

Project on Community Health Worker Policy and Practice
Occasional Paper No. 1: Community Health Workers in Local Health Departments

This paper was prepared in part under a contract between Public Health Seattle-King County (PHSKC) and Community Resources LLC of San Antonio, Texas. Authors: Carl H. Rush, MRP¹, Theresa Mason, Ph.D.² and June Robinson, MPH.³

Summary

This report was developed in the process of providing context and some potential directions for several interrelated initiatives by Public Health Seattle & King County (PHSKC) involving Community Health Workers (CHWs). It is based on informal interviews with resource contacts around the country. The report notes that the extent of involvement with CHWs varies widely across local health departments (LHDs), as do the degree of standardization of CHW positions and the extent of integration of CHWs into departmental operations. Further study is recommended to create a more complete picture nationally.

Background

In 2012, Public Health Seattle & King County (PHSKC) was awarded a “Power of Policy” grant from the American Public Health Association to explore policy change that supports Community Health Workers (CHWs) as a primary strategy to improve the health of vulnerable populations and health disparities. While education and outreach were being conducted as a part of the policy grant, PHSKC also hired Community Resources LLC as an external consultant to assist their staff in identifying strategies for long-term sustainability of CHWs who are currently employed by PHSKC.

This work was being done at the same time that the results of the ACA and expansion of Medicaid coverage and health insurance coverage were also rolling out. All of these efforts created a synergy around exploring avenues to support CHWs through healthcare reform. As local health departments around the country are attempting to understand and develop their roles in the context of health reform, this exploration of the roles of CHWs within a local health department and possibilities for sustainable funding of their work became more and more urgent.

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PHSKC requested an informal “benchmarking” study in order to compare their current practices and policies with those of other major metropolitan health departments

CHWs in Local Health Departments

PHSKC is not alone in their investigation of the application of CHW capabilities to local public health activity. We note with interest the following general observations: (a) the local health departments interviewed vary widely in their practices involving CHWs; (b) we were unable to identify any published formal studies on the utilization of CHWs in LHDs;⁴ and (c) most of the individuals interviewed expressed interest in formal research and/or collaboration on this topic.

Comparing Seattle-King County Organization of CHWs with Other Local Health Departments

Some preliminary notes were provided in the initial findings report in September from contacts with Chicago, Benton and Multnomah Counties in Oregon, and San Francisco. Additional interviews were conducted with these and several other cities based on questions raised by PHSKC in November. A grid summarizing responses appears on the following pages. We believe further investigation in this area would be fruitful, and would suggest pursuit of joint research, publication and/or program activity with other LHDs, and organizations such as NACCHO.

We can make a few generalizations here concerning these LHDs’ inclusion of CHWs as part of their planning for health reform.

- Leadership in health departments interviewed are including CHWs in planning for addressing health disparities and for linking prevention to emerging forms of health service delivery.
- Health departments that oversee primary care clinics (Multnomah County, San Francisco) are increasing the number of CHW-like positions to integrate care across prevention, behavioral health, and primary care services.
- All health departments interviewed are moving toward more centralized planning for how to employ and train CHWs as part of their programs.
- Only San Antonio (TX) is investing significantly in CHW initiatives that emphasize primary prevention and social determinants at a neighborhood level.
- Of these cities at the time of the interviews only the Boston Public Health Commission is marketing CHW staff services and technical assistance to health plans and MCOs.
- Health departments interviewed all use at least one civil service job classification loosely associated with the CHW concept to employ community members without higher education degrees for entry-level positions.

⁴ Based on literature search and email inquiries through the National Association of City and County Health Officials (NACCHO).

