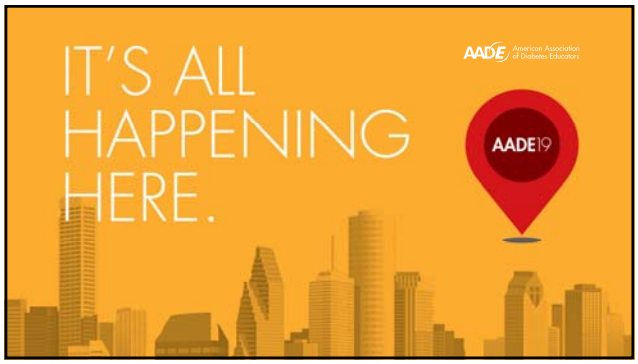


Critical conversations: Financing and Sustainability of Community Health Workers to Improve Population Health

Betsy Rodríguez, BSN, MS,DE
Magon Saunders, DHSc, MS, RDN, LD
Monday, August 12, 2019

#AADE19

Betsy Rodríguez
BSN, MSN, DE
Senior Public Health Advisor

Health Education and Promotion Team
Division of Diabetes Translation
Centers for Disease Control and Prevention

#AADE19

Magon Saunders
DHSC,MS, RDN, LD
Public Health Program Specialist

Program Implementation Branch
Division of Diabetes Translation
Centers for Disease Control and Prevention

#AADE19

Disclosure to Participants

- Notice of Requirements For Successful Completion
  - Please refer to learning goals and objectives
  - Learners must attend the full activity and complete the evaluation in order to claim continuing education credit/hours.
- Conflict of Interest (COI) and Financial Relationship Disclosures:
  - Betsy Rodriguez, MSN, DE – Has No COI/Financial Relationship to disclose
  - Magon M. Saunders, DHSc, MS, RDN,LD – Has No COI/Financial Relationship to disclose
- Non-Endorsement of Products:
  - Accredited status does not imply endorsement by AADE, ANCC, ACPE, or CDR of any commercial products displayed in conjunction with this educational activity.
- Off-Label Use:
  - Participants will be notified by speakers of any product used for a purpose other than for which it was approved by the Food and Drug Administration.

#AADE19

Disclaimer

The information presented here is for training purposes and reflects the views of the presenters. It does not necessarily represent the official position of the Centers for Disease Control and Prevention.

#AADE19

What do they have in common?

Cantinflas

Mario Fortino Alfonso Moreno-Reyes, popularly known as as Cantinflas, was a Mexican comic film actor, producer, and screenwriter.

#AADE19

Objectives

- Discuss population health and its importance to diabetes prevention and control.
- Describe the landscape off CHW financing and sustainability and how it relates to population health.
- Summarize discussions at the CDC CHW Forum to sustain and finance CHW work in diabetes.
- Share next steps for engaging CHWs as a value-based solution for population health.

#AADE19

Population health and its importance to diabetes prevention and control

#AADE19

Population Health – Just What Does That Mean?

- "The health outcomes of a group of individuals, including the distribution of health outcomes within the group".
- These outcomes can be measured in terms of:
  - health outcomes (mortality, morbidity, health, and functional status)
  - disease burden (incidence and prevalence)
  - behavioral and metabolic factors (exercise, diet, A1C, etc.)

Improving Care and Promoting Health in Populations: ***Standards of Medical Care in Diabetes—2019*** American Diabetes Association, Diabetes Care 2019 Jan; 42(Supplement 1): S7-S12 http://care.diabetesjournals.org/content/42/Supplement_1/S7

#AADE19

Population health

Provides an opportunity for health care systems, agencies and organizations to work together in order to improve the health outcomes of the communities they serve.

https://www.cdc.gov/pophealthtraining/whatis.html

#AADE19

Key Components of Population Health

- Health Outcomes
- Health Determinants
- Policies

Nash, D. B, et. Al (2016). Population Health: Creating a culture of wellness. Jones and Bartlett Learning. Burlington, MA

#AADE19

The Four Pillars of Population Health

- **Chronic Care Management**-patient, health care team, drivers of health, and the health care system.
- **Quality and Safety**-patient and health care providers
- **Health Policy-** researchers, policy makers at the national and state and county levels.
- **Public Health-** health care and public health(access, quality, data, etc.).

Nash, D. B, et. Al (2016). Population Health: Creating a culture of wellness. Jones and Bartlett Learning. Burlington, MA.

#AADE19

Key Pillars of Population Health

#AADE19

The Promise of Population Health

"The population health promise is to promote health and to prevent disease: the strategy is to create an epidemic of health and wellness." (Nash, etc. al, 2016)

Nash, D. B, et. Al (2016). Population Health: Creating a culture of wellness. Jones and Bartlett Learning. Burlington, MA.

