



January 2024

Community Health Worker (CHW) Subcommittee Final Report

Table of Contents

Executive Summary	3
Acknowledgements	4
Background	6
What are Community Health Workers (CHWs)?	
Documented Benefits of CHWs	
CHWs as a Strategic Imperative	
The Community Health Worker (CHW) Subcommittee	12
Purpose	
Goals	
CHW Subcommittee Priorities	13
Priority: Supporting the CHW Workforce	14
Advocacy and Representation	
Supervision and Support	
Safety and Security	
Priority: Alignment	18
CHW Integration	
Collaborative Partnerships	
Priority: Measurement	27
Priority: Engagement	30
Priority: Financial Support	32
Funding Allocation and Sustainability	
Priority: Training and Certification	36
Statewide CHW Workforce Certification	
Training Standards	

Cultural Competency and Diversity

Next Steps: Implementing CHW Subcommittee Recommendations 40

Establishing the CHW Advisory Council

Implementing the CITIE Initiative

Promoting Adoption of CHW-CRE Measures

Convening the CHW Community Feedback Forum

Providing Sustainable Funding for CHW Efforts

Developing a Statewide CHW Certification Policy

Conclusion 44

References 46

Appendix A: Acronyms and Initialisms 47

Additional supplemental materials, including literature reviews and CHW Subcommittee meeting materials, will be published on the website:

www.Michigan.gov/SDOH

Executive Summary

Community health workers (CHWs) are a diverse group of professionals who contribute to more equitable health outcomes through their relationships with the communities and patients they work with, and their ability to foster communication and care coordination. A growing body of evidence over the past few decades has demonstrated the value of CHWs and the positive impacts they can have on individual and community health.

To better advance health equity, the Michigan Department of Health and Human Services (MDHHS) Social Determinants of Health (SDOH) Strategy, entitled *Michigan's Roadmap to Healthy Communities*, identifies the expansion and sustainability of the CHW workforce as a strategic imperative. The MDHHS SDOH Strategy aims to improve the health and social outcomes of all Michigan residents while working to achieve health equity by eliminating disparities and barriers to social and economic opportunity.

In January 2023, MDHHS announced the convening of the Community Health Worker Subcommittee to bring together state and local community partners, including community-based organizations (CBOs), health care, and governmental entities whose aligned work and interests are best served by a coordinated approach to support CHW workforce expansion and sustainability efforts. The CHW Subcommittee met monthly, from January 2023 through September 2023, to establish priorities and develop recommendations that create a supportive environment for the CHW workforce to thrive and make a significant impact on improving health equity and enhancing community well-being.

Through iterative and collaborative convenings, the subcommittee has generated meaningful and actionable recommendations related to their established priorities. This report details the final recommendations of the CHW Subcommittee and outlines proposed next steps for implementation. As these recommendations are implemented, MDHHS recognizes the need for agility and adaptability in the face of ever-evolving community needs. This will allow space for continued discussions with partners across sectors to ensure implementation of these recommendations is impactful and sustainable.

Acknowledgements

The Community Health Worker (CHW) Subcommittee Final Report incorporates the expertise and experiences of many leaders. Thank you for your ongoing work to advance the health and well-being of our communities.

CHW Subcommittee

Liz Chala-Hidalgo

Trinity Health – Health Project

Jaye Clement

Henry Ford Health, Michigan Community Health Worker Alliance (MiCHWA) Board

Kelly Conley

Central Michigan District Health Department

Elizabeth Crenshaw

Wayne State University

Laura Dewberry

Meridian Health, Centene Corporation, Michigan Public Health Association (MPHA)

Jeanine Hatcher

GenesisHOPE Community Development Corporation

Perry Hoskins

Detroit Veterans Health Administration Hospital

Pennie Jewell

Nottawaseppi Huron Band of the Potawatomi (NHBP) Health and Human Services Department

Ashleigh Kolski

Michigan Primary Care Association (MPCA)

Victoria Kriskywicz

Benzie-Leelanau District Health Department (Community Connections) Grand Traverse HUB

Tressa Liba

MiCHWA

Shannon Lijewski

Everyday Life Consulting

Jenifer Murray

Northern Michigan Community Health Innovation Region (NMCHIR)

Gary Ringer

Joy Southfield Community Development Corporation, Detroit Fire Department

Socorro Rodriguez

Cherry Health

Traci Rushlow

Ottawa Pathways to Better Health

Lisa Verberg

Priority Health

Wayne White

Central City Integrated Health

Subject Matter Experts

Victoria Adewumi

Community Health Worker Center for
Research and Evaluation (CHW-CRE)

Chidinma Ibe

CHW-CRE

Pennie Jewell

CHW-CRE

Edith Kieffer

University of Michigan

Susan Mayfield-Johnson

CHW-CRE

Keara Rodela

CHW-CRE

Celeste Sanchez Lloyd

CHW-CRE

Noelle Wiggins

CHW-CRE

Support Staff

Laura Drayton

MDHHS

Kehli Henry

MDHHS

Cartyea Mathies

MDHHS

Ninah Sasy

MDHHS

Administrative and research support
provided by:

Michigan Public Health Institute (MPHI)

Background

What are community health workers?

“A community health worker (CHW) is a frontline public health worker who is a trusted member of and/or has a uniquely close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.”

