OREGON OFFICE of RURAL HEALTH

2024 Forum on
Rural Population Health & Health Equity

OPPORTUNITY Just knock.

OHSU

Creative Funding Strategies to Support Integrating CHWs into Primary Care

Kelly Volkmann, MPH, Northwest Regional Primary Care Association
Christian Castro, BASc, CHW, Northwest Regional Primary Care Association
Gloria Andia, MSc, Health Resources and Services Administration

Genentech
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2024 Forum on Rural Population Health & Health Equity

OPPORTUNITY Just knock.

OHSU

- Audio has been muted for all participants upon entry
- Moderators will assist with Q+A at the end of the presentation
- Presentation slides will be posted at ohsu.edu/orhforum
- Sessions will be recorded and available to attendees
- Please take the session surveys!

Objective for this session

1. Describe the terms “blending” and “braiding” of funding streams.

2. Discuss at least 2 ways to potentially fund and support CHW programs in a primary care agency.

3. Gain practical insights on locating federal funding opportunities for CHWs from the Health Resources and Services Administration.

4. Understand how integrating CHWs into healthcare teams contributes to population health and health equity and explore ways to apply this knowledge in communities.

Who ***is*** a Community Health Worker?

Trusted member of the community being served

Shares similar characteristics/experience

- Language, culture
- Socioeconomic circumstances
- Chronic disease condition
- Mental health consumer

“Someone who looks like me, speaks like me, knows my strengths…and *understands* me”

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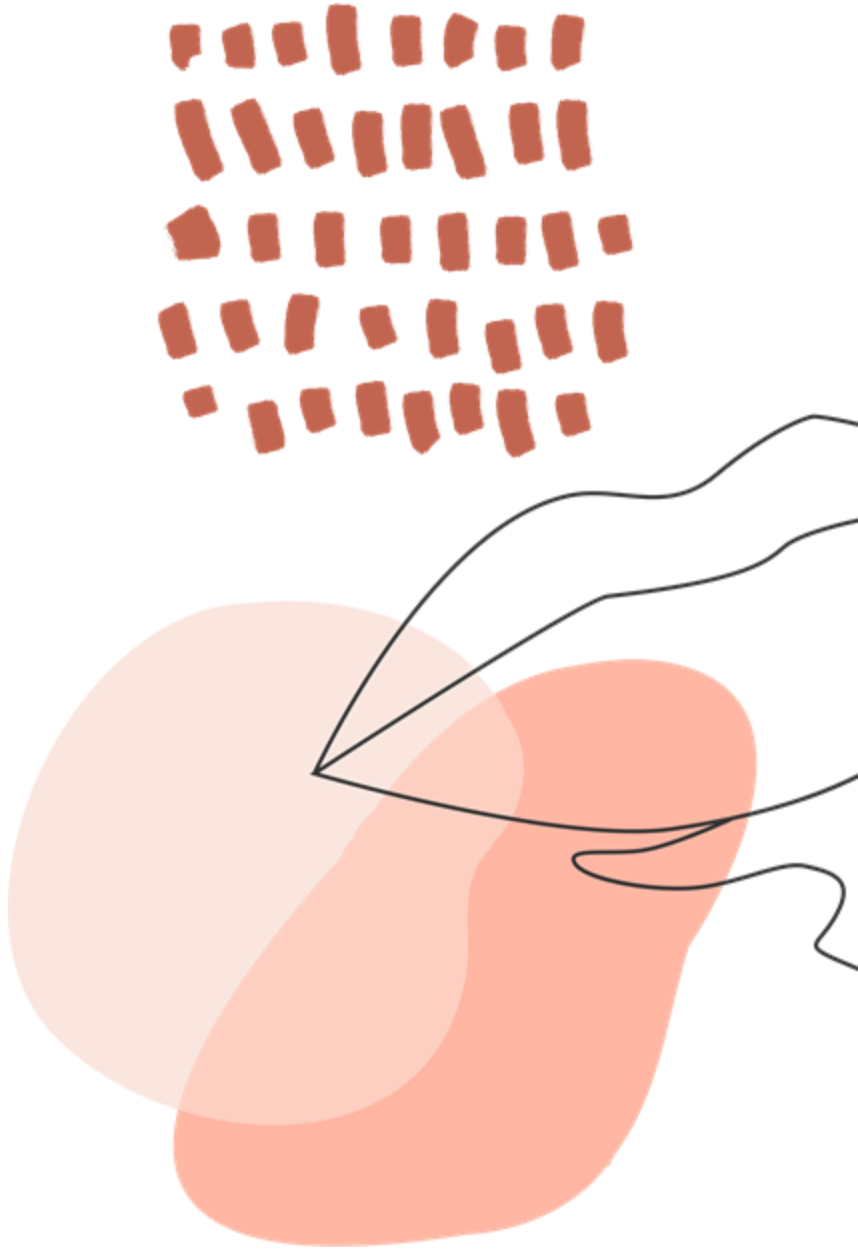
https://www.istockphoto.com/search/2/image?mediatype=illustration&phrase=community+health+workers

"I don't feel that community health worker is a job title. And there's no one job description necessarily...and you can call them whatever you want to. But they have to have the *heart* of a health worker."

"Promotoras de salud nacen, no se hacen."



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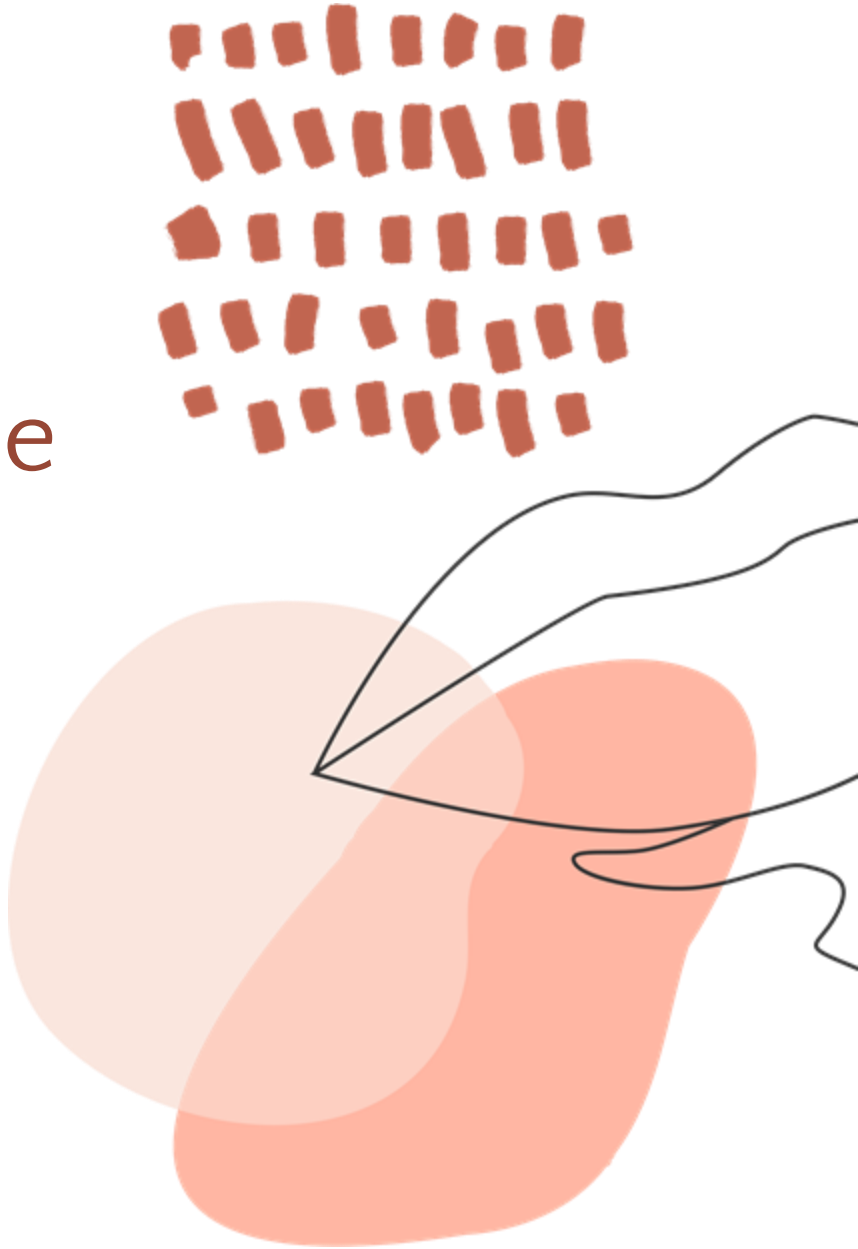
No matter what role they play,
the most important word in the title
“Community Health Worker”
is not *Health…*

