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Promoting Community Health Workers to Reduce Health Disparities in Minnesota

Coalition creates a statewide standardized competency-based community health worker training program in higher education

SUMMARY

From 2004 to 2009, the Healthcare Education Industry Partnership (a program of Minnesota State Colleges and University's System) worked with a coalition of educational institutions, health care systems, government agencies, foundations, businesses, and nonprofits to promote the role of community health workers in Minnesota. The partnership, called the Minnesota Community Health Worker Alliance, created a statewide standardized training and assisted in developing a sustainable funding stream to support community health worker services in Minnesota.

Community health workers assist diverse and underserved residents of all ages in gaining access to coverage, screenings, care, and related social services; in navigating the complicated health care system; and in expanding their health knowledge and self-care skills through health education and coaching. Because community health workers usually share ethnicity, language, socioeconomic status, and life experiences with the people they serve, they are also effective at teaching cultural competency to health care providers and improving the reach, quality, and outcomes of the services provided by teams in clinical, public health, and community settings.

Key Results

The project team reported these findings through reports to RWJF and in interviews for this report:

- The Minnesota Community Health Worker Alliance created a standardized credit-based curriculum for training community health workers composed of 14 credits and seven courses that blend classroom and field-based learning. It also incorporates a two-credit community internship. More than 300 students completed the curriculum and obtained certification.
- Created a "Scope of Practice" for community health workers in Minnesota.

- The project team provided published research on community health worker (CHW) return on investment and cost-effectiveness research to state legislators that helped inform an analysis that state Medicaid coverage of CHW services would be budget-neutral. The Minnesota Legislature passed MN256B.0625, Subd.49, which states that CHW certificate holders in Minnesota can enroll as Medicaid providers under Minnesota Health Care Programs.

Funding

The Robert Wood Johnson Foundation (RWJF) supported this project with two grants[1] from July 2004 to June 2009 totaling $447,861 as part of the *Robert Wood Johnson Foundation Local Funding Partnerships* program. For more information, go to the program website. Also see Program Results on the program.

CONTEXT

In a 2003 report,[2] the Institute of Medicine called for expanding the use of community health workers among underserved communities and racial and ethnic minorities. Studies have shown that such workers improve the quality of care and reduce health disparities. Such health workers are particularly effective at:

- Facilitating the participation of underserved residents in the health system and coordinating their care
- Educating patients about specific diseases and medical conditions, and ensuring that they attend their appointments and adhere to medication regimens
- Serving as liaisons between patients and providers, educating the latter about the needs and culture of a community

A 2002 statewide survey of health and human service organizations by the Blue Cross and Blue Shield Foundation of Minnesota revealed growing demand for these workers. Yet training of community health workers was inconsistent, and employers often found it difficult to recruit and retain them, relying mostly on grants to support their work.

RWJF's Interest in This Area

RWJF has supported a number of projects with a focus on community health workers over the years. Examples include:

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[1] ID#s 51437 and 53607

[2] Smedley BD, Stith AY and Nelson AR. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington: National Academies Press, 2002. Available online.

- **Training Opportunities and Credentialing for Community Health Workers.** The Community Health Worker Initiative of Boston was implemented by Action for Boston Community Development (ABCD). ABCD staff and collaborative members worked with employers to develop career opportunities; with educational institutions to develop advanced degree and certification programs; and with the Boston Public Health Commission to develop an advanced certification program. A new industry-recognized credential was developed and two community colleges started certificate and degree programs for community health workers. The initiative served some 219 participants, of whom 93 received credentials. Of those already working as community health workers, close to 20 percent received wage gains. Several employers offered new benefits to community health workers such as career ladders. See Program Results for more information.

- **Raising the Flag for Community Health Workers**. From 2006 to 2009, staff members at the Georgetown University Law Center, Washington, worked to raise the profile and influence of community health workers in the health care system and among policy-makers. They created much of the infrastructure for a new, national organization designed to represent community health workers. Staff members and community health workers put together key building blocks for the newly established American Association of Community Health Workers. As of October 2009, the organization had not been incorporated. They also provided technical assistance to state community health worker associations. See Program Results for more information.

