

Community Health Worker (CHW) MICAH QN Meeting

Presented by: Renee Calkins, Rural Education Manager, MCRH

Laura Mispelon, Social Drivers of Health Manager, MCRH

What is a Community Health Worker (CHW)?

A CHW is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.

CHWs carry out functions that are person-centered, support team-based care, address social drivers of health, promote health care access and patient engagement, and outcomes.

Serve as an advocate for health needs by communicating with healthcare providers or social service agencies.



Roles of Community Health Workers

- CHWs work to **improve health care outcomes** by facilitating access, adding value to the health care team, and enriching the quality of life for patients, especially the underserved population.
 - Culturally-appropriate health and prevention education.
 - Referrals for a wide range of health and social services.
 - Assistance in navigating the health services system and coordinating care.
 - Advocating for individuals and communities within the health and social service system.
 - Tracking and supporting progress in managing chronic conditions and achieving health goals.
 - Basic health screening tests.

HRSA estimates that the demand for CHWs in rural communities will grow by 13% by the year 2030

CHWs may be known by many titles, which include, but are not limited to:

- Certified Peer Support Specialist.
- Community Health Advocate.
- Community Outreach Worker.
- Community Neighborhood Navigator.
- Family Health Outreach Worker.
- Outreach and Enrollment Worker.
- Community Health Representative.
- Recovery Coach.
- Community Health Outreach Worker.
- Community Health Worker.
- Early Intervention Services (EIS) Worker.
- Maternal Child Health Worker.
- (Spanish) Promotores(as).



CHW Core Competencies

Core CHW Roles

- Cultural Mediation Among Individuals, Communities, and Health/Social Service Systems
- Providing Culturally Appropriate Health Education and Information
- Care Coordination, Case Management, and Social Support
- Advocating for Individuals and Communities
- Providing Direct Services
- Implementing Individual and Community Assessments
- Conducting Outreach
- Participating in Evaluation and Research

Core CHW Skills

- Communication Skills
- Interpersonal and Relationship-Building Skills
- Service Coordination and Navigation Skills
- Capacity Building Skills
- Advocacy Skills
- Education and Facilitation Skills
- Individual and Community Assessment Skills
- Outreach Skills
- Professional Skills and Conduct
- Evaluation and Research Skills
- Knowledge Base



CHWs and Bridging Gaps in Rural Michigan

Over 500 studies have shown the effectiveness of community health workers in the last decade, showing that the CHW model works and improves health equity.

CHWs are uniquely qualified to address rural America's needs:

- Advocate for clients.
- Build trusting relationships within their communities.
- Create robust communication pathways between patients and providers.

CHWs are important in rural areas where health services are limited, particularly culturally appropriate and individualized services.

CHWs can bridge healthcare workforce gaps.

CHWs act as a liaison between providers and consumers in rural communities.

- Referrals for a wide range of health and social services.
- Assistance in navigating the health services system and coordinating care.



The Upper Peninsula Maternal Opioid Misuse Model (UP MOM)

- Supports the needs of the **whole person**, focusing on a healthy pregnancy and well-being for mom and infant.
- Utilizes a CHW Model **to provide support** for women who are pregnant and who have had a history of or are currently experiencing opioid use disorder.
- UP MOM Model Consortium: this program is guided by a **consortium of stakeholders** and partners including:
 - Community-based Organizations
 - Health Systems
 - Public Health
- Program Results:
 - Improved timeline of obstetrics care.
 - Increased compliance with medication-assisted treatment for opioid use disorder.
 - Increased participation and engagement in home visiting programs.
 - Decreased NICU admission for symptoms of neonatal abstinence syndrome.
 - Reductions in aggregate risk scoring.



Michigan Department of Health and Human Services (MDHHS) Medicaid Coverage for CHW Services Policy

Medicaid Coverage for CHW Services Policy effective 1/1/24

- Reimburse for CHW services provided to individuals covered by or eligible for Medicaid Insurance.
- CHW providers are required to be on the MI Medicaid CHW Registry and enroll in CHAMPS as a Medicaid provider.
- Provides reimbursement through Fee-for-Service Medicaid to expand CHW services and integrate them into healthcare systems.

Beneficiary Need

- Conditions that may define need for CHW services must be assessed utilizing an appropriate health risk or SDOH screening/assessment tool.
- Services must be recommended by a licensed healthcare provider.
- Conditions include but are not limited to:
 - Diagnosis of one or more chronic health conditions, including behavioral health;
 - Unmet health-related social needs; or
 - Pregnancy and up to 12 months postpartum

Covered Services

- Services must be provided face-to-face. (video conferencing is permitted)
- Services include but are not limited to:
 - Health System Navigation and Resource Coordination
 - Health Promotion and Education
 - Screening and Assessment



Michigan Center for Rural Health's CDC COVID-19 HEALTH DISPARITIES GRANT

Overview

- 20% of this grant had a Rural Carve Out
- MCRH contracted with 21 Local Health Departments (LHD)
- 3 options with this grant –
- most LHDs chose to embed a CHW!
- **Roles at the LHD**
 - Covid Outreach
 - Translation Services
 - MiBridges Navigators
 - Nutrition Classes
 - Car Seat Installers
 - Veterans Services

MCRH holds monthly meetings for the local health departments where they can learn from one another and seek technical assistance. Each health department started with a workplan, **but their work evolved over the project to meet the unique needs of their communities.**

How to Use this Resource:

- **Connect with you LHD!**
- MCRH has formed deeper relationships with the LHD Local health departments have also formed many new partnerships within their communities with community-based organizations, other health departments, academic institutions, behavioral health organizations, government officials, healthcare providers, and more.



Integrating CHW into the Emergency Department

Kalkaska Memorial and DHD #10

Overview

- Partnership between Kalkaska Memorial and DHD #10.
- Integrated a LHD CHW into the ED
 - Developed processes
 - Voluntary program
 - Electronic Referral
 - Weekly Care Coordination Meetings.
 - Performs bedside consults and home visits.
 - Assists with our acute care patients in need of community services.

Lessons Learned

- Initial acceptance rates QI
 - Service acceptance rate started at 25%, now at 50%.
 - Hospital staff more comfortable and engaged with the referral process.
- Referrals are increasing month to month.
- Each individual accepting services has, on average, 2.5 resource needs.
- Referral and acceptance rates 2x improved with CHW on site.



CHW Resource on the MCRH Website



Community Health Workers

Community Health Workers (CHWs) are now an approved Medicaid provider. We have gathered a few items that may help you in your CHW journey.

[Learn More](#)

[RHI Hub CHW Toolkit](#)



[How Community Health Workers Are Impacting Rural Communities](#)



[MDHHS Supporting CHW Efforts](#)



[NMU's Center for Rural Health and CHWs](#)



[MDHHS Bulletin - Medicaid Policy](#)



[Medicaid Community Health Worker Beginner Guide](#)



[Medicaid Policy - Crosswalk of Proposed & Final Language](#)



[CHW Registry Information](#)



[Become a CHW Training Site](#)



[MI Medicaid CHW Policy Resources One Pager](#)





Any Questions?