AMERICAN PUBLIC HEALTH ASSOCIATION, 2018

CHWs are a diverse group of professionals who contribute to more equitable health outcomes through their relationships with the communities and patients they work with, and their ability to foster communication and develop understanding of health care systems.

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

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



One of the key responsibilities of CHWs is to educate community members about health-related issues, preventative measures, and available health care services. By providing culturally sensitive information, CHWs empower individuals to make informed decisions about their health and adopt healthier lifestyles. They often act as liaisons between health care professionals and community members, helping to build trust and improve communication.

Importantly, CHWs contribute to the early detection of health issues and help identify needs related to the social determinants of health (SDOH) by conducting screenings, identifying potential risks, and facilitating timely interventions. This proactive approach intervenes further upstream to prevent the escalation of preventable conditions and improve health outcomes.

CHWs Support the Social Determinants of Health (SDOH)

The community we are born into, the home we live in, and our schools and places of work are some of the many factors that are collectively referred to as the social determinants of health. They include a wide range of factors, including, but not limited to, income, education, job security, food security, housing, basic amenities, the environment, social inclusion and non-discrimination, and access to quality, affordable health care. There is growing acknowledgement that these economic and social factors, rather than individual risk factors, more greatly influence a person's health status and vulnerability to adverse health outcomes. CHWs play a pivotal role in addressing SDOH by addressing the underlying factors that influence individuals' well-being and health outcomes. They actively work to reduce health disparities by advocating for access to resources and services that address SDOH and advocate for policy changes at the community and systemic levels. Additionally, CHWs help build social cohesion and support networks within communities to empower community members to advocate for themselves and participate in decision-making processes. Through education, advocacy, and community empowerment, CHWs contribute to creating environments that promote health equity and improve overall well-being.

Documented Potential Benefits of CHWs

CHWs play a crucial role in promoting and improving health, addressing health disparities, and enhancing the overall effectiveness of initiatives.

Cross-sector collaboration requires person-centered approaches, including working with community health workers. CHWs play an important role in addressing health disparities because they are most often trusted members of the communities they work in and connect those they serve to a wide range of services.

Alignment and expansion of CHW efforts could have positive impacts on Michigan communities experiencing the greatest health disparities by addressing health more holistically. The current body of scientific evidence demonstrates the value of CHW services to improve health care outcomes. Many interventions that integrate CHW services into health care delivery systems are associated with reductions in chronic illnesses, better medication adherence, increased patient involvement, improvements in overall community health, and reduced health care costs [1].

A study conducted in Detroit's Cody Rouge neighborhood found that program participants assisted by CHWs had fewer visits to the emergency department and more outpatient ambulatory care resource use [2]. CHWs have also been shown to contribute to improving patterns of service utilization, reducing health inequities, improving health literacy and patient navigation, chronic illness prevention and management, community development, and preparedness [3].

Additional research over the past few decades has provided further evidence of the value of CHWs, and the positive impacts they can have on individual and community health, including:

- **Reduced health disparities.** CHWs play a significant role in addressing health disparities by focusing on the unique needs of populations that have been disproportionately burdened by poor health outcomes. Their efforts have been documented to contribute to more equitable health outcomes and reduce disparities [4].
- **Increased awareness of the social determinants of health (SDOH) and local community resources.** CHWs employ various strategies to engage and educate the community to explain how factors such as housing, education, employment, and social support can impact health outcomes. Additionally, CHWs identify, document, and share available resources, including health care facilities, social services, food banks, and employment support [5].

- **Culturally competent care.** CHWs are often members of the communities they serve, possessing a deep understanding of local customs, languages, and social dynamics. This cultural competence enables them to effectively communicate, build trust, and tailor health interventions to meet the specific needs of diverse populations [6].
- **Increased access to health and social care.** CHWs help overcome barriers to accessing health and social care programs and services by bringing services directly to the community. Additionally, CHWs help patients navigate application processes to connect them to existing resources [6].
- **Increased patient/consumer satisfaction and trust in the health care system.** The presence of CHWs in communities helps build trust in health care systems. Their relatable approach and familiarity with local contexts make them effective communicators and facilitators of positive health outcomes [6].
- **Improved outcomes for patients with Limited English Proficiency (LEP).** CHWs have been demonstrated to improve health outcomes for individuals with LEP by addressing language and cultural barriers. CHWs can serve as language interpreters, assist with health literacy, act as cultural mediators, and ensure individuals are referred to culturally competent services [7].
- **Behavioral health care support.** In addition to supporting physical and mental health, CHWs also provide behavioral health care support by offering assistance, education, and advocacy in communities. They may conduct behavioral health screenings, provide crisis intervention support, and connect individuals to appropriate services [7].
- **Improved health education and promotion.** CHWs play a vital role in health education, raising awareness about preventative measures, healthy behaviors, and the importance of regular screenings. By providing relevant information in culturally sensitive ways, they empower individuals to make healthy choices [6].
- **Expanded capacity to advance care coordination.** CHWs act as intermediaries between health care providers, social care providers, and the community. They facilitate communications, help individuals navigate the health care system, advocate for patient needs, support the transition of care between providers, coordinate services, assist with care plans, and promote trust [6] [7].

