



Blue Cross and Blue Shield of Minnesota

Foundation



Community health workers in Minnesota: Bridging barriers, expanding access, improving health

A decade of partnership, innovation and field-building
to create healthy communities

2010



On the cover:

CHW Abdiqadir Harun of WellShare International regularly visits Somali cafes in Minneapolis as he engages with members of his community.

Inside front cover: Clockwise from left

Courtney Lawson and CHW Sophia Warsame of Intercultural Mutual Assistance Association (IMAA) in Rochester; CHW Sheena Loth of IMAA; CHW LaTrisha Vetaw of NorthPoint Health and Wellness, Minneapolis; CHW Maria Elena Escoto of Comunidades Latinas Unidas en Servicio, St. Paul, with clients on a home visit; CHW Abdiqadir Harun.

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Foreword

Our health company and
Foundation recognize the
critical role of community
health workers in connecting
Minnesota's diverse commu-
nities with the health care
system. We're proud to have
served as a catalyst for this
important work.

— Patrick Geraghty, President and
CEO, Blue Cross and Blue Shield of
Minnesota

We are pleased to share this report on the development and growing recognition of community health workers as an emerging resource for Minnesota. This remarkable story of partnership, innovation and field-building provides a valuable model as our nation defines a solution to its health care challenges.

While Minnesota consistently ranks as one of the nation's healthiest states, not everyone who lives here shares in that good health. Immigrants, people of color and people living in poverty are particularly at risk. Many factors are responsible for health inequities, such as access to quality care, language barriers, cultural expectations about health and health care, housing and environmental conditions, and social connection.

Community health workers (CHWs) can be a critical part of the solution. They provide outreach, information, referral, advocacy and other support to promote health for underserved communities, and strengthen the cultural competence of health and service organizations. By fostering accessible, affordable and culturally appropriate care, CHWs — and the health and service organizations that employ them — are helping to address persistent health disparities for vulnerable populations and create healthier, more equitable communities.

Much has been accomplished in Minnesota over the last decade to train, support and provide sustainable funding for community health workers. A broad-based group of public and private agencies, and dedicated leaders — including CHWs themselves — is responsible for these accomplishments.

The Blue Cross and Blue Shield of Minnesota Foundation is proud to serve as a catalyst and funder for this work. Ten years ago our long-term commitment launched when we began to look for community-based approaches to close the gap on health inequities. We identified support for CHWs and the sustainable development of the field as one path to healthier communities. Since then we have invested in research, grantmaking and partnerships to build the field through our Critical Links initiative, with 41 grants totaling more than \$3.3 million.

We welcome your comments and invite you to join us in helping to create healthier communities for all Minnesotans.

Blue Cross and Blue Shield of Minnesota Foundation

Patrick Geraghty
Board Chair

Marsha Shotley
President

Improving health Empowering communities

More than 121,000 CHWs
worked in the United States in
2005, up over 40 percent from
the start of the decade.¹

Community health workers provide a community-centered approach to improving the health of underserved populations. As bicultural and often bilingual members of the communities they serve, community health workers improve access to care, promote healthy behaviors, facilitate effective management of chronic health conditions, increase the cultural competence of health care providers and organizations, bring greater diversity to the health care workforce, lower system costs and ultimately help to reduce health disparities for vulnerable populations. For centuries, communities the world over have relied on trusted and knowledgeable community members to promote health and healing. Building on this tradition, recent efforts in the United States have worked to formalize the role of community health workers by developing training, policy and funding. This report describes the community health worker story in Minnesota over the last decade.



Minnesota is home to the country's largest Somali and second-largest Hmong populations, and has significant numbers of immigrants from Central and South America. On these pages we recognize the important work CHWs are doing in these immigrant and refugee communities to help reduce disparities in Minnesota. We also want to acknowledge that CHWs serve as a critical link in many other communities as well, including Native American, African American, deaf and newcomers from many countries in Asia, Africa and Europe.

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Hagaajinta caafimaadka xoojinta bulshada

Shaqaalaha caafimaadka bulshada waxay bixiyaan hab bartama u ah bulshada oo lagu hagaajiyo caafimaadka dadweynaha la siiyo adeegga yar. Bacdama ay leeyahiin labo hiddo kuna hadlaan labo luqad, iyaga oo ka tirsan una adeegga bulshada, shaqaalaha caafimaadka bulshada waxay hagaajiyaan helitaanka xanaanada, horumariyaan dabeecadaha caafimaadka qaba, fududeyaan in si habboon loo maamulo xaaladaha caafimaadka soo noqnoqda, kordhiyaan aqoonta hidaha ururada iyo bixiyeyaasha xanaanada caafimaadka, waxay shaqaalaha xanaanada caafimaadka ku soo biiriyaan kala duwanaa badan, hoos u dhiggaan kharashka siistemka iyo ugu dambeyntii waxay kaalmo u yahiin hoos u dhigga farqiga u dhexeeyo dadweynaha nugul. Muddo qarniyaal, bulshadaha dunida oo idil waxay isku haleyeen jireen xubnaha bulshada aqoonta leh ee lagu kalsoona si loo horumariyo bogsashada iyo caafimaadka. Ku dhissida dhaqankaan, dhawanaahaan dadaal laga sameeyay Mareykanka wuxuu ka shaqeeyay in rasmi laga dhiggo kaalinta shaqaalaha caafimaadka bulshada iyada oo la horumarinaayo tababarka, siyaasadda u dagsan, iyo maal gelinta. Warbixintaan waxay sharaxaad ka bixisaa sheekada shaqaalaha caafimaadka bulshada Minnesota tobankii sanno ee la soo dhaafay.

Mejoramos la salud potenciamos a las comunidades

Los promotores de salud proporcionan un enfoque centrado en la comunidad para mejorar la salud de las poblaciones que carecen de servicios. Como miembros biculturales y, en ciertos casos, bilingües de la comunidad a la que sirven, los promotores de salud mejoran el acceso a la atención médica, promueven conductas saludables, facilitan el control efectivo de afecciones crónicas, incrementan la competencia cultural de los proveedores y de las organizaciones de atención médica, brindan una mayor diversidad a los trabajadores de atención médica, disminuyen los costos del sistema y, finalmente, ayudan a reducir las diferencias de salud en la población vulnerable. Por siglos, las comunidades de todo el mundo han dependido de los miembros sabios y confiables de la comunidad para promover la salud y la curación. A partir de esta tradición, los últimos esfuerzos en los Estados Unidos han colaborado para formalizar el rol de los promotores de salud al desarrollar capacitaciones, pólizas y financiación. Este informe describe la historia de los promotores de salud en Minnesota durante la última década.

