this work will pave a path to advancing the CHW workforce in New York and position our state as a leader in the reformation of health and advancement of justice and equality.

We do not have that old napkin anymore, but the thoughts, dreams, and hopes it once held burn bright in the souls of those three friends and in the hearts of everyone they touch.



Sergio Matos, Director
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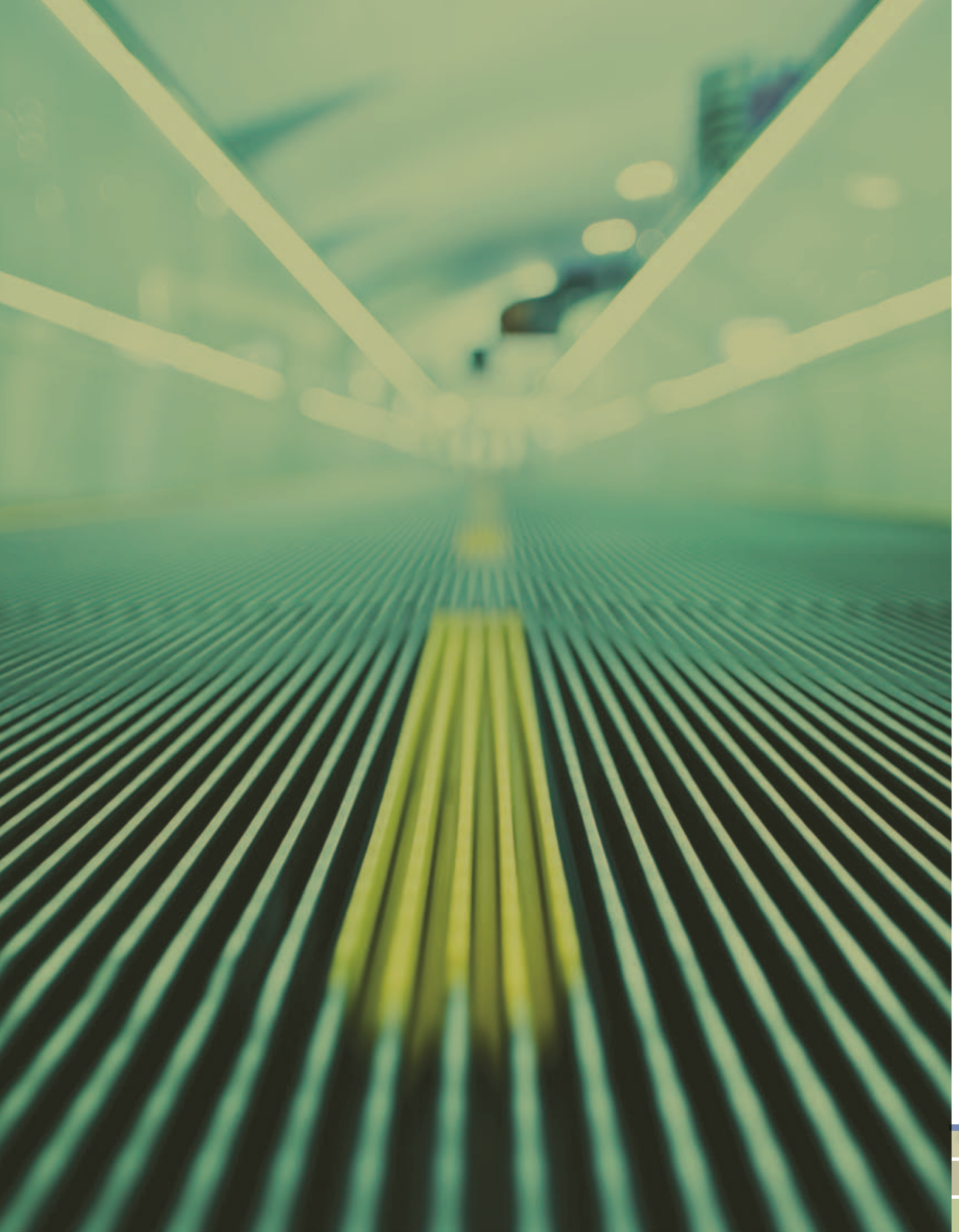
The New York State Community Health Worker Initiative



Executive Summary

Health care reform as dictated by the Patient Protection and Affordable Care Act (PPACA) is now underway. States are receiving millions of dollars from the U.S. Treasury to create new programs and enhance old ones. The stakes are high – lowering the long term costs of health care delivery and making health care more accessible and affordable for millions of uninsured or underinsured Americans.