Questions	Baltimore City	Boston Public Health Commission (city health department)	Portland-Multnomah County	City and County of San Francisco
Definition of CHW?	Yes	Yes.	Yes--health department's capacitation center has the following definition, which is much shorter than the official State definition in statute (in the document): "...a trusted community member who participates in capacitation so they can promote health in their own communities."	DK
Titles specific to CHW? Coordinated program or division based?	-Titles vary. Lead Program -- Community Health Investigators (civil service classification) -To date appears no coordinated CHW program.	-Vary. Public Health Advocate 1,2 (civil service classification) captures many CHW staff. -Program Coordinator 1 provides additional promotion possibilities for CHWs.	-Community Health Specialist 1 and 2 Not a coordinated CHW program, but there is coordination across service areas (e.g. public health and clinical services).	-Health Worker 1,2,3,4 classification (civil service) -Health Worker (HW) classification facilitates planning for Division heads, as well as for training needs
Kinds of jobs/titles for CHWs at department and #s of staff	-Titles vary. Most 'outreach workers' or 'community health workers' are in Health Promotion, Disease Prevention Division., but can be found in almost every division in the department. -Main type of work for CHWs is community outreach and education, through following programs: -Ryan White HIV/AIDS outreach, STDs, MCH, disparities and cardiovascular disease prevention, Lead (4 Public Health Investigators—home education, assessment, care coordination, case management), tobacco initiative, cancer prevention, food access, and asthma program -	-Count not exact but for recent state public health survey estimated city health dept employed 240 CHWs. -Very large (maybe inflated) number in Homeless Programs—150 'Counselors (informal) -CHWs and outreach in many programs, and the health department provides many direct services -Child health, Healthy Baby, Healthy Child, substance abuse, asthma, Community Health Initiative, homeless programs	-Approximately 35 CHSs throughout health department staff -CHSs in primary care clinics, school based health centers, HIV/STI/HepC community programs, directly observed therapy in tuberculosis clinic.	-Community Health Program Div: 12-15 HWs in primary care clinics; unknown number of HWs working as Behavioral Assistants to Social Workers in Behavioral Health Clinics; 30 in hospital-based Interpretation Program; -HW staff in primary care clinics are panel managers -HWs also staff centralized interpretation services based on hospital, serving all primary care clinics -Anticipated CHW interns from SF City College program to do community outreach and awareness with CTG

Questions	Baltimore City	Boston Public Health Commission (city health department)	Portland-Multnomah County	City and County of San Francisco
Health Department have contractors who hire CHWs?	-Yes. Very common for the city Department to und vendor/contractor CBOs and a FQHC who in turn hire CHWs under non-civil service titles..	-Yes, though the department itself does unusual amount of direct service delivery itself.	- Yes, though job titles vary. Healthy Start early childhood services programs; HIV community program; and also Dept. of County Human Services contracts with culturally specific CBOs --likely dozens of CHW-like positions. Using the CHW term 'broadly' these are all CHWs, but they are often not "from the community."	-Yes. Some 250 contractors/vendor organizations, many of whom hire CHWs under a variety of titles -There is no count
CHW Training? What is offered? Who provides? Who pays?	-Health department, together with partners, is providing 80 hour core competency training and a 40 hour training, also available for volunteers who want training. Using pooled funds and grant funding. Specialty training included for chronic diseases.	-Health department is home to Community Health Education Center (CHEC), oldest and among most respected CHW training centers in country. -Core competency training of 25 hrs, plus additional 25 hrs of community health. -Additional trainings offered	-An 80-hour CHW basic curriculum, approved for academic credit by the Oregon State Board of Education and by the Oregon Health Authority. -Capacitation Center offers CHW core competency and other training. -Generally, paid for by CBOs and other organizations that employ CHWs.	-Long standing relationship with San Francisco City College CHW program -Completion of the program substitutes for six months of experience in meeting city hiring criteria -Community Transformation Grant will facilitate internships in health department for program students
Does health department contract CHW services to MCO's, other health providers?	-No. The practice has been to fund CBO's—and in one case a FQHC via a demonstration grant—and require that they hire CHWs. One five-year relationship with an FQHC involved two funded CHWs focusing on heart health and blood pressure.	-Just beginning to do this in asthma program. Contracted CHWs to work with Neighborhood Health Plan 2012.	-Currently not contracting for CHW services.	DK
Does health department provide technical assistance re CHWs to health plans, providers? Who pays for it?	-Do not provide technical assistance but have developed a training with other stakeholders with current grant funding and will do a webinar to promote.	-Yes. To date through Boston Asthma Home Visit Collaborative, convened by the department. -To date grant funded, but strategy is to market to health plans and providers.	-Yes -Community Capacitation Center (CCC) offers assistance on hiring, training, supervision, policies related to CHWs. -These organizations pay the CCC directly.	DK