- **Locally Recruited Lay Advisers Contribute to Community Health.** In 1998, Freedom from Hunger, a California-based organization that addresses issues of hunger and poor nutrition, began the replication and institutionalization of a program to train lay health advisers in several Southern states. The effort began 10 years earlier with training lay health advisers in three rural Mississippi communities in an effort to increase access to health care services there, an effort known as the Community Health Advisor Network (CHAN). The CHAN program office contracted with state agencies or schools of public health to implement CHAN projects, developed training materials, and provided technical assistance to state and local projects, including six conferences, developed a monitoring system, and conducted evaluations. See Program Results for more information.

- **Native Sisters Help Native American Women Overcome Obstacles to Breast Cancer Screening.** In 1995–96, Linda Burhansstipanov, MSPH, DrPH, at AMC Cancer Research Center in Denver implemented and evaluated the effectiveness of Native American Women's Wellness through Awareness (NAWWA). NAWWA is a culturally competent recruitment model aimed at increasing the number of underserved urban American Indian women participating in an early detection breast cancer screening program. The target population, Native American women 40 years of age and older, lived in the Denver metropolitan area or in the greater Los Angeles/Orange County area. An evaluation of the program found:

- "High-level" recruitment strategies involving steps and elements specific to Native Americans were much more effective than the typical "culturally sensitive" strategies used by most government programs.
- Among the high-level strategies tested, the Native Sisters Program, a "navigator program," was the most effective. Unlike other programs that provide a health care navigator only once breast cancer is discovered, this project used the Native Sisters throughout the recruitment and screening process. See Program Results for more information.

- **Jobs to Careers: Promoting Work-Based Learning for Quality Care.** This $15.8 million national program explored new ways to help frontline health care workers (including community health workers) gain the skills and credentials they need to advance their careers. It resulted in wage increases and a greater sense of confidence for participants, and had benefits for employers and educational institutions.

THE PROJECT

From 2004 to 2009 the Healthcare Education Industry Partnership (a program of Minnesota State Colleges and University's System) worked with a coalition of educational institutions, health care systems, government agencies, foundations, businesses, and nonprofits to promote the role of community health workers in Minnesota. The partnership, called the Minnesota Community Health Worker Alliance, created a statewide standardized competency-based training and assisted in developing a sustainable funding stream to support community health workers in Minnesota.

The initiative aimed to advance the role of these front-line workers in reducing health disparities, especially among underserved populations and Minnesota's growing racial and ethnic communities including Native Americans, Southeast Asians, East Africans, African Americans, and Latinos. The effort also aimed to offer pathways to employment in these communities and diversify the health care workforce.

To advance the initiative, the Minnesota Community Health Worker Alliance created two committees composed of representatives from the partner organizations:

- An Advisory Committee to help develop a curriculum for community health worker training
- A Policy Council to advance the role of community health workers and develop a sustainable way to fund their work

See the Appendix for coalition partners.

Other Funding

The project received additional funding from these sources:

- Delta Dental Foundation of Minnesota
- Minneapolis Foundation
- Minnesota Department of Health
- Otto Bremer Foundation
- Randy Shaver Foundation
- Susan G. Komen Foundation
- American Cancer Society
- Blue Cross and Blue Shield of Minnesota Foundation, which provided seed money and also nominated the project for *RWJF Local Funding Partnerships* support

RESULTS

The project team reported these findings through reports to RWJF and in interviews for this report:

- **Project staff created a state standardized credit-based curriculum for training community health workers composed of seven courses that blend classroom and field-based learning, and that build on their cultural skills.** Four two-year community and technical colleges and the East Metro Opportunities Industrialization Center in St. Paul offered the program. A private four-year college built it as an accredited pathway into a bachelor's of science program in public health.

  Students who complete the training program earn a certificate as community health workers, and can use their credits as an educational pathway to further studies in health care and social services. The statute included a one-year grandfathering option that allowed CHWs with a minimum of five years of supervised experience to receive a certificate of completion by passing an assessment exam administered by the Minnesota Community Health Worker Alliance.