As these reforms unfold, the New York State Community Health Worker Initiative has researched the role of community health workers (CHWs) and identified how to advance this workforce through state-level recommendations on employment and practice, training and certification, and financing. If these recommendations are implemented, New York stands to become a leader in cutting edge programs and interventions.

Studies show that CHWs improve health outcomes, particularly for low-income populations, when they are utilized in disease prevention and chronic disease management models, such as control of asthma, diabetes, cardiovascular disease, and depression. Health care costs, such as emergency room visits and hospitalizations, go down when CHWs are involved, and patients and communities better understand their responsibilities and health care options.

At New York-Presbyterian Hospital, CHWs working to control asthma reduced emergency room visits and hospitalizations by 50 percent and are now a permanent part of the hospital's community-hospital partnership childhood asthma program.

The Initiative's Summary Report, "Paving a Path to Advance the Community Health Worker Workforce in New York State," and its Recommendations are vital if New York is to succeed overall in reducing health care costs and improving health care delivery.

WHAT'S AT STAKE

The PPACA directly includes CHWs as health professionals and members of health care teams delivering and improving care. This puts New York at a critical juncture. State officials are in the midst of creating radical new models that will require integrated and coordinated services. The new federal health law strongly encourages state officials to include CHW services as they:

- Conduct a Medicaid redesign effort which seeks to increase efficiency and improve outcomes while reducing costs for the Medicaid program.
- Aim to enroll one million people in patient-centered medical homes and another 700,000 in health homes.

THE PATH FORWARD

In order for CHWs to be better integrated into the health care and social service systems, the Initiative recognizes that a fundamental infrastructure must be established or created in order to build and sustain this vital workforce. To this end, the Initiative has developed recommendations for statewide standards around a scope of practice, training, certification and financing mechanisms.

- **Scope of Practice:** A list of job functions for employers and practitioners to consider when developing job descriptions and for potential CHWs to consider when making career choices.
- **Training:** Ensure that content, methodology, development, delivery and institutional requirements are appropriate and responsive to the Scope of Practice recommendations.
- **Certification:** CHW certifications should be linked to training programs and curriculum guidelines also outlined in the report. CHWs should be guaranteed a minimum of 25% representation on any group that governs the CHW certification or the practice in general.
- **Financing:** New York State should provide financial incentives for programs to integrate CHWs; payment guidelines should be established for all CHW services.

Introduction

BACKGROUND

Community Health Workers (CHWs) help improve health care access and outcomes; strengthen health care teams; and enhance quality of life.[1,2] Dozens of studies demonstrate that CHWs have improved health outcomes for low-income populations, particularly for disease prevention and chronic disease management, such as control of asthma,[3,4] diabetes,[5-8,9,10] hypertension, cardiovascular disease,[11,12] depression, and mental illness.[13,14] Studies also demonstrate that CHWs reduce health care costs by decreasing ambulatory care sensitive emergency room (ER) visits, hospitalizations including admissions and readmissions,[1,15,16,17] and by improving individual and community capacity to understand their condition and utilize health care services appropriately.[18-24]

Recent national campaigns spearheaded by the CHW Section of the American Public Health Association (APHA), and drafted by the U.S. Department of Labor, have provided a national CHW definition and recognition of CHW as a unique standard occupation classification (SOC 21-1094). Despite this national progress and mounting evidence of the cost-effectiveness of CHWs, and the promise of this workforce's ability to move the nation into more effective and efficient health care, there are no New York State guidelines that describe who a CHW is, what a CHW does, or what criteria might be used to qualify CHWs for statewide certification and sustainable financing.

