GEORGIA
HEALTH POLICY CENTER




2017 Georgia Community Health Worker Forum Meeting Summary

November 29, 2017

Georgia Health Policy Center

Georgia State University | Andrew Young School of Policy Studies

2017 Georgia Community Health Worker Forum Summary

Background

Since the 2016 Georgia Community Health Worker Forum, a Steering Committee convened by the Georgia Department of Public Health (DPH) has worked to take the feedback recommendations from that meeting to develop a model for Community Health Workers (CHW) to be recognized as certified non-clinical health care providers in Georgia. That work has included:

- formation of a statewide Advisory Board that focused on training, certification, and reimbursement and provided recommendations to the Steering Committee in each of these areas;
- development of a statewide definition of and scope of practice for CHWs; and
- development of a draft consensus document with recommendations for a framework that promotes and sustains the integration of CHWs into Georgia's health and human services organizations

On November 29, 2017, DPH, Kaiser Permanente of Georgia, United Way of Greater Atlanta, and Grady Health System co-sponsored the second Georgia Community Health Worker Forum. More than 120 statewide stakeholders attended the forum which was facilitated by the Georgia Health Policy Center.

The purposes of the forum were to:

1. Highlight the ongoing work that has built upon the work initiated at the inaugural Georgia Community Health Worker Forum in 2016, and
2. Obtain stakeholder input on the draft consensus document which outlines a roadmap to establish CHWs as a certified profession in the state of Georgia.

This document provides a summary of the meeting and recommendations and feedback generated in the breakout sessions.

I. Opening Session

The Forum opened with Dr. Jean O' Connor of DPH welcoming the attendees, sharing the purpose of the Forum, and framing the day's events. In her opening address Dr. O'Connor also shared an overview of the process of moving from this stage of planning and input to getting the Georgia CHW certification model to state legislators for consideration.

II. Keynote Address

Venus Gines, the CEO and Founder of Dia de la Mujer Latina delivered the keynote address. Ms. Gines shared her personal experience with the healthcare system that led to her understanding of the need for, and importance of CHWs in an individual's care. She gave an overview of the history of CHWs, national statistics and federal policies that affect the CHW profession. Ms. Gines also shared a model CHW training curriculum including the Dia de la Mujer Latina M.I.N.E. (motivate, inform, navigate, educate) framework and gave practical examples of each part of the framework. Finally, she highlighted a model CHW program in Houston, Texas and stressed the importance of CHWs as an integral part of the healthcare delivery system. I copy of Ms. Gines' presentation is included in Appendix A.

III. Panel Discussion

The panel discussion, moderated by Christine Wiggins of DPH, included three panelists who provided different perspectives on the importance of the CHW profession and why CHWs are integral to healthcare teams and public health programs. The three panelists were:

- Dr. Sandra Ford, DeKalb County Public Health District Director – Physician and District Health Director perspective
- Thommie Mungo, Community Health Worker, Mercy Care – Community Health Worker perspective
- Earlie Rockette, Regional Vice President, Amerigroup Community Care – Nursing and Care Management Organization perspective

The panelists also shared their perspectives on working with CHWs, identified gaps that CHWs fill to provide individuals and communities with the best possible health outcomes, and highlighted how CHWs complement other health provider professions.

IV. Breakout Sessions

To facilitate agreement on the consensus document, forum participants broke out into small groups to provide feedback on the three main sections of the consensus document – certification, training, and reimbursement. Prior to the breakout sessions, participants were asked to review a summary of the consensus document. During the facilitated session each group r had opportunity to provide feedback on each section of the document. Facilitators asked each group if they thought the consensus document was a good starting point for the Georgia CHW model and to identify which recommendations they and/or their organizations could support, which they had concerns about, and what, if anything was missing from the document. All of the forum participants agreed that the consensus was a good starting point for developing the Georgia CHW model. The feedback from the breakout sessions is summarized below.