  The Minnesota Community Health Worker Alliance has sold more than 50 copies of the curriculum nationally, and used the revenue to support scholarships for students enrolled in the program and to help support its ongoing community health workers field-building work to address health disparities and foster healthier communities. See the Bibliography for details on the curriculum.

- **More than 300 students completed the curriculum during the project and earned certificates.** Of those, an estimated 77 percent pursued further training in health care

or social services. More than 60 already employed community health workers passed the grandfathering process and also received certificates.

- **The project team compiled and provided community health worker return on investment (ROI) and cost-effectiveness studies to state legislators.** These informed a government fiscal analysis that found that state Medicaid coverage of community health worker services would be budget-neutral. The legislature then authorized the state Medicaid program to cover specific services provided by community health worker certificate holders who are supervised by physicians, nurse practitioners, dentists, and public health nurses working in a unit of government, and mental health providers.

  As of 2009, more than 80 community health workers had enrolled as Medicaid providers or applied to become one, and seven agencies were tapping Medicaid funds to pay for their community health worker health education services.

- **Project staff promoted the curriculum and the role of community health workers among businesses and health care organizations across Minnesota and the nation**. Staff:

  — Held forums for health care providers and payers in Minnesota on training and employing community health workers and applying for Medicaid reimbursement. Alliance member Blue Cross and Blue Shield of Minnesota Foundation created a video[3] to support this work.

  — Presented the business plan on the financing and cost-effectiveness of community health workers at state and national conferences and organizations, including the American Public Health Association, the National Rural Health Association, Community Campus Partnerships for Health, Minnesota Rural Health, and Minnesota tribal health agencies.

- **Project staff laid the groundwork for creating the Minnesota Community Health Worker Alliance composed of coalition partners, and created a website for the alliance**.

- **The project team contributed to national guidelines for educating community health workers, and to additional research on their training and work.**

  — The project team helped develop best-practice guidelines for training community health workers produced by the Community Health Worker National Education Collaborative—research that contributed to their curriculum design in Minnesota. (A report on the guidelines is available online.)

[3] The video, entitled "Critical Links: Community Health Workers," is available online.

— Blue Cross and Blue Shield of Minnesota Foundation commissioned research by the Center for the Health Professions at the University of California, San Francisco, resulting in two reports:

- For *Advancing Community Health Worker Practice and Utilization: The Focus on Financing,*[4] the researchers interviewed 25 people from 14 states and the District of Columbia who employ or train community health workers, to explore mechanisms for funding their work.
- In *Funding CHW Programs and Services in Minnesota: Looking to the Future,*[5] the authors analyzed Minnesota's program for training community health workers, and suggested how to more fully integrate them into the health care system.

LESSONS LEARNED

1. **When developing initiatives on community health workers, seek input from the workers themselves.** The project benefited when staff talked with community health workers about their educational and professional needs, and how to advance the field, according to Project Director Anne Willaert, MS. Those interactions also created ownership and buy-in for the initiative among the workers who became important partners at the table with the Minnesota Community Health Worker Alliance.
2. **When building programs to support community health workers, learn from other states.** The project team talked with colleagues in other states regarding real and potential pitfalls in promoting the profession. "It was helpful to learn where they went wrong, and what they did that was successful," Willaert noted.
3. **Synergies with national programs are valuable to state programs promoting community health workers.** Contributing to the best practice guidelines developed by the Community Health Worker National Education Collaborative helped the project team refine Minnesota's curriculum. (Project Director/Willaert)
4. **Successful CHW field-building to address health disparities requires strong, visionary, multi-sector leadership and the sustained efforts of broad-based partnerships.** Leaders need to bring focus, build consensus, integrate learnings, seize windows of opportunity, and engage an ever-widening circle of support. (Project Director/Willaert)
5. **Strategic communications are key.** While the CHW role has deep community roots and a long history in community-based settings, as an emerging health profession it is

[4] Dower C et al. *Advancing Community Health Worker Practice and Utilization: The Focus on Financing*. San Francisco: National Fund for Medical Education, 2006. Available online.