This is a critical moment in time to consider how to sustain the role of CHWs at both the state and federal level. New York State is conducting a Medicaid redesign effort which seeks to increase efficiency and improve outcomes while reducing costs associated with the State Medicaid program. New York State aims to have one million people enrolled in patient-centered medical homes and approximately 700,000 people enrolled in health homes. These new models of care require integrated and coordinated services across a continuum of health and social services. CHWs can not only play a critical role in engaging the target population to enroll in these effective models of care, they can also help people move through the continuum of services seamlessly.

At the federal level there are several initiatives aimed at strengthening the role of CHWs in the provision of health care for low-income or vulnerable populations. The Patient Protection and Affordable Care Act (PPACA) specifically mentions CHWs as members of the health care team that can improve care. The PPACA includes CHW services to enroll newly eligible individuals into health insurance; the patient-centered medical home and accountable care organizations can incorporate CHWs as part of the teams that coordinate care.

CHW BUSINESS CASE

Many studies have identified health care cost-savings associated with CHWs.[1] CHWs contribute to overall health system savings through their impact on (1) improved prevention and chronic disease management, which reduces costly inpatient and urgent care costs; (2) cost-shifting, with increased utilization of lower cost health services; and (3) indirect savings associated with reallocation of expenditures within the health care system, e.g., by appropriate team allocations within the patient-centered medical home.[15-17]

The return on investment method has been used to assess the contribution of CHWs to a reduction in Medicaid charges or health system total costs. CHW programs for which the return on investment has been calculated fall in the range of savings or returns of $2.28 to $4.80 for every dollar spent on CHWs.[16,25,26] For example, CHWs working with underserved men in the Denver Health system were able to shift the costs of care from costly inpatient and urgent care to primary care, achieving a $2.28 return on investment for every $1.00 spent and an annual savings of $95,941.[16]

Several studies have documented the reduction in emergency care or inpatient services associated with a CHW intervention, with savings ranging from $1,200 to $9,300 per participant in programs with CHWs.[10,27-30] In Baltimore, African-American Medicaid patients with diabetes who participated in a CHW intervention had a 40% decrease in emergency room (ER) visits, a 33% decrease in ER admissions, a 33% decrease in total hospital admissions, and a 27% decrease in Medicaid reimbursements. The CHW program produced an average savings of $2,245 per patient per year and a total savings of $262,080 for 117 patients.[28]

In New York, New York-Presbyterian Hospital (NYP) has been using CHWs in their childhood asthma program. Over a 12-month period of care coordination, CHWs reduced asthma-related ER visits and hospitalization rates by more than 50%. Hospital lengths of stay were also reduced. Based on these findings, NYP incorporated the costs of CHWs into their operating budget and CHWs are now a permanent part of the community-hospital partnership childhood asthma program.[31]

NEW YORK STATE CHW INITIATIVE

The CHW Network of NYC, an independent professional association of CHWs, in partnership with the New York State Health Foundation and the Columbia University Mailman School of Public Health, created the New York State CHW Initiative to advance the CHW workforce by establishing statewide recommendations for the employment, training, certification, and financing of CHW programs. In 2010, the NYS CHW Initiative invited leading representatives from private, public, and non-profit sectors, including CHWs, to establish a Leadership Advisory Group (LAG) to inform the development of recommendations to advance the field of CHWs. With some 40 members, the LAG formed three work groups to develop sustainable strategies to support and advance the CHW workforce and ensure the stability of this critical component of health care. The work groups included Scope of Practice, Training and Credentialing, and Financing. Each work group was co-chaired by a CHW and one other leader. In addition, staff was assigned to each work group to support their administrative and research needs. Over the course of four months, the work groups produced a set of recommendations for consideration by the Office of the Governor and the New York State Legislature, as well as health care providers, payers, training organizations, and private sector employers.