Certification

Participants liked that the document included requirements for certification renewal and the continuing education component. They also agreed to support DPH being the certifying entity for CHW certification and training programs.

There was discussion about age 16 being the minimum age for CHW certification. While a few participants agreed that age 16 was sufficient and liked that it covered youth involvement, others felt that 16 was too young and that the minimum age should be at least 18. Many participants expressed concern about the grandfathering process outlined in the document. In particular, there was concern that the process created barriers for part-time CHWs who may not have three years or 4,000 consecutive hours of experience. There was also concern that the requirement of Georgia residency would create a barrier for CHWs who live in border states but serve clients in Georgia.

Training

Many participants were supportive of the core competencies, number of required training hours, the mix of classroom and field training, and the recommendation of a defined career ladder outlined in the consensus document. Participants were concerned about the cost of training to those seeking certification. They were also concerned that the field training requirement might be a barrier to CHWs in rural parts of the state where there are fewer opportunities for field training.

Payment/Reimbursement Model

The payment model section of the consensus document did not have many details as there is still more to be done to build out this section of the Georgia CHW model. As such, participants had several questions about the payment model including questions about the supervising licensed professional, whether costs for training and travel would be covered, and if the model should include return on investment (ROI) metrics for payers.

Much of what the forum participants felt was missing from the consensus document were details in each session that will be worked through and be clarified as the Georgia CHW model is fully developed.

Areas with Significant Support

- DPH as the certifying body
- The inclusion of requirements for certification renewal and continuing education
- Required core competencies
- Number of hours required for training
- Combination of classroom and field training
- Recommendation of a defined career ladder

Areas of Concern

- Minimum age to be certified
- Grandfathering requirement of minimum of 3 years or 4,000 consecutive hours
- Requirement of Georgia residency
- Cost of training to CHWs
- Field training opportunities for CHWs in rural areas
- Clarity about who is considered a “supervising licensed professional”
- ROI metrics for payers

Recommendations

- Require an exam after 3 years of certification as proof of competency
- Tiered certification process
- Honor other states'/countries' certifications
- Linguistically diverse training materials
- Create a statement of rationale to justify why 120 hours is the standard for training
- Ensure there is enough reimbursement to cover CHW expenses (e.g. training, education, mileage, etc.)
- Call out critical activities so they become a part of the billing code (e.g. holistic wraparound support activities)
- Track quality outcomes and benchmarks for reimbursement

A complete listing of the feedback collected in the breakout sessions in included in Appendix B.

V. Closing Session

To close out the CHW Forum, facilitators reported out on the feedback received in the breakout sessions and DPH staff outlined the next steps in the process of finalizing the consensus document. Participants were thanked for their attendance and participation and asked to complete the online meeting evaluation form.

VI. Meeting Evaluation Findings

The link to the online meeting evaluation form was sent to participants immediately after the forum and again a week later. A total of twenty-one participants completed the meeting evaluation. The meeting evaluation responses are summarized as follows:

- 90% of attendees agreed or strongly agreed that the meeting objectives were met
- 86% of attendees agreed or strongly agreed that time was used effectively
- 95% of attendees agreed or strongly agreed that the information presented was valuable
- 85% of attendees agreed or strongly agreed that the participants shared in decision making
- 90% of attendees agreed or strongly agreed that they were aware of next steps after the forum
- 95% of attendees agreed or strongly agreed that they both were satisfied with and enjoyed the forum

When asked what parts of the forum were most valuable, some responded:

> "I find the breakout sessions valuable as everyone in attendance were able to contribute their opinions which help the CHW stakeholders to fuse all the opinions together and come to a consensus that makes the CHW concept more realistic."
>
> "The presentation given by Ms. Venus Gines in where she demonstrated and clearly illustrated a picture of a successful CHW model in use. Also enjoyed the introduction of

the consensus document and breakout sessions. Allowing us to identify the work put into creating the document, with request of feedback from those working in the CHW role. For this I am extremely grateful."

