

Community Health Workers in Rhode Island: A Study of a Growing Public Health Workforce

BRADY DUNKLEE, MPH¹⁸; DEBORAH GARNEAU, MA

ABSTRACT

Community Health Workers are gaining recognition as a valuable, newly emergent public health workforce. This article describes a qualitative study that generated a snapshot of Community Health Worker employment in Rhode Island, gathered collective wisdom and stakeholders' perspectives about how to pay for a community health workforce, and highlighted promising opportunities to grow and sustain the field. This article summarizes the study's findings, and discusses its implications. The full report is available at: <http://www.health.ri.gov/publications/reports/CommunityHealthWorkersInRhodeIsland.pdf>

KEYWORDS: Community Health Workers, CHWs, Community Health, Public Health Workforce, Community Health Worker Funding

BACKGROUND

Community Health Workers (CHWs) have gained increasing attention in the United States for their potential to improve population health outcomes, particularly by addressing disparities among underserved groups, while reducing costs and improving access to healthcare.¹⁻⁴ "Community Health Worker" is an umbrella term that may include job titles such as Outreach Worker, Peer Advocate, Patient Navigator, Community Health Educator, and Promotor(a) de Salud.^{2,5,6} CHWs often share lived experience, language and culture with the groups they serve, and build patient and community capacity to improve health through activities such as outreach, community education, informal counseling, social support and advocacy. For the Rhode Island Department of Health, "Community health workers are frontline, public health professionals who often have similar cultural beliefs, chronic health conditions, disability, or life experiences as other people in the same community." A CHW might help a patient set and pursue a behavioral goal through motivational interviewing, accompany a patient to an appointment, advocate with a landlord to remediate mold, provide social support to someone with a new diagnosis, or explain a medication regimen in culturally and linguistically appropriate terms. A growing body of evidence supports CHWs'

effectiveness in addressing the social, economic and environmental determinants of health.⁷⁻¹¹ A number of studies have also demonstrated cost effectiveness or cost savings as a result of these public health interventions.¹²⁻¹⁵

The CHW workforce in Rhode Island has gained recognition among stakeholders in state government, health-care, social service and higher education in recent years. In 2016, the Rhode Island Department of Health developed certification standards for CHWs with a broad spectrum of RI CHWs through the Rhode Island Certification Board. A certification grandparenting period for CHWs ended in late 2017, and regular certification procedures are in effect, making Rhode Island one of a growing number of states to offer certification.¹⁶ Certification requires 70 hours of classroom training aligned to state standards, 1,000 hours of work experience, 50 hours of supervision, and a portfolio demonstrating experience and competence. 217 CHWs have been certified through this process to date. Several major projects in the state support CHW positions and/or workforce development, including the multiagency, CMS-funded State Innovation Model Test Grant (SIM),¹⁷ the Executive Office of Health & Human Services' Healthcare Workforce Transformation Initiative,¹⁸ the Care Transformation Collaborative of Rhode Island (CTC-RI),¹⁹ and Rhode Island College's Healthy Jobs RI initiative funded by the Department of Labor & Training's Real Jobs RI program. The Rhode Island Department of Health (RIDOH) has supported CHW expansion and professionalization as a partner in these initiatives, and in its signature Health Equity Zone (HEZ) programs.

In 2017, RIDOH carried out a study of the CHW employment landscape in the state to understand, document and build on the field's momentum.

METHODS

The Rhode Island CHW Employment Study, conducted over several months in 2017, asked a series of questions of 39 key informants with direct knowledge of the training, employment, deployment, and activities of CHWs in Rhode Island, in 24 in-person and 1 telephone interview. Of the 25 interviews, 18 represented employers, while seven represented other stakeholders, such as funders and educators. The group of key informants, identified by RIDOH staff, was selected to be representative and diverse, but not exhaustive. Interviews

were structured around a set of essential questions, but took the form of open-ended conversations, focused on CHW roles, funding, and sustainability. Essential questions included: 1) Where do CHWs work? What do they do? 2) Who gets CHW services? 3) How are CHWs funded? 4) How are CHWs trained and sustained? 5) How can the CHW workforce grow? Participants defined “Community Health Worker” for their own context, but were prompted with the American Public Health Association (APHA) definition and a list of job titles commonly listed under the umbrella term “Community Health Worker.”

Interview notes were ordered and assembled to generate a narrative of key takeaways from each interview, then sent to interviewees for review and revision. Revised narratives were analyzed as a whole to create a thematically organized report. The report was then shared with key informants for a second round of revisions. Key findings were developed using the authors’ and key informants’ interpretation of relevance and significance to the field at large.

RESULTS

Where do CHWs work? What do they do?

Rhode Island CHWs work in settings that range from small, community-based organizations to large health systems. Medical settings employing CHWs include Federally Qualified Health Centers (FQHCs), hospitals, health systems, and clinics. Several insurance carriers employ CHWs directly. A Community Health Team model integrating CHWs on interdisciplinary teams is expanding with support from initiatives focused on health system transformation, including the State Innovation Model Test Grant and the Care Transformation Collaborative of Rhode Island. Many CHWs also work in organizations that combine social and health services, or primarily offer social services. Several Community Action Programs (CAPs) employ CHWs. Some CHW programs are geographically focused, while others target particular populations or health conditions. During the study period, the Rhode Island Parent Information Network (RIPIN) employed the largest number of CHWs of any organization in the state, and Lifespan was the largest employer that employed CHWs.

Who gets CHW services?