- **Improved service for rural and underserved populations.** CHWs are well-positioned to address the unique challenges faced by these communities. Their presence and tailored interventions contribute to improving health care access, promoting health education, and addressing specific needs within rural and underserved communities [6].
- **Cost savings for health organizations.** CHWs contribute to a more efficient and cost-effective health care system. Their work focuses on proactive, community-based approaches that aim to prevent health issues, improve management of chronic conditions, and enhance overall well-being, ultimately leading to cost savings [6].
- **Improved patient advocacy and navigation services.** CHWs assist community members in navigating the complex health care system. They advocate for patients, helping them understand treatment plans, adhere to medications, and access necessary services [6] [7].



CHWs as a Strategic Imperative

To advance health equity and support the overarching goal of the MDHHS SDOH Strategy, *Michigan's Roadmap to Healthy Communities* identifies the expansion and sustainability of the community health worker workforce as a strategic imperative.

These efforts were initially outlined in Phase I of the SDOH Strategy within the health equity focus area:

Strategy HE-6: Build community capacity by supporting local efforts that improve regional collaboration and integration of social care into health care delivery.

- **Initiative HE-6.0.2:** Increase CHWs among communities of historically marginalized populations to build a workforce that integrates social care into health care delivery.
 - Collaborate with CHW partners in Michigan to fund training/certification of CHWs for individuals who are from historically marginalized communities and/or people whose primary language is not English.

Phase II of the SDOH Strategy identified CHWs as one of four structural interventions, with the following priorities:

- **Alignment:** Convene specialized groups to align and guide statewide CHW efforts, including a **CHW Subcommittee**, a CHW Internal Alignment Work Group, and a CHW Community Feedback Forum. Through the SDOH Strategy, specialized groups have been established that will form the foundation for informing investments in CHWs.
- **Improvement:** Address barriers to the successful establishment of community health workers as health care professionals. To promote the expansion and sustainability of the CHW workforce in Michigan, it is important to address identified barriers through policies and system-level changes.
- **Innovation:** Invest in recruiting, training, and retention of community health workers throughout the state. Investing in community health workers is critical for increasing access to health care and improving health outcomes. As such, the CHW work groups established through the SDOH Strategy will be proactive about developing sustainable funding for the recruitment, training, and retention of CHWs.

To learn more about the SDOH Strategy and CHWs as a strategic imperative, please visit www.Michigan.gov/SDOH.

The CHW Subcommittee

The Michigan CHW Subcommittee was established in January 2023 to develop recommendations that create a supportive environment for the CHW workforce to thrive and make a significant impact on improving health equity and enhancing community well-being.

Purpose

MDHHS has resolved to support and sustain statewide infrastructure to address the social needs of Michigan's people and communities.

The CHW Subcommittee brings together state and local community partners, including community-based organizations (CBOs), health care, and governmental entities whose aligned work and interests are best served by a coordinated approach to support CHW workforce expansion and sustainability efforts. The CHW Subcommittee is an advisory body, making recommendations to the SDOH Steering Committee and MDHHS on the alignment, expansion, and sustainability of the CHW workforce. It provides subject matter expertise and resources.







Goals of the CHW Subcommittee

To promote health and social equity, and improve the well-being of all Michigan residents, the CHW Subcommittee resolves to:

1. Document existing CHW efforts across Michigan.
2. Identify promising state, national, and global strategies that could accelerate, support, and improve CHW sustainability in Michigan.
3. Engage, articulate, and incorporate CHW perspectives from all interested parties and partners, with an emphasis on the CHW workforce and those organizations on the forefront of providing CHW services to communities who face health inequities.
4. Advise the SDOH Steering Committee.
5. Develop recommendations for the expansion and sustainability of the CHW workforce in Michigan.

CHW Subcommittee Priorities

Based on partner feedback, the following priorities for the CHW Subcommittee were established:

	WORKFORCE: Create a supportive environment for the CHW workforce to thrive and make a significant impact on improving health equity and enhancing community well-being.
	ALIGNMENT: Better align CHW efforts by consistently sharing best practices and coordinating approaches to mitigation of barriers.
	MEASUREMENT: Identify meaningful measures of CHW work to demonstrate value and illustrate impacts.
	ENGAGEMENT: Build a community engagement strategy to raise awareness of the importance and impacts of CHW work.
	SUPPORT: Identify and prioritize existing and potential mechanisms through Medicaid, other MDHHS programs, and other approaches to assure sustainable financing of CHW programs.
	TRAINING: Create recommendations to support standards for CHW core competency-based training and mechanisms for certifying that training programs meet them.

CHW Subcommittee Recommendations

To support and strengthen the role of CHWs; to promote the expansion, integration, and sustainability of the CHW workforce; and to support the overarching goal of the MDHHS SDOH Strategy to improve the health and social outcomes of all Michigan residents while working to achieve health equity by eliminating disparities and barriers to social and economic opportunity; the CHW Subcommittee has developed the following recommendations for the state of Michigan to:

PRIORITY: WORKFORCE

Create a supportive environment for the CHW workforce to thrive and make a significant impact on improving health equity and enhancing community well-being.

Recommendation S-1: Ensure self-determination through CHW participation in all workforce-related decision-making processes, including policy development and advocacy efforts.

Recommendation S-2: Develop policies to provide fair compensation, benefits, and incentives for CHWs. This can include stipends, salaries, health insurance, paid sick leave, hazard pay, transportation reimbursement, and performance-based rewards to recognize their valuable contributions and encourage retention.

