
Attachment 2: Overview of CHW Models in 10 States

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The tables below provide information regarding CHW models in the following 10 states: Alaska, Florida, Indiana, Massachusetts, Minnesota, New Mexico, New York, Ohio, Rhode Island, and Texas

ALASKA	
Title & Definition:	Alaska uses the terms “Community Health Aide” (CHA) and “Dental Health Aide” (DHA) for its community health workers.
Focus Areas & Scope of Practice:	CHA provide non-physician primary care in very remote frontier communities and act as a mid-level clinician performing primary and emergency medical services. DHA perform routine dental health services in remote frontier communities.
Training & Certification:	There is a state operated training and certification program – CHA/P Certification Board (1998) under 25 USC Section 1616, and DHHS, Indian Health service, and Alaska Area Native Health Services. There is no state licensing. The certification is a second layer put on top of initial training now called "credentialing".
State CHW Network:	Alaska’s <i>Community Health Aide Program</i> employees work for tribal organizations acting as contractors to the Indian Health Service under P.L. 93-638 or the Indian Self-Determination and Education Assistance Act.
Studies & Outcomes:	<u>The Alaska Community Health Aide Program: An Integrative Literature Review and Visions for the Future (2003)</u> . This study noted a 27% decrease in neonatal infant mortality rates, a 40% decrease in accidental death rates; increases in Pap testing rates, and increases in pregnant women accessing prenatal care in the first trimester.

FLORIDA

<p>Title & Definition:</p>	<p>Florida uses the terms Community Health Worker and Promotoras. A Community Health Worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy. Some activities performed by the CHW include providing information on available resources, providing social support and informal counseling, advocating for individuals and community health needs, and providing services such as first aid and blood pressure screening. They may also collect data to help identify community health needs.</p>
<p>Focus Areas & Scope of Practice:</p>	<p>The Rural Women's Health Project focuses on building health literacy, modeling preventive behaviors and increasing access to health care services in Hispanic communities. The South Florida Center for Reducing Cancer Disparities (SUCCESS) focuses on eliminating cervical cancer disparities among Hispanic, Haitian, and African-American women.</p> <p>Community Health Workers provide information on available resources, social support and informal counseling, advocate for individuals and community health needs, and provide direct services (e.g., first aid, blood pressure screening).</p>
<p>Training & Certification:</p>	<p>The <i>Florida Community Health Worker Coalition</i> is working on establishing core elements of standards for CHW curriculum and establishing requirements for a CHW certification process and training requirements.</p>
<p>State CHW Network:</p>	<p>The <i>Florida Community Health Worker Coalition</i>. Information is available at URL: www.FloridaCHW.org</p>
<p>Studies & Outcomes:</p>	<p>In 2011, the Florida Department of health and the statewide cancer council received a grant from the CDC to develop and promote the work of CHWs in the state. Key issues for this group include policy, networking, curriculum, and sustainability of CHWs.</p> <p>There are numerous projects and studies under the Rural Women's Health Project in which CHWs are used extensively for women's health, cancer, HIV/STDs, etc.: <i>Creando Nuestra Salud</i> focuses on improving early breast cancer detection activities among Hispanic women, <i>Voices of Immigrants in Action (VIA)</i> focuses on HIV/AIDS among Hispanic farm workers, <i>Project S.A.L.U.D.</i> focuses on access to care and completing medical recommendations, <i>Entre Nosotras</i> focuses on reducing barriers to HIV/STD prevention, and <i>Vivir A Todo Pulmon</i> works on raising awareness of tuberculosis in the Hispanic community.</p>