"Hearing the experiences of CHWs and program administrators and the impacts that have been achieved, having a dialogue with people from different sectors who approach the issue from different points of view"

"Breakout sessions was amazing. I learned so much and heard a lot of things I never thought about from other people."

Some attendees responded that they would have liked more time in the breakout sessions to discuss the recommendations in the consensus document, others suggested that more CHWs be in attendance and that more time be spent illustrating successful CHW models.

Based on the meeting evaluation and informal feedback, GHPC offers the following recommendations:

- Share materials, where appropriate, with participants prior to the meeting so that everyone has sufficient time to review the material that may not be covered in depth during the forum (e.g. the draft consensus document). In addition, this gives everyone the opportunity to enter the room with same information.
- Include time during the forum to allow participants to do the meeting evaluation before leaving. The online meeting evaluation did not yield a high response rate. Offering a paper version of the evaluation and allowing time to complete it before the forum ended may have improved the response rate.

Overall, participants found the forum to be valuable and look forward to remaining engaged in developing the Georgia CHW model.

Appendix A

The Role of Promotores/Community Health Workers

Motivating, Informing, Navigating and Educating our Communities At-Risk

Venus Ginés, MA, CHWI
Día de la Mujer Latina, Inc.
Instructor, Baylor College of Medicine
www.diadelamujerlatina.org

History

The history of Community Health Workers and Promotores goes beyond time and culture.

There has been a system composed of people that serve as natural healers among all of the world's cultures for centuries.

The Indian Health Service has over 2000 Community Health Representatives.

Then there's the law

The federal **Migrant Health Act of 1962** and the Economic Opportunity Act of 1964 - authorized funds for outreach in many neighborhoods and migrant worker camps (Hill, Bone, & Butz 1996).

January 2010--**SOC 21-1094** – Department of Labor Federal Job Classification – (Medicaid Reimbursement)

2010: **Patient Protection and Affordable Care Act** addressed community health workers in several sections, including classification of CHWs as "health professionals" and as part of the "health care workforce**.**

http://www.ncfh.org/uploads/3/8/6/8/38685499/mhhistoryandlegislation.pdf

In Texas

In 1999, Texas became the first state in the nation to recognize Promotores and Community Health Workers and their contributions to keeping Texans healthy.
As of November 15, 2017 – 4880 Certified CHWs + 325 Instructors

Nationally

Nationally, 45,800 individuals are employed as CHWs, compared to 38,020 the prior year.
A Community Health Worker usually gets an average pay level on a scale from $32000 - $48000 depending on the level of seniority.
Community Health Workers receive average salaries of 49K each year.

Community Health Workers make the greatest compensation in the District of Columbia, which has a compensation of approximating $66270.

https://www.bls.gov/oes/current/oes211094.htm

Promotor (a) /CHW Curriculum

Teaching Skills •Plan + Effect Presentation •Teach on "How to talk" to your doctor •Teaching skills for behavior change	**Communication Skills** •Understanding Health Literacy •The art of observing, listening and then communicating	**Service Coordination Skills** •Medicaid/CHIP/ CHIP Perinatal •Affordable Care Act •Patient Navigation
Interpersonal Skills •Cultural Competence •How to motivate your patient & their family about follow up	**Advocacy Skills** •Understanding HIPAA •How to advocate about health issues for Latinos or other minority groups	**Capacity-Building Skills** •Build community resiliency by promoting prevention. •Disaster Preparedness-Making a Plan within families •Pain Management

Organizational Skills

•How to prepare for a Health Fiesta or cultural event

•How to prepare and analyze Pre and Post Surveys with SWOT

Knowledge Base on Specific Health Issues

•Breast Cancer & Survivorship
•Cervical Cancer - Human Papilloma Virus (HPV)
•Cardiovascular – Diet & Nutrition
•HIV/STD
•Diabetes
•Mental Health