Recommendation S-3: Create opportunities for career advancement within the CHW field.

Recommendation S-4: Connect CHWs to supportive networks or platforms to share experiences, seek guidance, and access resources.

Recommendation S-5: Develop policies ensuring high-quality supervision and mentorship for CHWs to enhance their confidence, job satisfaction, and effectiveness.

Recommendation S-6: Implement policies to ensure the safety and security of CHWs working in varied and sometimes challenging environments.

PRIORITY: ALIGNMENT

Better align CHW efforts by consistently sharing best practices and coordinating approaches to mitigation of barriers.

Recommendation A-1: Integrate CHWs into organizations and multidisciplinary care teams.

Recommendation A-2: Promote collaboration between CHWs, health care providers, community-based organizations, and other partners to enhance the effectiveness of CHW programs.

Recommendation A-3: Establish partnerships to implement pilot projects through *CHW Integration to Improve Equity (CITIE)*, an innovative, collaborative initiative to train and integrate CHWs in communities disproportionately burdened by health inequities.

PRIORITY: MEASUREMENT

Identify meaningful measures of CHW work to demonstrate value and illustrate impacts.

Recommendation M-1: CHW programs in Michigan, including programs through Community Based Organizations (CBOs), Federally Qualified Health Centers (FQHCs), Local Health Departments (LHDs), and other health agencies should endorse and adopt the [CHW Center for Research and Evaluation](#) (CHW-CRE, formerly known as the Common Indicators Project) indicators to systematically assess the work and impacts of CHWs in Michigan.

Recommendation M-2: Support the CHW-CRE goal to “develop infrastructure to collect data and report results on CHW-CRE indicators, optimizing CHW contributions through standardized monitoring and quality improvement, while centering CHWs as experts and leaders.”

Recommendation M-3: Use data and results from the CHW-CRE to inform policy development at the state level and contribute to evidence-based decision making for CHW programs.

Recommendation M-4: Establish a framework for monitoring health and economic outcomes of pilot programs implemented through the CITIE Initiative to demonstrate progress on reducing health disparities and return on investment, contributing to program sustainability.

PRIORITY: ENGAGEMENT

Build a community engagement strategy to raise awareness of the importance and impacts of CHW work.

Recommendation E-1: Encourage meaningful community engagement in the recruitment, training, and evaluation of CHWs to help tailor CHW programs to local needs and ensure their acceptance and effectiveness.

Recommendation E-2: Engage community leaders and influencers, including members of the MDHHS Social Determinants of Health (SDOH) Community Influencer Program, to help build trust and credibility within communities, making it easier for CHWs to access and engage with community members.

Recommendation E-3: Ensure CHW training programs provide comprehensive training on effective community engagement techniques, cultural competency, and communication skills.

PRIORITY: FINANCIAL SUPPORT

Identify and prioritize existing and potential mechanisms through Medicaid, other MDHHS programs, and other approaches to assure sustainable financing of CHW programs.

Recommendation F-1: Allocate sustainable funding for CHW programs to ensure their long-term viability. Policies should prioritize budgeting for training, supervision, and operational costs.

Recommendation F-2: Develop a Proposal for Change (PFC) that emphasizes the value and impact of CHWs to secure sustainable state funding for CHW programs.

Recommendation F-3: Allocate dedicated funding to support CHW training organizations to ensure they have the necessary resources to expand training capacity, enhance curriculum development, improve access to training, provide continuing education, meet CHW certification standards (should Michigan become a CHW certification state), and promote evaluation and quality assurance.

PRIORITY: TRAINING AND CERTIFICATION

Create recommendations to support standards for CHW core-competency based training and mechanisms for certifying that training programs meet them.

Recommendation R-1: Develop a statewide policy for CHW certification that recognizes and supports the role of CHWs, ensuring barriers to becoming certified are addressed.

Recommendation R-2: Define and clarify the CHW scope of practice, outlining their responsibilities and limitations, delineating boundaries that distinguish CHWs from other health professions, and acknowledging the community-based nature of the CHW profession.

Recommendation R-3: CHW training programs in Michigan should align with the Community Health Worker Core Consensus Project's (C3 Project) CHW core competencies.

Recommendation R-4: Enhance CHW programs to offer specialization and/or supplementary training to address specific health and SDOH issues.

Recommendation R-5: Emphasize cultural competency and diversity for CHWs to effectively serve diverse populations and address health disparities.

By implementing these policies, governments, organizations, and health care systems can create a supportive environment for CHWs to thrive and make significant contributions to community health and well-being.

Further context, sub-recommendations, and next steps are outlined in subsequent sections of the report.

Priority: Supporting the CHW Workforce

Create a supportive environment for the CHW workforce to thrive and make a significant impact on improving health equity and enhancing community well-being.

To address the overarching priority of supporting the CHW workforce, the CHW Subcommittee reviewed a literature scan outlining best practices and shared their lived experience. Data from the Michigan Community Health Worker Association (MiCHWA) CHW survey also provided insights into CHWs' concerns and priorities.

Current State

The MiCHWA 2021CHW Survey represents 239 CHWs, providing services in 80 of Michigan's 83 counties. It provided the following insights into the CHW workforce in Michigan:

- Roughly **88%** of survey respondents identified as female.
- **43%** of survey respondents identified as Black or African American.
- Nearly **30%** of respondents worked for Federally Qualified Health Centers (FQHCs).
- **67%** have worked as a CHW for less than five years.
- **86%** work full time as a CHW.
- Among those paid hourly, **83%** earn **\$15.01-\$22.49 per hour**.