Recommendations

CHW SCOPE OF PRACTICE

WORK GROUP

The Scope of Practice Work Group was charged with developing a CHW scope of practice—a set of standards that outline the roles that the CHW performs, either in part or full. This work group met four times over the course of three months, and met at an accelerated schedule compared to the other work groups, knowing that their products would set the groundwork for the work of the other groups. This work group had the benefit of a significant body of literature, including the work by the National Community Health Advisor Study (NCHAS)[32] and the Community Health Worker National Education Collaborative (CHW-NEC).[33] In addition, the work group was guided by the results of community-based participatory surveys conducted by the CHW Network of NYC and Columbia University in NY.[34] At the request of the work group, CHW Initiative staff also conducted a Functional Task Analysis to clearly articulate relevant roles, tasks and skills, and to provide a framework for considering task outcomes, performance variables, and supervision issues for each CHW role. For the purposes of this report, a SKILL is a proficiency acquired or developed through training or experience that allows one to complete a TASK with specific activities, which in turn contribute to fulfilling a larger function or ROLE.

The CHW Scope of Practice should be seen as an all-inclusive list of roles and tasks which CHWs in New York may be expected to fulfill. However, the exact mix of these roles and tasks will vary from organization to organization where CHWs may be employed to fulfill one or more of the roles. This structure also provides the opportunity for career development pathways where CHWs might become "specialists" in one or two of the roles while others may advance by becoming "generalists" with expertise in a number of roles.

The work group also found that several elements prioritized by both CHWs and their employers as essential to CHW success were not elements that conformed to the task analysis structure. It was found that these elements were personal attributes or qualities that were critical to CHW success, but not necessarily what an employer would pay for and therefore not amenable to the task analysis. These elements were listed separately as "Preferred CHW Attributes" and are important to employers recruiting CHWs and for potential CHWs' deciding the appropriateness of the practice for them. These attributes are also often seen by employers as entry-level requirements.

Based on their collective wisdom, experience and resources, the work group created four products, including:

- CHW Scope of Practice: Roles and Related Tasks
- CHW Functional Task Analysis (not included in this summary report)
- Preferred CHW Attributes (See Appendix A)
- CHW Scope of Practice Recommendations (See below)

CHW SCOPE OF PRACTICE: ROLES AND RELATED TASKS

WE HAVE DEVELOPED THE FOLLOWING SUCCINCT SCOPE OF PRACTICE WHICH POSSESSES THE FOLLOWING ELEMENTS

1

Consistent with the suggestions for scope of practice elements from both CHWs and employers

2

Consideration of the major roles and skills previously identified by national CHW workforce development efforts

3

Inclusion of the requisite mix of attributes or qualities (see Preferred CHW Attributes list) that contribute to successful application of the scope of practice

4

Scope of practice elements specify the CHW roles, with their associated tasks

5

Allowance for flexible application of the scope of practice elements so that CHWs and employers can develop job descriptions that encompass different mixes of the CHW roles

CHW SCOPE OF PRACTICE: ROLES AND RELATED TASKS

ROLE I

OUTREACH AND COMMUNITY MOBILIZATION
- Preparation and dissemination of materials
- Case-finding and recruitment
- Community strengths/needs assessment
- Home visiting
- Promoting health literacy
- Advocacy

ROLE II

COMMUNITY/CULTURAL LIAISON
- Community organizing
- Advocacy
- Translation and interpretation
- Community strengths/needs assessment

ROLE III

CASE MANAGEMENT AND CARE COORDINATION
- Family engagement
- Individual strengths/needs assessment
- Addressing basic needs – food, shelter, etc.
- Promoting health literacy
- Coaching on problem solving
- Goal setting and action planning
- Supportive counseling
- Coordination, referrals, and follow-ups
- Feedback to medical providers
- Treatment adherence promotion
- Documentation

ROLE IV

HOME-BASED SUPPORT
- Family engagement
- Home visiting
- Environmental assessment
- Promoting health literacy
- Supportive counseling
- Coaching on problem solving
- Action plan implementation
- Treatment adherence promotion
- Documentation

ROLE V

HEALTH PROMOTION AND HEALTH COACHING
- Translation and interpretation
- Preparation and dissemination of materials
- Teaching health promotion and prevention
- Coaching on problem solving
- Modeling behavior change
- Promoting health literacy
- Adult learning application
- Harm reduction
- Treatment adherence promotion
- Leading support groups
- Documentation