INDIANA

Title & Definition:	<p>Indiana uses the term Community Health Worker and has adopted the APHA's definition: A Community Health Worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.</p>
Focus Areas & Scope of Practice:	<p>Community Health Workers in Indiana focus on diabetes, nutrition, smoking, mental health, pregnancy and related areas (e.g., breastfeeding, infant health). Their scope of practice includes navigation, care coordination, organizing/peer support, outreach/informing/enrollment agent, and member of the care delivery team.</p> <p>Most CHWs in Indiana are based out of hospitals, community based organizations, or local health departments.</p>
Training & Certification:	<p>The Indiana State Department of Health, Division of Maternal and Child Health, developed Indiana's first certification for CHWs in care coordination.</p> <p>Affiliated Service Providers of Indiana offer training and ongoing technical assistance to persons seeking designation as a Certified Recovery Specialist, for gambling, mental health, and addiction. Information at URL: www.aspin.org</p>
State CHW Network:	<p>The <i>Indiana Community Health Worker Coalition</i>. Information can be found at URL: http://inchw.betterme.info/</p>
Studies & Outcomes:	<p><u>Indiana Community Health Worker Workforce Assessment (2012).</u></p>

MASSACHUSETTS

<p>Title & Definition:</p>	<p>Massachusetts uses the term Community Health Worker. The Massachusetts Department of Public Health) defines CHWs as 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: (a) providing culturally appropriate health education, information, and outreach in community-based settings, such as homes, schools, clinics, shelters, local businesses, and community settings; (b) bridging/culturally mediating between individuals, communities, and health and human services, including actively building individual and community capacity; (c) assuring that people access the services they need; (d) providing direct services, such as informal counseling, social support, care coordination, and health screenings; (e) advocating for individual and community needs; and (f) additional roles as may be identified by the board that may emerge in the development of community health worker practice.</p> <p>“Community Health Worker” is an umbrella term used for a number of job titles that include outreach worker, community health educator, family advocate, peer leader, Promotor de Salud and health advocate.</p>
<p>Focus Areas & Scope of Practice:</p>	<p>There are four main strategies for CHW functions in Massachusetts: Client Advocacy, Health Education, Outreach, and Health System Navigation. Special focus areas include access and enrollment into Medicaid plans, chronic disease, perinatal health, and substance abuse.</p>
<p>Training & Certification:</p>	<p>CHWs in Massachusetts are required to have a Certificate of Competency to practice as a <u>certified</u> CHW, issued by the Board of Certification of Community Health Workers.</p> <p>Two formal CHW training opportunities exist in the state: Boston Public Health Commission’s Community Health Education Center and Central MA Area Healthy Education Center Outreach Worker Training Institute. Both address similar core competencies and are 45-55 hours long, with linkages to higher education.</p> <p>The CHW Initiative of Boston has a Career Pathway Model in which there are three levels of CHW: (a) CHW I: wages up to \$11.95/hour or \$24859/year; (b) CHW II with wages \$11.95-\$16.82/hour or \$25000-\$35000/year; (c) CHW III with wages \$16.82-\$19.23/hour or \$35000-\$40000/year.</p>
<p>State CHW Network:</p>	<p>The <i>Massachusetts Association of Community Health Workers (MACHW)</i>. Information is available at URL: www.machw.org</p>
<p>Studies & Outcomes:</p>	<p>A comprehensive study, <u>Community Health Workers in Massachusetts: Improving Health Care and Public Health</u> was conducted in 2009.</p>