Diversity in the Roles

The Role of Promotores-Community Health Workers

DML's M.I.N.E Framework

- **Motivate** others to get screened, to change unhealthy behaviors;
- **Inform** others about the laws that protect patients rights to privacy
- **Navigate** others to the available resources in their local community; Patient Navigation
- **Educate** others on preventive care and health topics

Motivate - Motivar

- **CHWs exercise their skills of listening with the heart, demonstrate affinity, respect and empathy.**
- **Use language properly and adapt to the skills and styles of others.**

my.englishclub.com

Interpersonal Skills

Counseling

Relationship-building

Ability to work as a team member

Ability to work with all diverse groups of people

P/CHWs in Action - Hurricane Harvey

Inform - Informar

- P/CHWs have the ability to identify problems and resources to help clients solve problems themselves;
- Share knowledge of available community resources and ensure that each individual get services they need

www.publicinsightnetwork.org

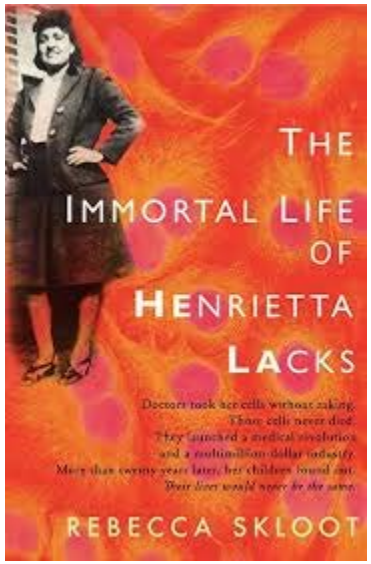
Navigate - Navegar

P/CHWs working under the guidance of social workers provides assistance to patients survivors and relatives to help them eliminate the barriers to all aspect of medical care and survivorship.

Community Navigator is a CHW who transitions into a Patient Navigator
- a key role for P/CHWs within the healthcare system.

Why Navigation?

Mistrust of Government




The New York Times

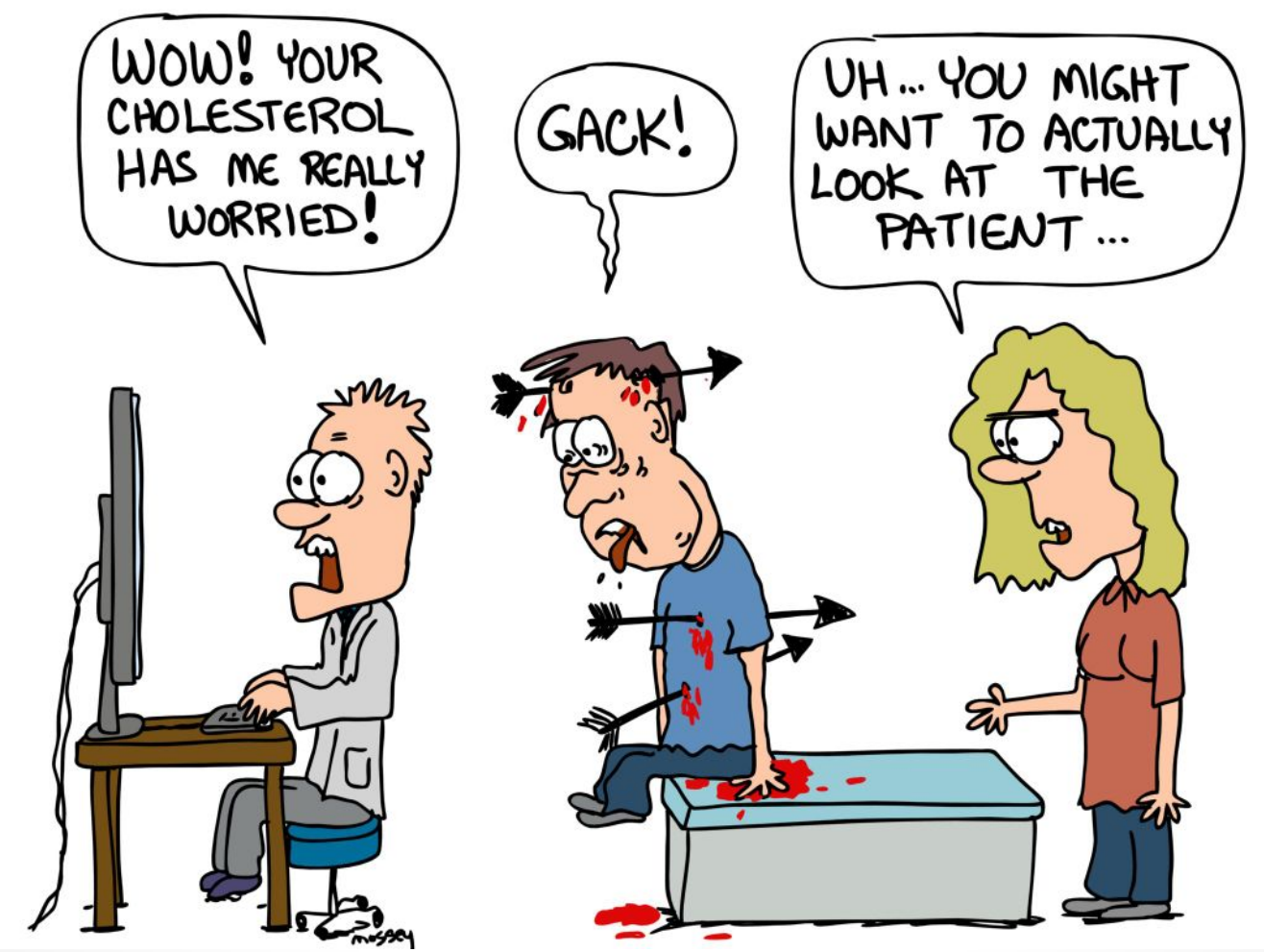
Syphilis Victims in U.S. Study Went Untreated for 40 Years