Community health workers A critical link to health for Minnesota's communities

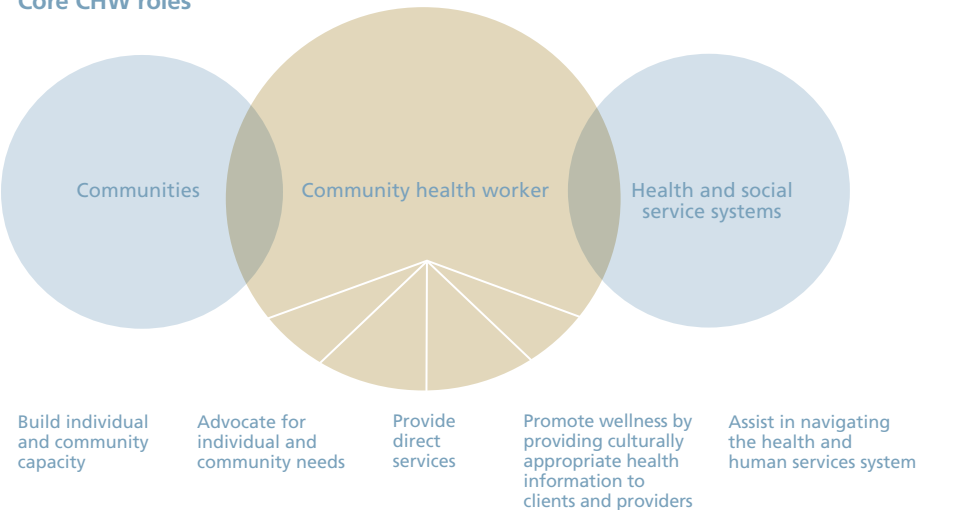
While Minnesota ranks as one of the healthiest states in the nation, people of color and those who are foreign-born typically experience poorer health than the native-born white population. The causes of these disparities are complex and intertwined. Research clearly implicates poverty as one contributing factor, but income alone does not explain why some groups are healthier than others.

Cultural attitudes, beliefs and practices explain some of the health disparities for individuals and communities, because culture can define how we perceive health and illness and how we view treatment and prevention options. Other factors include individual and collective historical experience with the health care system, fear and distrust of mainstream medical services and limited English proficiency.

A role for community health workers

To meet the needs of their culturally and linguistically diverse patients, health and human service organizations have begun to turn to community health workers (CHWs) as powerful allies. Also known as health educators, outreach workers and community health aides, CHWs help people with particular cultural needs navigate our complex health care system. At the same time, they help improve the cultural competence of the organizations that employ them.

Bridging the gap between communities and health/social service systems:
Core CHW roles





As trusted members of their clients' communities, community health workers can help to reduce the demand on overburdened providers by promoting healthy behaviors and guiding people to gain access to and use the health care system appropriately. For example, by facilitating clients' access to preventive services and to care in appropriate settings, CHWs can help them become aware of health conditions early, when treatment is most effective.

The diversity of roles and functions performed by community health workers is a strength that allows CHWs to meet community needs and build on community assets. Their work includes:

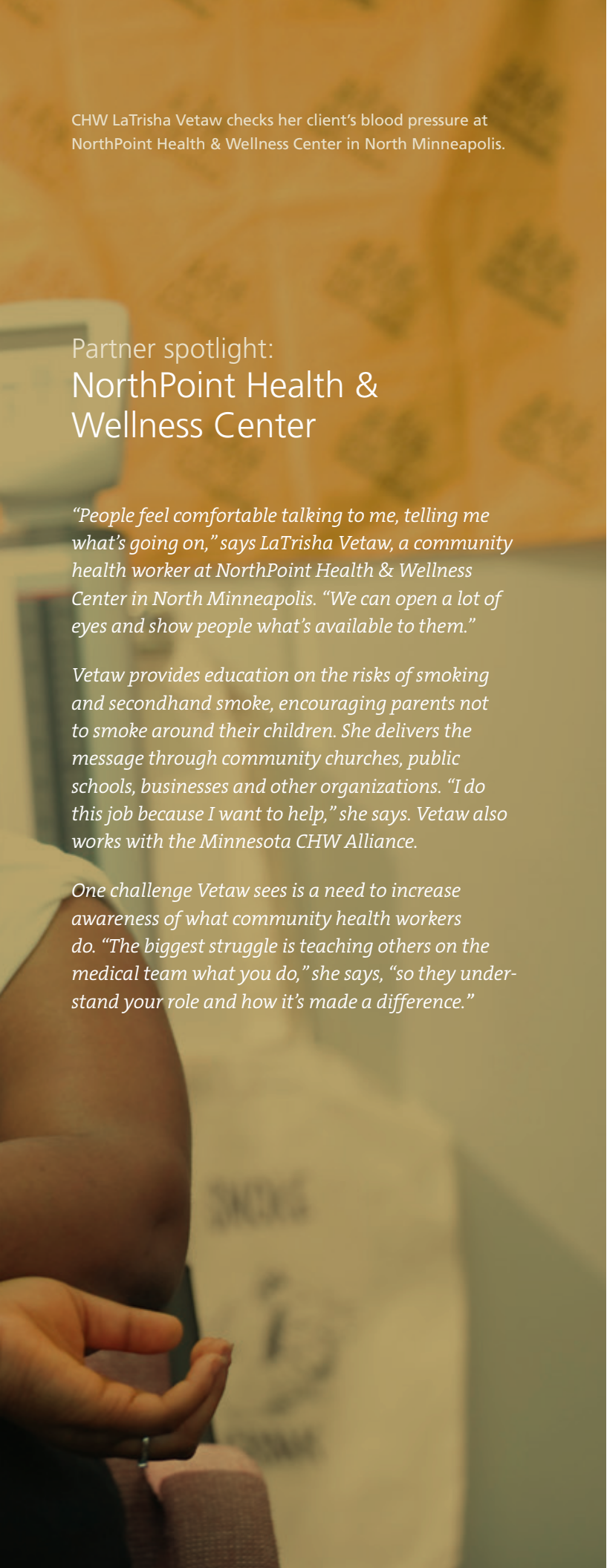
- Health education
- Information and referral to medical care and a range of social services
- Outreach
- Cultural consultation to clinical and administrative staff
- Social support, such as visiting homebound clients
- Informal counseling, goal setting, encouragement, motivation
- Advocacy
- Follow-up to ensure compliance with treatment recommendations

CHWs work in a variety of settings: health clinics, mental health centers, public health departments, mutual assistance associations and other community organizations and agencies that provide counseling, advocacy and health education. Community health workers can be especially effective in rural and other medically underserved settings, where health organizations are challenged by the cultural and linguistic needs of their patients and where physicians and other health care providers are in short supply. In Minnesota, CHWs are now also serving deaf, aged and disabled populations. Indeed, community health workers are a critical link to health for Minnesota's communities.

New immigrants and their U.S.-born descendants will account for 82 percent of the nation's population growth, while the resident population and its descendants will account for 18 percent.

— Pew Research Center





CHW LaTrisha Vetaw checks her client's blood pressure at NorthPoint Health & Wellness Center in North Minneapolis.