ROLE VI

SYSTEM NAVIGATION
- Translation and interpretation
- Preparation and dissemination of materials
- Promoting health literacy
- Patient navigation
- Addressing basic needs – food, shelter, etc.
- Coaching on problem solving
- Coordination, referrals, and follow-ups
- Documentation

ROLE VII

PARTICIPATORY RESEARCH
- Preparation and dissemination of materials
- Advocacy
- Engaging participatory research partners
- Facilitating translational research
- Interviewing
- Computerized data entry and web searches
- Documentation

CHW SCOPE OF PRACTICE RECOMMENDATIONS

POLICY

- We encourage CHWs and CHW employers to embrace this scope of practice as descriptive of CHW professional identity, and that this scope of practice defines the reach of the CHW profession, specifying the boundaries that separate it from other practices.
- We recommend that this scope of practice become the New York statewide standard for CHWs.
- We encourage training institutions interested in serving the CHW profession to recognize this scope of practice when developing training curricula, planning and implementing CHW training programs.
- We encourage funders, employers and other stakeholders to recognize this scope of practice as the statewide standard in their financing and employment practices, especially when developing CHW job descriptions, CHW performance metrics, advancement opportunities, and supervision requirements.
- We recommend that CHWs be considered a priori for roles and tasks described in this scope of practice.
- We recommend that CHWs be employed to fulfill one or more of the roles of this scope of practice.
- We recommend that future changes to the scope of practice involve CHW leadership, to ensure that the scope of practice preserves the integrity of the CHW practice and supports an appropriate, accessible and achievable credential process.
- We encourage using the list of preferred qualities accompanying this scope of practice when recruiting CHWs.

RESEARCH

- We recommend increased financing for research to evaluate the impact of specific CHW roles and associated tasks on intermediate attitudinal and behavioral outcomes, health outcomes, and health inequities.
- We recommend increased financing for research to evaluate the direct and indirect economic contributions of CHWs (cost control, value added, return on investment, revenue enhancement, multiplier effect, improved client economic status), in order to build the business case for CHW interventions.
- We encourage the periodic review of the CHW scope of practice to ensure that it continues to reflect the actual CHW practice in NYS.
- We encourage the expanded employment of CHWs as "natural researchers" in their role in Community Based Participatory Research efforts.
- We encourage the development of new and appropriate research paradigms that incorporate spiritual, physical, emotional, human rights, and justice elements to effectively evaluate these elements of the CHW scope of practice.

CHW TRAINING AND CREDENTIALING

WORK GROUP

As CHWs become more integrated in the health and social service delivery system, there is increased interest in standardized training and credentialing of the workforce, particularly as a way of attributing reimbursable services offered by CHWs. Recognizing that the CHW model is a social one, and that advancing the culturally relevant support provided by CHWs is crucial to maximizing their value to the health and social service delivery system, it has become increasingly important to develop training and credentialing guidelines that support and recognize this critical social dimension of their work. The Training and Credentialing work group therefore relied heavily on existing literature, lessons learned from other states that have tried to credential CHWs statewide, and research conducted by the NYS CHW Initiative staff to honor the tradition, history, and social position of the CHW workforce.

The work group was purposeful and deliberate in developing recommendations that would advance the CHW workforce while preserving its character as a peer model that has shared life experiences with the people CHWs serve. Therefore, the recommendations address the need for adult learning practices and appropriate content in CHW training and standards for statewide CHW training programs. Recognizing the multiple institutions and contexts in which CHWs may be trained, the work group also made recommendations about the content of appropriate training programs needed to support the Scope of Practice, but did not specify a single standard statewide curriculum which might be difficult to implement across all institutions.

On the issue of certification, the work group makes very specific recommendations that support the workforce's guiding principle of self-determination and embraces employer and funder concerns for statewide standards. In consultation with the regulatory Office of the Professions at the New York State Department of Education, it was agreed that the work of CHWs is primarily concerned with providing support, advice, encouragement and information — all of which are legally exempt from state regulation.