By JEAN HELLER
The Associated Press

WASHINGTON, July 25—For 40 years the United States Public Health Service has conducted a study in which human beings with syphilis, who were

have serious doubts about the morality of the study, also say that it is too late to treat the syphilis in any surviving participants.

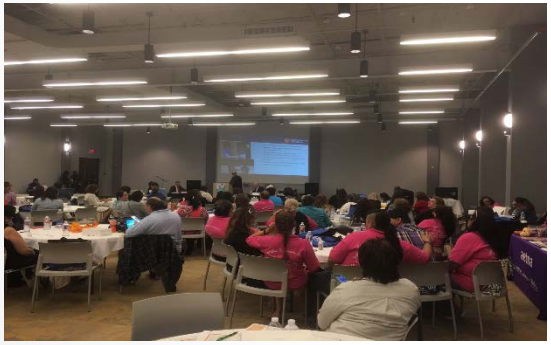
Mistrust of Medical Providers



http://www.fredericksburg.com/legacy_content/blogs/rapid-assessment/in-the-treatment-room-patients-can-t-compete-with-a/article_53f8e790-ab41-5601-9c3d-b23e18d346cf.html

Educate - Educar

Provide an atmosphere for patients to learn about prevention tips from different perspectives



My Brother's Keeper CHW Project

Venus Ginés, Instructor

HOUSTON HEALTH DEPARTMENT






Promotores/CHW Competent & Able

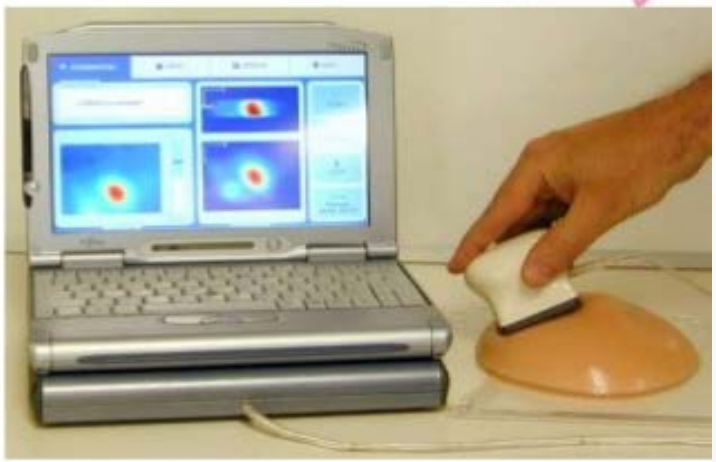
- Case Management
- Care Coordination
- Chronic Disease Mgmt
- Medical Home
- Navigators for ACA
- Patient Safety
- Access to Service & Support Centers
- Survivorship Plans
- Pain Management
- Mental Health Peer Counseling
- Clinical Trial Navigation
- Health IT
- Disaster Relief/Recovery
- Medical and continuous care compliance
- Access to local resources
- Patient Navigation

Future

What is CANSA doing to help?

SureTouch

- CANSA pioneered the latest technology for safe breast examinations
- It is not a diagnostic tool, but used for pre-screening
- Explored and verified by CANSA, the SureTouch screening device travels to urban, semi-urban and rural communities across the country, to deliver safe and easy breast examinations



Please contact the CANSA Care Centre for more info (see website for details – www.cansa.org.za)

CANSA

Invest in your health...

