



Building a Sustainable Community Health Worker Workforce in Massachusetts

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Integrating CHWs into Healthcare Systems
NYU-CUNY Prevention Research Center
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Background for Policy Change

- Strong state public health department support for over 20 years:
 - Services, training, workforce policy
- 5 established CHW training centers:
 - Core competencies, supervisor training, and specialty health topics
- CHW leadership → founding of MACHW in 2000
- Synergy with national efforts

Challenges to the Field

- Stable funding for:
 - Jobs
 - Training
- Clear definition and scope of practice
- Professional identity
- Well defined core competencies
- Understanding of the value

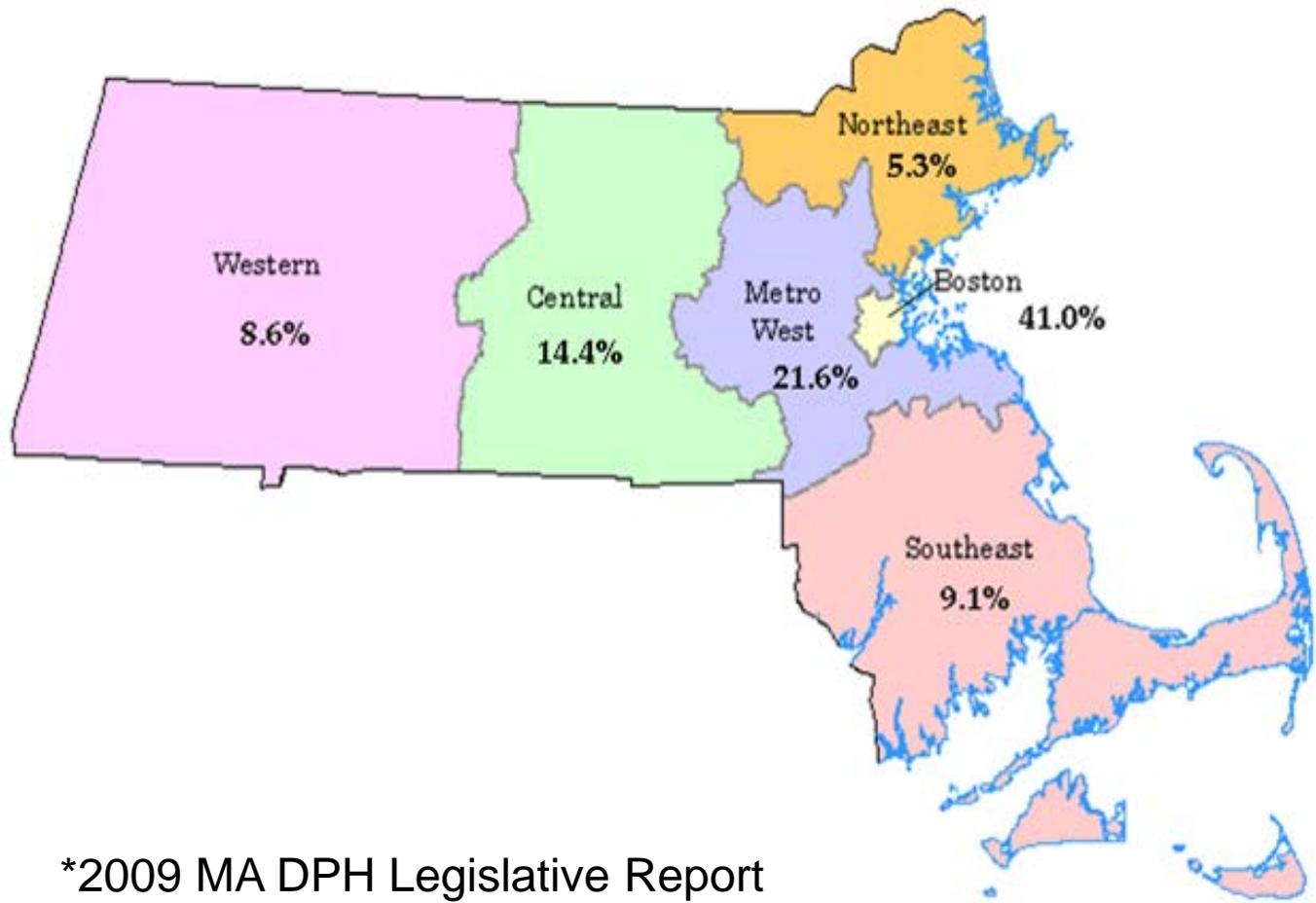
HEALTH REFORM: WINDOW OF OPPORTUNITY



Collaboration Led to Legislation

- Partnership drafted CHW legislation: MACHW, MDPH, MPHA
- CHW provision in 2006 MA health reform law for DPH
 - Convene statewide advisory council:
 - study the CHW workforce
 - recommendations to the legislature

3000 CHWs in Massachusetts



*2009 MA DPH Legislative Report

MDPH CHW Definition

CHWs are public health workers who apply their unique understanding of the experience, language, and/or culture of the populations they serve in order to carry out one or more of the following roles:

1. Providing culturally appropriate health education, information, and outreach in community-based settings, such as homes, schools, clinics, shelters, local businesses, and community centers;
2. Bridging/culturally mediating between individuals, communities and health and human services, including actively building individual and community capacity;
3. Assisting people to access the services they need;
4. Providing direct services, such as informal counseling, social support, care coordination, and health screenings; and
