

# Funding Community Health Workers: Best practices and the way forward

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*A collaborative project between the Yale School of Public Health and Southwestern AHEC, Inc.*

**Background.** The American Public Health Association defines a Community Health Worker (CHW) as a “frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.” Among those who work with CHWs, this workforce is recognized as integral in connecting vulnerable communities with health care and health services. Currently, the status of CHWs in Connecticut is not clearly defined or understood. The state has no existing standardized CHW training program, nor a state-wide occupational category that could be used by providers for insurance reimbursements or other modes of payment for services.

As some states are more advanced in their organization of their CHW workforce, the present project sought to identify lessons learned by states who have made progress in organizing and sustaining their CHW workforces. Specifically, we sought to understand how CHWs are paid or reimbursed by organizations or other agencies in different regions within the US. Additionally, we sought to understand and characterize systems in place for the CHW workforce in Connecticut, and make recommendations for next steps.

## Methods

We conducted a review of the literature on CHWs, analyzed data collected among CHWs and their employers in CT, and conducted key informant interviews with experts in the area of CHWs. Survey data gathered by SWAHEC from 43 CHWs and 97 CHW employers was analyzed for descriptive statistics on CHWs, CHW employers, CHW training, and reimbursement using SAS version 9.2.

Nine key informant interviews were conducted with 10 participants. Participants were invited to take part in the study by SWAHEC and the CT-RI Public Health Training Center. Two participants were invited directly by students. All key informants were chosen because of their work with CHWs and their expertise in CHW issues relevant to this study. Participants were entered into a raffle to win a Kindle Paperwhite.

Interviews took place via phone, lasted 40-60 minutes, and were audio-recorded. Researchers reviewed transcripts independently to identify themes and relevant quotations, then met to establish agreement on a list of themes and subthemes. Atlas.ti was used to analyze qualitative data from the key informant interviews.

## Objectives

*Our overall objective was to understand and make recommendations to SWAHEC regarding CHW financing and moving towards a sustainable workforce in CT, drawing from best practices in other states and perspectives from within CT.*

*Specifically, we aimed to:*

- 1) Define qualifications for reimbursing CHWs*
- 2) Identify examples of funding mechanisms in place for CHWs in New England and other states*
- 3) Identify potential barriers faced by other states when developing financing models for CHWs*

## Survey Findings <sup>3</sup>

- The CHW survey identified a range of duties that CHWs perform in Connecticut (see box on next page).
- While the majority of CHWs are satisfied with their jobs, almost half do not feel secure, primarily because of lack of stable funding (See next page box).
- Employers identify a broad range of required CHW skills (see table).
- CHW employment occurs in a range of agency types.

## Key Findings

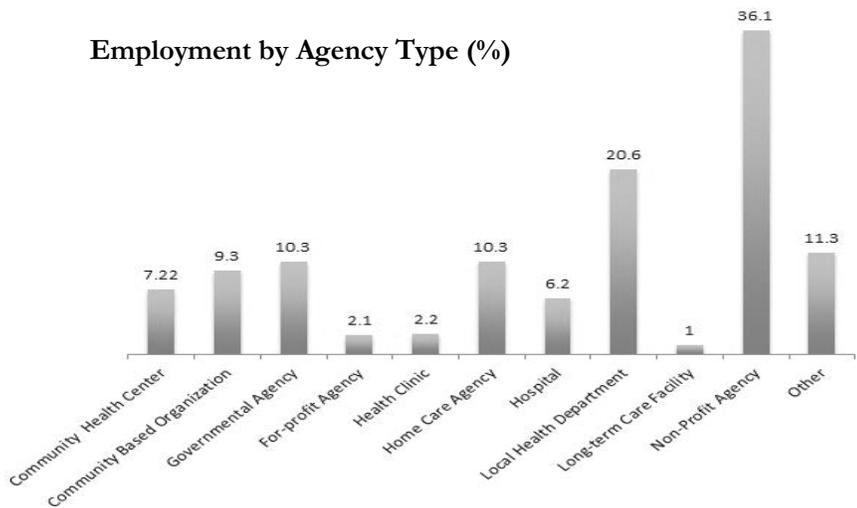
**Diverse duties of CHWs in CT.** The most common activities include assistance with access to medical services (69.8%), community advocacy (62.8%), assistance with access to non-medical services (58.1%), case management (46.5%), & providing social support to community members (41.9%).

**Job Satisfaction & Security.** The majority of CHWs surveyed (92.5%) were satisfied with their job. However, 47.5% did not feel secure in their job, and identified the following primary obstacles: lack of stable funding (55.8%), hostility/competition from other health care workers (18.6%), lack of acceptance by other health care workers (14.0%), no standard definition of CHWs (37.2%), lack of training resources (41.9%), and lack of understanding about CHWs' contributions to the community (46.5%).

