

CHW Policy Forum – 3/29/11
Health & Medicine Policy Research Group

Funding Workgroup Notes:
Laura McAlpine, moderator

General ideas related to CHW funding:

- Sustainability
- Deliverables, data so we can prove that we are making a positive impact
- Would be great if grants could be longer than a year, sustainability
- Clarita Santos--what do we need to support? How do we navigate the system?
 - Use research language to talk in the insurance world, sees herself as navigator
- Mary LeBold--what funding can be employed to help immigrant nurses? This requires funding
- Sheri Cohen--the need in Chicago for people to learn more about resources, CDPH wants to grow, work on key disparities; public health departments need to know more
- Venoncia Bate, Alexian: interest in CHWs, works as CHW, seed money, matching funds
- Johnny Tyler--Chicago Family Health Centers, working on outreach project
 - consider opportunities to involve more community-based organizations, health outreach ministries, the connection to churches
- Rosemary C.--CEED, a focus on developing health literacy in the community, working with CHWs, working with curriculum development, organizing organization that employ or train community health workers, want to be reimbursable, look at curriculum, certification
- Simon Schwartzman--health educator with patients who have chronic diseases related to obesity
 - having a fair wage for community health workers
 - something that doesn't see them as expendable, salaried employees, benefits
 - Looking at Community Health Centers
- Susan Pound--grant writer, what does scaling up really mean? What are the feds looking at? Fewer grants from Congress
- Magdalena Nava--maintain and prevent diabetes in the community, worked with MATCH, want to see promotoras get benefits, saw what a difference they make, the promoters themselves don't have medical insurance
- Capture this notion, ROI, cutting healthcare costs--who is getting that money? Where do the cost savings go?
- Belinda Rayes--coordinator for the DuPage product, explained what the patient navigators do, the Access DuPage site, the idea of the project coming has sparked conversations like "how do we expand?"
 - suburbs are becoming a point of entry for immigrants
- Karen Baker--Northwest Community Hospital, promoters program ten years ago, just received money to have breast-feeding counselors, two local resource centers, work with FQHC, Cook County Clinic, cannot continue everything, want funding, reimbursement
- Women are interested in health care
- skill development, career ladder, working with local community college to explore health

care careers

- Molly Martin--pediatrician at Rush, time doing research
 - wants CHWs in the community setting, need a stable resource, need a good living wage and benefits, disconnect between clinical and real lives, CHWs as vehicle to community
 - what's in the ACA, emphasis is on the community
- Do you have stronger impact in community as opposed to in the clinic? Did training? Where are the workers?
- Susan Swider--Have to do what the funder says? Directly related issues? Tried to allow interventions, always limits and outcomes, role in clinical settings? Funding? Outcomes?
 - Triangulate your funding, love to see conversation beyond direct third party reimbursement, that's only a short-term solution, can we sustain that? Cannot sustain current model?
 - Nobody will give up reimbursement, break budget without improving outcomes
 - Think about CHWs as evaluation. Want them as part of teams in medical homes and accountable care organizations?
- Medicaid?
- The sustainability of what we do?
- Many clients do use Medicaid, how do they qualify for Medicaid? Also see many more that don't qualify for Medicare and Medicaid?

Categorization of ideas:

Funding streams:

- 1) federal grants
- 2) private foundation grants
- 3) federal reimbursement pot? CHIP, Medicaid
- 4) Federal dollars at local and state level
- 5) Health system funding
- 6) Community-based organizations
- 7) Academic institutions

Workforce issues

1. Pay
2. Skill development
3. Deliverables or outcomes, research
4. Expansion--diversify in terms of kinds of work? Who is the employer? Scale?
5. How do CHWs connect to the system? Where are they?

Policy solutions or next steps:

- Molly Martin: New York--fewer disparities outcome, yet diverse and socioeconomic solutions, how do they move their system forward? Less regulation on connecting bodies
- Take data from the city and immediately turn it around? How could we figure out how NY runs? Look at other states or communities that use their outcomes well? NYC community health workers?
- Look for other states/communities that use outcomes well to promote CHWs (NYC) and promotes funding
- How do you support communities to do evidence-based trials?

- If research is an issue, what is the solution?
- Want evidence or innovation?
- Strong outcomes relate to funding? Research does not mean more funding, especially at the federal level
- How do we use the dollars we already have access to? More dollars on research?
- Need partnerships across a variety of things, work across agencies or organizations, partnering for outcomes
- Academics and clinics undervalue evaluations
- Venoncia—we need to think outside the box, not just think about medical and social services
 - Archdiocese? Police Dept.? Fire Dept.? Use community health worker based model? Who else can we work with? Safety net is too fragmented
- Clinical aspect and social services, bridging the gap and creating the linkages, hospitals, CHWs, ASC, those who normally don't talk
- Academic institutions should leverage their power? A way a non-profit can bring in the funding from somewhere? Bring people together
- Ask anyone who is a funder? Who is teaching people to show outcomes? A lot of these organizations don't know where to start with how to show what they are doing? Program officers know what they want, but the non-profits may not know what they want
- Important to reach out and include community because these are political issues; part of their job is to mobilize and create more demands
- Partnerships with agencies, other organizations, community health worker networks
- Common definition of an outcome? How do you know the community member is getting better?
- A group who are working on community health worker packet
- Build infrastructure of exchange for community health workers
 - something like SitterCity, exchange though local network
 - put out a call for data, those who have data to those who want data (e.g. post-docs)
- People who have health conditions already, the prevention part of it, the outcomes of how many people got better
- Local units--require community health work
- What is real evaluation? How do you measure progress in systems change? No component for control group?
- Structural solution?
- The key is having the right people at the table. Funders should be brought to the table because they have a great influence at the policy level. How to bring together this community?
- Make the umbrella of funders very clear--corporate funders, non-profits, hospitals, public health departments, federal, community health centers, faith-based organization, universities, CHWs, first responders, elected officials

Medical homes--section 2703 of PPACA?