5. Advocating for individual and community needs.

DPH CHW Definition

CHWs are distinguished from other health professionals because they:

- *Are hired primarily for their understanding of the populations and communities they serve;*
- Conduct outreach a significant portion of the time in one or more of the categories above;
- Have experience providing services in community settings.

Recommendations to the Legislature (2009)

- 34 recommendations in 4 categories:
 - 1) Strengthen professional identity
 - 2) Strengthen workforce development:
 - Stabilize and expand core CHW training
 - Establish a process for certification
 - 3) Expand financing mechanisms
 - 4) State infrastructure (Office of CHWs)



MDPH Office of CHWs

- **Promote professional identity and CHW leadership** among key stakeholders
- **Convening, communications, technical assistance, and capacity building** with CHWs and other stakeholders
- **Support for training, career ladder development, and certification:**
 - Coordination and assessment of training, career ladder development, and certification
 - Evaluate impacts of certification

MDPH Office of CHWs

- **Policy development** to promote utilization of a stable, integrated CHW workforce:
 - Identify, develop and promote promising practices for CHW integration into interdisciplinary care teams
 - Identify, develop and educate about policies to formalize & sustain CHW role in health systems
 - Develop and support financing opportunities

MDPH Office of CHWs

- **Monitor research** about the impacts of CHWs on health outcomes, access, disparities, costs, and quality of care
- **CHW workforce surveillance:** Develop and promote data gathering for surveillance of CHW workforce and market trends
- **Coordination** within DPH, with sister state agencies, and with federal and private partners:
- **Align with and lead the national movement**