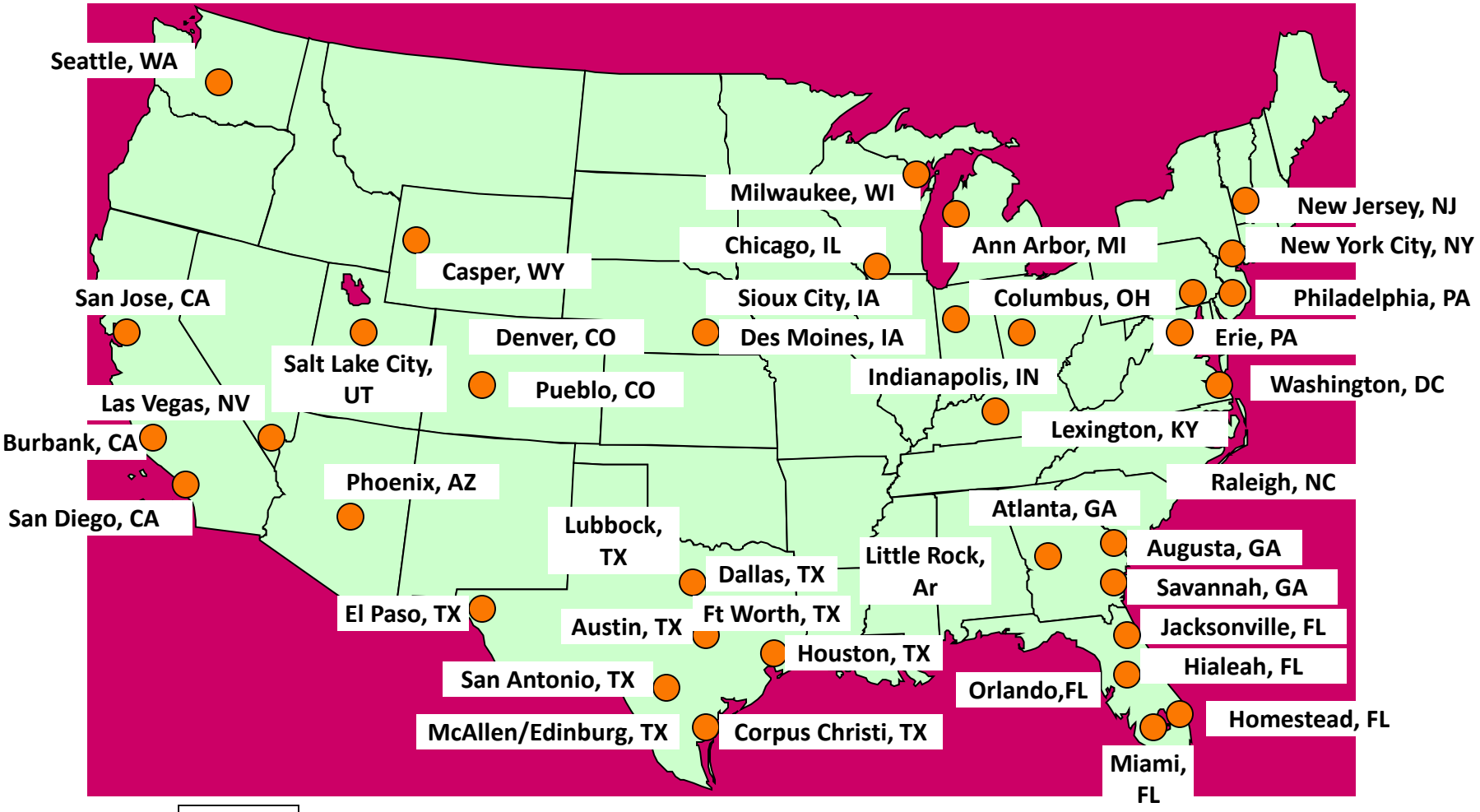
Reality in USA

Healthcare Access Risk Factors that P/CHWs can reduce

WE NEED MORE COMMUNITY HEALTH WORKERS

Culturally and linguistically proficient to reduce barriers!

Día de la Mujer Latina-Promotores/CHW Training & Outreach



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Conclusion

- **P/CHWs have an ability to exchange ideas with others, understand others' perspectives, help solve problems and successfully utilize specific steps and processes that will show significantly the impact of their skills**

Appendix B

	Certification	Training	Payment
Areas w/ Significant Support	Renewal requirements - builds confidence, trust	Communication as a core competency	
	Continuing education	Mix of field and classroom training	
	DPH should be the certifying body - adds credibility, standardization, quality control, liability protection, endorsement (seal of approval)	Specialty core competencies (special topics)	
	Grandfathering	Number of training hours	
	Fee	Cultural competency	
	Standardized competency - CEUs, seal of approval	All core competencies	
	Scope of practice is a good starting point	Career ladder	
	Easy, concise to read - can see the work done since the last forum		
	Few barriers to certification		
	minimum age of 16 - increases workforce development, career pipeline, improving family and individual health of those in their own community		
Concerns/Questions	Minimum age of 16 - maturity is a concern, can't be bonded (liability), limits on reimbursement, lack of experience communicating with members about resources	Are there levels to certification?	Who is the licensed professional who will supervise?
	Are there other states that certify 16 year olds?	Training quality and price control	What does supervision look like?
	More clarity is needed about state certification - who is at the certification table?, when certified/trained by another agency/organization?, national CHW curriculum	Certified trainers	What are the levels of overhead/infrastructure?