#AADE19

Basic Attributes of a Population Health Paradigm

- Population identification
- Registry
- Risk stratification modeling using a patient registry
- Personalized patient care
- An identified medical home
- Interdisciplinary health care team
- Clinician knowledge about and recognition of determinants of health
- Integration into public and individual health
- Utilization of evidence-based guidelines to improve care and quality
- Provision of culturally and linguistically appropriate care and health education
- Ongoing evaluation and feedback loops
- Implementation of interoperable cross-sector health IT.

#AADE19

Source: Population Health Alliance: The Care Continuum Alliance. Carey, p. A. Eiff, M. P. Saultz, J. W. et al. Aspects of the Patient-centered medical Home Current in Place: Initial Findings from Preparing the Personal Physician for Practice. Family Medicine 2009: 41 (9): 632-9.

Landscape of CHW financing and sustainability and how it relates to population health

#AADE19

What do CHWs have to do with population health?

#AADE19

What's the Evidence for CHWs?

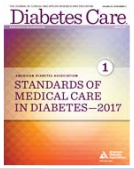
Do they contribute to reducing diabetes disparities?

#AADE19

Two Sources of Evidence

- The Community Guide/Community Preventive Services Task Force (CPSTF)
- ADA Standards of Care

Community Health Workers



What is the Community Preventive Services Task Force?

Community Preventive Services Task Force

- A non-federal, independent, rotating panel
- Internationally renowned experts in public health research, practice, and policy who:
  - Oversee the systematic review process
  - Produce recommendations and identify evidence gaps to help inform decision making by various government and non-government entities

CDC is mandated to provide scientific, technical, and administrative support for the Task Force

#AADE19

Community Guide Recommendations on CHWs

- Interventions engaging CHWs for type 2 diabetes prevention and management, which is typically implemented in underserved communities, can improve health, reduce health disparities, and enhance health equity.
- See: https://www.thecommunityguide.org/content/community-health-workers

#AADE19

Why are these recommendations important?

- Adds to and supports the growing evidence base surrounding the work of CHWs for both diabetes management and type 2 diabetes and cardiovascular disease prevention
- Findings reached using an evidence-based approach (i.e., systematic review of the included studies)
- Allow you to keep up-to-date with an overwhelming volume of literature
- Help determine if scientific findings are consistent and can be generalized
- Limit bias and help improve accuracy of conclusions
- Incorporate research into decision or policy making
- Identify crucial areas and questions that remain unanswered

Return on Investment for CHWs

- CHWs can save organizations between $2.28 to $3.00 for every dollar spent.
- CHWs can help reduce hospitalizations and emergency room visits.
- CHWs can help reduce health disparities and increase health equity.

#AADE19

CHW Evidence Summary

- CPSTF recommends interventions engaging CHWs based on evidence of effectiveness in:
  - CVD prevention
  - Type 2 diabetes prevention
  - Diabetes management
- Implemented in undeserved communities, these interventions can improve health and health equity.
- CHWs can perform diverse roles in many settings.
- Economic evidence: cost-effective
- ADA recommends patients receive self-management support from lay health coaches, navigators, or CHWs when available.

The current policy landscape for CHW financing and sustainability

- CHW services are most often funded for limited periods as part of grants that address specific chronic conditions or preventive health measures.
- The lack of consistent, dependable funding has hindered the creation of permanent CHW positions at many community health centers and other organizations.

#AADE19

The current policy landscape of CHW financing and sustainability

- There are multiple efforts throughout the nation to ensure that CHWs become permanent, sustainable members of the community, public health, and health care workforce.
- CHWs, and those who understand their value, are educating health payers and providers about the CHW workforce, the roles CHWs play, the benefits they bring, and how to integrate them into health care and other multidisciplinary teams.

#AADE19

How CHW's Impact Population Health

- Advocate for patients' rights and privileges.
- Health systems navigation- help clients navigate the health system maze
- Provide reminders about medications, doctor's visits, etc.
- Lead by example- peer support and goal setting
- Reduce costs- hospital readmissions

#AADE19

Discussions at the CDC-CHW Forum to sustain and finance CHW work in diabetes

#AADE19

CHW FORUM: Background and Methodology

- **Forum:** hosted by CDC's Division of Diabetes Translation, May 10–11, 2018, in Atlanta
- **Purpose of the forum:**
  - Understand and explore ways to maximize the impact of CHWs on diabetes outcomes.
  - Learn from CHWs, those who support them, and states that engage them in this work about viable financing and sustainability mechanisms.
  - Inform guidance and technical assistance to CDC grantees and others working in diabetes management and type 2 diabetes prevention on how to better integrate and support CHWs in this work.