It is ***Community!***



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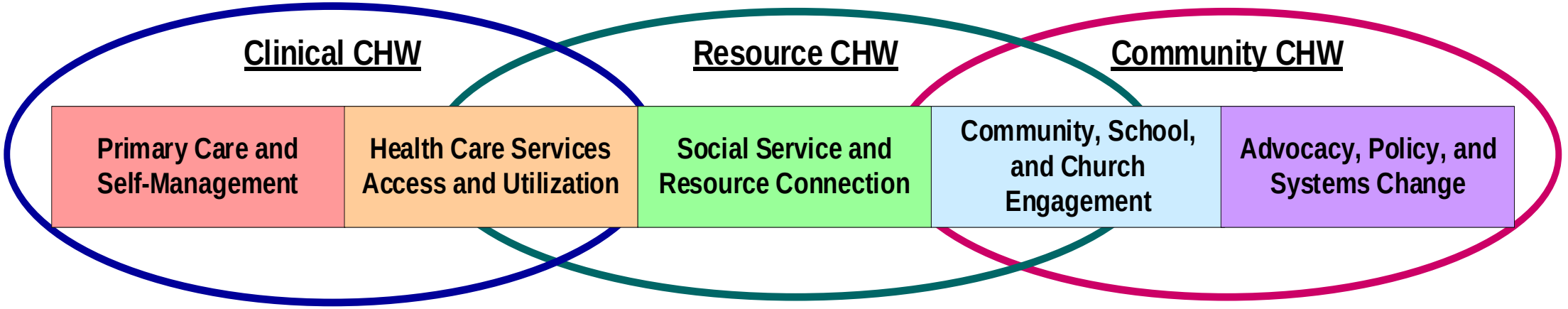
The CHW "Continuum of Services"

- CHWs can work across a broad continuum of services
- Provide a variety of services across that continuum



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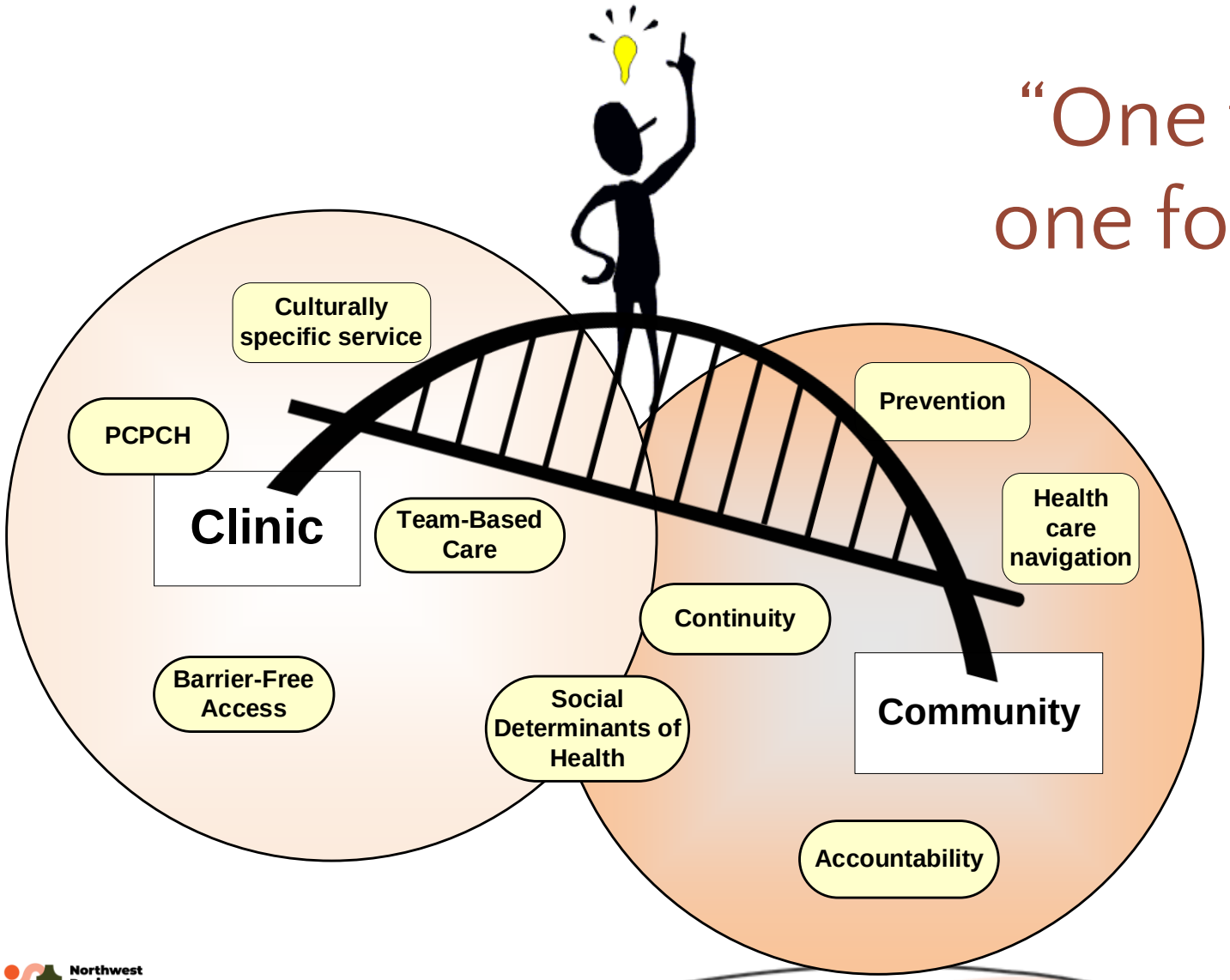

"One foot in the **Clinic** and one foot in the **Community**"

To maintain community trust, a CHW working in the ***clinic*** must keep their connection with the ***community***

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CHWs – one foot in the clinic…

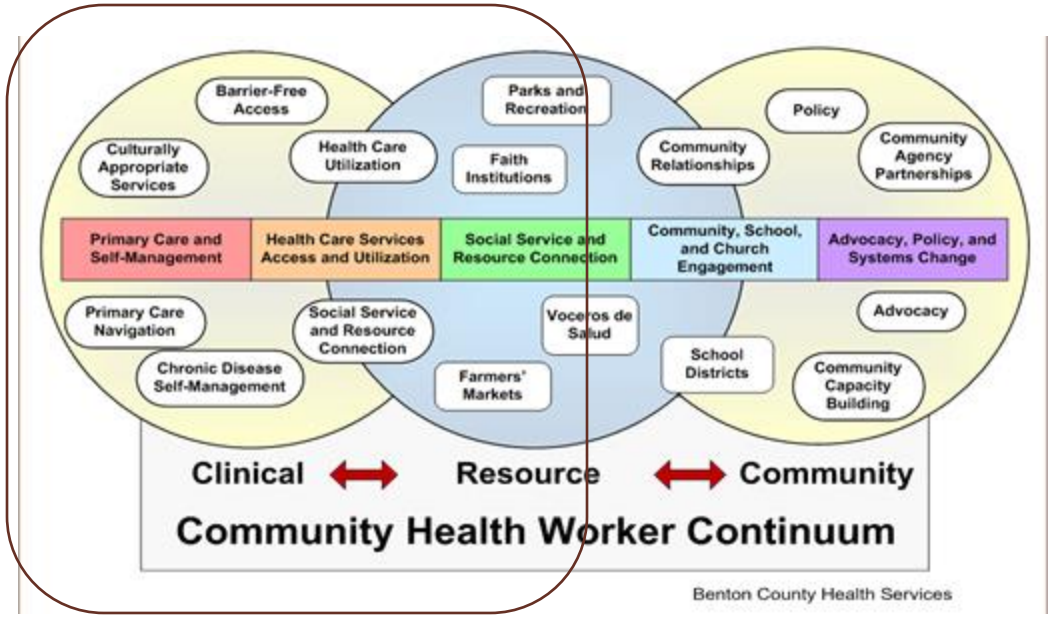
Help clients navigate the healthcare system

Focus on utilization of services

- Clinical system navigation
- Care coordination
- Client advocacy

Provide

- Chronic disease prevention
- Self-management education and support
- Nutrition and exercise coaching



Barrier-busting and cultural mediation between *clients, families, and care teams!*

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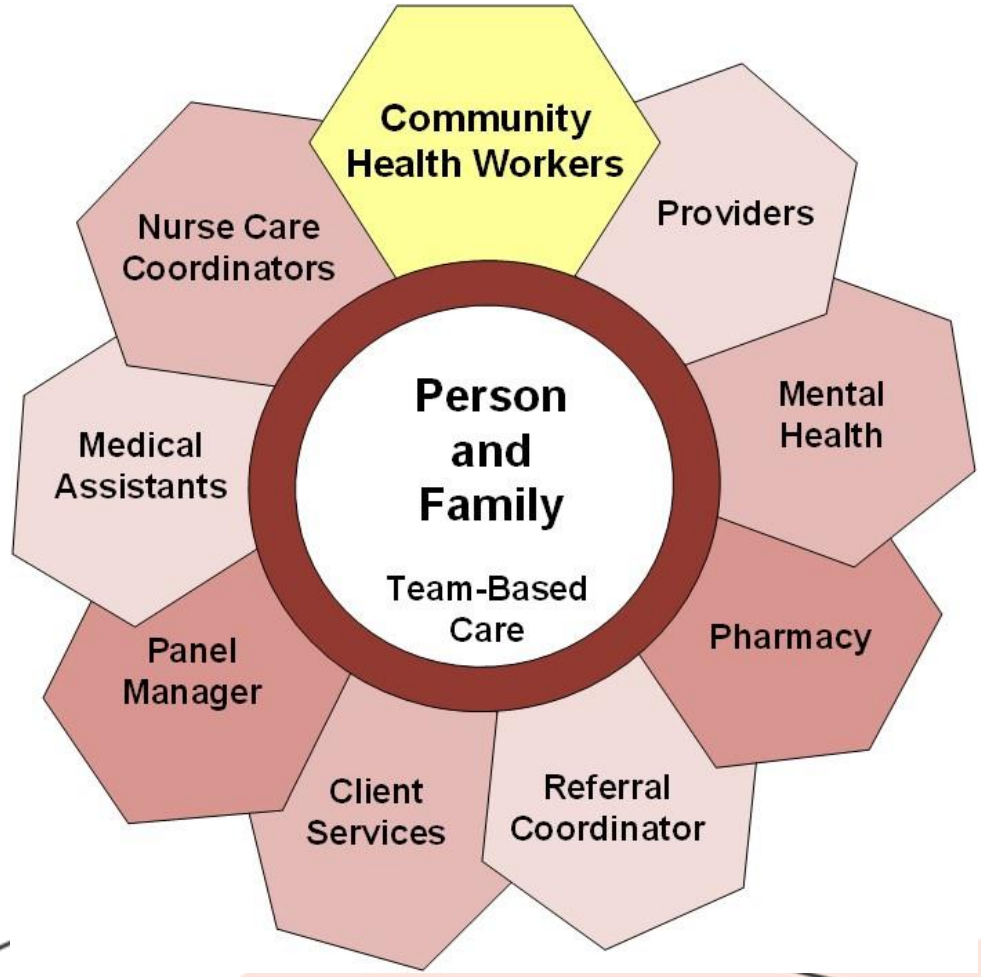
CHWs – An integral member of the person-centered care team!