Partner spotlight: NorthPoint Health & Wellness Center

"People feel comfortable talking to me, telling me what's going on," says LaTrisha Vetaw, a community health worker at NorthPoint Health & Wellness Center in North Minneapolis. "We can open a lot of eyes and show people what's available to them."

Vetaw provides education on the risks of smoking and secondhand smoke, encouraging parents not to smoke around their children. She delivers the message through community churches, public schools, businesses and other organizations. "I do this job because I want to help," she says. Vetaw also works with the Minnesota CHW Alliance.

One challenge Vetaw sees is a need to increase awareness of what community health workers do. "The biggest struggle is teaching others on the medical team what you do," she says, "so they understand your role and how it's made a difference."

CHW impact: effective management of chronic conditions

In a pilot study at two community clinics in Minneapolis and St. Paul, patients with diabetes who worked with CHWs significantly improved the management of their chronic condition.²

For many, diversity is this nation's demographic headline. It is projected that minorities ... will make up the majority of the U.S. population in 2042.

— U.S. Census Bureau 2008

Collaboration The pathway to impact

CHW impact: return on

investment

CHW case management

increased use of primary and

specialty care for 590 under-

served men, reducing use of

urgent care as well as inpatient

and outpatient behavioral

health care. The return on

investment was \$2.28 for

every program dollar.³

Many organizations and individuals have contributed to the development of the community health worker field in Minnesota over the last decade. They include educators and academic institutions, the health care sector, health plans, public and private agencies, funders, policymakers, researchers and community health workers themselves. Their contributions have included the creation of partnerships and coalitions as well as individual efforts.

These partners recognize the importance of a number of key elements in the success of their work. They cite the need for strong leadership, a broad-based coalition of supporters, collaboration across sectors, a clear vision, an effective team to translate the vision into day-to-day realities and patience to stay the course.

The impressive concrete outcomes that have been produced over the last decade include:

Training, curriculum, peer learning

- Development of professional standards for community health workers, defining their role in the health care delivery system
- Development of a standardized curriculum and an 11-credit CHW certificate program to educate community health workers in Minnesota. In Fall 2010 the curriculum will be expanded to 14 credits.
- Provision of CHW training to over 350 students who received certificates that make their services eligible for Medical Assistance payment
- Development of specialized training in oral and mental health for community health workers
- Provision of scholarships to support participation in CHW training
- Creation of the Minnesota CHW Peer Network to provide opportunities for peer learning and professional development



Workforce development and job creation

- Formation of the Minnesota CHW Alliance, formerly the Minnesota CHW Policy Council, a workforce development partnership
- Creation of new jobs for community health workers
- Growing understanding among health care providers that CHWs are important members of a multidisciplinary team and can enhance services for diverse clients

Research and legislation for sustainable financing

- Research on outcomes, cost effectiveness and sustainability
- Passage of Minnesota legislation authorizing Medical Assistance payment for community health workers

Awareness and public support

- Creation and use of tools and strategies to build awareness and support, including a public television program and DVD, communications, convenings and other activities
- A growing appreciation for the role community health workers play in increasing access to health care coverage, improving the quality and cost effectiveness of care, enhancing health and increasing the diversity of the health care workforce

“One of the lessons I’ve learned is the importance of constancy of purpose. We need to hold the context of the vision and the elements and when the time is right, look for ways to champion these things. As conversations continue around clinic homes, CHWs have a role there. As we think about paying for care in different ways, that should include new care models, made up of inter-professional teams, of which CHWs are an integral part. This is an idea whose time has come.”

— MaryAnn Stump, chief strategy and innovation officer, Blue Cross and Blue Shield of Minnesota



Inset: MnSCU Chancellor James McCormick and Anne Willaert

“Community health workers are a critical link between communities and health care providers. We are proud of the Healthcare Education-Industry Partnership for its engagement with community partners to make the training and education of community health workers possible. This program would not have succeeded without the commitment of many who cared enough to assist the Minnesota State Colleges and Universities system and our determination to improve access and opportunity in all areas of service.”

— James H. McCormick, Chancellor, Minnesota State Colleges and Universities

Partner spotlight: Minnesota State Colleges and Universities

Partners are critical to Minnesota’s community health worker programs, according to Anne Willaert, former director of the Minnesota Community Health Worker Alliance. Under Willaert’s leadership, a consortium of partners came together from many sectors: state agencies, associations, postsecondary education, nonprofit organizations and the health care industry, and from the community health workers themselves. Collectively, these stakeholders oversaw the development of a statewide standard curriculum for community health workers, defined a “scope of practice” for these workers, and identified standards and competencies related to protocols for reimbursing providers for community health worker services.

As a result of the Healthcare Education-Industry Partnership’s work and compelling advocacy by community health workers, in 2007 the Minnesota Legislature approved an historic policy measure authorizing the direct hourly reimbursement of community health worker services under Medicaid.

“The alliance and its collaborative partnership between stakeholders and community health workers have made this program so successful,” Willaert said. “Having community health workers as part of the health care team will provide better service, access and cost savings for all residents of Minnesota.”



The Foundation's role Key steps in building a field

The Blue Cross Foundation has worked over the last decade to develop and expand the use of community health workers in Minnesota, create sustainable support and build the field. To advance this work, we have provided 41 grants totaling more than \$3.3 million through our Critical Links CHW Program.

Grants have supported projects to improve health services and education, increase access to care, develop capacity and leadership, promote outreach and community engagement, provide advocacy — and more. Those served include Latino, Hmong, Lao, Cambodian, Somali, Sudanese, Bosnian and deaf communities in the Twin Cities and Greater Minnesota. One cluster of grants focused on mental health and social adjustment, while another targeted policy awareness and support. A complete list of grantee organizations is included on the inside back cover.

In addition to grantmaking, we have also conducted research to inform our plans, convened meetings to share learning and developed strategic communications to promote awareness. In all of this work we have relied on many inspiring individuals and organizations without whom the success to date would have been impossible. Their contributions are highlighted throughout this report.

2000 – 2001

- Early grantmaking focuses on the health and social services navigational role of CHWs in different settings, serving diverse populations.

2002

- The Blue Cross Foundation commissions statewide survey on use of community health workers and interpreters. Over 150 health and human service agencies in 44 Minnesota counties participate in a first-ever look at CHWs in the state. The survey underlines the growing demand for community health workers and the need for standardized training to increase the pool of qualified workers.
- Foundation holds forum for policymakers, educators and health care representatives to review survey results, hear from experts and discuss how to promote the use of CHWs and interpreters in Minnesota's health care system.

2003

- Foundation report directs attention to the contributions of community health workers and training challenges faced by their employers. *Critical Links: Study Findings and Forum Highlights on the Use of Community Health Workers and Interpreters in Minnesota.*
- Foundation invites representative from Minnesota State Colleges and Universities (MnSCU) to visit the Community Health Worker Certificate Program at San Francisco State University to consider possibilities for a Minnesota curriculum.
- Foundation commissions Wilder Research Center to conduct CHW focus groups to better understand their training and professional development needs. Participants are enthusiastic about a training program with academic credits that could be applied toward a degree. They also identify peer support as an unmet need.