### Employer Perspective: Skills Required for CHWs

Advocacy Skills	62.5%
Bilingual Skills	65.6%
Capacity-building Skills	31.3%
Communication Skill	96.9%
Confidentiality Skills	75.0%
Interpersonal Skills	90.6%
Knowledge Base of Health	59.4%
Knowledge of the Community	75.0%
Organizational Skills	68.8%
Coordination Skills	56.3%
Teaching Skills	40.6%

### Employment by Agency Type (%)



## Key Informant Interview Themes

### Theme 1: The need for CHW qualifications

There is a need to clarify the role of CHWs and potentially introduce CHW qualifications to serve as the basis for reimbursement. Subthemes included:

- *Potential qualifications* include: tangible skills (such as computer literacy) and intangible skills (such as community connectedness and trust). Though intangible skills are difficult to quantify, they are central to the CHW role.
- Establishing a *specialized role* for CHWs, such as that of a patient navigator, is key for reimbursement.
- *Formal certification/training* may help link CHWs to the healthcare system. Care must be taken not to exclude certain CHWs.
- Formalization of the CHW role may help reduce *confusion about or undervaluing of CHWs*, or even a sense of threat among healthcare professionals.

"I would say funding is a very difficult [issue] because there is not a well-known standard definition or skill-set for CHWs. They have a hard time proving the valuable nature of the work that they do."

"For cancer, [and] for a number of the really complicated chronic illnesses the patient navigator model seems to be one of the ones that is readily seen as a reimbursable service."

### Theme 2: Challenges of funding sources/mechanisms

Appropriate and sustainable funding sources for CHWs is an important and complex issue. Subthemes included:

- *Short-term, temporary funding* for CHWs is most common (e.g. project grants), but may result in job instability.
- There is some indication of *long-term funding* through government sources.
- Ideas about how CHWs should be paid *have evolved*.

"Most of the funding has been in the form of project grants, and that is still the case for the most part, and it might be as short as a year, or even less, and often not for more than three years at a time."

"The whole effort here for more sustainable funding is to move away from that kind of categorical, cyclical kind of funding to a more integrated approach."

### Theme 3: Job instability

An important consequence for short-term funding is that positions for CHWs are often temporary and unstable, which affects their ability to work continuously within their communities. This was identified as detrimental for both the CHWs and the communities they work in.

"A lot of these positions carry no benefits, they are considered temporary hires, etc. so the stability is not good and there are a lot of folks who will jump from organization to organization."

## Summary of Key Findings

*Survey:* CHWs in CT undertake a diverse range of tasks, and are employed by a variety of agencies, with non-profits being the most common. In addition to other challenges that CHWs face, such as misunderstanding among healthcare workers and lack of training, the short-term funding associated with non-profit employment can result in job instability. Employers surveyed expected CHWs to have a specific skillset, but were largely unprepared to provide training.

*Key Informant Interviews:* The current funding model for CHW positions is short-term, grant-funded positions. Key informants identified this model as unsustainable and disadvantageous not only for the CHWs, who may face job instability throughout their careers, but also the communities who benefit from CHW services. There is a recognized need to develop the professional identity of CHWs and advocate for integration into organizations providing health care services and allocation of resources to pay CHWs.

## Recommendations

- 1) SWAHEC should continue to strongly support initiatives to organize CHWs in CT and strengthen their professional identity.
- 2) SWAHEC could provide increased education and outreach on the role of CHWs and their capacity to complement health services and education provided to the community.
- 3) SWAHEC could bring in other healthcare professionals to help build collaboration and integration of CHWs.
- 4) SWAHEC should collaborate with other stakeholders to develop research studies on cost-effectiveness of CHWs.
- 5) SWAHEC could support CHW initiatives by exploring the Affordable Care Act to identify mechanisms by which this new legislation can help fund CHW positions.

## Conclusions

The present study set out to understand the funding mechanisms available in multiple states to pay for CHWs. Historically, CHWs have not been well understood. This is a challenge CHWs and those who work with CHWs are still facing today and often impedes payment of CHWs; as they are not a recognized professional workforce, it is challenging to identify funding sources for CHW positions. When funding for CHW positions is available, it is often in the form of short-term, soft money from sources such as grants. This theme appeared in the majority of interviews, suggesting that this remains a challenge in many, if not the majority, of states in the US. An important consequence for this type of funding is that positions for CHWs are often temporary and unstable, which affects their ability to work continuously within their communities. This is detrimental for both the CHWs and the communities they work in.

Those working towards organizing CHWs in CT should ensure CHWs are the primary driving force behind CHW initiatives. In addition to educating health care professionals about the capacity of CHWs, establishment of formal training/certification programs may help facilitate the recognition and acceptance of CHWs as not only cost-saving but integral to promoting the health of communities.

## References

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