Low pay and limited opportunities for advancement emerged as CHWs' top concerns, which may limit the sustainability of the CHW profession. Even after working for 10 or more years as a CHW, nearly a third of CHWs earned \$18 an hour or less. Fewer than half of CHWs planned on being a CHW for the rest of their careers.

- **59%** of survey respondents indicated low pay as a potential reason to leave the field.
- **52%** of survey respondents cited burnout as another potential reason.
- **Less than half** of CHWs said they were eligible for raises and promotions, even though, in the 2020 MiCHWA CHW Employer Survey, **98%** of employers stated CHWs were eligible for raises and promotions.

A majority of CHWs agreed that their opinions are sought from people influencing change in both their community and their organization. However, few CHWs identified as members of groups that make or influence policy.

To better address concerns expressed by CHWs and improve support for the workforce, the CHW Subcommittee developed the following recommendations:



Create a supportive environment for the CHW workforce to thrive and make a significant impact on improving health equity and enhancing community well-being.

Advocacy and Representation

CHWs serve as vital links between health and social care services and the communities they serve, playing a critical role in addressing health disparities, promoting preventative care, and ensuring culturally competent interventions. Advocacy efforts on behalf of CHWs are crucial to recognizing their unique contributions, securing adequate resources for their training and support, and fostering policies that acknowledge their value in a holistic system of care. By advocating for fair compensation and recognition of their skills, it becomes possible to strengthen the impact of their work. Furthermore, representation ensures that the perspectives and needs of CHWs are considered in decision-making processes, leading to more effective and equitable policies that benefit both the professionals themselves and the communities they serve. Ultimately, advocacy and representation for CHWs are integral to creating an environment that is inclusive and responsive.

Recommendation S-1: Ensure self-determination through CHW participation in all workforce-related decision-making processes, including policy development and advocacy efforts.

- **S-1.1:** Establish a CHW Advisory Council, comprised primarily (>75%) of current or former CHWs, to advise on the development of policies impacting the CHW workforce.
- **S-1.2:** Ensure that opportunities to provide feedback on proposed policies reach a diverse range of individuals and communities, particularly those who face barriers to participation.
- **S-1.3:** Provide reimbursement or compensation to individuals who actively participate in the feedback and consultation process during policy development, acknowledging the value of their contributions.
- **S-1.4:** Streamline grant and contract processes to promote equity, diversity, and inclusion of CHW programs, ensuring accessibility and flexibility regarding required documentation.

Recommendation S-2: Develop policies to provide fair compensation, benefits, and incentives for CHWs. This can include stipends, salaries, health insurance, paid sick leave, hazard pay, transportation reimbursement, and performance-based rewards to recognize their valuable contributions and encourage retention.

Recommendation S-2 is in alignment with a [recommendation from the National Association of Community Health Workers \(NACHW\)](#) to, “Guarantee CHWs and equitable employment package including a living wage, paid sick leave, hazard pay, health care coverage, and transportation reimbursement.”

Recommendation S-3: Create opportunities for career advancement within the CHW field.

- **S-3.1:** Develop policies supporting career pathways to help CHWs move into supervisory roles, program management, or other health-related positions, contributing to their professional growth and motivation.
- **S-3.2:** Promote opportunities for ongoing professional development and training for CHWs to keep them updated with the latest health practices, technologies, and approaches.

Recommendation S-4: Connect CHWs to supportive networks or platforms to share experiences, seek guidance, and access resources.

Supervision and Support

CHW supervision and support are necessary for ensuring the effectiveness and sustainability of CHW programs. Supervision involves the oversight, guidance, and mentorship provided to CHWs to enhance their skills, address challenges, and ensure the quality of services delivered to the community. This process is not only about monitoring performance but also about providing a supportive environment for CHWs. Adequate supervision and support systems acknowledge the unique challenges faced by CHWs, who often work in resource-constrained settings and navigate complex community dynamics. By providing ongoing training, feedback, and emotional support, supervisors contribute to the professional development and well-being of CHWs, ultimately bolstering their capacity to deliver impactful care. A robust supervision and support framework not only improves the success of CHW interventions but also reinforces the link between these frontline workers and the broader health and social care system, promoting resilience and sustainability in community health initiatives.

Recommendation S-5: Develop policies ensuring high-quality supervision and mentorship for CHWs to enhance their confidence, job satisfaction, and effectiveness.

- **S-5.1:** Establish clear guidelines for support mechanisms, including defining the roles of supervisors and CHWs.
- **S-5.2:** Establish accessible communication channels between CHWs and supervisors.
- **S-5.3:** Promote CHW supervisor training to help supervisors better understand and value the work that CHWs are doing and provide reliable support and guidance.

Safety and Security

The safety and security of CHWs are paramount considerations in ensuring the effectiveness and sustainability of CHW programs. CHWs often operate in diverse and challenging environments, ranging from remote rural areas to neighborhoods facing social challenges. They often face potential risks, including exposure to infectious diseases, unsafe working conditions, and, at times, community resistance and misunderstandings. Providing appropriate training, personal protective equipment, and security measures can mitigate risks and enhance the resilience of CHWs. Additionally, recognizing the psychosocial aspects of their work, such as stress and burnout, is crucial to sustaining their motivation and capacity for dedicating themselves to community health. By prioritizing the safety and security of CHWs, health care organizations and policymakers not only protect the workforce, but also fortify the foundation of community-based health care.