2004

- Based on Wilder Research Center finding that CHWs consider peer learning and support important to their effectiveness and professional development, the Foundation provides funding to Minnesota International Health Volunteers (now WellShare International) to develop and incubate the Community Health Worker Peer Network. Foundation grants in 2005, 2006 and 2008 support the network's expansion and strategic planning.
- Two-year Foundation grant provides seed funds for the Healthcare Education-Industry Partnership (HEIP), a MnSCU program, to develop and implement a standardized training curriculum for CHWs through the state's community college system. Program credits can be applied to training programs for other health occupations, creating an educational pathway and career ladder for community health workers.

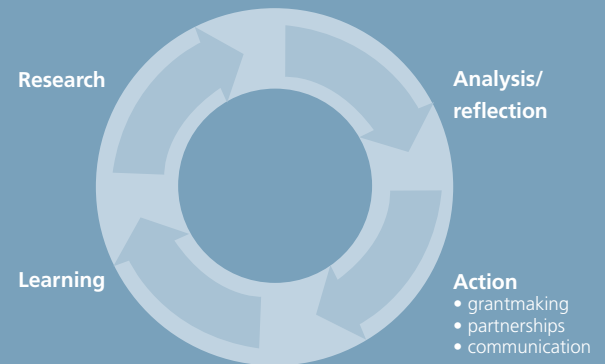
2005

- Foundation's successful nomination of HEIP to the Robert Wood Johnson Foundation Local Funding Partnership program leads to four years of support to advance the collaborative work of the Minnesota Community Health Worker Project and its statewide policy council.
- To explore options for sustainable financing for CHWs, the Foundation commissions the National Fund for Medical Education at the University of California-San Francisco Center for the Health Professions to identify promising CHW payment models.
- The Foundation launches *Healthy Together: Creating Community with New Americans*, incorporating Critical Links into this grant initiative with a focus on the CHW role in the mental health and social adjustment of immigrants and refugees.

“Our field-building approach reflects our partnership values and our focus as a learning organization, successively building on cycles of research, action and results. Our successes in Minnesota reflect the shared vision, leadership and commitment of so many individuals and organizations who have worked together over the past decade — to advance the CHW role with the goal of a healthier state.”

— Marsha Shotley, President, Blue Cross and Blue Shield of Minnesota Foundation

Key steps: Building the CHW field in Minnesota



2006

- Foundation convenes representatives from community health worker organizations, government agencies and the health sector to discuss financing strategies to support CHWs. Blue Cross Center for Prevention works with NorthPoint Health & Wellness, Inc. to examine the impact that CHWs have on hypertension. Leads to three-year commitment to support CHWs to provide education and services related to tobacco use, secondhand smoke exposure, healthy eating and physical activity. Additionally, database is created to capture CHW activities and impact.

2007

- Twin Cities Public Television and the Foundation co-produce a 30-minute broadcast and a DVD on community health workers. More than 4,000 DVDs have been distributed and the **tpt** program has aired more than 40 times in Minnesota and beyond.
- The Community Health Worker Peer Network hosts its first statewide conference, attracting nearly 200 participants.
- The National Fund for Medical Education research and advocacy by the Minnesota CHW Project partners lead to Minnesota legislation (initially in 2007 and amended in 2008 and 2009) authorizing Medical Assistance payment for specific services provided by trained and supervised community health workers.

2009

- With planning grants from the Foundation and other sources, the CHW Policy Council creates the Minnesota Community Health Worker Alliance to advance the role and its impact through education, policy and research, workforce development and a CHW association.

2008

- Foundation and **tpt** produce a second DVD on community health workers, a shortened version of the first program, in four languages including English, Somali, Spanish and Hmong. Requests come from across the United States.

2010

- One-year Foundation grants to select Critical Links projects build organizational capacity and resilience during the Great Recession.
- Evaluation of current CHW grantmaking and assessment of future needs inform next steps for the Foundation's CHW field-building efforts.
- Exploration of CHW as a care model by Blue Cross and Blue Shield of Minnesota advances the Foundation's goals.
- Completion of expanded 14-credit CHW curriculum by HEIP.

Foundation as a catalyst

Goals, accomplishments and lessons

From the beginning, our goals have been to:

- Improve health care access, quality and cultural competence
- Increase the size and diversity of the health care workforce
- Reduce health disparities for racial, ethnic and immigrant groups
- Lower health care costs
- Provide an educational pathway and career ladder for CHWs

We are gratified and encouraged by the accomplishments of the last decade. Highlights, as noted elsewhere in this report, include:

- Support for a broad array of CHW models across the state that provide health education and services to underserved populations
- The development of a statewide standardized CHW training program in the Minnesota State College and University System as well as in the community
- The formation of a statewide CHW peer network for professional development and support
- Creation of a policy council to guide training and workforce development
- Landmark legislation that provides for Medicaid reimbursement of CHW services
- Exploration of ways to incorporate CHWs into clinic teams, health plan programs and new models
- A collaboration with public television on a 30-minute broadcast and national distribution of two DVDs on CHWs, one in English, Somali, Hmong and Spanish
- Growing awareness and support for the health benefits and cost savings of CHW programs

In the process of helping to develop the CHW field in Minnesota, we have learned many things, including:

- Foundations can serve as effective catalysts
- Research undergirds and points the way to effective action
- Complex issues require a formative, long-term approach
- Partnerships, shared leadership and strategic communications build support and impact





CHW Anita Buel and Interpreter Nathan Ellis in dialogue at Hennepin County Medical Center

Partner spotlight: Deaf Community Health Worker Project

"Our goal is to empower deaf people to become active participants in their own health and wellness," says Anita Buel, director of the Deaf Community Health Worker Project. As deaf people, Buel and her colleague Mary Edwards know the communication barriers experienced by many deaf people who seek medical care. Now as trained community health workers, they provide support for deaf immigrants, senior citizens, cancer survivors and others who would otherwise lack linguistically and culturally appropriate care.

"For the first time, deaf people in Minnesota have someone who will help them get the answers they need," explains Nancy Meyers, program development specialist at the Deaf Community Health Worker Project. The Project's CHWs accompany patients to medical appointments and visit with them in their homes to provide health education, explain medical information and ensure adherence to recommended medical care. They also conduct health forums and support groups and offer cultural competency training for health professionals.

Through their work with the Deaf Community Health Worker Project, Buel and Edwards are helping to change health care for deaf people in Minnesota and to recruit other members of the deaf community to enter the field. At the same time, the example of their work has the potential to change practice and improve health and access to care for deaf people nationwide.

Training, career ladders and support **Growing the field**

“Our community health workers
keep our people going for the
medical care needed.”