#AADE19

FORUM PARTICIPANTS

- CHWs, CHW allies, state health department representatives
- Work with a range of demographically diverse audiences
- Experienced in adult chronic disease outreach, including diabetes-related work

19 forum participants

Several CDC project officers and leaders also attended

#AADE19

Four Forum Objectives

1) Identify barriers and gaps to **developing a statewide infrastructure to promote sustainability and reimbursement** for CHWs as a means to establish/expand their engagement in
   - CDC-recognized lifestyle change programs for type 2 diabetes prevention
   - ADA-recognized/AADE-accredited DSMES services
2) Identify **promising practices and lessons learned in CHW reimbursement and sustainability** that may inform future efforts of states, CHWs, and others to develop statewide infrastructure to promote sustainability and reimbursement for CHWs.

#AADE19

Forum Objectives Cont'd

3) Identify **promising practices and lessons learned about the roles CHWs can play in increasing enrollment and improving retention** in CDC-recognized lifestyle change programs for type 2 diabetes prevention and in ADA-recognized/AADE-accredited DSMES services for diabetes management.
4) Gather **"pearls of wisdom" from the perspective of CHWs** that would be important to share with states, CHWs, and others engaged in this work.

#AADE19

Key Learnings: Overview

- The forum was intended to gather diverse perspectives of participants.
- The forum was not intended to achieve consensus or generate recommendations from CDC or the organizations represented.
- Discussions coalesced around several themes and concepts related to CHW financing and sustainability.

#AADE19

Key Learnings: Defining CHW Roles and Workforce Development

- Efforts to develop a statewide CHW infrastructure should include CHWs in conversations from the start.
- A clear, consistent definition of what constitutes the role of CHWs will help in integrating them into clinical and community-based settings.

Resources that provide definitions of CHWs:
- CHW Core Consensus Project, 2016
- APHA CHW Section

#AADE19

Key Learnings: Defining CHW Roles and Workforce Development

- It's important to educate decision makers and policymakers about CHW roles and value.
- Workforce development for CHWs is essential to attract new CHWs and retain and promote current CHWs, but funding for these activities is often lacking.
- Further discussion is needed among CHWs, allies, and state health departments regarding CHW certification to reach consensus in the field.

#AADE19

Key Learnings: Defining CHW Roles and Workforce Development

- Financing for CHW networks should be a priority—including funding to establish and maintain the networks and to allow CHWs time to participate in them.

#AADE19

Key Learnings: Integrating CHWs in Health Care Systems and CBOs

- CHWs should be integrated in strategies and budgets from the beginning and provide input to decision makers about their engagement.
- Strategies to foster integration of CHWs:
  - Widely disseminate methods, and explore new ways to integrate CHWs.
  - Foster "champions" within a health system or CBO.
  - Strengthen partnerships between health systems and CBOs.

#AADE19

Key Learnings: Integrating CHWs in Health Care Systems and CBOs

- Current funding mechanisms can limit the health issues CHWs address and the settings they work in.
- A single CHW–client interaction may address multiple clinical needs and impact social determinants of health; blend funding across silos.
- Focusing on population health may hold promise.

#AADE19

Key Learnings: CHW Compensation and Documentation

- Complicating factors for CHW compensation include short-term program funding and Medicaid policy and budget limitations.
- Compensation for CHWs should align with the professional services they provide.
- Institutionalizing CHWs as a public health career path will help.

#AADE19

Key Learnings: CHW Compensation and Documentation

- Better capturing CHWs' contributions can influence CHW compensation—funders want to know something works.
- The National Association of CHWs and state networks could help gather and disseminate data.

#AADE19

Promising Practices and Lessons Learned about CHW Roles in Supporting Diabetes Management and Type 2 Diabetes Prevention

- CHWs understand the cultures of their communities; thus, they can help policymakers and programs understand, reach, and serve target populations.
- CHWs can also help tailor and adapt materials and activities to be user-friendly and culturally appropriate.

#AADE19

Promising Practices and Lessons Learned about CHW Roles in Supporting Diabetes Management and Type 2 Diabetes Prevention

- Standardized training and peer learning can help CHWs better support program participants and improve outcomes.
- CHWs often serve marginalized clients, for whom commitment to a program can be difficult.
- Emphasizing how CHWs' involvement can help their clients and overall communities can encourage them to connect clients with diabetes management and type 2 diabetes prevention programs.

#AADE19

Promising Practices and Lessons Learned about CHW Roles in Supporting Diabetes Management and Type 2 Diabetes Prevention

- Documenting and sharing existing and emerging best practices is vital.
- CHWs address clients' health holistically—being able to address diabetes management and type 2 diabetes prevention alongside other health issues will make engagement more appealing.

#AADE19

Next Steps

- Key learnings from the forum will:
  - Inform future work at CDC and efforts of states and policymakers to engage CHWs.
  - Contribute to training and technical assistance for states working with CHWs to improve diabetes outcomes.
  - Be incorporated in materials to foster communication with and support for state health departments in creating an infrastructure for CHW financing and sustainability.