	How will grandfathering work with CHWs certified in other states?	Who can provide and what is the content of web-based training	What is the billing model? AN or ER?
	Clarify "nominal" application fee	How often will training be available?	What services will the state require payment for?
	20 hours of continuing education: is it comparable to other certifications (i.e. nurses), are there 20 hours of CEUs available?, will there be specialized education (e.g. mental health)?, will certain CEUs be specific (e.g. 4 hours for ethics)?	What materials are needed and cost per trainee?	Must be able to capture reporting
	Grandfathering process - 3 years seems like a lot, could be challenging for part-time workers	Where will training be held?	How can the current reimbursement model be expanded?
	Will volunteer hours count?	Hot-button words: mental health, advocacy, legal, ethical	Who would be the influencers for the policy move to have insurance pay for reimbursement?
	Why do 4000 hours have to be consecutive?	What is the Regent's criteria for training providers	How would Medicaid billing work? What is Medicaid already paying for vs. what is it that CHWs actually do?
	Why phase out grandfathering?	Can training be coordinated with other professions' training where content overlaps?	What is the methodology that would be used for creating billing codes?
	Will there be testing out for grandfathering process to ensure core competencies?		What is the quality piece?
	Clarity on required hours vs. CEUs		Supervision statement is too limiting
	Can those with similar certification (e.g. health educator) be grandfathered in?		Are billing codes for state plan vs. waiver separate?
	Why Georgia residency?		Where will the money come from to sustain CHWs who are grant funded?
	How to ensure state level curriculum is relevant?		Does all care coordination have to fall in one disease (e.g. diabetes)?
			What can be accomplished in 3-4 years? - get payment for people getting in and retained in care
			CHWs perform more social services, not really done under a licensed practitioner, shouldn't be so rigid
			Liability for malpractice under licensed practitioner