— Tribal organization, Greater Minnesota

The Blue Cross Foundation’s interest in helping to create standardized training for community health workers grew out of our statewide research in 2002. We learned that CHWs are highly valued for their role in addressing cultural and language barriers to health care. But we also learned that there was a shortage of qualified workers. Employers said that standardized training would mean a better-prepared workforce and an increased pool of qualified CHWs. Many CHWs saw training as an important means to validate their work and help them gain greater recognition and respect from health care professionals.

We knew that building a sustainable community health worker field would require multiple approaches and the involvement of both public and private partners. As a start, we worked with health care, higher education and CHW partners to develop a community health worker training program. This program not only fills a void in standardized training and ensures consistency in skills and competencies, but also leads to a career ladder enabling CHWs to enter other health-related positions. Ultimately, we intended to help produce a cadre of people with the skills to be effective CHWs, contribute to a more culturally diverse health care workforce that would better meet the needs of Minnesota’s diverse population and address shortages in the health care professions.

Partnership and results

The Foundation approached the Healthcare Education-Industry Partnership (HEIP), a program of Minnesota State Colleges and Universities, with our research findings and grant support. HEIP attracted a broad funding base and a dedicated consortium of more than 20 other organizations to develop a curriculum from the ground up. The resulting statewide program, the first of its kind nationally, combines classroom learning, field work and internships in a standardized CHW curriculum.

The 11-credit program includes courses in advocacy and outreach; community and personal strategies; teaching and capacity building; legal and ethical responsibilities; coordination, documentation and reporting; and communication skills and cultural competence. The program is available at five educational sites: four MnSCU campuses including Inver Hills Community College, Minneapolis Community and Technical College, Rochester Community and Technical College, South Central



College (Mankato) and one community-based site at Summit Academy OIC (Minneapolis). By December 2009, over 350 students had received CHW certificates of completion, with another 68 experienced CHWs “grandfathered.”

Program credits can be applied to MnSCU training programs for other health occupations, such as nursing, creating a career ladder for CHWs who want to move into other health-related fields. Community health workers who have been practicing at least five years were eligible to take an assessment in 2009 to measure their competencies. After passing the test, a worker received a CHW certificate of completion, required for application as an enrolled provider for Medical Assistance reimbursement for specific CHW services as a CHW in Minnesota. These features allow the training and certificate program to contribute to building and retaining a more diverse health workforce and address the overall shortage of health care workers in Minnesota. Next steps call for distance learning through I-TV as well as online training.

Peer support

In addition to formal training, the Foundation learned that community health workers identified ongoing professional development and peer support as important, unmet needs. Foundation grants enabled Minnesota International Health Volunteers, recently renamed WellShare International, to build the first statewide network for community health workers. The Minnesota Community Health Worker Peer Network provides CHWs with an opportunity to receive ongoing professional development, to support each other and to share resources and exchange information. The network also allows CHWs to serve as a collective voice to raise awareness about their profession and health issues in their communities.

Participants come from Laotian, Somali, Latino, African-American and American Indian communities. All CHWs are welcome. Network activities include monthly meetings for training and networking, regional training opportunities for both CHWs and their employers in urban and rural areas, skill-building workshops, links to resources for CHWs and employers, a statewide conference, a quarterly newsletter and listserv. Future plans include expanded outreach, career development and leadership activities.

“We can reach communities
in their own language and
culture to connect them
with medical services and to
identify systemic barriers to
health access.”

— Gloria Contreras, Health Promoter
Coordinator, Centro Campesino and
graduate of the CHW training program



CHW Abdiqadir Harun and Wellshare International Executive Director Diana DuBois visit in a Somali mall in Minneapolis



Partner spotlight: WellShare International

“We have seen the tremendous impact that CHWs can have within a community-based organization,” says Diana DuBois, executive director of WellShare International, Minneapolis, formerly Minnesota International Health Volunteers.

Over the last 30 years, WellShare has trained over 4,000 CHWs in seven countries. In Minnesota, WellShare’s extensive CHW-related work has included creating and sustaining the CHW Peer Network, the first statewide coalition of CHWs in Minnesota. “The network enables CHWs to share resources, develop leadership skills and advocate on their own behalf,” DuBois explains. WellShare continues to facilitate network activities, communication and strategic planning. It also successfully organized the first-ever CHW conference in Minnesota, which included more than 200 CHWs, employers, nonprofits, foundations, health plans, clinics and government agencies.

WellShare employs eight full-time Somali CHWs who collect baseline data on Minnesota’s Somali population, create culturally appropriate tools and conduct thousands of home visits. As a next-stage contribution to the CHW field, WellShare will publish articles on its extensive documentation of the impact of CHW activities. “It gives me great satisfaction to be able to raise the profile of CHWs and others who work on the front lines every day to assist Minnesotans in improving their health,” DuBois says.

*“Research studies show that
community health workers improve
health outcomes among minority
and immigrant populations.”*

— Jose Gonzalez, Director, Office of Minority
and Multicultural Health, Minnesota
Department of Health

Funding and policy Building sustainable support

“We are fortunate in Minnesota to have had such strong legislative leadership. By championing the need for CHW reimbursement policies, legislative leaders helped to establish and sustain the important role of community health workers in promoting the health of underserved populations.”

— Anne Willaert, project director, MnSCU

Sustainable funding is necessary to ensure that community health workers move from occupying a temporary position, often dependent on short-term grant support, to part of the mainstream system where they can contribute long term to the health of underserved populations.

The Blue Cross Foundation commissioned the National Fund for Medical Education at the University of California-San Francisco Center for the Health Professions to conduct the first national study of sustainable financing mechanisms for community health workers. The 2006 report, *Advancing Community Health Worker Practice and Utilization: The Focus on Financing*, noted that CHW programs with sustainable funding include these elements:

- A mandate or mission to provide services to an underserved population
- Identification of unmet health care needs that CHWs could help to meet
- Champions who believe in the value of CHWs and work to win support
- Solid outcomes data indicating positive impact on access, costs or health status
- Targeted training for CHWs

A report specific to Minnesota financing for CHWs was developed as a supplement to the national report.

State legislation

In 2007, the Minnesota State Legislature authorized reimbursement for CHW services. This important step forward resulted from the presence in Minnesota of many of the critical elements cited in the National Fund for Medical Education research and advocacy by partners in the Minnesota CHW Project. The Centers for Medicare and Medicaid Services approved amendments to the initial policy in 2008 and 2009 authorizing Medical Assistance payments for trained and supervised CHWs. To date, Minnesota is one of only two states to reimburse community health workers under the Medicaid program.

A study conducted by Anne Willaert of Minnesota State Colleges and Universities and others⁴ examined the policy and systems change initiatives of a number of states working to integrate CHWs into service-delivery teams and use CHWs to help eliminate health disparities. Past approaches that focused on single measures have proven insufficient to achieve lasting change, according to the study. The authors believe the comprehensive approaches of Massachusetts and Minnesota can serve as models for other states seeking to eliminate health disparities.