Most CHWs work with people with high levels of social need and health risk. Employers and payers use several tools to assess need and risk, including proprietary systems. HIV/AIDS organizations use a comprehensive acuity assessment. Two population-focused programs provide CHW services to all clients of specific prevention and education programs.

How are CHWs funded?

No one has found the “magic bullet” solution to financial sustainability for CHWs, and in Rhode Island they

are funded through a broad array of sources and methods. The majority of the funding comes through time-limited philanthropic or categorical public grant funding (“soft money”), rather than payments that are built into health plans or core operating funds. Such “soft” money includes significant investments in health system transformation, and public grants and contracts for health and social services, in addition to philanthropic support. Community Action Programs (CAPs) employ CHWs with social services funding. Some grant funding targets specific health conditions or populations. Payers support CHWs on a fee-for-service basis only in extremely limited settings and situations, but support through alternative payment mechanisms like capitation is gaining ground. Several larger organizations fund CHWs through core operating funds. Funding for CHW workforce development is also supporting trainers and employers.

How are CHWs trained and sustained?

CHWs and their employers need more than financial resources to sustain them. Interviewed employers identified key factors including certification and continuing education, administrative infrastructure, hiring procedures, integration onto teams, workplace supports, a career ladder, a professional community building a clear CHW role and identity, and evaluation as important resources for a sustainable workforce.

How can the CHW workforce grow?

Interviews with employers and stakeholders, indicated a growing consensus in the field. There is momentum building among employers, payers and government for expanding the CHW workforce. Employers are using innovative strategies to support CHWs. Pay-for-value approaches hold more promise than fee for service models. Training and workforce development resources are available. Employers and CHWs may learn from each other’s practices related to workplace supports and evaluation.

DISCUSSION

Key informants and opinion contributors were unanimously positive about the value of CHWs for healthcare and public health. Healthcare providers and administrators cited CHWs’ impacts on previously intractable patients and problems. Payers described CHWs’ effectiveness in areas of high social and economic need, and with patients with multiple chronic conditions and behavioral health needs. Social service providers and community-based organizations highlighted the benefits of CHWs’ shared experience, language, culture or status with clients, and the impacts of lay workers on the social determinants of health. Policy stakeholders saw CHWs advancing the Triple Aim, and taking a prevention approach focused on the roots of public health problems. Community Health Workers themselves emphasized

the benefits of personal connections with patients, and the health outcomes driven by these relations.

Most participants expressed a belief that the CHW field has gathered momentum for growth in Rhode Island. Newly available credentialing through the CHW certification process was described as both evidence for, and a source of statewide momentum. The recent expansion of Community Health Teams across Rhode Island, and the fact that major payers and health systems directly employ CHWs also contributed to a sense that this workforce is expanding in size and positive reputation.

Viewpoints varied on how to pay for this momentum. While the bulk of resources currently supporting CHWs come from grants, funding sources used by interviewed organizations included general operating funds, funding derived from capitation arrangements, and fee-for-service billing for high-risk patients covered by a Medicaid MCO. Most interviewed participants who commented on payment believed that focusing on expanded fee-for-service billing might incentivize the wrong services, and run counter to the broader shift towards value-based-payment and accountable care. However, capitation-based support for CHWs would need to account for differences in the distribution of social need that CHWs address. There may be new opportunities for Accountable Care Organizations, particularly Rhode Island's Medicaid Accountable Entities, to develop approaches that financially sustain this workforce at scale.

Participants identified concerns about integrating and sustaining CHWs effectively and equitably. One concern was how to integrate CHWs into clinical practice when they may have lower levels of formal education, and emergent or undefined professional roles. Inter-professional Community Health Team models serving multiple primary care practices are one high-profile solution: CHWs work cooperatively on teams with licensed professionals, rather than embedding in only one PCP. Several organizations described workplace supports they offer, including flexible scheduling for those with medical and family needs, and integrated LICSW support to help manage stress and grief deriving from work with high-risk patients. Concerns about the potential for racial or cultural tokenism and pay inequity were also noted.

There are many opportunities for further study. This project made no attempt to quantify the CHW workforce in the state. Labor market analysis of Rhode Island CHWs can provide a clearer picture of the workforce's size, working conditions, growth and attrition. Studying the effect of certification on labor supply and demand may offer opportunities to improve training and career pathways and ensure professional working conditions. Effectiveness, quality and implementation research of CHW programs in health services can help develop the evidence base, and continuously improve these interventions. Cost effectiveness studies will be of particular interest to Accountable Care Organizations with new pay-for-value arrangements and population health

accountabilities that may be efficiently and effectively addressed by CHWs.

The Rhode Island Department of Health remains committed to its support of Community Health Workers in the state. In the words of Nicole Alexander-Scott, MD, MPH, Rhode Island's Director of Health, "Health begins in our homes, schools, jobs, and communities. As trusted members of the community, Community Health Workers play an essential role in addressing the social, economic, and environmental factors that contribute to the health of Rhode Islanders. They also help connect community members with high-quality, culturally competent health and social services. The Rhode Island Department of Health is proud to support these vital members of our healthcare workforce."

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Authors

Brady Dunklee, MPH, Boston University School of Public Health (2018), conducted this study for the Rhode Island Department of Health in 2017.

Deborah Garneau, MA, is the Director of the Health Equity Institute of the Rhode Island Department of Health.

Correspondence

Deborah Garneau
Rhode Island Department of Health
Three Capitol Hill
Providence, RI 02908
Deborah.Garneau@health.ri.gov