[5] Dower C et al. *Funding CHW Programs and Services in Minnesota: Looking to the Future*. San Francisco: National Fund for Medical Education, 2006. Available online.

still very new to many health providers, health plans, and policy-makers. The Minnesota Community Health Worker Alliance and its members have developed a set of useful communication tools. According to Joan Cleary, interim executive director of the alliance, the next stage of work needs to include a broad, sustained, multi-prong communications initiative to raise awareness of the community health worker role and its benefits, and to promote more widespread adoption of community health workers, especially under health care reform. In this way, the impact of the community health worker strategy on patients, communities, and the health system can be fully realized.

AFTERWARD

As of September 2012, some 200 more state residents had earned certificates as community health workers, according to Cleary. The network of post-secondary schools that offer the certificate program is expanding with the addition of new Twin Cities metro and Greater Minnesota sites.

South Central College, Mankato, is piloting an online version of the curriculum in fall 2012 with 15 students across the state. This option is intended to grow the community health workers workforce in rural Minnesota to better meet community needs.

Based on feedback from employers and the availability of tested training materials, the alliance revised the curriculum in 2010, adding a three-credit course to build stronger health promotion/disease prevention competencies.

The Minnesota Community Health Work Alliance, now incorporated as a nonprofit and governed by a 16-member board composed of community health workers and stakeholder organization representatives, continues to support and build the field in order to address health disparities and empower communities for better health. For example, the alliance is working to include community health worker strategies in key state and federal health care reform efforts ranging from the implementation of health care homes to Minnesota's Health Insurance Exchange.

In 2012, the Agency for Healthcare Research and Quality (AHRQ) recognized the Minnesota Community Health Worker Alliance as an evidence-based innovation in its Innovations Exchange program. The AHRQ's profile of the alliance is available online.

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APPENDIX

Coalition Partners

(Current as of the end date of the program; provided by the program's management; not verified by RWJF.)

American Cancer Society

American Dental Association

Blue Cross and Blue Shield of Minnesota Foundation

Blue Earth County

Centro Campesino

Delta Dental of Minnesota

Fairview Health Services

Healthcare Education Industry Partnership

HealthPartners

Hennepin County

Intercultural Mutual Assistance Association

Mayo Health Systems

Medica

Minneapolis Foundation

Minnesota Board of Nursing

Minnesota Department of Health

Minnesota Department of Human Services

Minnesota Hospital Association

Minnesota International Health Volunteers (now Wellshare International)

Minnesota Nurses Association

Minnesota State Colleges and Universities

Multicultural Healthcare Alliance

Neighborhood Health Care Network

NorthPoint Health & Wellness Center, Inc.

Open Cities Healthcare Center

Open Door Health Center

Otto Bremer Foundation

Portico Healthnet

Ramsey County

Region Nine Development Commission

Southern Minnesota Area Health Education Center

Summit Academy Opportunities Industrialization Center

Susan G. Komen Foundation

Twin Cities Healthy Start Program

UCare

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(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

Books

Willaert A et al. *Community Health Worker: Standardized Curriculum 2010*. Phoenix: Performance Dimensions Press, 2010.

Communication or Promotion

www.mnchwalliance.org. Website of the Minnesota Community Health Worker Alliance. St. Paul, MN: Minnesota State Colleges and Universities System.

Cleary J, Eastling J and Itzkowitz V. Community Health Workers in Minnesota: Bridging Barriers, Expanding Access, Improving Health, Blue Cross and Blue Shield of Minnesota Foundation, 2010. Downloadable at *www.bcbsmnfoundation.org*.

Toolkits

Components of the curriculum:

- Communication Skills and Cultural Competence. St. Paul, MN: Minnesota State Colleges and Universities System, 2005.
- The Community Health Worker Role: Advocacy and Outreach. St. Paul, MN: Minnesota State Colleges and Universities System, 2005.
- Community Health Worker: Coordination, Documentation and Reporting. St. Paul, MN: Minnesota State Colleges and Universities System, 2005.
- Community Health Worker's Role in Teaching and Capacity Building. St. Paul, MN: Minnesota State Colleges and Universities System, 2005.
- The Community Health Worker: Legal and Ethical Responsibilities. St. Paul, MN: Minnesota State Colleges and Universities System, 2005.
- Organization and Resources: Community and Personal Strategies. St. Paul, MN: Minnesota State Colleges and Universities System, 2005.