Questions	Baltimore City	Boston Public Health Commission (city health department)	Portland-Multnomah County	City and County of San Francisco
How do CHWs figure in your planning re health and payment reform?	<p>-The department, like others, is planning with an interest in what services are billable under health reform, including asthma and chronic disease management and CHWs.</p> <p>-This is a strong interest of the Commissioner's.</p>	<p>-CHWs are part of the department's strategy to build connections between primary and specialty health care and public, population health.</p> <p>-Marketing the asthma home visiting model and teams is one of the initial efforts to make these linkages by the department.</p>	<p>-Oregon HB3650 highlighted role of CHW and other 'traditional' health workers (peer wellness and peer support specialist, patient navigator, doula)</p> <p>-Oregon received Medicaid waiver to pay for CHW services in 2012</p> <p>-Multnomah County HD (MCHD) planning CHW employment as part of ACOs in integrated clinical care primary health clinics</p> <p>-Various MCHD units are assessing potential for CHW employment or contracting</p>	<p>-Increasingly centralized planning in the Community Health Program Division-Health Workers envisioned as part of integrating behavioral and primary health clinics;</p> <p>-Health Workers included in primary care and behavioral health teams to allow nurses and social workers to 'work at top of license'</p> <p>-The hope is that with future payment reform HW will be covered as part of value added care</p>
State Certification of CHWs?	<p>-State health department is looking into this.</p>	<p>-State health department housed CHW Board of Certification established by legislature in 2010. Certification is voluntary.</p>	<p>-State certification likely to happen in future—recommendations from state health department Office of Equity and Inclusion committee on "non-traditional health workers" are to certify training programs, not individuals, and grandparent experienced CHWs</p>	<p>-Certification is not currently part of the discussion at the city health department</p>
CHW Association?	<p>-Not aware of one currently, but understand there was such an association in the past.</p>	<p>Massachusetts Association of Community Health Workers (MACHW).</p>	<p>-Oregon CHW Association growing rapidly</p> <p>-fiscal agent is Oregon Latino Health Coalition</p>	<p>DK</p>

Questions	Chicago	San Antonio Metropolitan Health District
Definition of CHW?	None; noted as a challenge	No
Titles specific to CHW? Coordinated program or division based?	“Public health aide” most common but many exist. Each program is independently organized.	CHW and Promotora most common, dictated by funding source
Kinds of jobs/titles for CHWs at department and #s of staff	Numbers unknown, “probably hundreds.” Positions also exist in other City departments, such as Dept. of Family & Support Services	Numbers unknown, department has multiple prevention initiatives
Health Department have contractors who hire CHWs?	Only for HIV, to interviewee’s knowledge	No. Most programs are operated directly by the Department.
CHW Training? What is offered? Who provides? Who pays?	No centralized program. Department has historically trained its own workers.	Varies by program. Pool of trained CHWs exists due to State certification and availability of certified training program at local community college.
Does health department contract CHW services to MCO’s, other health providers?	No	No. Clinical care services divested in last few years to county hospital district.
Does health department provide technical assistance re CHWs to health plans, providers?	No	No
How do CHWs figure in your planning re health and payment reform?	Interface with State – just starting; see important role in insurance exchanges for “patient assistor” which should be CHW, unclear with Department’s role will be	Department is largely peripheral to reform planning. Only clinical services are in communicable diseases: immunizations, HIV testing and referral, and TB clinic. New department director is strong advocate for CHW roles.
State Certification of CHWs?	Dept. is very involved in planning for this. Participated in regional forum 1/25/13; have taken no official position but supportive of the process.	Required for paid CHW positions since 2001.
CHW Association?	Local only. Department supports, appears to be fairly strong, offering trainings and leadership on credentialing process. Department is helping with networking, sharing info resources	Local association exists, 300+ members but not very active.

Recommendations

As LHDs consider their roles in public health and safety-net health care in an era of health care reform, it may be valuable to review systematically the patterns of engagement of CHWs in LHDs across the country through a national survey and other methods.