CHW TRAINING AND CREDENTIALING RECOMMENDATIONS

The Training and Credentialing work group developed the following set of recommendations which address the need for best practices and appropriate content in CHW training and appropriate certification

TRAINING CONTENT

- We recommend that CHW training be responsive to the CHW scope of practice and support the development of the skills, knowledge, and attitudes required for accomplishing the work.
- We recommend that training in core skills/competencies be the standard for all CHW training throughout the state. Training in specialty tracks (e.g., disease topics, community development, employment, etc.) can be considered as an addition to core competencies.
- We recommend that CHW training view health holistically and embrace consideration of the social determinants of health, social justice, and poverty, in order to be responsive to the work CHWs perform.
- We recommend that CHW training programs include field-based learning or other forms of mentored opportunities.

TRAINING METHODOLOGY

- We recommend that CHW training programs utilize methods appropriate for adult learners, including adult learner-centered philosophies and a mix of pedagogies that includes interactive, participatory, and experiential training methods.
- We recommend that CHW training programs embrace the approach that training participants have a wealth of knowledge and wisdom – the expression of which must be encouraged in any training effort- and that training lead to informed action for social change.
- We recommend that training be available in phases, with an initial training in core competencies followed by more advanced training in specialty areas.

TRAINING LOCATIONS

- We recommend that CHW training be available in a variety of settings, including community-based organizations, faith-based organizations, colleges, non-profits, and proprietary training organizations, in order to leverage existing resources.

TRAINING DEVELOPMENT & DELIVERY

- We recommend that training and evaluation of CHWs be made flexible, so that CHWs with limited test-taking or writing skills can excel.
- We recommend that CHWs be involved in all aspects of curriculum planning, development, and implementation in order to advance a mutually supportive relationship and develop appropriate education programs.
  - CHWs can aid college administration in planning and developing curricula to meet the demands of their scope of practice.
  - CHWs can help training programs establish internship/mentorship relationships with health-related agencies.
  - CHWs can support evaluating the training implementation process including consideration of impacts on students and the community.

(continued on next page)

CHW TRAINING AND CREDENTIALING RECOMMENDATIONS

TRAINING DEVELOPMENT & DELIVERY (CONTINUED)

- We recommend that CHW training programs promote CHWs as faculty and co-trainers.
- We recommend that CHW training programs structure programs for a wide variety of ages/experience, educational and work history backgrounds, family & financial situations, culture and personal desire.

INSTITUTIONAL REQUIREMENTS

- We recommend that college-supported CHW training programs consider prior learning/experience; including offering credit for documented life/employment experience.
- We recommend that college-supported CHW training programs mitigate existing barriers to college entrance, for example, immigration status or criminal background. CHWs represent the communities they serve and these barriers may exclude members of the community who could be effective CHWs.
- We recommend that CHW training programs establish strategies and resources to support the development of appropriate literacy (reading, writing, and comprehension) skills and computer/technical readiness skills.
- We recommend that CHW employers support CHWs to receive training in core competencies and appropriate specialty topics.
- We recommend that employers provide advancement opportunities for CHWs who complete appropriate and advanced training.

CERTIFICATION

- We recommend that CHWs and consumers of CHW services be involved in developing and implementing any potential statewide certification process. We recommend that CHWs be guaranteed a minimum of 25% representation on any group that governs the CHW certification or the practice in general.
- We recommend that CHW certification be linked to CHW training programs that meet the curriculum standards proposed in this document. We do not recommend a statewide standard curriculum, as that would limit the training resources available across the state.
- We recommend that statewide CHW certification include both core skills and topic-specific specializations.
- We recommend that a CHW certificate program develop reciprocity with other states that have statewide CHW certificates.
- We recommend that barriers to obtaining the certificate be limited, including cost, testing, recertification, etc.
- We recommend that experienced CHWs or those with a mix of training and experience be exempt from the certification requirements.