The study recommends that comprehensive state legislation include financing mechanisms for sustainable employment, workforce development, occupational regulation and guidelines for publicly funded CHW research and evaluation. In addition, CHW legislation should:

- Include direct participation of CHWs in the development of any policy or regulation that affects CHW practice
- Minimize barriers (such as language or education level) that may restrict CHW employment or limit training opportunities for members of underserved communities
- Enhance accountability in the community and increase the credibility of services by encouraging providers to contract with community-based organizations to supply CHW services



Minnesota CHW legislation

Community health worker

(a) Medical assistance covers the care coordination and patient education services provided by a community health worker if the community health worker has:


- (1) received a certificate from the Minnesota State Colleges and Universities System-approved community health worker curriculum; or
- (2) at least five years of supervised experience with an enrolled physician, registered nurse, advanced practice registered nurse, mental health professional as defined in section 245.462, subdivision 18, clauses (1) to (5), and section 245.4871, subdivision 27, clauses (1) to (5), or dentist, or at least five years of supervised experience by a certified public health nurse operating under the direct authority of an enrolled unit of government.

Community health workers eligible for payment under clause (2) must complete the certification program by January 1, 2010, to continue to be eligible for payment.

(b) Community health workers must work under the supervision of a medical assistance-enrolled physician, registered nurse, advanced practice registered nurse, mental health professional as defined in section 245.462, subdivision 18, clauses (1) to (5), and section 245.4871, subdivision 27, clauses (1) to (5), or dentist, or work under the supervision of a certified public health nurse operating under the direct authority of an enrolled unit of government.

(c) Care coordination and patient education services covered under this subdivision include, but are not limited to, services relating to oral health and dental care.

— Minnesota Statutes 2008, section 256B.0625, subdivision 49



Courtney Lawson, Dr. Paul Targonski and CHWs Sophia Warsame and Sheena Loth share updates in the Mayo Clinic's Gonda Building

Partner spotlight: Intercultural Mutual Assistance Association

"The ultimate impact of using community health workers will be improved health and reduced costs," says Courtney Lawson, program manager at Intercultural Mutual Assistance Association (IMAA) in Rochester. IMAA makes its CHWs available at no charge to any resident of Olmsted County. The agency also promotes the use of CHWs in southeast Minnesota and statewide through partnerships with health care providers. A project with the Mayo Clinic, for example, will provide a rigorous look at the health effects and program costs for patients working with CHWs in a primary care setting.

"The field has made enormous strides in a relatively short period of time," Lawson notes. Providing meaningful data for providers, businesses, payers and community members is critical to keep efforts moving forward. "The process of collecting these data starts with understanding the barriers to utilization and the needs of each stakeholder," Lawson explains. "The data must demonstrate both improved health outcomes and cost savings to illustrate the gap in services that CHWs fill. Our multi-year study in partnership with Mayo will be an important contribution to the literature."



CHW impact: better prevention

Studies of CHW programs have shown significant improvements in patients' use of prevention services, such as mammography and cervical cancer screenings among low-income and immigrant women, whose screening rates are typically lower.⁵

Looking ahead Challenges, promising developments, next steps

CHW impact: improved

quality of life

A CHW outreach program

serving Medicaid patients

with diabetes resulted in a 40

percent decline in emergency

room visits, average savings

of \$2,245 per patient and

improved quality of life.⁶

For those looking to enhance the credibility of the field and ensure that CHWs contribute to the health of Minnesota's communities to their fullest potential, some challenges lie ahead. These challenges include full integration of CHWs in the health care field, clarifying their roles, responsibilities and competencies, demonstrating the impact of investments in CHWs on patient outcomes, making the case for sustainable funding mechanisms, recruitment, training, ongoing professional development and retention. Based on the developments of the last decade and current trends, many are optimistic that these challenges will be met, creating a future for community health workers that includes:

- Integration of CHWs into the mainstream of health care delivery
- Perception of CHWs as valuable members of the health care team
- Development of sustainable funding, including funding from private as well as public payers
- Wage structures that attract and retain CHWs and reflect the value of their services
- Clear educational and career pathways for CHWs that lead to professional development and diversification of the health care workforce
- Documentation of impact in terms of health benefits and cost savings
- Broad recognition of CHWs as contributors to better health outcomes

Recent promising developments include:

- A 2007 national conference, supported by Minnesota's Healthcare Education-Industry Partnership and a consortium of researchers, funders, and others, proposed a research agenda and other recommendations to strengthen the evidence base for the health and cost benefits of CHWs
- On the national level, a CHW membership organization known as the American Association for CHWs has been developed
- The United States Department of Labor created a classification code for CHWs in 2009. This will enable better collection of workforce data, including data on the number of existing CHWs.
- The National Center on Minority Health and Health Disparities, a division of the National Institutes of Health, targeted a portion of its American Recovery and Reinvestment Act funds to support research on community health worker training

- The Children’s Health Insurance Program (CHIP), reauthorized in 2009, recognizes CHWs as providers of outreach, enrollment and education
- Federal funds support Centers for Medicare and Medicaid CHW demonstrations and pilots and now under the 2010 health care reform legislation, include grants by the Centers for Disease Control and Prevention to promote healthy behaviors among medically underserved populations through the use of CHWs

Minnesota CHW Alliance

The Minnesota CHW Project is in the process of creating a sustainable CHW Alliance to bring together CHWs, higher education, the health care industry, health care payers, foundations and public/private organizations committed to improving health care for all in Minnesota. The Alliance’s mission is to reduce cultural and linguistic barriers to health care, improve quality and cost effectiveness of care and increase the number of health care workers who come from diverse backgrounds or underserved communities. The Alliance will concentrate its work in four areas: education, workforce, policy and research, and the CHW Association.

Next steps for the Blue Cross Foundation

The Blue Cross Foundation is encouraged by the success in building the community health worker field in Minnesota. But we know the work is not over. As health care reform efforts move forward, we will continue to collaborate with others to promote awareness, understanding and support of the CHW role and to document outcomes, costs and benefits. Future goals include increasing the number of curriculum sites, enhancing placement services and career counseling, and providing opportunities for distance learning. In particular, the Foundation will explore opportunities to better integrate CHWs into the health care system, sustain CHW models based in social service and community settings, and support next-stage policy work and innovative partnerships that advance the field.

One exciting recent step is our support for the further development of the Minnesota Community Health Worker Alliance, which will house and support training, policy, workforce development and related work to advance the field.

Moving forward

- ▶ Advance CHW knowledge, skills, career paths
- ▶ Recruit & retain CHWs, especially in underserved areas
- ▶ Integrate CHWs into new health care structures
- ▶ Ensure sustainable funding mechanisms
- ▶ Document impact & cost savings
- ▶ Raise awareness among employers and policymakers

Jose William Castellanos visits with Lauren Haun outside CLUES' Minneapolis office

Partner spotlight: Comunidades Latinas Unidas En Servicio (CLUES)

"CHWs have changed social norms," says Jose William Castellanos, MD, director of the Comunidades Latinas Unidas En Servicio (CLUES) Family Centric Health Promotion Program. CLUES, which provides behavioral health and human services to Minnesota's Latino community, has trained over 100 community health workers on tobacco control, healthy nutrition, HIV/AIDS, CPR, cancer prevention and other health issues. Currently 25 CHWs support CLUES services.