MINNESOTA

<p>Title & Definition:</p>	<p>Minnesota uses the term Community Health Worker. They define this position in the following manner: “CHW come from the communities they serve, building trust and vital relationships. This trusting relationship enables the CHWs to be effective links between their own communities and systems of care. This crucial relationship significantly lowers health disparities in Minnesota because CHWs: provide access to services, improve the quality and cultural competence of care, create an effective system of chronic disease management, and increase the health knowledge and self-sufficiency of underserved populations. For Medicaid reimbursable services, CHWs are trained health educators who work with Minnesota Health Care Programs (MHCP) recipients who may have difficulty understanding providers due to cultural or language barriers. CHW Medicaid services are defined as "a diagnosis-related, medical intervention, not a social service."</p>
<p>Focus Areas & Scope of Practice:</p>	<p>CHWs bridge the gap between communities and the health and social service systems, navigate the health and human services system, advocate for individual and community needs, provide direct services, and build individual and community capacity. Special focus areas include chronic disease (includes heart/stroke), maternal/child/teens, diabetes, cancer, oral health, and mental health.</p> <p>Minnesota defined a scope of practice and professional standards that define the role of CHWs in the health care delivery system.</p>
<p>Training & Certification:</p>	<p>Minnesota requires state certification. This certificate is acquired from the Minnesota State Colleges and Universities system-approved CHW curriculum (14 credit hours). Minnesota’s statewide standardized curriculum is available for purchase (\$400)</p>
<p>State CHW Network:</p>	<p><i>Minnesota Community Health Worker Alliance</i>. Information available at URL: www.dhs.state.mn.us/provider/chw</p>
<p>Studies & Outcomes:</p>	<p>The <u>Minnesota Community Health Worker Employer Survey (2002)</u>; <u>Financing Strategies Study (University of CA – San Francisco, 2006)</u>. Funded by BC/BS of Minnesota Foundation, the CHW Employer Survey found the following outcomes: understanding of health care options improved from 16% to 60%; understanding levels of care improved from 14% - 56%; no-show rates for appointments decreased from 43% to 35% in high risk populations; client ability to independently complete paper work improved from 23% to 59%; client ability to independently schedule appointments improved from 22% to 64%</p>

NEW MEXICO

Title & Definition:	New Mexico uses the terms Community Health Worker, Promotores de Salud, and Community Health Representatives. Community Health Representatives are trained by the Indian Health Service to serve Native Americans. CHWs often work in rural areas where access to medical care is limited or non-existent.
Focus Areas & Scope of Practice:	Most programs began with a focus on maternal and child health outcomes but have added additional risk factors as their target. These include access to care/Medicaid enrollment, substance abuse, smoking cessation, diabetes, breast and cervical cancer, and HIV/AIDS. Community Health Workers also serve as interpreters and doulas.
Training & Certification:	There is no state required training but a training curriculum was developed in 1993. The curriculum, <i>Reaching Out: A Training Manual for Community Health Workers</i> includes 40 hours of training, predominantly focusing on maternal and child issues (such as prenatal care, labor & delivery, postpartum care, breastfeeding and nutrition, substance abuse, domestic violence, sexuality, family planning, sexually transmitted infections, and early childhood development). Other training topics have been developed through request by the New Mexico Community Health Workers Association members. These include evaluation, meeting facilitation, public speaking, grant writing and fundraising, and mental health.
State CHW Network:	The <i>New Mexico Community Health Workers Association</i> , formed in 1993.
Formal reimbursement mechanisms:	CHW programs in New Mexico are funded in part by state, federal and private foundation dollars. Some programs, however, have developed ways to bill for services under Medicaid dollars and CHIP funding.
Studies & Outcomes:	<p>Impact of CHWs providing community-based support services to enrollees who are high consumers of health resources in a Medicaid managed care system was assessed. A significant reduction in both numbers of claims and payments after the CHW intervention was found.</p> <p>Johnson. D. et al. (2012). Community health workers and Medicaid managed care in New Mexico. <i>Journal of Community Health</i>, 37, 563-571. doi: 10.1007/s10900-011-9484-1</p>