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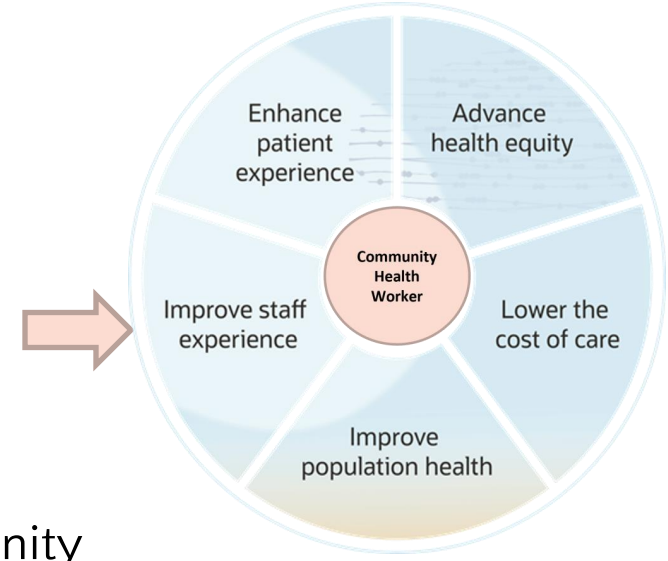
CHWs can improve staff experience

Care team members feel less stress when

- They *know* that clients are getting their SDOH needs met
- Clients are receiving coordinated care
- Care is culturally and linguistically-specific and appropriate
  - Especially when care team members are not from the community



The "Quintuple Aim"

Care team members feel more satisfaction when

- Relationships with client, family, and community are strengthened and based on trust
- Clients and families are engaged and involved with the care team and their care plans
- Progress is made and ***health outcomes improve***

"Pretty much every day I'm feeling lucky that we've got the support of CHWs to keep in touch with complex patients between MD visits."

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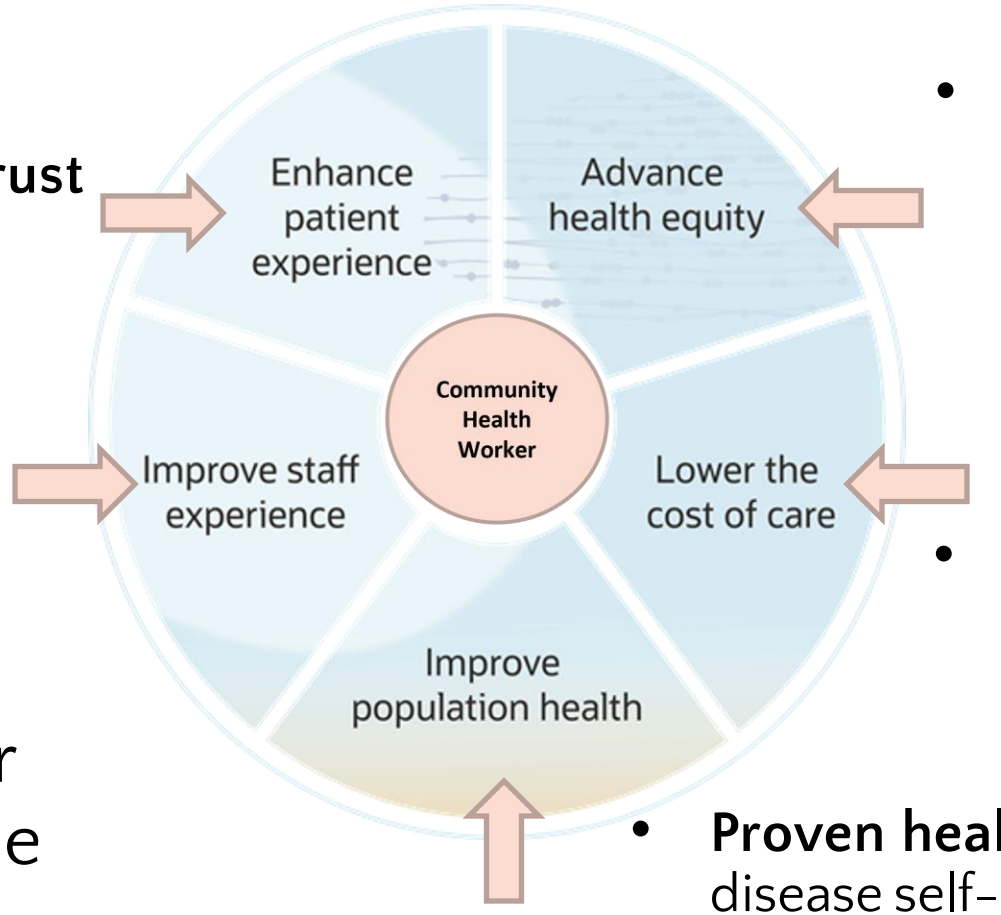
Value-add has already been shown…

- **Improved patient communication and trust**
- **Increased staff satisfaction**



- **Increase health equity:** Linguistic, cultural, socio-economic understanding and specific services
- **ROI studies:** Studies show up to $3.00 ROI for $1.00 spent
- **Proven health outcomes:** Chronic disease self-management, SDOH and resource navigation

…not to mention their high profile during the pandemic…

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...So why do we STILL have to justify CHW programs??

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How do we support and sustain CHW programs?

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https://www.nustep.com/community/blog/theres-no-quick-fix-just-hard-work/

Some possible creative funding scenarios

- Medicaid reimbursement
- "Blending and braiding" funding streams
  - Grants, "wrap" funds, CURF (county unrestricted funds); contracts
- Making the case for how your CHW program…
  - Benefits patients *and* care team
  - Helps you meet your Quintuple Aim and Health Equity goals
  - Improves population management
  - Helps your HC meet their metrics

Medicaid reimbursement?

YES!

- One way to pay – at least partially – for CHW services
- May create a path forward for sustainability
- Although NO national model, some states are working on it
  - As of 7/2022, 29 states allow Medicaid payment for CHW services*
    - It appears there is a discrepancy in how states interpreted the survey questions, so other surveys may have different results…

…Maybe?

- Current reimbursement unlikely to fully sustain a program –esp if CHW is paid a living wage with full benefits…and they SHOULD be paid a living wage with full benefits!
- CHW may need approved training or certification for services to be reimbursable
- Only reimbursable for Medicaid patients and/or certain types of services
- ***Need for certification may exclude valuable, grassroots CHWs***

NOTE: CMS reimbursement should only be one 'thread' of your funding strategy

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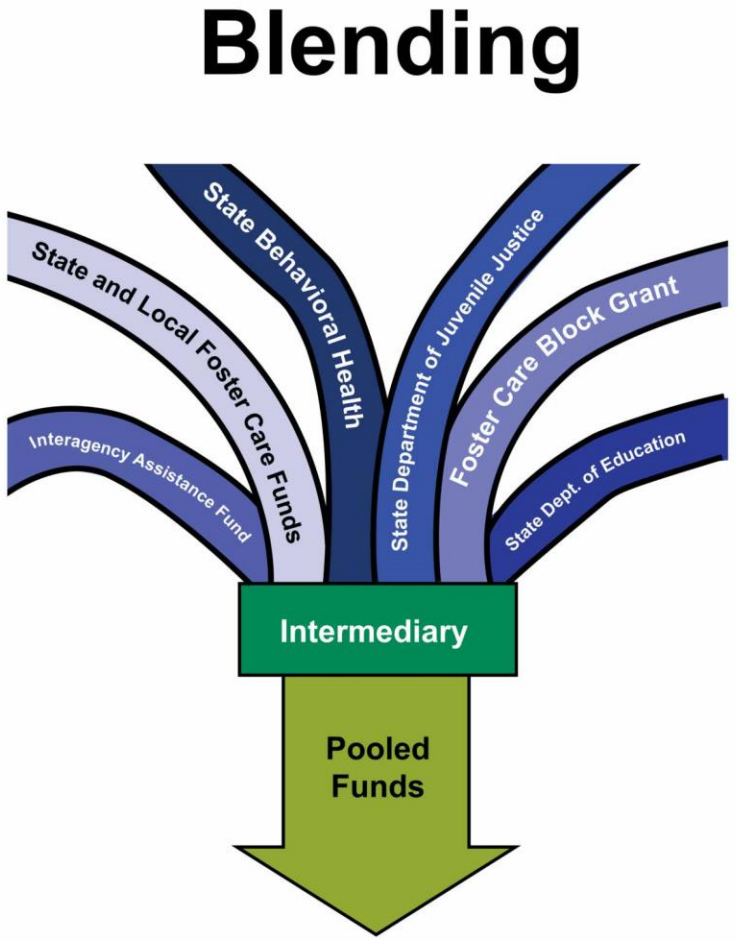
*https://www.kff.org/medicaid/issue-brief/state-policies-for-expanding-medicaid-coverage-of-community-health-worker-chw-services/