CHW FINANCING

WORK GROUP

The Finance Work Group was created to research and recommend sustainable financing mechanisms for CHWs. The work group met to learn and outline best practices to fund CHWs and CHW services from other states, as well as understand possible funding mechanisms for New York State. Below is a list of activities undertaken by the group.

- Reviewed and discussed recommendations for financing CHWs from states that have developed statewide CHW programs, e.g. Minnesota, Massachusetts, and Texas;
- Met with both health providers and non-health care organizations to understand how CHWs are financed with secure funding; and
- Reviewed existing New York State programs and new programs related to health reform to identify opportunities to incorporate CHWs.

This work group also considered the products generated by the Scope of Practice Work Group. Rather than focusing on a single recommendation, the work group sought to prepare a comprehensive set of recommendations which would address CHW financing through multiple mechanisms: Medicaid, pay-for-performance programs, commercial/private insurance, and government health care services. There are recommendations for the Medicaid Redesign Team concerning patient-centered medical homes, health homes, accountable care organizations, and other Medicaid innovations and demonstration projects.

In addition, the group considered policy and research recommendations that are needed to support this approach to building sustainable funding for CHWs in New York.

CHW FINANCE CONSIDERATIONS

THE RECOMMENDATIONS TOOK INTO CONSIDERATION THE INHERENT CHALLENGES IN FUNDING CHWS AND CONSIDERED THE FOLLOWING QUESTIONS

1 What are the core elements of CHWs that must be preserved in all finance modeling?	**2** What is the business case for CHWs?	**3** Should CHWs be credentialed?
4 Which roles do CHWs perform that overlap with other health professions and therefore may already have reimbursement available?	**5** How to make financing recommendations in a difficult economic climate?	**6** Should there be different recommendations depending on who is the likely funding source?

CHW FINANCE RECOMMENDATIONS

MEDICAID

- We recommend that CHWs be recognized as health professionals and members of health care teams, in agreement with the PPACA.
- We recommend that CHWs be integrated into patient centered medical homes (PCMHs), accountable care organizations (ACOs), and health homes by officially listing CHWs as integral members of these health care teams.
- We recommend that the CHW scope of practice developed in these recommendations be used when integrating CHWs in PCMHs, ACOs and health homes.
- We recommend that New York State encourage providers to use PCMH incentives to finance CHW services for the CHW roles identified in the recommended scope of practice. (PCMHs can receive an incentive of up $21 per patient per month (PMPM) for level three of the National Committee for Quality Assurance recognition program).
- We recommend that New York State introduce financial incentives for use of CHWs and CHW services with the elderly, disabled, and those with multiple chronic conditions, who will see improved health outcomes from CHW services.
- We recommend that New York State provide financial incentives (e.g., through increased capitation rates or pay-for performance mechanisms) to encourage Medicaid Managed Care plans to integrate CHWs into their care models and care teams.
- We recommend that Medicaid Managed Care plans finance outcomes-based programs which align with any of the CHW scope of practice roles. For example, United Health Group is reimbursing YMCAs for offering the Diabetes Prevention Program if they achieve performance measures (attendance, weight loss goal, etc.). The YMCAs can use CHWs or other individuals to deliver the program.

MEDICARE

- We recommend that demonstration projects supported by the Center for Medicare and Medicaid Innovation incorporate and evaluate the contribution of CHWs to maintaining or improving the quality of care in Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) and to slowing the rate of growth in reimbursed health care costs.

COMMERCIAL INSURANCE

- We recommend that health insurance plans advocate for establishing payment guidelines for CHW services, as part of the medical costs category, by assigning CHW services a Resource-Based Relative Value Scale (RBRVS), a Current Procedural Terminology (CPT) code or, alternatively, attach CHW services to an existing code.
- We encourage commercial health plans to pay for outcomes-based programs which align with CHW services. We encourage organizations (health care organizations, social service agencies, etc.) implementing the programs to hire CHWs and pay CHWs based on achieving the outcomes associated with implementing any or all of the roles specified in the recommended scope of practice. For example, YMCAs can hire CHWs, train them to deliver the Diabetes Prevention Program, and then be reimbursed by their funders when participants receiving the CHW services attain the performance measures specified by the program's goals.

