

# Community Health Worker Movement

Teleconference Call  
Monday October 26, 2015  
10am-12pm PSD

## Agenda

- I. Welcome and Introductions
- II. Organizational/Partner Overview
  - 2001: Arizona Community Health Outreach Worker Association (AzCHOW)
  - 2013: Arizona Community Health Worker Workforce Coalition
  - 2014: Arizona Department of Health Services CHW Leadership Council
  - 2015: CHR Movement
- III. Review and Discuss CHR Policy Summit Report Results
- IV. AHCCCS Section 1115 Waiver
- V. Next Meeting Date and Topics
  - Sunrise Application Input
  - Tribal Resolution Template
- VI. Announcements
- VII. Adjourn

# Introductions

- Please say your name and the program you are with

3

# Organizational/Partner Overview

Review of the major CHW/CHR stakeholder groups working to strengthen the role of CHW/CHRs in the Arizona.

1. 2001: Arizona Community Health Outreach Worker Association (AzCHOW)
2. 2013: Arizona Community Health Worker Workforce Coalition
3. 2014: Arizona Department of Health Services CHW Leadership Council
4. 2015: CHR Movement

4

## Arizona Community Health Outreach Worker Association

- Founded in 2001
- AZCHOW is a statewide organization designed to create unity while preserving cultural diversity among community health workers.
- Contact Flor Redondo
  - 928 366 3016
  - [floribella@seahec.org](mailto:floribella@seahec.org)
- Need CHR representation on AzCHOW Board
  - Commitment includes monthly phone calls



5

## Arizona Department of Health Services Community Health Worker Leadership Council

- Established in 2014
- This 21 member advisory council provides ADHS :
  - support and expertise on current and future infrastructure for the CHW Workforce throughout Arizona.
- Meets quarterly – face to face and by phone
- Chair and co-chair identified for 2015-2016
- Need CHR Program leadership on Council

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6

## Arizona Community Health Worker Coalition

- Established in 2013
- The Coalition is a multi-stakeholder advocacy coalition of over 150 academic, public health, health care, tribal and non profit organization members working to sustain and advance the CHW workforce in Arizona. CHWs is the umbrella title and includes Promotoras, Community Health Representatives, Peer Educators, Patient Navigators and beyond.
- Meets quarterly, face to face in Phoenix area.
- To join contact :
  - Monica Munoz to get on list serve
  - [munoz@email.arizona.edu](mailto:munoz@email.arizona.edu)

7

## Community Health Representative Movement

- Established in 2015
- Mission : TBD
- Meets : TBD
- To join Contact :
  - Lydia Enriquez
  - [Lydia.Enriquez@azahcccs.gov](mailto:Lydia.Enriquez@azahcccs.gov)



8

# Overview of CHR Policy Summit Report

Comments – Questions – Suggestions  
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## Happy Halloween!



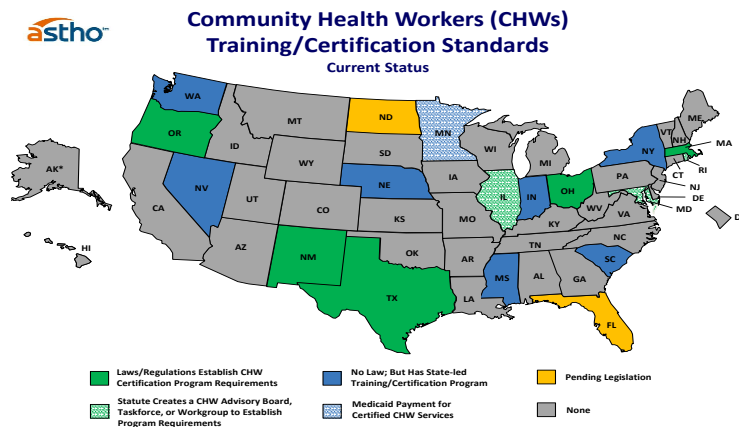
Jessie ( aka Sam Sabo) and Buzz Lightyear ( aka Luka)

## CHR Workforce Sustainability Roundtable Discussion

- During the CHR Policy Summit a series of round table discussions were conducted.
- Roundtables consisted of CHRs, CHR supervisors, health department leadership and support staff and represented various tribes and CHR programs.
- Discussions focused on 10 questions related to CHR workforce voluntary certification, opportunities for reimbursement and expansion of the workforce and priority areas for moving forward.
- The following slides includes a **summary of participant responses** across CHR programs by question.