Chapter 322, Acts of 2010

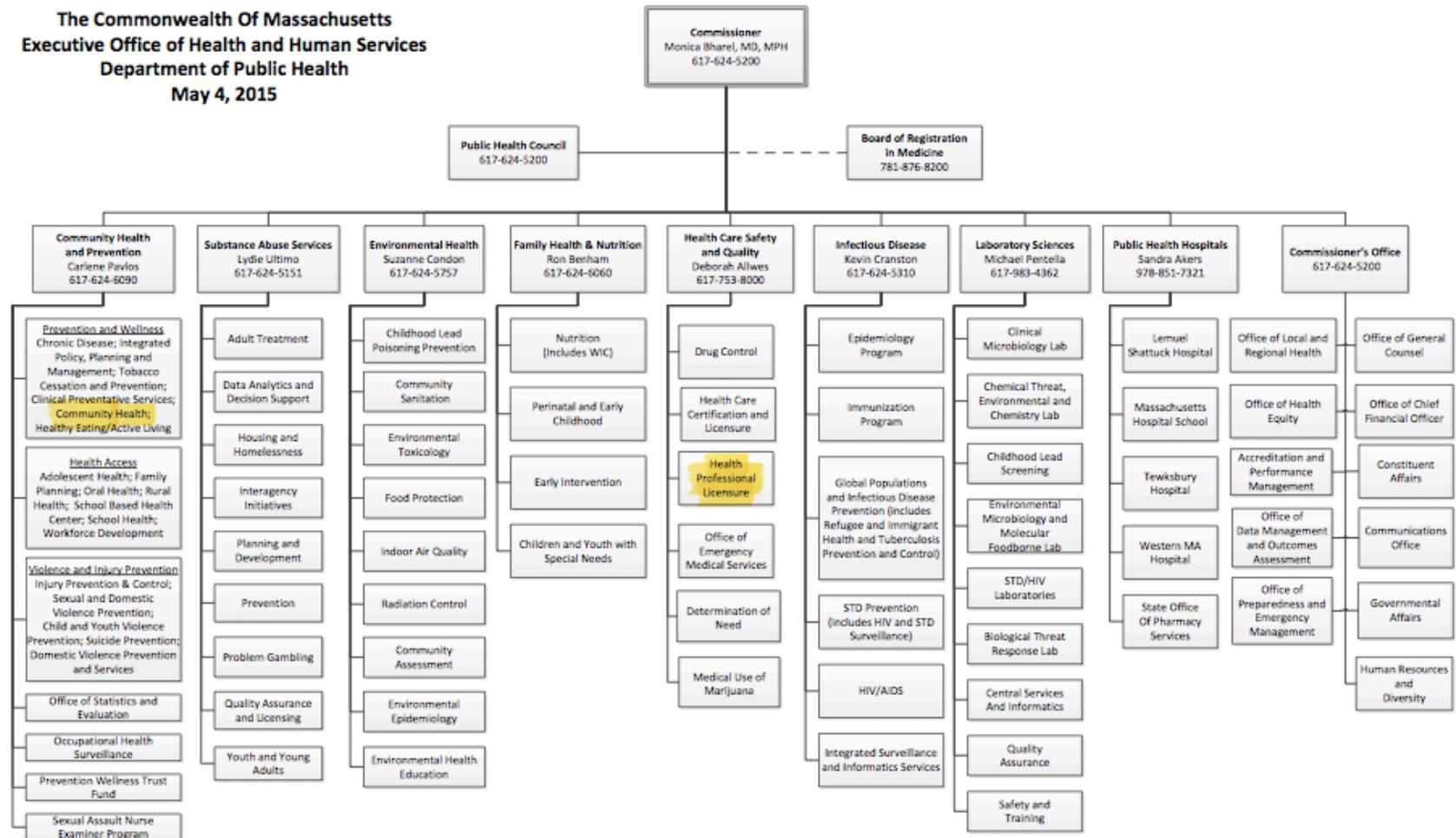
- Workforce recommendations led to certification law
- Bill drafted by MACHW, with DPH guidance, in 2009
- Advocacy by MACHW and swift passage
- “An Act to Establish a Board of Certification of CHWs” - took effect in 2012
- **Intent of the law: to recognize and strengthen the work of CHWs**

Important Features of the Certification Law

- Voluntary certification: title vs. practice act
- Certification based on competency
- Includes DPH definition
- 11 seat Board, appointed by governor
- At DPH Division of Health Professions Licensure (occupational regulation unit)

Organizational Chart for MA DPH

The Commonwealth Of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 May 4, 2015



Composition of the Board: 11 Seats

- Chair - Commissioner (or designee)
- 4 CHW seats, chosen from MACHW recommendations
- 1 representative each from:
 - Association of health plans (MAHP)
 - State primary care association (Mass. League)
 - Massachusetts Public Health Association (MPHA)
- 1 training center representative
- 1 community-based CHW employer
- 1 member of the public who knows about CHWs

MA Certification Board

- Must meet at least quarterly
- Open meeting law
- Open to the public
- Audience comment and questions
- 2nd Tuesday of the month, 9:30 am – 12:30:
 - Oct. 13th; Nov. 10th; Dec. 8th

CHW Certification Board Authority

- Establish standards and requirements for:
 1. Certification of individual CHWs
(includes a grandparenting option)
 2. Approval of core training programs
 3. A potential tier for certified CHWs to become trainers
 4. Renewal of certification



Major Policy Decisions of the Board

- What should the detailed core competencies be?
- How should an applicant's proficiency be assessed?
- Should there be an English requirement?
- How much work experience should be required?
- How many hours of training should be required?
- What should grandparenting look like?