PHILANTHROPY

- We encourage public and private funders of CHWs to use the American Public Health Association definition of CHWs in planning, programming, and funding.
- We encourage individuals, agencies, and institutions which provide CHW training and education to adopt and utilize the "community health worker" term when designing and implementing programs, including use in their curricula, promotional materials, and public presentations.
- We encourage increased funding to support CHW training, programming and evaluation of CHW effectiveness, both within and outside the health care delivery system. The following are organizations or agencies which may employ CHWs: Community Development Organizations, Regional Opportunity Councils, Community Action Programs, NYS Agencies (Probation, Education, and Health), Head Start, Early Childhood/Early Intervention programs, Housing Authorities, Aging Services, Homeless Shelters, Refugee/Immigrant Services, Food Banks, Faith-Based Organizations, or WIC.

GOVERNMENT, HEALTH CARE PROVIDERS, AND EMPLOYERS

- We recommend that New York State consider the CHW scope of practice when responding to PPACA program pilots and demonstrations.
- We recommend that New York State take advantage of the recently legislated option to use up to 25% of the state's PPACA allocation for early childhood visitation programs for innovative approaches. NYSDOH could allocate these funds to promising practices utilizing CHWs as the key persons delivering MCH home visiting services.
- We recommend that New York State provide incentives, such as preferential rating of public grant and contract applications, when evaluating proposals that actually utilize CHWs for roles that fall within the CHW scope of practice.
- We recommend the expansion and targeting of public funds for CHW workforce development, training and support from sources such as US Department of Labor, the NYC Department of Small Business Services, etc.
- We recommend expanding funding of New York State programs that utilize the CHW model.
- We recommend expanding funding for the Administration for Children's Services Teenage Services Act (TASA) programs, which utilize the CHW model.
- We recommend that the NYSDOH include CHWs when implementing elements of their Prevention Agenda.
- We recommend that NYSDOH ensure that CHWs are part of health insurance exchanges through the consumer assistance programs mandated by the PPACA.
- We encourage NYSDOH to develop an educational campaign about CHWs targeted at CHWs, employers of CHWs, funders, policy makers, city and state health departments, and residents receiving CHW services.
- We encourage the wide range of public and private sector organizations involved with health promotion, health care financing and health care delivery, to incorporate CHWs as appropriate in their work. They are encouraged to replicate existing models or to develop innovative new approaches for utilizing CHWs in their health care teams, programs, and payment systems for any or all of the CHW roles as specified by the recommended scope of practice.
- We encourage public and private sector organizations to develop the business case for utilizing CHWs to conduct their scope of practice.
- We encourage public and private organizations to use savings generated by CHW interventions to finance CHWs through their operating budgets.

Appendix A

PREFERRED CHW ATTRIBUTES

CHW QUALITIES CONTRIBUTING TO SUCCESSFUL ACCOMPLISHMENT OF THE CHW SCOPE OF PRACTICE

1

CONNECTED TO COMMUNITY

- Community member OR have a close understanding of the community they serve
- Shared life experiences
- Desires to help the community

2

PERSISTENT, CREATIVE, AND RESOURCEFUL

- Determined
- Imaginative
- Ingenious

3

MATURE

- Courageous
- Prudent
- Temperate
- Wise

4

EMPATHETIC, CARING, COMPASSIONATE

- Kind
- Gentle
- Considerate
- Sensitive

5

OPEN-MINDED/ NON-JUDGMENTAL – RELATIVISTIC, NON-DUALISTIC

- Unbiased
- Flexible
- Tolerant

6

HONEST, RESPECTFUL, PATIENT

- Sincere
- Candid
- Polite
- Courteous

7

FRIENDLY, OUTGOING, SOCIABLE

- Gracious
- Pleasant
- Responsive
- Welcoming

8

DEPENDABLE, RESPONSIBLE, RELIABLE

- Trustworthy
- Loyal
- Motivated and capable of self-directed work
- Committed/ dedicated

Sources: Community Health Worker Network of NYC and The National Community Health Advisor Study

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