11

## Trends in CHW Certification



12

Last updated: 3/16/2015

## Voluntary CHR Certification

**When you hear the word CHR certification, what is the first thing that comes to mind?**

- Standardization
  - Definition, training, competencies, scope of practice
- Legitimacy



13

## Voluntary CHR Certification

### Benefits

- Elevates the profession
- Demonstrates desire and passion among CHRs
- Promotes commonality across all CHR programs
- Supervisors are a motivator
- Could help with reimbursement and expansion of the workforce

### Concerns

- How will consensus among CHR be achieved
- Will there be conflict between certified and non-certified CHRs
- Will veteran or experienced CHRs want to be certified
- Supervisors play a key role

14

## Voluntary CHR Certification

### Is there value in the state's creation of a Community Health Worker Board of Certification?

- CHR programs saw value in a statewide certification board
- CHRs and CHR Programs should have representation on the Board
- Some considerations :
  - Sovereignty
    - CHR Programs make decisions within tribal governing structures
    - If tribe agrees – then they are in essence guaranteeing the quality and impact of the workforce

15

## Voluntary CHR Certification

### What are the barriers that should be considered when developing standardized statewide certification training?

- Language
- Cost
- Time commitment of CHR
- Relevancy to CHR work
- Sovereignty - must consider inter-tribal relationships and the tribal-state relationships and processes for making policy decisions



16



# Voluntary Certification

## Ways to Recognize CHR Experience

- Years of experience
- Quality of experience
- Prioritize experience versus academic training



17

## Opinions on Certification through Grandfathering

- CHRs agreed this was okay as long as :
  - Qualifications are established
    - Years and quality of experience
- Way to guarantee continuing education for CHRs

# Voluntary CHR Certification

## Should CHR supervisors also be trained and certified to supervise CHRs?

- Participants overwhelmingly agreed – yes.
- Promotes full understanding of the competencies and scope of practice of CHRs
- Enhances trust between CHR supervisors
- May improve management, support and growth of CHRs



18

## Reflection and Discussion

- What can be added or clarified ?
- What are we missing ?
- Other thoughts and reflections ?

19

## Reimbursement + Expansion of CHR Workforce

**What opportunities and next steps exist to increase the CHR workforce or hire more CHRs?**

1. Health care systems
2. Public Health Systems
3. Workforce development



20

## Reimbursement + Expansion of CHR Workforce

### Health Care Systems

- Make CHR services billable services
- Identify Medicaid systems and or third party billing to increase the size of the workforce
- Integrate CHRs as members of the health care team including :
  - Members of the telemedicine and the patient discharge team
  - Provide CHRs access to Resource and Patient Management Systems (RPMS) to coordinate care and communicate with other members of the health care team.
  - Improve direct collaboration and communication with public health nurses (PHNs) to create a more integrated care model and team.

21

## Reimbursement + Expansion of CHR Workforce

### Public Health Systems

- Leverage and expand the role of CHRs within existing public health programs such as: oral health, behavioral health, Women Infants and Children (WIC) and the Special Diabetes Programs
  - Redirect dollars to CHRs for follow up, outreach, and home visiting
- Integrated CHRs into the schools to encourage children and families to make healthy lifestyle choices.
- Educate public health programs, health systems and the public that CHR services span the lifespan and are not for one specific group (elders)

22

## Reimbursement + Expansion of CHR Workforce

### Workforce Development

- Adapt and review current IHS- CHR manual that outlines the definition and scope of practice of a CHR to ensure its validity across all tribal nations
- Create a health workforce pipeline
  - High school CHR mentoring and shadowing program
  - CHR Certificate and community health programs through Tribal College

23

## Reflection and Discussion

- What can be added or clarified ?
- What are we missing ?
- Other thoughts and reflections ?