Recommendation S-6: Implement policies to ensure the safety and security of CHWs working in varied and sometimes challenging environments.

- **S-6.1:** Ensure CHWs have access to personal protective equipment (PPE), training on safety protocols, and support for addressing security concerns.
- **S-6.2:** Develop clear guidelines and policies to ensure CHW employers promote CHW well-being and provide appropriate case workloads to avoid burnout.

For more information about determining the number of clients per CHW's caseload, please visit www.chwtoolkit.org/caseloads-as-outcomes/.

Priority: Aligning CHW Efforts

Better align CHW efforts by consistently sharing best practices and coordinating approaches to mitigation of barriers.

To address the alignment priority, the CHW Subcommittee reviewed an inventory of existing efforts and discussed opportunities for collaboration.

Current State

In addition to the CHW Subcommittee, additional groups have been established through implementation of the SDOH Strategy to promote alignment, including the CHW Internal Alignment Work Group and the CHW Community Feedback Forum.

CHW Internal Alignment Work Group

The CHW Internal Alignment Work Group is comprised of MDHHS staff that are working on initiatives that include CHWs. The Work Group takes an inward look at how CHWs are being integrated into state-level programs and services, and seeks out ways to scale them, address barriers, and identify best practices. Its priorities include:


- Advise and support the CHW Subcommittee in identifying appropriate policy and funding levers to expand and align the CHW workforce and maximize the positive impacts of CHWs on SDOH in Michigan.
- Develop an aligned path forward in working with entities that support CHW development, training, certification and the broader CHW profession to support future CHW projects and initiatives.
- Identify opportunities to connect and partner with other CHW stakeholders invested in addressing health equity in Michigan.
- Address gaps in how CHWs are recruited and how their unique perspectives and strengths are leveraged to support MDHHS programs and priorities.

CHW Community Feedback Forum

While the CHW Subcommittee and the CHW Internal Alignment Work Group are limited in membership, the CHW Community Feedback Forum provides an opportunity to capture broader input as these efforts progress. The forum is open to CHWs and other partners interested in CHW efforts to provide feedback to the CHW Subcommittee before recommendations are

finalized. Its aim is to elevate community voices and capture a broad range of perspectives, ensuring that this work continues to be community-driven.

To better support alignment of CHW efforts across Michigan, the CHW Subcommittee developed the following recommendations:



Better align CHW efforts by consistently sharing best practices and coordinating approaches to mitigation of barriers.

CHW Integration

Integrating CHWs into a broader system of care is crucial for building a more comprehensive, patient-centered, and effective approach to health and social care delivery. CHWs, often members of the communities they serve, possess a unique understanding of local contexts, languages, and cultural nuances. By integrating them into the holistic system of care, they become valuable intermediaries, bridging the gap between providers and the community. This integration enhances cultural competence in service delivery, leading to improved communication, trust, and understanding between providers and individuals.

Furthermore, integration of CHWs allows for a targeted focus on populations that have been disproportionately burdened by health inequities, reducing barriers to access, and improving health outcomes. CHWs are well-positioned to identify and address SDOH, contributing to a more holistic and preventative approach to health care.

Integrating CHWs also leads to more efficient and cost-effective health care delivery. Their community-based interventions focus on preventative care, early intervention, and chronic disease management, which can result in reduced hospitalizations, emergency department visits, and overall health care costs. CHWs can contribute to improved patient outcomes, increased adherence to treatment plans, and a decrease in the burden of preventable diseases. By leveraging the unique skills and insights of CHWs, the broader system of care can better address the diverse needs of communities, reduce health disparities, and promote the overall well-being of individuals and populations.

In considering these recommendations, it is essential that CHWs are fully integrated into organizations, not merely hired to “check a box.” This includes developing an accurate scope of work and outlining opportunities for advancement.

Recommendation A-1: Integrate CHWs into organizations and multidisciplinary care teams.

- **A-1.1:** Integrate CHWs into the formal health care system by implementing evidence-based pathways for CHW utilizations within primary care facilities, hospitals, and other health care organizations. Develop policies that facilitate collaboration between CHWs and health care professionals, leading to more comprehensive and coordinated care.
- **A-1.2:** Integrate CHWs across sectors into a holistic system of care. This includes non-clinical and **non-traditional spaces** that address or are impacted by the social determinants of health.

CHWs are a flexible and valuable workforce that can fill a wide range of roles. Recent interventions have demonstrated the effectiveness of CHWs in, “non-traditional” spaces, including [pharmacies](#), [schools](#), and other non-clinical settings.

- **A-1.3:** Integrate CHWs into all Michigan health departments, with a priority on providing support for smaller, under-resourced health departments and health departments in communities with significant health disparities.
- **A-1.4:** Provide training for health care providers, payers, and social service organizations on the benefits of CHW integration.