Core Competencies

- 1) Outreach Methods and Strategies
- 2) Individual and Community Assessment
- 3) Effective Communication
- 4) Cultural Responsiveness and Mediation
- 5) Education to Promote Healthy Behavior Change
- 6) Care Coordination and System Navigation
- 7) Use of Public Health Concepts and Approaches
- 8) Advocacy and Community Capacity Building
- 9) Documentation
- 10) Professional Skills and Conduct

Two Pathways in DRAFT Regulations

#1. Combined Training and Work Experience

- 80 hours of training
- 2000 hours work experience

OR

#2. Work Experience only (first 3 years only)

- 4000 hours work experience

- Three professional references for both

Major Policy Decisions of the Board

- How long should the look-back period be when certification starts:
 - for training?
 - for work experience?
- How often for renewal?
- What should be required for renewal?
- What should CEUs be?

Major Policy Decisions of the Board

- What is the scope of practice?
 - What can and what *can't* a certified CHW do
- How to determine “good moral character”
- What should the Code of Ethics be?
- CORI – what should the requirement be?

Major Policy Decisions of the Board

- How to assess training programs:
 - How do they demonstrate proficiency of their graduates?
 - How do they protect the grassroots integrity of the field?
- How will assessment be managed within DPH?
(Certification Board acts as an “accrediting agency”)

Training Program Approval: DRAFT Regulations

- Training programs must provide 80 hours of core training:
 - 80% core competencies (64 hours)
 - 20% health topics (16 hours)
 - Can be partially online
- Flexibility in curriculum design and delivery
- Based on interactive learning methods
- CHW trainers required for minimum 40% of the time



Certification Timeline

- Draft regulations completed (Jan. 2015)
- ✧ State administrative review (draft regs + fee proposal)
- 35-day public comment period
- MACHW conducting regional meetings:
 - Educate CHWs and employers about the program
 - Facilitate CHW input in public comment period
- Certification hopefully becomes operational in 2016 after regulatory freeze lifted



Sustainability: Services and Workforce Infrastructure

- Training and services mostly grant funded
- Starting to see inclusion in alternative payment and delivery models, such as global payments
- Training programs began charging CHW employers
- DPH-convened Community of Practice:
 - Influence in Medicaid re-design
 - Strategies for business case with private payers, providers (white paper)
- Potential for State Plan Amendment
- Opportunities in 2012 payment reform



Ch. 224, 2012 – MA Payment Reform

- **Prevention and Wellness Trust Fund** - \$60 million, 4 years to show that prevention works; CHWs in every project; CHW seat on PWTF Advisory Board
- **Health Care Workforce Transformation Fund** – To train workforce in emerging models of care
- **MassHealth CMS-funded Dual Eligible demonstration (One Care)** - includes CHWs as a covered service
- **Inclusion of CHWs** in multidisciplinary teams in ACOs and Primary Care Payment Reform

Challenges Moving Forward

- Need for better policies on training, supervision, financing, infrastructure
- CHW leadership development and support for state associations
- Inherent Tension:
 - Promote sustainability and integration of CHWs into health care and human service delivery
 - Retain and support the grassroots nature of the profession

Lessons

- Actively educate about the process
- Take the time to build consensus
- Engage across sectors: create ownership
- Support active CHW leadership and involvement (with resources)
- Retaining grassroots integrity of the field while formalizing the role is *not* easy
- Eye on the prize – this is visionary work

Resources

- **Mass. DPH Office of CHWs:**

www.mass.gov/dph/communityhealthworkers

- **Massachusetts Association of Community Health Workers (MACHW):**

www.machw.org

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