24

## Moving Forward

- Educate CHRs, tribal programs and policy makers about:
  - Role of CHRs
  - Progress towards voluntary certification
  - Policies and rule changes related to third party and reimbursement for CHR services
- Develop and support tribal resolutions that support CHR Programs :
  - Training
  - Certifications
  - Funding/Financing
  - Integration in health and public health systems

25

## Moving Forward

- Organize on going, Face to face and teleconference meetings among CHR Programs
- Develop a website or a Message Board for CHR Programs
  - Share information – on training, meet ups, conferences etc
  - Voice ideas
  - Stay connected

26

## Reflection and Discussion

- What can be added or clarified ?
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27

## CHR Workforce Assessment

Among the 50 CHR participants eligible to complete the survey, 64% (32) completed the CHR workforce assessment. Among the survey participants, 34% (11) self identified as CHRs and 65% (18) as CHR supervisors, employers or organizations.

The assessment focused on:

1. CHR functions, including scope of practice, role and responsibilities
2. Training and training needs
3. Health and social issues of focus
4. Barriers to hiring CHRs and advancing the workforce
5. Awareness of policies related to the advancement of the broader CHW workforce

28

# CHR Top Functions

CHR Programs stated that health/environmental assessments, infectious disease, emergency preparedness, wound care and, data entry and health insurance navigation were also part of their work.

**Table 2. Top functions that CHRs perform**

Functions	Total	Percent
Home visits	32	100%
Providing health education/information	30	94%
Translation/Interpretation	24	75%
Collaborating with other agencies	23	72%
Health screening	22	69%
Case management	21	66%
Personal care	18	56%
School and community based outreach	17	53%
Refer/provide linkages to community-based resources	17	53%
Home health care	17	53%
Case finding/recruitment	17	53%
Office work	15	47%
Peer education/mentoring	9	28%
Lead support groups	7	22%
Informal counseling	7	22%
Insurance enrollment	5	16%
Fundraising / grant writing	1	3%
<b>Total</b>	<b>32</b>	<b>100%</b>

# CHR Top Health Issues

**Table 3. Top Health Issues Community Health Workers of Focus**

Health Issue	Total	Percent
Diabetes (Screening and Self-management)	28	88%
Chronic Disease Prevention	24	75%
Elder health	22	69%
Prevention (Nutrition and/or Physical Activity)	20	63%
Environmental Health	16	50%
Injury Control	16	50%
Cancer (Screening and Treatment)	16	50%
Maternal and Child Health	15	47%
Cardio Vascular Disease (Screening and Management)	13	41%
Alcohol/Substance/Tobacco User	11	34%
HIV / AIDS	11	34%
Accessing Health Services	11	34%
Sexual or Reproductive Health	11	34%
Behavioral Health / Mental Health	10	31%
Tuberculosis - TB	10	31%
Adolescent Health	7	22%
Asthma	6	19%
Occupational Health	5	16%
Dental health	4	13%
<b>Total</b>	<b>32</b>	<b>100%</b>

## CHR Top Trainings Needed

**Table 4. Top trainings CHRs could benefit from**

Topics	Total	Percent
Heart disease and stroke	25	78%
Cancer	23	72%
Diabetes	23	72%
Falls prevention	22	69%
Chronic disease self-management	21	66%
Substance abuse	19	59%
Behavioral / lifestyle coaching	19	59%
Maternal and child health	18	56%
Asthma	16	50%
HIV / AIDS	16	50%
Smoking cessation	14	44%
<b>Total</b>	<b>32</b>	

31

## Barriers to Hiring and Integrating CHRs

A July 2015, Center for Medicare and Medicaid Services (CMS) ruling now allows Medicaid programs to request an amendment to current rules that will allow for reimbursement of community-based preventative services for non licensed professionals, including those that CHW/CHR provide.

Summit CHR Programs were asked about their awareness of this ruling as it relates to their work :

- 35% (n=11) were aware of the new ruling for reimbursement
- 65% (n=20) were not

**Table 5. Barriers in hiring or integrating CHRs into health care teams**

Barriers	Total	Percent
Lack of ability to bill insurers for their services	15	50%
Lack of clarity about the value of their use	15	50%
Lack of clarity about how they function as members of or link to a primary care team	17	57%
Lack of training of CHWs	17	57%
<b>Total</b>	<b>30</b>	

32



# Reflection and Discussion

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- What can be added or clarified ?
- What are we missing ?
- Other thoughts and reflections ?