Blending funding streams

- Combining or mixing funds from 2 or more funding sources together to support a specific part of a program or initiative

- Costs are not necessarily allocated and tracked by individual funding sources



Adapted from the National Academy for State Health Policy, June 2016.
https://nashp.org/wp-content/uploads/2016/06/CSA-Virginia-Brief-1.pdf

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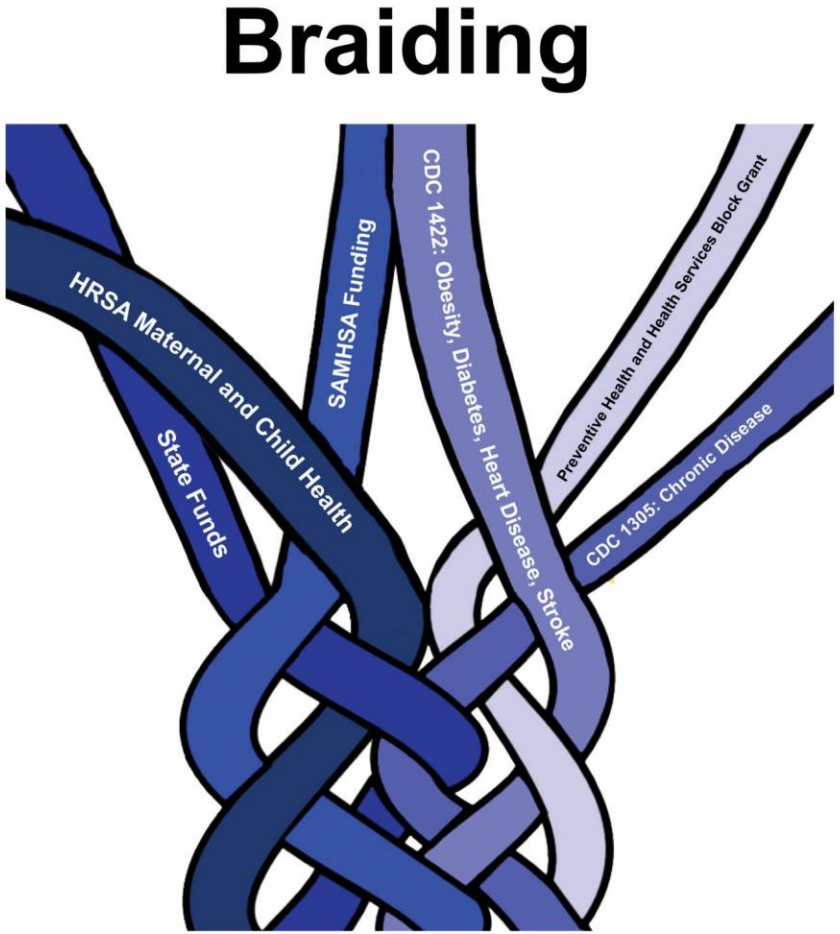
Braiding funding streams

- Two or more funding sources are coordinated to support the total cost of a service
- Revenues and expenditures are tracked by different categories of funding sources
- Cost allocation methods are required to ensure proper accounting (no "double dipping")



Adapted from the National Academy for State Health Policy, December 2017.
https://nashp.org/wp-content/uploads/2017/12/deBeaumont.pdf

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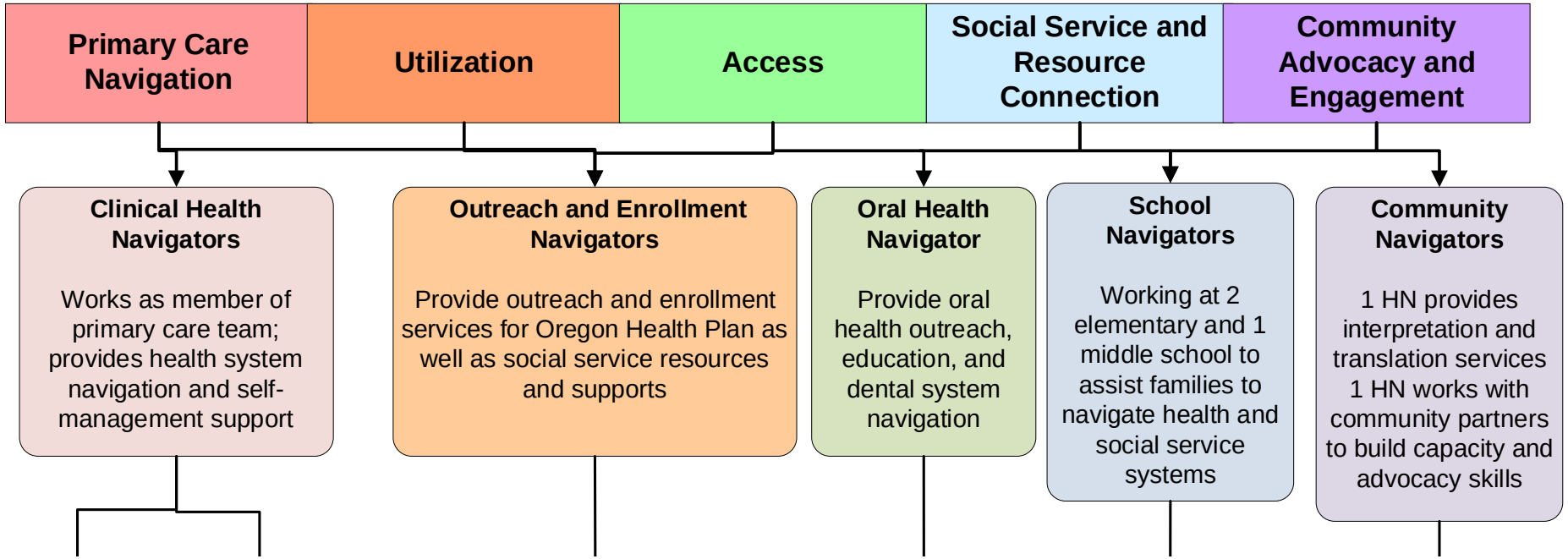
Benton County Health Services, Health Navigation Program

Community Health Worker / Health Navigator Roles and Funding Streams, FY 2016-2017

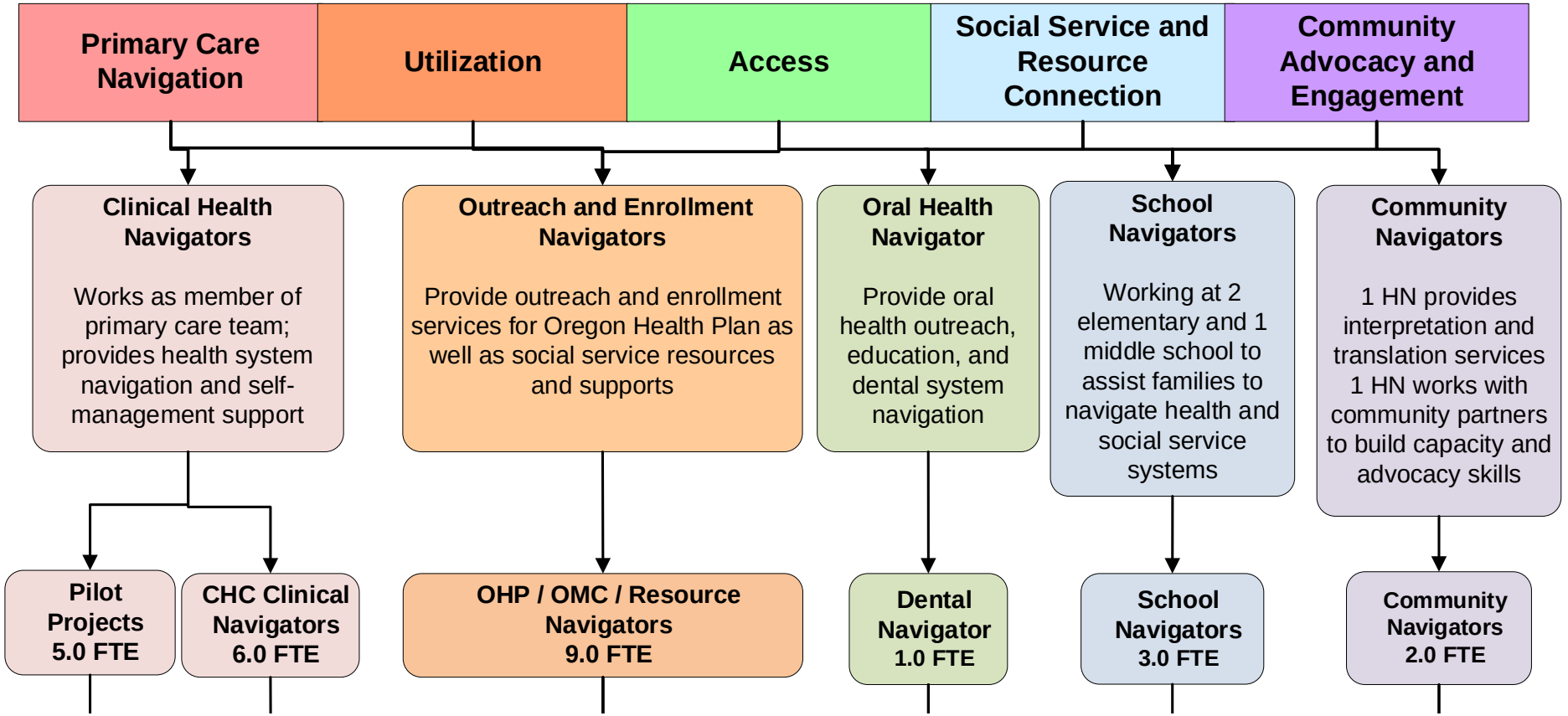
- **5 separate programs**



Benton County Health Services, Health Navigation Program

Community Health Worker / Health Navigator Roles and Funding Streams, FY 2016-2017