#AADE19

To access resources from the CHW Forum, visit:

https://www.cdc.gov/diabetes/programs/stateandlocal/index.html

#AADE19

Division of Diabetes Translation (DDT) Investments

#AADE19

DDT' Investments

- **1705** Scaling the National Diabetes Prevention Program in Underserved Areas
- **1815** Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke
- **1817** Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke

#AADE19

DDT's 1815 Work Related to Population Health

- Improve access to and participation in diabetes self-management education and support (DSMES) services.
- Expand or strengthen coverage for DSMES services.
- Increase engagement of pharmacists in the provision of medication management or DSMES.

#AADE19

DDT's 1815 Work Related to Population Health

- Assist healthcare systems to screen, test, and refer people with prediabetes to CDC-recognized organizations offering the National Diabetes Prevention Program (National DPP) lifestyle change program.
- Develop a statewide infrastructure to promote long-term sustainability/reimbursement for CHWs to expand their involvement in DSMES and the National DPP.

#AADE19

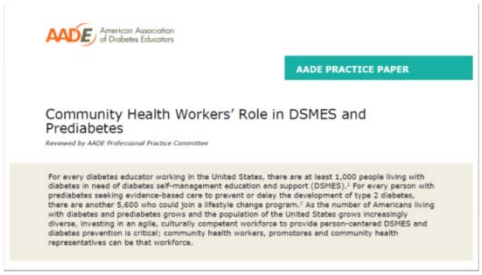
DDT's 1815 Work Related to Population Health

- Implement bi-directional e-referral between healthcare systems and CDC-recognized lifestyle change programs for type 2 diabetes prevention.
- Support organizations in increasing enrollment in existing CDC-recognized lifestyle change programs or establishing and sustaining new programs in underserved areas.
- Explore and test innovative ways to eliminate barriers to participation and retention in the National DPP and/or DSMES services.

#AADE19

Next steps for engaging CHWs as a value-based solution for population health

#AADE19


AADE American Association of Diabetes Educators

AADE PRACTICE PAPER

Community Health Workers' Role in DSMES and Prediabetes

Reviewed by AADE Professional Practice Committee

For every diabetes educator working in the United States, there are at least 1,000 people living with diabetes in need of diabetes self-management education and support (DSMES).[1] For every person with prediabetes seeking evidence-based care to prevent or delay the development of type 2 diabetes, there are another 5,600 who could join a lifestyle change program.[2] As the number of Americans living with diabetes and prediabetes grows and the population of the United States grows increasingly diverse, investing in an agile, culturally competent workforce to provide person-centered DSMES and diabetes prevention is critical; community health workers, promotores and community health representatives can be that workforce.

https://www.diabeteseducator.org/docs/default-source/practice/practice-documents/practice-papers/community-health-workers-39-role-in-dmses-and-prediabetes.pdf?sfvrsn=22https://www.diabeteseducator.org/docs/default-source/practice/practice-documents/practice-papers/community-health-workers-39-role-in-dmses-and-prediabetes.pdf?sfvrsn=22

#AADE19

Takeaways

Population Health Outcomes

- Diabetes specialists are partnering with communities and CHWs to improve the health of populations by promoting health, preventing disease, and addressing health inequities.
- Activities include:
  - Advocacy to decrease health disparities
  - Policy making to address health disparities
  - Improving health outcomes of populations in need
  - Implementing cost effective strategies to address health disparities
  - Leadership strategies to impact safety, cost, and clinical outcomes
  - Executing educational approaches to improve clinical decision making and evidence-based practice
  - Developing practice guidelines

Institute for Healthcare Improvement Triple Aim. Retrieved from http://www.ihi.org. 2013. Institute of Medicine. (1988). The future of public health. Washington, D.C: National Academy Press. Kindig, David & Stoddard, Greg. (2003). What is Public Health Washington, D.C: National Academy Press. Kindig, David & Stoddard, Greg. (2003). What is Public Health? American Journal of Public Health, 93(3): 380–383.

#AADE19

PROJECT VISION framework

- DSMES is the art and science of diabetes management
- Improves outcomes with holistic, patient-centered care.
- Bridges the gap between the clinical and self-management aspects of care.
- Demonstrates how diabetes education programs are *savings* centers and not *cost* centers

#AADE19

Engaging CHWs in Population Health—One Example

https://www.diabeteseducator.org/docs/default-source/practice/educator-tools/aip_5_3_tip_sheet_arevalo.pdf?sfvrsn=0

What to do? What is your homework?

- Join the AADE Population Health Community of Interest (COI) in My AADE Network

Join us!

#AADE19

Magon Saunders, hcu1@cdc.gov
Betsy Rodríguez, bjr6@cdc.gov

Division of Diabetes Translation
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention
www.cdc.gov/diabetes