NEW YORK

Title & Definition:	<p>New York uses the term Community Health Worker, as defined by the APHA: A Community Health Worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.</p>
Focus Areas & Scope of Practice:	<p>New York CHWs have seven core roles: Outreach and Community Mobilization; Community/Cultural Liaison; Case Management and Care Coordination; Home-based Support; Health Promotion and Health Coaching; System Navigation; Participatory Research. Their community health worker program focuses on women at highest risk for poor birth outcomes (LBW and infant mortality) as well as chronic disease, asthma, and enrollment of children into Medicaid and Child Health Plus.</p>
Training & Certification:	<p>While there are no state requirements for certification or training, there is a Community Health Worker Network of NYC curriculum, evidence-based, available as a 35-hour and 70-hour course of study (core competencies). Also available are disease-specific topic training modules up to 35 additional hours (which include diabetes, asthma, hypertension, cardio-vascular disease, nutrition).</p>
State CHW Network:	<p><i>New York State Community Health Worker Association</i>. Information available at URL: http://www.chwnetwork.org</p>
Studies & Outcomes:	<p>Funded by the Commonwealth Fund: <u>Using Community Groups and Student Volunteers to Enroll Uninsured Children in Medicaid and Child Health Plus</u>. The Children’s Defense Fund-New York pilot tested a community-based enrollment system to streamline Medicaid and CHP application processes using culturally and linguistically compatible staff at community locations. The Student Health OUTreach Project (SHOUT) placed 25 student volunteers from Columbia University in seven community organizations to educate families about Medicaid and CHP, to assist with application forms and documentation requirements, and conduct necessary follow-up. In six months, SHOUT enrolled nearly 200 children and adults in Medicaid or CHP.</p> <p>The new York Presbyterian Hospital has used CHWs in their childhood asthma program (as care coordinators) and has reduced asthma-related ED visits and hospitalization rates by more than 50%, as well as reductions in length of hospital stays.</p>

OHIO

<p>Title & Definition:</p>	<p>Ohio uses the terms Community Health Worker and Community Health Advocate. They are defined as individuals who, as community representatives, advocate for individuals and groups in the community by assisting them in accessing community health and supportive resources through the provision of education, role modeling, outreach, home visits and referral services. Ohio's Community Health Worker Model empowers communities to eliminate health disparities by employing CHWs to provide a comprehensive link to community resources through family-based services that focus on success in health, education and self-sufficiency.</p> <p>The Community Health Advocate Program is an integral component of the Center for Healthy Communities. CHAs provide information on community resources, necessary support and follow-up. They provide client navigation and referral and conduct outreach services.</p>
<p>Focus Areas & Scope of Practice:</p>	<p>CHWs are supervised by RNs and may perform some limited scope of health-related activities, but no dispensing of medications. CHAs provide information on community resources, provide support and follow-up. Their special focus areas include chronic disease, cancer, and outreach.</p>
<p>Training & Certification:</p>	<p>There are two training programs in Ohio: Community Health Workers (CHW) and Community Health Advocates (CHA).</p> <p>Ohio CHW training programs must be approved by the state. The Ohio Board of Nursing oversees certification of CHWs. There are four approved CHW training programs in the state. Training curriculum includes 100 hours of didactic instruction and 130 hours of clinical experience. Application fee of \$35 and renewal biennially with continuing education requirements (15 contact hours).</p> <p>The Center for Healthy Communities developed a 6-week course "Introduction to Community Health Advocacy". This course covers community health concepts, resources, and skills related to the role and responsibilities of CHAs. Special emphasis is on factors to consider when working in community-based settings, characteristics of health models and plans, impact of culture and socioeconomic status on the health of the individual, communication, barriers to health care services, health care needs across the lifespan, and related community resources. A second course (18 classes) is "Promoting Health/Preventing Heart Disease, Stroke, and Cancer".</p>
<p>State CHW Network:</p>	<p><i>The Ohio Community Health Workers Association (OCHWA)</i>. Information can be found at URL: www.med.wright.edu/chc/programs/ochwa</p>
<p>Studies & Outcomes:</p>	<p>Community Health Access Program, "Pathways" reduced low birth weight and premature deliveries using CHWs.</p>

