

GEORGIA COMMUNITY HEALTH WORKER FORUM

EXECUTIVE SUMMARY

On November 17, 2016, the Georgia Department of Public Health, with support from Kaiser Permanente of Georgia, Morehouse School of Medicine, Grady Health System, United Way of Atlanta, Atlanta Regional Coalition (ARC) and Atlanta Regional Collaborative for Health Improvement (ARCHI), co-sponsored a community health worker forum that was attended by over 100 stakeholders.

The purposes of the forum were to (a) create a common understanding among stakeholders on the definition, roles and value of community health workers (CHW); and (b) foster alignment of community health worker efforts in supporting health improvement and healthcare access in Georgia.

The meeting began with participants reviewing information regarding CHW models in other states and providing input to an inventory of Georgia-based CHW programs and stakeholder organizations. It is expected that this list will form the backdrop for increased engagement in the development and implementation of a Georgia model.

Next, Jill Feldstein, Director of the Penn Center for Community Health Workers (Center), based in Philadelphia, provided the audience with a well-received overview of the Center's work and the evaluation of the initiative. From her findings, community health workers were most valued for their ability to navigate the healthcare system, connect people to resources (public programs, subsidies, etc.), and provide various types of support (physical, psychosocial etc.). Key traits included being non-judgmental and actively, engaged listeners. Qualitative interviewing skills were also highly regarded.

After hearing from Ms. Feldstein, local Georgia CHWs and trainers participated in a panel discussion to share their own experiences of operating in the Georgia environment and provided recommendations on how to advance a statewide effort that is aligned. These included—

- a) ensure that the CHW is at the center of the certification program;
- b) include the people who have already been successfully working in the field;
- c) remember that the CHWs need to look like the community;
- d) remain flexible;
- e) nurture relationships; and,
- f) promote payment of a living wage to CHWs.



Meeting participants then began an exercise of thinking through the important elements of a Georgia CHW model, they reviewed nationally recognized definitions of a CHW from the American Public Health Association (APHA) and the Bureau of Labor Statistics (BLS). Most preferred the APHA definition but saw strengths and weaknesses in both. The APHA definition was perceived as being more population/public health focused while the BLS definition was thought to be more aligned with the healthcare system. Notwithstanding, there was general consensus that the best definition should be reflective of where the work is happening and support adaptation of the role if required.

Participants believed that general and geopolitical changes were occurring in the state and those changes would likely have an impact on the way in which the Georgia model was designed and implemented. Additionally, the state continues to be burdened by socioeconomic challenges, poor health outcomes and a health system that is not well integrated or community focused. There was a recognition however that some promising early work was occurring to engage CHWs in some role as part of the health system. Some of the specific contextual issues raised included—

- limited resources in some communities, especially rural; programs don't always reach those areas;
- lack of affordable housing and transportation;
- large uninsured population in a state that is not expanding Medicaid with implications for policy, funding, and reimbursement;
- health disparities that are significant;
- little recognition of the CHW within healthcare system; navigators play a role in the system and it is confusing who does what and accesses what information;
- political considerations with any likely implementing agency; who could/should be the “credible agency” to lead/ sponsor this effort; and
- the need for core competency standards.

Georgia Model Fundamentals

A significant part of the forum was dedicated to facilitated small group discussion of the desired roles, skills, traits and qualifications of the Georgian CHW. The table below highlights and summarizes some of themes and ideas arising from those discussions.

KEY ROLES	KEY SKILLS/TRAITS	KEY QUALIFICATIONS
<ul style="list-style-type: none"> • Assessors • Resource connectors • Coaches/psychosocial supporters • Advocates • System access navigators • Educators • Communicators 	<ul style="list-style-type: none"> • Effective communicator • Investigative mindset • Organized • Interpersonal skills • Active listener/able to teach • Tenacious • Adaptable • Non-judgmental • Compassionate/empathetic 	<ul style="list-style-type: none"> • Community connectedness and fit • Experience • Knowledge and aptitude • Certification (with some qualification)

Recommendations for next steps

The majority of the forum attendees believed that the event was successful in continuing the conversation on an issue that should be important to the state, and allowing good networking opportunities among stakeholders. Participants made a series of recommendations for immediate next steps—

- Create a steering committee with the right, motivated people.
- Include rural focus in planning and development of program and CHW role definition.
- Ensure that next conversation occurs within the next 4-6 months. Future meetings should:
 - address the systems and supports that need to be in place for creating successful CHWs in Georgia.
 - allow for more discussion on the CHW role in more detail –i.e. what is the distinction between the CHW and other care team member roles?
 - be designed as a planning session to review and/or develop next steps for CHWs, with the matter of certification to be discussed in detail.
 - aim for, and facilitate participation from, a large number of CHWs.
- Engage other organizations as part of the effort:
 - FQHCs
 - Neighborhood Associations/NPUs
 - GA Public Health Department beyond the Chronic Disease Program Section
 - GA Department of Education/ Technical Colleges and Career, Technical and Agricultural Education (CTAE) institutions
 - GA Department of Corrections/re-entry programs

- GA Department of Labor
- County/city reps
- State HIV community
- Homeless/housing community
- Identify funding for regional centers for CHWs.

The meeting concluded with a commitment from the principal sponsors to ensure follow-up action on key recommendations.