Since 2004, CHWs at CLUES, with support from the Blue Cross and Blue Shield of Minnesota Center for Prevention, have performed more than 18,000 home visits, reached more than 135,000 individuals with information and education and referred more than 2,100 smokers willing to quit to tobacco cessation programs. Their work has been recognized with awards by the Minnesota Cancer Alliance, the National Association of Counties and the National Public Health Information Coalition.

Working with community members active in their own communities has been an important success factor, according to Castellanos. "These CHWs are seasoned professionals who make a difference in their communities," he notes.





CHW impact: increased health care coverage for children

A randomized controlled trial of a CHW intervention to increase health care coverage among Latino children in Boston found that children in the CHW intervention group were significantly more likely to be covered and to be covered continuously, compared to children in the control group.⁷

“Community health workers empower their communities to overcome illness and poverty and help them to achieve their American dream.”

— Jose William Castellanos, MD, Comunidades Latinas Unidas En Servicio

What you can do **Taking action on lessons learned**

Business

- Authorize the addition of CHW services to the health benefits that you offer to your employees and work with your health plan(s) to secure these services in company locations where you employ a diverse workforce.
- Forge partnerships that include business, labor unions, local clinics, health plans and others to develop, implement and evaluate integrated CHW models for outreach, education and coordination in ways that lead to improved self-care and prevention, better understanding and appropriate use of care and benefits, cost-effective management of chronic disease, healthier working and living conditions for better health, productivity and value.
- Explore the addition of CHWs (as employees or contractors) to your occupational health team if your workforce is ethnically and/or racially diverse, including employees with limited or no English language skills.
- Support local community colleges or other appropriate educational sites that offer CHW training in order to build the local CHW workforce in areas in which your business employs an ethnically and racially diverse workforce. Help start a program if none exists. In Minnesota, contact the Minnesota CHW Alliance for information and assistance.

Community health workers

- Engage other CHWs and stakeholders in establishing and promoting CHW standards and competencies.
- Support and participate in CHW networks and associations such as the Minnesota CHW Peer Network and the Minnesota CHW Alliance for mutual support, professional development and advocacy.
- Educate others in your community about the role of CHWs, such as mutual assistance associations, clergy, neighborhood groups, high school students and guidance counselors, Head Start and Early Childhood Family Education, senior centers, social service agencies, community policing, local chambers of commerce, parks and recreation, town/city representatives, and the media.
- Advocate for competitive CHW compensation and benefits.
- Raise awareness of the CHW role as a career track and route into the health care professions within and beyond your own community.
- Mentor those new to the field and provide peer support along with self-care to contribute to a strong, resilient CHW workforce.
- Consider future opportunities to move into related health fields if interested. In Minnesota, apply the Minnesota State College and University credits from your CHW certificate program to training for other occupations to build an educational ladder.

Educational institutions and systems

- Raise awareness of the CHW role at the high school and post-secondary education level as a career track and path into the health professions. Encourage bicultural, bilingual individuals with interests in health and community advocacy to consider becoming CHWs. Outreach should include those just considering future careers as well as individuals with work experience.
- Consider starting a CHW training program at the community college level within diverse communities using a competency-based curriculum, articulated with other health career preparatory training. If none exists in your region, work in consultation with local clinics and hospitals, local public health and human services, health plans, community leaders, business and other stakeholders. In Minnesota, contact the Minnesota CHW Alliance for information and technical assistance.
- Conduct and publish rigorous evaluations at the university level, using participatory research models that demonstrate the impact of CHWs on patient and population health, cost savings, care delivery models, cultural competence, career opportunities and diversification of the health care workforce, and other key dimensions.
- Help establish and promote CHW standards and competencies along with other stakeholders.
- Support training, ongoing education and state and local networks and associations for CHWs for mutual support, professional development and advocacy.



- Educate others associated with your educational institution on the role of CHWs including students, faculty, staff and alumni as well as health professionals, policymakers and business.
- Reach out to practicing CHWs through educational programs with CHW alumni as well as postsecondary educational institutions that offer training in other health roles to encourage them to consider pursuing additional training and education to enter other health professions.
- Expose students in the fields of medicine, nursing, dentistry, public health and allied health professions at academic health centers to practicing CHWs and interpreters as part of their residencies and fieldwork in order to prepare them for work as a team.

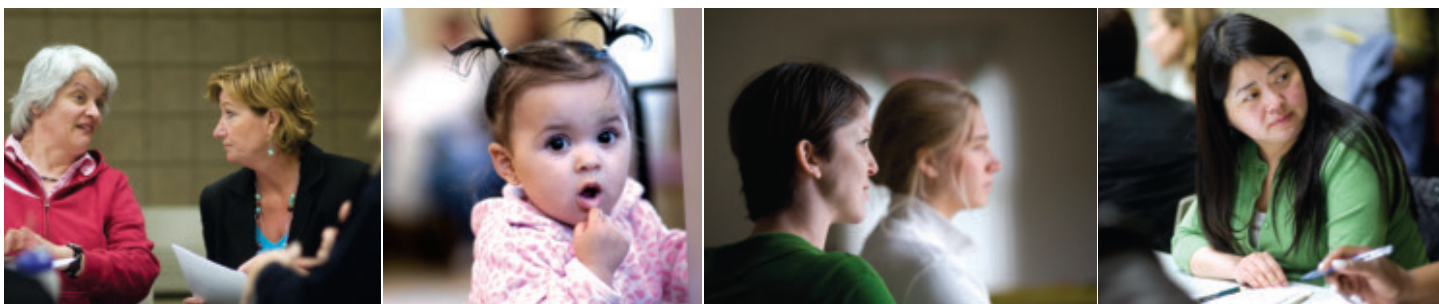
Funders

- Provide financial support to help health providers, and social service agencies and other nonprofits serving ethnically and racially diverse populations incorporate community health workers into their programs.
- Provide ongoing opportunities for training and professional development for practicing CHWs, including distance learning options.
- Support coordinated statewide systems of CHW training, including scholarships that reflect lessons from Minnesota and other states.
- Support a variety of models, as the field will benefit from innovation.
- Support the use of CHWs in rural and other underserved communities.

- Understand that funders involved in a variety of issues — early childhood, youth development, seniors, immigrants, environment, community development, healthy and/or supportive housing, workforce development, regional equity, poverty reduction, health and health care, etc. — can support the CHW field.
- Share what you have learned with others and communicate the value of CHWs through multiple vehicles. In particular, inform other funders, policymakers, health organizations and employers of the benefits and cost savings realized with CHWs and the need for funding strategies that keep the field viable.
- Raise awareness of the CHW role as a career track and pathway into the health care professions.
- Support ongoing rigorous research, demonstration and evaluation that identify success factors in clinics and outcomes in clinics and community-based settings to provide evidence of impact and cost reduction that will make the model sustainable.
- Support the development and work of the CHW peer networks and membership associations at the state and national level, building on lessons from Minnesota and other states.
- Focus on policy and systems change for broad impact.
- Stay focused on the long term and understand that change is incremental.