RHODE ISLAND

<p>Title & Definition:</p>	<p>Rhode Island uses the term Community Health Workers. CHWs are trusted members of or have a close understanding of the community they serve. This enables these workers to minimize social and cultural barriers between community, health and social service institutions. They often act as a bridge to complement and enhance the work performed by many other health and social service professionals.</p>
<p>Focus Areas & Scope of Practice:</p>	<p>CHWs assist people in receiving care they need, assist them in accessing appropriate health education and information as well as provide some direct services (blood pressure screening, personal care, homemaking).</p>
<p>Training & Certification:</p>	<p>While there is no state required training or certification program, Community Health Innovations of Rhode Island (CHI-RI) provides the first comprehensive core skills CHW certificate program consisting of 15, 3-hour workshops as well as required field work.</p> <p>Most CHWs in Rhode Island work in formal health care settings, such as hospitals. Many perform CHW duties as a smaller part of their routine clinical (e.g., RN/LPN) duties. Annual salary for CHW in 2009 averaged \$47,540; median wage was \$34,730 with wages ranging from \$26,000-\$83,200. Average hourly for part-time CHWs ranged from \$10-\$45/hour (average \$13.04).</p>
<p>State CHW Network:</p>	<p><i>Community Health Worker Association of Rhode Island (CHWARI)</i>. Information is available at URL: http://www.chwassociationri.org/</p>
<p>Studies & Outcomes:</p>	<p>Funded by the Rhode Island Foundation, the Rhode Island Foundation Roundtable Series - <u>Community Health Workers: Building a Diverse Workforce to Decrease Health Disparities</u>. Rhode Island has been recognized by the CDC for its use of CHW in asthma management. In their <i>Home Asthma Response Program (HARP)</i>, children saw improvement in daytime symptoms, nighttime symptoms and in their activity limitations.</p>

TEXAS

Title & Definition:	Texas uses the terms Community Health Worker and/or Promotor(a). They define a CHW as providing cultural mediation between members of a community and health and social services, with or without compensation. To serve in this capacity, a CHW: (a) is a trusted member of the community and has a close understanding of the ethnicity, language, socio-economic status, and life experiences of the community served; (b) helps people gain access to needed services; and (c) increases health knowledge and self-sufficiency of the community through activities such as outreach, patient navigation and follow-up, community health education and information, informal counseling, social support, advocacy, and participation in clinical research.
Focus Areas & Scope of Practice:	CHW/Promotora focus on chronic disease and maternal & child health outcomes. Their scope of practice includes health education/promotion, information and referral, system navigation/access to services, informal counseling and social support, direct services, individual and community capacity building, cultural liaison/mediation, individual and community advocacy.
Training & Certification:	There is a state operated certification program, under the Department of State Health Services (URL: www.dshs.state.tx.us/mch/chw.shtm). DSHS approved CHW certification course is 160 hours. Course competency areas include skills in communication, interpersonal, service coordination, capacity building, advocacy, teaching, organization, and knowledge base on specific health issues. Certificate is renewed biennially and requires 20 hours of continuing education credits. Legislation in 2001 (SB751) required all state HHS agencies use certified promotores for recipients of Medicaid and SB1051 mandated all promotores or CHW being compensated for their services be certified. State legislature (S.B. 751, 2001) also directed the Health and Human Services Commission to require health and human service agencies, to the extent possible, to use certified CHWs in health outreach and education programs for Medicaid recipients. The Texas DSHS has on-line provider education modules (Texas Health Steps) on a wide range of topics, which also provides continuing education credit for CHWs. Texas also has a federally-approved CHW apprenticeship model being implemented by the Texas Area Health Education Center - East.
State CHW Network:	<i>Community Health Worker Texas</i> . There are eight regional Promotora/CHW associations or networks, located in the north, central, south, east, and west regions of Texas. State network information can be found at URL: www.chwtexas.org .
Studies & Outcomes:	<u>Texas Community Health Worker Study, Report to the Texas Legislature</u> (DSHS and Health and Human Services Commission, 2012). The <i>Salud Para Su Corazon</i> model showed positive changes in CVD risk factors and <i>Transformacion Para Salud</i> resulted in improvements in clinical and behavioral outcomes. Several other studies in Texas showed improvements in clients' ability to access non-emergency care; decreased hospital readmissions and ED visits, reduced average cost of care. The <i>Auntie-Tia</i> program was successful in decreasing adverse birth outcomes, specifically infant mortality, as well as increased breastfeeding rates; Gateway Community Health Center used CHWs in a diabetes management program with significant reductions in hemoglobin A1c among Latino and uninsured clients.