CalSIM Workforce Work Group Meeting
Roles and Functions
Friday, May 9, 2014

-- NOTES --

Attendees: Marci Aguirre, IEHP; Lupe Alonzo-Diaz, OSHPD; Alma Avila, San Francisco Community College; Kevin Barnett, PHI; Tim Berthold, San Francisco Community College; Shom Dasgupta, St. Johns Wellness Center; Diane Factor, SEIU; Beverly Granda, CDPH; Viola Lujan, La Clinica de la Raza; Barbara Masters, CalSIM; Perfecto Muñoz, UC Berkeley; Gloria Robertson, OSHPD; José Ruiz-Salas, Tulare County Health Department; Wendy Soe, DHCS; Richard Thomason, BSFC; Carol West, CHW Initiative of Sonoma County; and Margaret Yonekura, Dignity Health.

I. Summary of CA4Health's Advisory Committee Meeting on Community Health Workers (CHWs)

CA4Health brought together 30-35 people from around the state to discuss how CHWs are being used in the implementation of Community Transformation Grants (CTGs), with a focus on multiple smaller counties in California. The county health departments with CTG grants are engaging CHWs to support chronic disease management efforts and health in all policies (HiAP). The discussion focused on documenting and characterizing the various roles and functions of CHWs in CTG grants, including management of chronic diseases, identifying resources and support for the engagement of CHWs, identifying opportunities to expand the engagement of CHWs, and naming key stakeholders who should be involved.

Some of the CalSIM workforce work group members participated in the CA4Health discussion. In addition, there were people from the county health departments and the public health community. A draft of the notes is scheduled for release shortly and will be circulated with this group upon release. (*Update: they are attached*)

The CA4Health advisory group also discussed the scope of practice for a CHW, looking at metrics to evaluate effectiveness, protocols, and CHW's explicit role in informing and enhancing delivery model over time. Additionally, the group identified some key issues going forward, including training requirements, current job titles, standardization of training, what are the core roles and functions of a CHW, how a CHW should interact with a primary care physician team, how to train physicians to work with CHWs, ongoing training and career advancement, and sustainability.

One work group member commented that Tulare County received a workforce investment board grant to develop an educational curriculum and training for CHWs at a community college in Tulare and at Fresno State.

It was clarified that CA4Health is focused on four specific areas (smoke-free environments, decreasing consumption of sugar-sweetened beverages, chronic disease self-management, and safe routes to school) while CalSIM focuses on the four initiatives. The roles and functions for CHWs defined by CalSIM and CA4Health will be a subset of the overall roles and functions for CHWs.

For example, so much of what CHWs do is outside of clinical services yet all of the reimbursement mechanisms are around chronic disease management. Should the health system pay for these broader functions or should there be tighter constraints on the roles of a CHW?

CMS often has a more narrow perspective on reimbursement than the functions performed by CHWs. One work group member cautioned that there are possible liability issues if CHWs start performing medical tasks without proper licensing. Another member asserted that the burden of management is on organizations that hire CHWs; if they function as part of a care team then they will be under supervision. If CHWs play an important and meaningful role in the health system, then organizations should be able to collect data to show improved outcomes.

One CalSIM work group member proposed including a sentence in the group's final report that states that this work group's findings are specific to the CalSIM initiatives and may not be relevant to CHWs in other contexts.

II. Defining CHWs

Many of the CalSIM initiatives focus on the health care system, but some (e.g., the Accountable Care Community (ACC)) do not. CalSIM is a multipayer initiative, including Medicaid, Medicare, and commercial payers. While the new rule under Medicaid expands who can provide certain services it does not change the definition of what can be provided.

Work group members debated whether to use the California Health Workforce Alliance's definition of CHWs or the American Public Health Association's (APHA) definition. Both are displayed below:

California Health Workforce Alliance: *A person who is a trusted member of and/ or who has an unusually close understanding of the community served in the delivery of health-related services through either working directly with providers or their partner organizations. This trusting relationship with the community enables CHWs to serve as a liaison between health and social services and the community to facilitate members' access to services and improve the quality and cultural competence of services delivered. CHWs build 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.*

APHA: *A Community Health Worker (CHW) 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.*

Many work group members supported using the APHA definition to align with national standards; however, some work group members wished to modify this definition. The APHA defines CHWs as frontline *public* health workers. Many work group members supported removing the word "public" or changing this word to "population" in order to broaden the definition of a CHW, as a public health worker connotes a county worker with a certain scope of work. Some work group members also supported adding language to the APHA definition which

clarified that CHWs assist with care support, screening, data collection, and the delivery of health services.

III. Identifying Roles/Functions

Barbara Masters referred work group members to the continuum of CHW functions previously sent out to work group members. The co-leads identified five major functions of CHWs along a continuum: administrative, education, advocacy and organization, link and navigating, and care support. They then identified some roles of CHWs under these functions. This is not meant to be a comprehensive matrix of roles and functions, rather it is intended to organize people's thinking. This is an iterative document.

Work group members discussed where CHW's role of providing client-centered counseling fit in to the matrix. There is a peer support component under care support. Additionally, work group members would like to see "culturally responsive services" added throughout the matrix of roles and functions.

Work group members were asked to identify functions and roles of CHWs related to the four CalSIM initiatives. Responses were consolidated and sent to work group members prior to this meeting. Barbara Masters referred work group members to this document. One work group member suggested that roles that crosscut the four initiatives should be called out. Work group members were asked if they had any additional comments on the matrix:

Maternity Care:

- Although CHWs are often used as interpreters and translators, it is better to have a trained medical interpreter. CHWs can communicate ideas but often cannot translate precise medical jargon.
- An explicit role for CHWs relating to data collection should be called out. CHWs have effectively used electronic health records with secure smartphone apps. To do so, they would need to be HIPAA certified.
- CHWs can schedule appointments with providers and make sure that people have coverage regardless of their immigration status.
- Education should be viewed as a bi- directional process.
- CHWs can focus on educating mothers around smoking cessation as this has successfully improved perinatal outcomes.

Health Homes for Patients with Complex Needs:

- CHWs can assist administratively by helping patients think through what their medical goals are.
- CHWs can educate patients about appropriate utilization of the emergency room.

Palliative care:

- CHWs can assist with finding out what type of care the patient wants at the end of their life and communicating that to the health care system. They can play a strong advocacy role for patients.

ACCs:

- CHWs function as integrators across different silos.

IV. Planning for the Community Forums

This work group will be hosting two community forums to solicit feedback from community health workers with respect to the work group deliberations. These community forums will be held between July 1st and August 15th. There is a possibility that a work group meeting will take place on the same day as a community forum meeting. Co-leads had envisioned that some work group members will participate in these forums or facilitate the conversations.

Work group members discussed possible locations for the community forums. Ideally, they would be close to where CHWs are living and working. There would be interpreters at each forum. One work group member suggested that there could be satellite sites which could access the meeting via webcam.

Representatives from St. John's Wellness Center and the CHW Initiative of Sonoma County volunteered their locations to host the forum.

Perfecto Muñoz, Carol West, Diane Factor are interested in participating in a subgroup to organize the community forums. Lupe and Kevin will follow up with a date and time for first call.