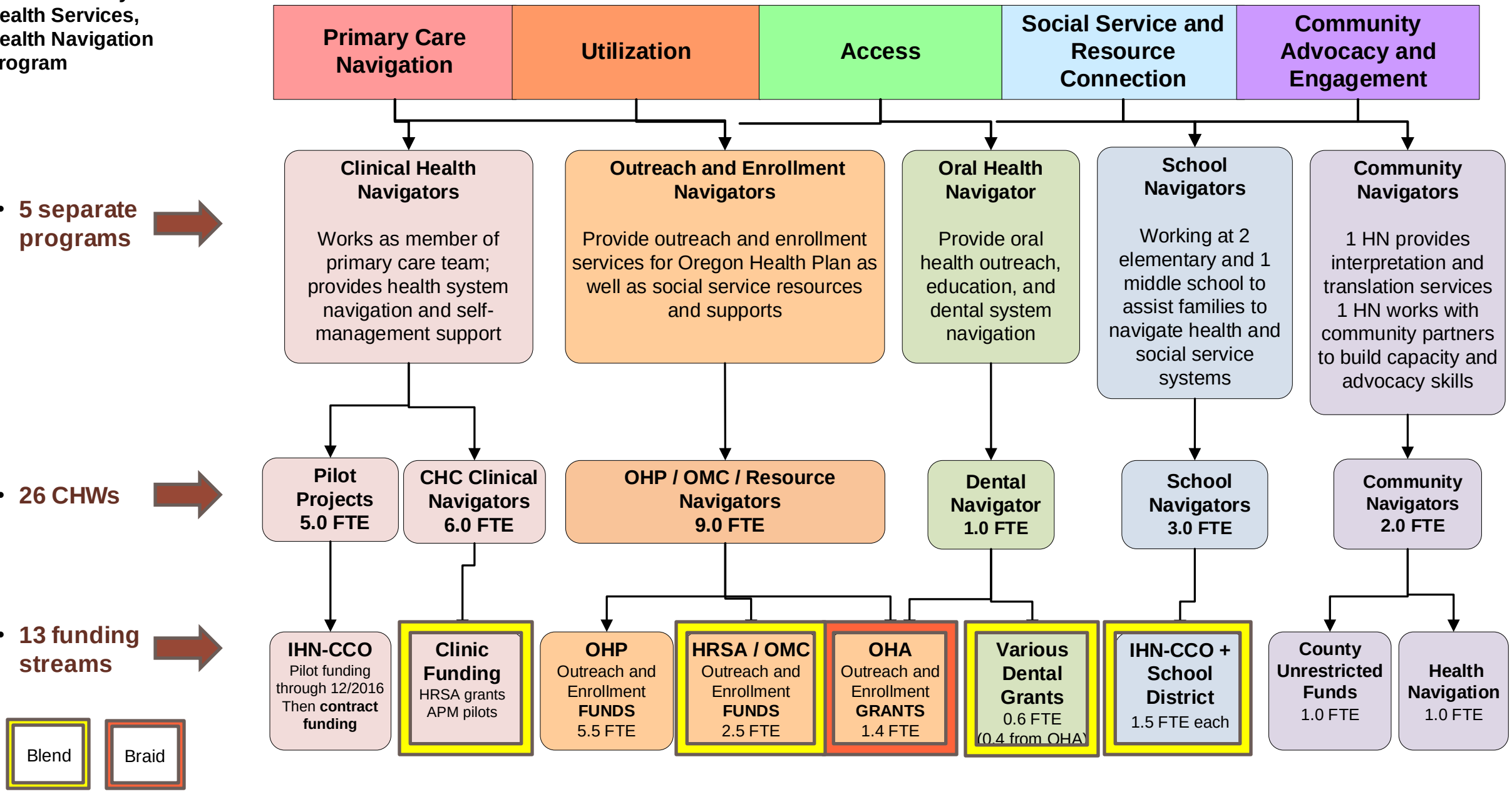
- **5 separate programs**
- **26 CHWs**



Community Health Worker / Health Navigator Roles and Funding Streams, FY 2016-2017

Benton County Health Services, Health Navigation Program

- **5 separate programs**
- **26 CHWs**
- **13 funding streams**



Making the case for our CHW program

For sustainability, I needed DATA

- Long before the Coordinated Care Organizations (CCOs)…I needed to show the "value-add" of having CHWs on the care team
- Created tracker for CHWs to collect info about what they were doing
- Started counting the "touches" they were providing to clients
  - Referrals, phone calls, tangible assistance (i.e., transportation, paperwork, etc.)
- This didn't completely capture the amount of work being done

Touch-Time tracking

- Not all touches take the same amount of time
- Needed a way to quantify how much time being spent per touch
- Used Excel spreadsheet
  - Now many EHRs can capture CHW touch/referral data

Referral Data									
# of Referrals **Housing**	# of Time Units (TU) **Housing**	# of Referrals **Food**	# of TU **Food**	# of Referrals **Clothing**	# of TU **Clothing**	# of Referrals **Primary Care**	# of TU **Primary Care**	# of Referrals **Health Insurance**	# of TU **Health Insurance**

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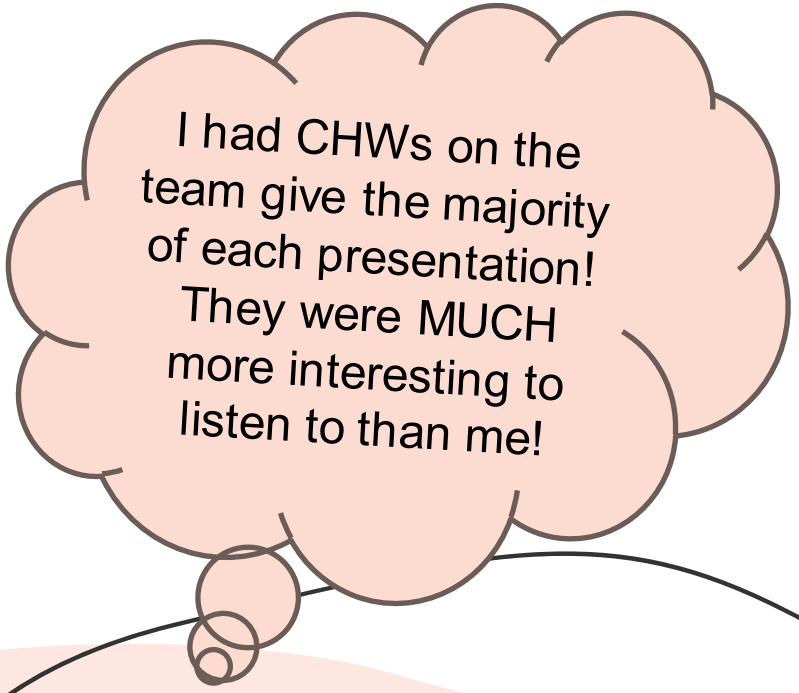
Using data to tell the story

- Turned data into a pretty table
- Put table into a presentation about the amazing work the CHWs were doing
- Included a "Story From the Field" – *another great way to show what your CHWs are doing!*
- Gave the presentation to EVERYONE
  - Providers and care teams
  - Clinic Board of Directors (at least twice a year for the first 3 years!)
  - County Board of Commissioners
  - Local CCO
  - Local hospital directors and executives
  - Anyone who asked…and some who didn't!



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Telling the story in 2014…

Update:
Health Navigation Services

CHC Board of Directors
October 2014

Kelly Volkmann
Health Navigation Program Manager

How HNs help the CHC achieve the "Quadruple Aim"

- **Better Health**
  - Increase client understanding and use of preventive and primary care services
- **Better Care**
  - Increase engagement, treatment adherence, system navigation
- **Lower Costs**
  - Provide team-based services at appropriate "level of license"
- **Health Equity**
  - Culturally and linguistically appropriate services

Resource Health Navigators

- Cover Oregon a success story for us!
  - 9/2013 – 9/2014, Cover Oregon HNs assisted **856 clinic clients** with CO enrollment
- Other numbers
  - 1,535 – number of applications completed
  - 2,547 – number of people who applied
  - 2,194 – number of OHP-eligible
  - 7,300 – estimated number of people CO navigators spoke to at events, meetings, etc

External recognition growing…

- Centers for Disease Control
  - Want to interview us as "an example of an FQHC that effectively utilizes CHWs."
- Oregon Health Authority
  - Asked to participate as a panelist at the Oregon Community Partner Multicultural Summit
  - Recognition of the work we have done engaging diverse communities in Cover Oregon enrollment

SDOH data and grant reports with NWRPCA

- HRSA Community-Based Workforce grant in 2021
  - Pass-through funding to 3 CHCs and 1 CBO to support CHWs and COVID vaccine education to farmworker communities
- Asked CHW teams to collect SDOH referral information in addition to grant data
- Used this data to create a picture of the breadth and scope of CHW services
- Monthly reports back to HRSA and to agencies contained data table
  - Also included "Stories from the Field"

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HRSA Grant data table:

Dates	Vaccine Data	Outreach Data		Referral Data					All Totals
9/2021 to 3/2023	vaccine appointments scheduled	outreach events and activities	Individuals reached through outreach	Housing	Food	Clothing	Primary Care/ dental	Health Insurance	All referral Totals
Totals to Date	**1,812**	**1,111**	**56,680**	**1,420**	**6,620**	**1,180**	**2,863**	**3,377**	**75,063**

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Create a CHW "Story Bank"

- Ask CHWs to collect and de-identify stories of clients/patient have helped
  - Include the issues, barriers, strategies, and outcomes
- This is a GREAT way to show the difference a CHW makes in the lives of your patients…

"Stories are remembered up to 22 times more than facts alone"

Jennifer Aaker, Stanford Marketing Professor

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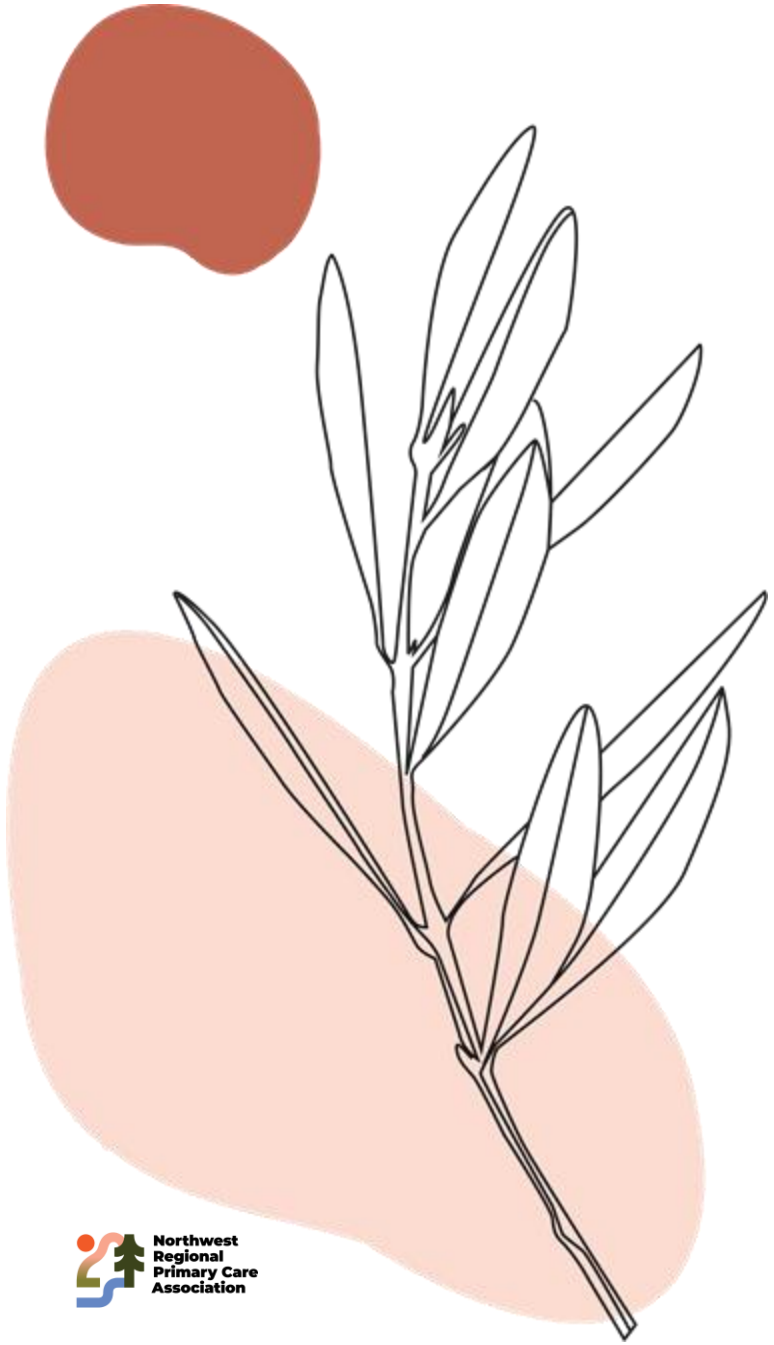
https://smallbusinessmajority.org/sites/default/files/share-your-story-300.jpg



Thank you!

Northwest Regional Primary Care Association

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HRSA
Health Resources & Services Administration

Community Health Worker Programs

2024 Forum on Rural Population Health & Health Equity

June 13th, 2024

Gloria Andia
Public Health Analyst
Office of Intergovernmental and External Affairs (IEA) Region 10 (AK, ID, OR, and WA)

Vision: Healthy Communities, Healthy People

Who We Serve

The Health Resources and Services Administration (HRSA), an agency of the Department of Health and Human Services (HHS), supports equitable health care for the nation's highest-need communities.

HRSA serves those most in need, including:

- **More than 30.5 million people** in rural and underserved communities
- **More than 58 million pregnant women, infants, and children**
- **More than 560,000 people** with HIV
- **More than 1,900 rural counties and municipalities** across the country
- **Nearly 22,000 health care providers** through loan repayment and scholarship programs

Data in this slide deck reflects HRSA's most recent publicly available information (2023).

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HRSA Priorities

HRSA's vital work expands access to health care services in the communities that need them most by:

- Increasing **equitable access to health care services**
- Strengthening the **well-being of children and families**
- Integrating **behavioral health** into **primary care**
- Growing the **health care workforce**

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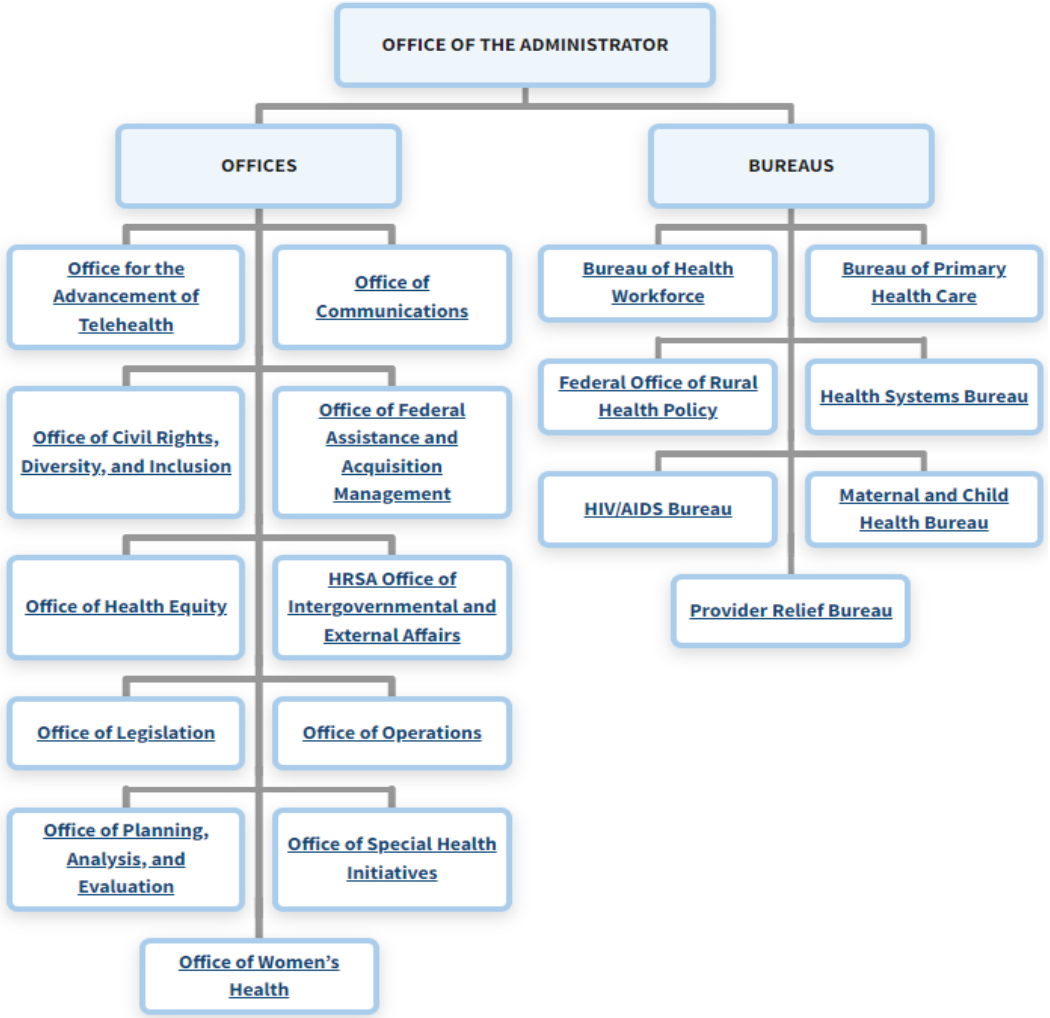
HRSA Organizational Chart



Source: https://www.hrsa.gov/about/organization/org-chart

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HRSA Office of Intergovernmental and External Affairs (HRSA IEA)

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Core Functions

HRSA IEA serves as the principal Agency lead on intergovernmental and external affairs, regional operations, and tribal partnerships

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Bureau of Health Workforce

SCAN ME

MISSION **Improves the health of underserved populations** by

- strengthening the health workforce
- connecting skilled professionals to communities in need

EDUCATION → **TRAINING** → **SERVICE**

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Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR LRP)

AWARDS UP TO

$250,000

6-YEAR SERVICE COMMITMENT

Must be trained and licensed to provide SUD treatment at STAR LRP-approved SUD treatment facilities.