Collaborative Partnerships

CHWs, deeply embedded in their communities, bring a wealth of local knowledge, cultural understanding, and trust. Engaging in collaborative partnerships with CHWs allows health care organizations, public health agencies, government agencies, and other stakeholders to leverage these strengths and co-create initiatives that resonate with the unique needs of the community. By embracing these partnerships, organizations can tap into the grassroots insights of CHWs to ensure that interventions are not just clinically sound, but also socially and culturally relevant. This collaborative model enhances the reach and impact of programs and services, promotes community engagement, and fosters a sense of ownership among individuals, ultimately contributing to more sustainable health outcomes.

Recommendation A-2: Promote collaboration between CHWs, health care providers, community-based organizations, and other partners to enhance the effectiveness of CHW programs.

- **A-2.1:** Establish partnerships between CHW programs and primary care facilities, hospitals, public health agencies, and community-based organizations to bridge the

gap between the community and clinical care. Incentivize payers and providers to include locally based CHWs as a core part of the health care system.

- **A-2.2:** Provide training and technical assistance to CHWs to facilitate **Community Information Exchange (CIE)**, including closed loop referrals and coordinated care delivery.

Community Information Exchange (CIE) and CHWs

CIE capacities enable organizations using different technologies to share information while providing social care to people in need. CIE can also facilitate the aggregation of data about community resources, and communities' needs to inform policy change that promotes more equitable and effective distribution of resources and programming.

CHWs are considered “boots on the ground” workers when it comes to taking care of individuals. Along with other care navigators, they are closest to the people seeking help, as they are embedded within a community. This value of local, embedded human resources is essential to the success of CIE implementation.

- **A-2.3:** Establish a CHW Advisory Council to advise the Michigan Department of Health and Human Services (MDHHS) on decisions related to CHW funding, integration of CHWs into state-led programs, and the potential development of formal CHW certification policies.
- **A-2.4:** Establish partnerships between CHW programs and health plans/health insurance providers to promote reimbursement for CHW services, facilitate access to patient data, and improve care coordination.
- **A-2.5:** Establish partnerships between CHW programs and academic institutions, including universities and colleges, to provide CHW training programs and access to research and evaluation resources and to recruit students interested in becoming CHWs.
- **A-2.6:** Establish partnerships with private sector organizations, including employers, technology companies, and research institutions to help CHW programs access resources and have a greater impact on community health.

- **A-2.7:** Establish partnerships with foundations and philanthropic organizations that provide grants and funding for CHW programs, especially those focused on communities disproportionately burdened by health inequities.
- **A-2.8:** Establish partnerships with mental and behavioral health providers to address the holistic needs of individuals and families and improve access to the delivery of mental and behavioral health services within communities.
- **A-2.9:** Establish **medical-legal partnerships** between CHWs, CBOs, FQHCs, and other medical and/or community agencies and legal services to facilitate support for addressing health-harming legal needs.

Medical-legal partnerships (MLPs) are collaborative initiatives that bring together health care professionals, including CHWs, and legal experts to address the intersection of health and legal issues affecting individuals and communities. These legal issues can include problems related to housing, access to benefits, immigration, education, and other SDOH. The importance of MLPs lies in their ability to address the root causes of health disparities and improve overall health outcomes.

Recommendation A-3: Establish partnerships to implement pilot projects through *CHW Integration to Improve Equity (CITIE)*, an innovative, collaborative initiative to train and integrate CHWs in communities disproportionately burdened by health inequities.

To read more about the CITIE initiative, please see the “Next Steps” section.

Priority: Measuring CHW Efforts

Identify meaningful measures of CHW work to demonstrate value and illustrate impacts.

Measuring the work of CHWs provides a quantitative and qualitative understanding of the impact and effectiveness of CHW programs and interventions within communities. This data is invaluable for assessing the success of initiatives, identifying areas for improvement, and making informed decisions about resource allocation. Measurement also helps demonstrate the return on investment for CHW programs, emphasizing their value to policymakers, funders, and health care organizations. By capturing the outcomes and outputs of CHW efforts, it becomes possible to refine strategies, tailor interventions to specific community needs, and strengthen the evidence base for the integral role of CHWs in improving health and well-being.

Rather than pursue duplicative efforts to identify measures of CHW work, the CHW Subcommittee reviewed the existing measures proposed by the CHW Center for Research and Evaluation (CHW-CRE).

CHW Center for Research and Evaluation Measures

The CHW-CRE, formerly known as the Common Indicators Project, is a group of CHWs and long-time allies who came together in 2015 to identify and promote the use of common process and outcome indicators for CHW practice. They are:

CHW Processes	CHW-Mediated Outcomes
Frequency and enactment of the 10 core CHW roles	Participant self-reported physical, mental, and emotional health
CHWs' level of compensation and benefits	Participant (household) access to health and social services
CHW-facilitated connections/referrals at all levels	Participant social support
CHWs' own connections to and engagement with decision makers and policymakers	Patient empowerment
Extent to which CHWs are integrated into teams	Policy and system change

To identify meaningful measures of CHW work, the CHW Subcommittee developed the following recommendations:



Identify meaningful measures of CHW work to demonstrate value and illustrate impacts.

Recommendation M-1: CHW programs in Michigan, including programs through Community Based Organizations (CBOs), Federally Qualified Health Centers (FQHCs), Local Health Departments (LHDs), and other health agencies should endorse and adopt the [CHW Center for Research and Evaluation](#) (CHW-CRE, formerly known as the Common Indicators Project) indicators to systematically assess the work and impacts of CHWs in Michigan.