Health plans

- Help establish and promote CHW standards and competencies along with other stakeholders.
- Support training, ongoing education and state and local networks and associations for CHWs for mutual support, professional development and advocacy.
- Educate others in your industry and those it serves about the role of CHWs including health providers, employer groups, policymakers, members and agents.
- Identify and work with interested employer accounts that have a diverse workforce to pilot integrated CHW models and explore inclusion of CHWs as part of their benefit package.
- Educate provider networks about CHWs, encourage those that serve diverse communities to employ CHWs and, in Minnesota, provide information about guidelines for Medical Assistance enrollment and CHW payment under Minnesota Health Care Programs.
- Ensure that CHWs find a place within the medical/health care home model, home visiting programs and strategies that emerge from ongoing health care reform including global payment and performance-based systems.
- Consider the role of CHWs in contracted and carve-out programs, such as chronic disease management and maternal and child health.
- Serve as internship sites for CHW students, consider employing CHWs based on your health plan model and operations. Provide scholarships to interested employees to obtain training to move into CHW positions in your organization.



Health providers and other CHW employers

- Continue to learn about, support and use CHWs, structuring their role so that they are recognized and function as valued team members with voice, expertise and important community ties who help improve access, appropriate use of care, outcomes, cultural competence and community connections.
- Support the participation of your CHW employees in peer networks for ongoing professional development and mentoring such as the Minnesota Peer Network and in-state and national level CHW associations that help build the field such as the Minnesota CHW Alliance. Provide paid time to attend meetings. Subsidize dues or registration that may apply. Offer free meeting space.
- Educate others — including health professionals, policymakers, business — on the role of CHWs and the importance of a diverse health care workforce.
- Demonstrate competitive compensation and benefits for CHWs based on their performance and contributions as well as the need to attract and retain a skilled workforce.
- Ensure that CHWs find a place within the medical/health care home model and strategies that emerge from ongoing health care reform.
- Provide both formal and informal opportunities for CHWs to share their knowledge of their communities in ways that build provider and organizational cultural competence, stronger relationships and programs that more fully reflect the needs and assets of community members they are intended to serve.

- Learn how CHWs can help demonstrate community accountability and community benefit. Improve your system's performance by involving CHWs in efforts to reduce costly preventable, inpatient admissions and readmissions, and unnecessary emergency room use.
- Build CHWs into new and existing oral health models and healthy housing efforts.
- Integrate CHW tools and reporting into patient/client data systems and make changes to billing/financial systems needed for CHW payment, where applicable.
- Serve as internship sites for CHW students and provide scholarships to employees to obtain training to move into CHW roles.
- Encourage and if possible, subsidize, interested CHW employees to complete education and credentialing needed to move into related occupations in your organization to create a career ladder.

Media

- Learn about CHWs and broaden your coverage of health topics to include their contributions to improving health care access and outcomes for those experiencing cultural, language and other barriers to care, lowering costs, reducing health inequities, strengthening health care cultural competence and increasing the size and diversity of the health care workforce.
- Feature local CHWs, their roles, training, clients, communities and employers, from a variety of angles — emerging health career, bridge builder for health systems and cultural communities, new member of the health care team, community advocate.

Policymakers

- Learn about the community health benefits and cost savings produced by CHWs and recognize their value in the broad health field as well as in early childhood development, youth services, aging, refugee resettlement and immigrant integration, housing and the environment.
- Develop policies that will fully integrate CHWs into federal- and state-level health programs and ongoing health reform initiatives, with sustainable funding.
- Engage community health workers, health providers and other key stakeholders in establishing and promoting CHW standards and competencies.
- Expand and refine current legislation on the federal and state levels, as appropriate, to broaden the pool of trained CHWs and reduce barriers to the use of payment streams for CHWs by health providers such as federally qualified health centers and by community-based organizations.
- Approve funding for an integrated CHW research agenda that supports participatory research and rigorous evaluations that demonstrate the impact of CHWs on patient and population health, cost savings, care delivery models and approaches, cultural competence, career opportunities and health care workforce size and diversity.
- Encourage and if possible, subsidize, interested CHW employees to complete education and credentialing needed to move into related occupations in your organization to create a career ladder.
- Recognize the contribution of the CHW role to local economic development through the creation of jobs in underserved communities that value the life experience of local residents as a job qualification.

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CAPL, Centre for Asians and Pacific Islanders*	Neighborhood House*
CentraCare Health Foundation*	NorthPoint Health & Wellness Center
Centro Campesino*	Open Cities Health Center*
Comunidades Latinas Unidas En Servicio (CLUES)*	Open Door Health Center*
Community-University Health Care Center (CUHCC)*	Otto Bremer Foundation
Confederation of Somali Community in Minnesota*	Pillsbury United Communities*
Family and Children's Service*	Portico Healthnet*
Health Advocates	Red Lake Comprehensive Health Services*
Intercultural Mutual Assistance Association*	Robert Wood Johnson Foundation Local Funding Partnerships
La Familia Guidance Center*	St. David's Child Development and Family Services*
Lao Assistance Center of Minnesota*	The St. Paul Covenant*
Mayo Clinic*	Sioux Valley Tracy Medical Center*
The Minneapolis Foundation*	SNG Research
Minneapolis Medical Research Foundation*	Somali Community Resettlement Services*
Minnesota CHW Policy Council	Touchstone Center for Collaborative Inquiry
Minnesota CHW Peer Network	Twin Cities Public Television
Minnesota Council of Churches*	Vietnamese Social Services of Minnesota*
Minnesota Deaf CHW Project*	WellShare International (formerly Minnesota International Health Volunteers)*
Minnesota Department of Health	Western Mental Health Center*
Minnesota Department of Human Services	Wilder Research Center*
Minnesota International Health Volunteers* (now WellShare International)	Women's Cancer Resource Center*
Minnesota State College and University System/ Healthcare Education-Industry Partnership (HEIP)*	Women's Initiative for Self Empowerment (WISE)*
	YWCA Mankato*

*Denotes grantee organization

The Blue Cross and Blue Shield of Minnesota Foundation is the state's largest grantmaking foundation to exclusively dedicate its assets to improving health in Minnesota, awarding more than \$27 million since it was established in 1986. The Foundation's purpose is to look beyond health care today for ideas that create healthier communities tomorrow, through a focus on key social, economic and environmental factors that determine health, to improve community health long-term and close the health gap that affects many Minnesotans.

Fulfilling the vision of healthier communities for all Minnesotans will require the participation of many organizations and individuals. We are dedicated to working collaboratively with others in the community and to sharing the lessons we learn along the way.

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