PRIORITY IS GIVEN TO APPLICANTS WHO

- Work at a STAR LRP-approved facility located in a county where the drug overdose death rate for the past three years is higher than the most recent national average.
- You work at a STAR LRP-approved facility located in a mental Health Professional Shortage Area (HPSA).

Must be a U.S. citizen or national working at an NHSC-approved rural substance use disorder (SUD) treatment facility

Must be trained and licensed to provide SUD treatment

*We use our STAR LRP County Overdose Mortality Rate spreadsheet (XLSX - 152 KB) to find out if your facility is in a county that meets the program's criteria

*Find Mental Health Professional Shortage Areas (MHPSA) here: https://data.hrsa.gov/tools/shortage-area

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Community Health Worker Training Program

- **$225.5 M**

  Community Health Worker Training Program

  Increase access to care

  Improve public health emergency response

  Address the public health needs of underserved communities

- 83 grantees

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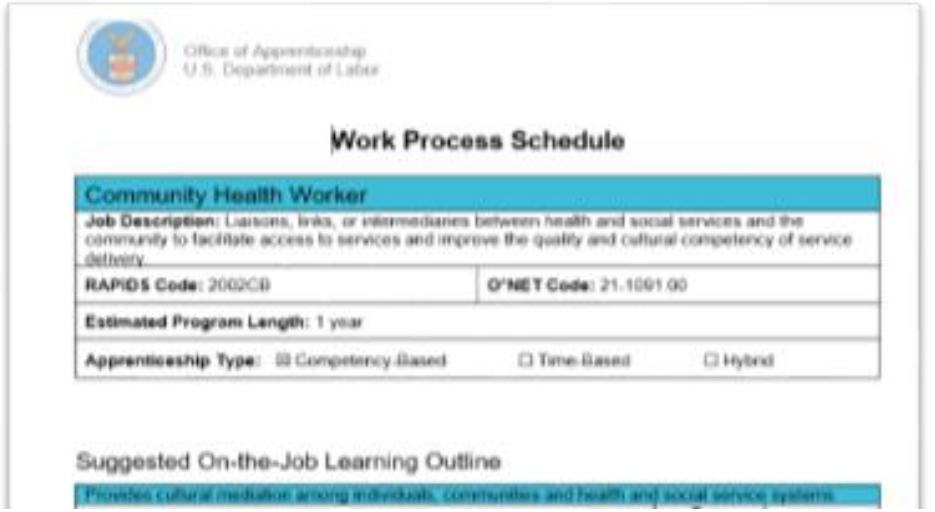
External Resources

- **Department of Labor**
  - Competency-Based Occupational Framework for CHW Apprenticeship
  - Registered Apprenticeship Program (RAP)
    - Free technical assistance, federal resources, and more
    - Contact: Apprenticeship.gov, Apprenticeship@dol.gov


Work Process Schedule

Community Health Worker

Job Description: Liaisons, links, or intermediaries between health and social services and the community to facilitate access to services and improve the quality and cultural competency of service delivery.

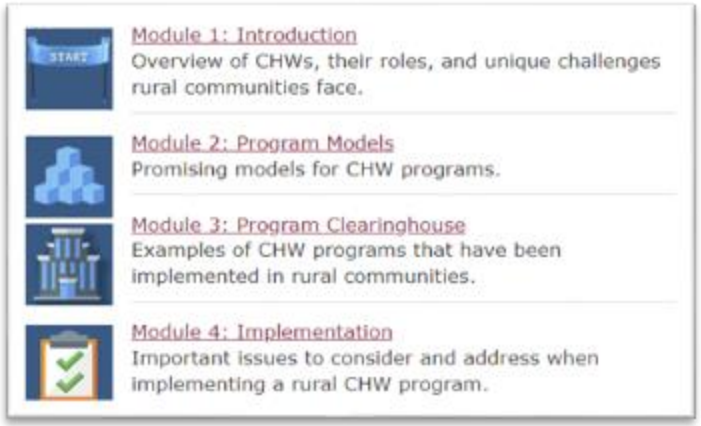
RAPIDS Code: 2002CB | O*NET Code: 21-1091.00

Estimated Program Length: 1 year

Apprenticeship Type: ☒ Competency-Based ☐ Time-Based ☐ Hybrid

Suggested On-the-Job Learning Outline

- **Rural Health Information Hub**
  - Community Health Workers Toolkit


Module 1: Introduction
Overview of CHWs, their roles, and unique challenges rural communities face.

Module 2: Program Models
Promising models for CHW programs.

Module 3: Program Clearinghouse
Examples of CHW programs that have been implemented in rural communities.

Module 4: Implementation
Important issues to consider and address when implementing a rural CHW program.

- **MHP Salud**
  - Specializes in providing T/TA to health centers to develop, implement, and sustain Community Health Workers (Promotores de Salud) Programs.

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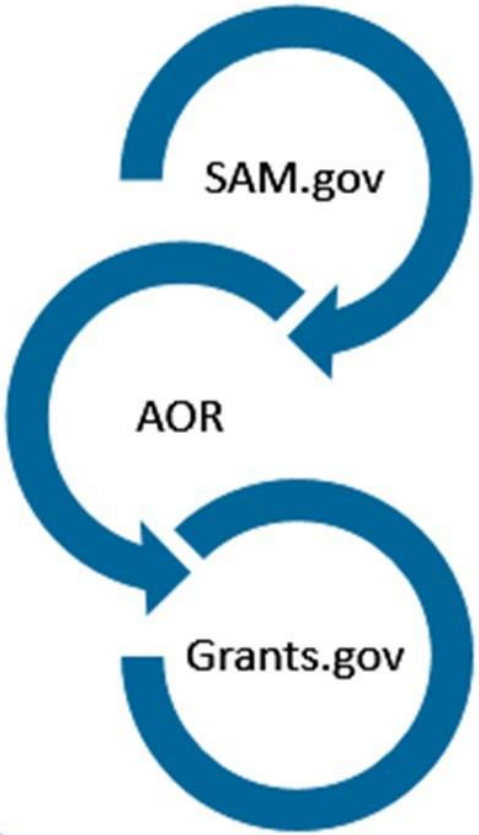
The Federal Grant Application Process:

REGISTER & GET READY

Required Steps for Grants.gov Registration

Current Process



These steps <u>MUST</u> be completed prior to registering for Grants.gov:

- Register the organization with System for Award Management (SAM)
- A Unique Entity Identifier (UEI) or Entity ID will be assigned by SAM
- Designate Business Point Of Contact (i.e. Authorized Organization Representative – AOR)
- Register the organization with Grants.gov

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The Federal Grant Application Process:

- **WHERE AND HOW TO FIND FUNDING OPPORTUNITIES**

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HRSA Funding Opportunities

https://www.hrsa.gov/grants/find-funding

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HRSA Funding Opportunities

Use the QR code to visit HRSA's website to learn about grants available or visit **https://www.hrsa.gov/grants**.