	Certification	Training	Payment
Missing	Exclusionary criteria	How to distinguish between new (Jr) and seasoned (Sr) CHWs and guide through process	
	Definition of success	Feedback loop post-training, how can experienced CHWs engage in peer learning	
	Other state agency involvement? (DCA, DCH, DBHDD)	Career ladder - concerns about agency hopping	
	Evaluation and dissemination of outcomes - ROI	Link between certifications and core competencies	
	Practice boundaries - scope of practice, SDOH, liability	Competencies of organizations that hire CHWs	
		Aging, homeless services	
		Abuse and trauma-informed approaches	
		SDOH	
		Safety in home	
		Alignment with other programs (e.g. BS, MPH)	
Recommendations/Additional Issues	Certification at the state level at age 21+	Establish basic training for grandfathered CHWs	Use billing codes for preventive care (e.g. smoking cessation, obesity counseling, etc.)
	Certification at age 18	Train the trainer model - developing instructors, validating curriculum	Ensure there is enough reimbursement to cover CHW expenses (e.g. training, education, mileage, etc.)
	Youth supervised under CHW via internships	Incorporating CEUs in training	Metrics for ROI (quality vs. cost)
	Recognize importance of youth involvement	Clarify evaluation and assessment/competency assurance after training	See Parkland Hospital CHWs as an example
	After 3 years, take a competency exam - proof of competency, standard competency	Linguistically diverse material and offer training in multiple languages	Consider different CHW activities (e.g. home visits, interventions, insurance, mental/behavioral health, patient navigator, educator, chronic disease self management etc.)
	Tiered certification process	Create a statement of rationale to clarify how and why 120 hours is the standard	Look at reimbursement for other models
	Specify training modules relevant to CHWs	Practicum should be linked to core competencies	Think about grouped intervention
	Keep certification broad at entry-level	Internship opportunities to determine best fit	More detail needed about billing services
	Define 4000 hours timeframe	Identify number of hours or training required per core competency; are they weighted differently?	Billing to ensure CHWs earn a livable wage
	Hours should be cumulative, not consecutive	Technical assistance for trainees	Group CHWs in hospital overhead
	5 year period for grandfathering	Inclusion of CHWs with lived experience	Call out critical activities so they become a part of the billing code (e.g. holistic wraparound support activities)
	Honor other states/countries certification	"Lifestyle" not "health" coaching	Look for opportunities to engage/educate legislators and others on what activities CHWs actually do to demonstrate value of services
	If experience is dated, go through certification or refresher	Put core competencies in order of importance	Look at time spent vs. single services code
	Address barriers to certification in rural communities		Standard tracking program for tracking/reporting time
	Coordinate with others in the community doing similar work		Provide CHWs a list of billable service
	Report writing/written communication should be a separate competency		Explore opportunity for CHWs to bill on their own
	Repository for CHW jobs (job bank)		Track quality outcomes/benchmarks for reimbursement
	Certification ID card to carry in communities		Quality - ROI for payers (SDOH) framework (STARS, HEDIS)
	A designated office within DPH for CHW certification		