SCAN ME

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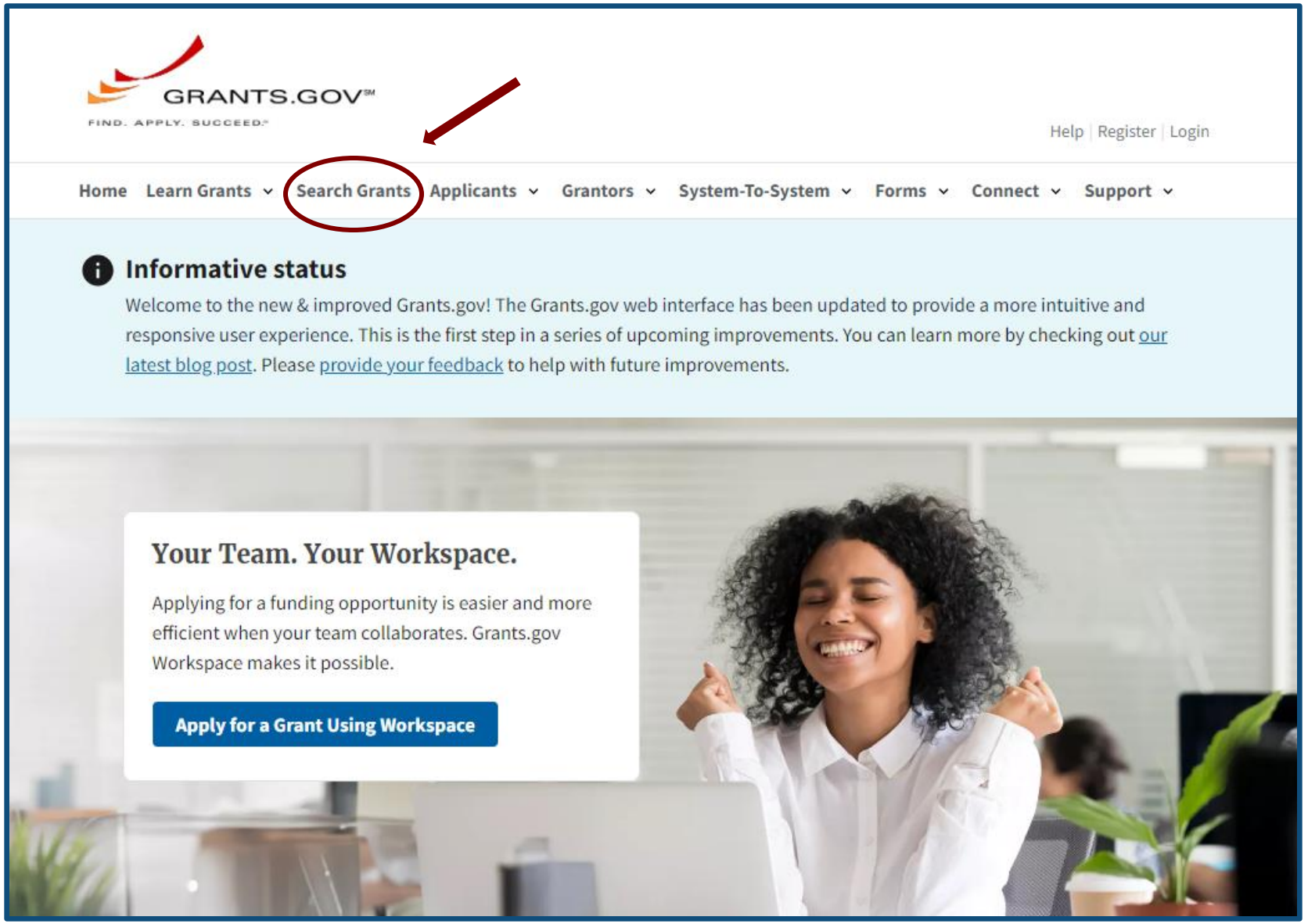
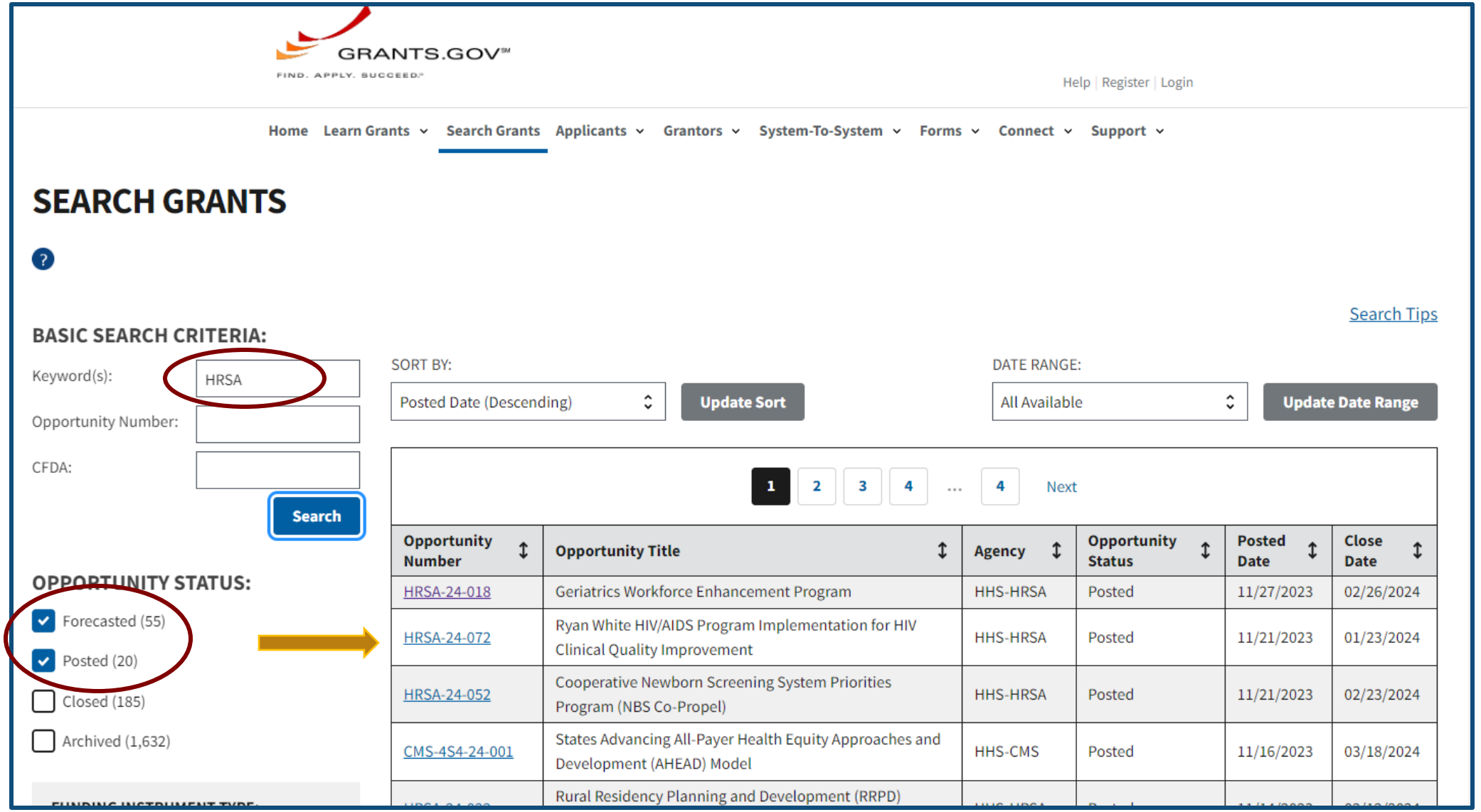

GRANTS.GOV℠
FIND. APPLY. SUCCEED.℠
Help | Register | Login
Home
Learn Grants
Search Grants
Applicants
Grantors
System-To-System
Forms
Connect
Support
Informative status
Welcome to the new & improved Grants.gov! The Grants.gov web interface has been updated to provide a more intuitive and responsive user experience. This is the first step in a series of upcoming improvements. You can learn more by checking out our latest blog post. Please provide your feedback to help with future improvements.
Your Team. Your Workspace.
Applying for a funding opportunity is easier and more efficient when your team collaborates. Grants.gov Workspace makes it possible.
Apply for a Grant Using Workspace



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Where to Find Notice of Funding Opportunities

- Grants.gov: http://www.grants.gov
  - Phone Support: 1-800-518-4726
  - Email Support: support@grants.gov
- HRSA Website: http://www.hrsa.gov/grants
- Register to get email notifications when opportunities are available on Grants.gov:
  - https://www.grants.gov/connect/manage-subscriptions/

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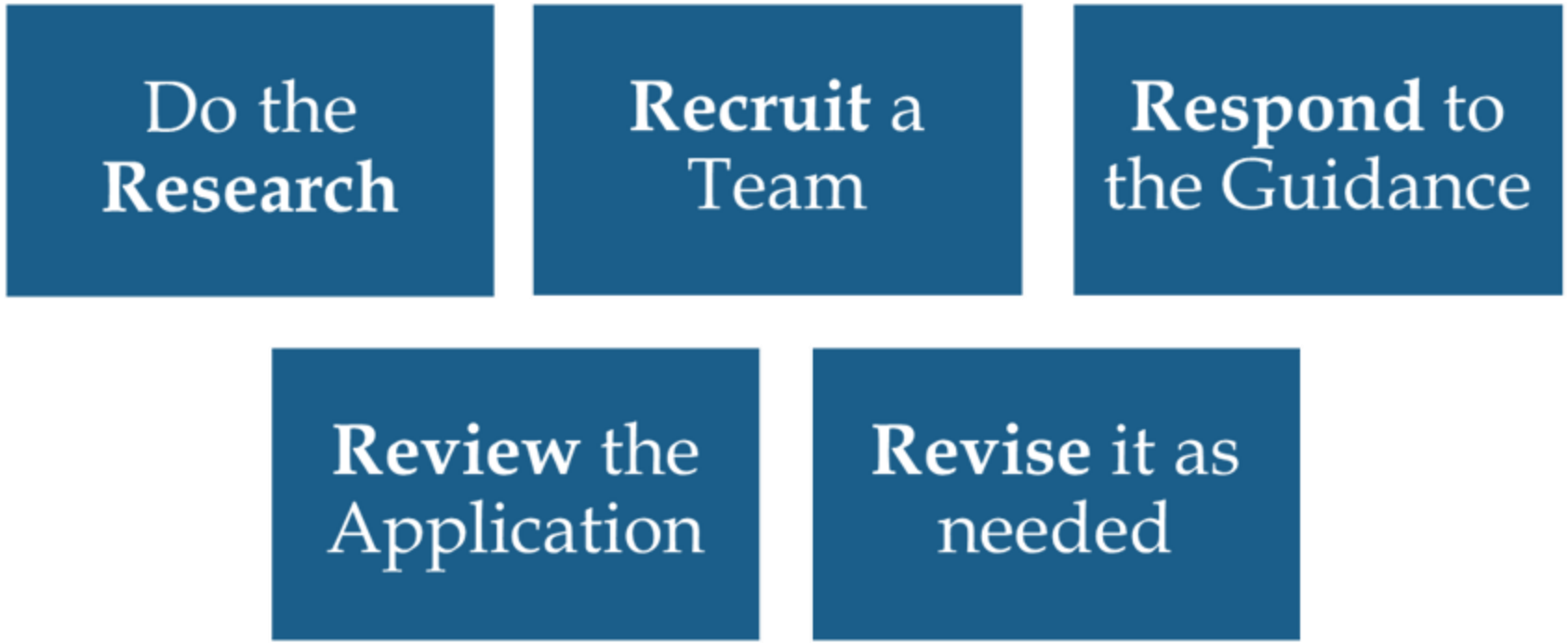
The Five "Rs"

Submitting Strong Applications



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When Should You Contact HRSA IEA?

- When you want to know more about HRSA programs or initiatives
- When you need contextual information about the state, local, tribal, and regional landscape that may impact your stakeholders
- When you are looking for technical assistance, resources, funding opportunities, or new partners
- When you want to share new promising or best practices with us
- **Simply connect!**

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