- **M-1.1:** Provide training and technical assistance to CHWs and program managers on the collection, reporting, and interpretation of data using the CHW-CRE indicators.
- **M-1.2:** Foster collaboration among stakeholders, including CHWs, health care providers, community organizations, and policymakers, to share experiences, challenges, and best practices related to indicator implementation.

Recommendation M-2: Support the CHW-CRE goal to, “develop infrastructure to collect data and report results on CHW-CRE indicators, optimizing CHW contributions through standardized monitoring and quality improvement, while centering CHWs as experts and leaders.”

- **M-2.1:** Establish statewide and regional CIE for CHWs to collect and report accurate data within their communities.
- **M-2.2:** Work with the CHW-CRE to learn and apply best practices for collecting, analyzing, and reporting indicator data, and to make de-identified data available for aggregation and use in statewide and nationwide studies and reporting.

Recommendation M-3: Use data and results from the CHW-CRE to inform policy development at the state level and contribute to evidence-based decision making for CHW programs.

Recommendation M-4: Establish a framework for monitoring health and economic outcomes of pilot programs implemented through the CITIE Initiative to demonstrate progress on reducing health disparities and return on investment, contributing to program sustainability.

- **M-4.1:** Develop program measures that include change in health outcomes and/or clinical markers, such as HbA1C, blood pressure, or body mass index (BMI), for individual patients at baseline and regular intervals throughout program implementation. Metrics will vary by pilot program and will be relative to the health disparity that is being targeted.
- **M-4.2:** Collect data on **CHW-CRE indicators #2-5** for each encounter to demonstrate CHW effectiveness and impact.

Indicator #2: CHW enactment of the 10 core roles.

Indicator #3: CHW-facilitated referrals.

Indicator #4: CHW involvement in decision- and policymaking.

Indicator #5: CHW integration into teams.

- **M-4.3:** Implement regular program evaluations. Use data to measure outcomes, evaluate the impact of CITIE pilot programs, and identify best practices and areas for improvement.

Priority: Expanding Engagement Efforts

Build a community engagement strategy to raise awareness of the importance and impacts of CHW work.

To address the engagement priority, the CHW Subcommittee reviewed best practices for engaging stakeholders and communities. Recommendations include:



Build a community engagement strategy to raise awareness of the importance and impacts of CHW work.

Recommendation E-1: Encourage meaningful community engagement in the recruitment, training, and evaluation of CHWs to help tailor CHW programs to local needs and ensure their acceptance and effectiveness.

- **E-1.1:** Share Community Health Needs Assessments (CHNAs) and other relevant data on health outcomes, social determinants of health, and existing resources with CHWs to improve understanding of the unique needs, assets, and challenges of the communities they serve.
- **E-1.2:** Implement a variety of outreach strategies tailored to specific community needs, including in-person outreach and the use of social media and technology.

Recommendation E-2: Engage community leaders and influencers, including members of the MDHHS SDOH Community Influencer Program, to help build trust and credibility within communities, making it easier for CHWs to access and engage with community members.

- **Recommendation E-2.1:** Identify communities and populations to prioritize engagement. Consider demographic factors, geographic locations, and health disparities.

Recommendation E-3: Ensure CHW training programs provide comprehensive training on effective community engagement techniques, cultural competency, and communication skills.

- **E-3.1:** Develop clear and culturally sensitive messaging and outreach materials that resonate with target communities and priority populations.



Priority: Securing Sustainable Financial Support

Identify and prioritize existing and potential mechanisms through Medicaid, other MDHHS programs, and other approaches to assure sustainable financing of CHW programs.

To address the financing priority, the CHW Subcommittee reviewed a literature scan of best practices and supported the policy development process for a proposed Medicaid policy to provide reimbursement for CHW services.

Current State

“Compensation for CHW services is inconsistent, fundamentally shaping the role that CHWs play and the tasks that they perform. CHWs may receive funding from various sources, including grant funding, nonprofit contributions, general revenue, and reimbursement for services rendered. Identifying consistent and sustainable funding mechanisms for CHW services is critical to supporting and sustaining a robust CHW workforce. Stable funding enables skilled CHWs to stay in their roles longer, allowing them to build knowledge of community resources and contacts. In addition, stable funding gives organizations confidence that they can integrate CHWs in care teams without workflow disruptions caused by funding fluctuations.”

Source: Schmidt et al., *Community Health Worker Sustainability: Funding, Payment, and Reimbursement Laws in the United States*, 2022

A policy analysis identified a range of options for providing funding to support CHW programs, including:

- Block grant funding.
- Medical legal partnerships.
- Social impact bonds.
- Billing hub for non-profits that are not set up to bill Medicaid.
- Incentivize private insurance to reimburse CHWs.
- Explore Medicare.
- Partner with businesses.
- Incentivize hospitals to include in community benefit programs.

Additionally, a report by the National Association of Community Health Workers (NACHW) identified strategies for sustainable financing of CHW employment, including:

- State Medicaid Policy Actions: High Level Policy Mechanisms (State Plan Amendment).
- CHW expenditures covered voluntarily by health plans.
- Health care reform-related alternative payment structures.
- Internal financing by providers in anticipation of return on investment.
- FQHC prospective payment systems.
- Blended or braided funding.

The environmental scan/literature review outlined common alternative funding mechanisms, including FQHCs, block grants, and other types of grants, with the goal of grant funding leading to more sustainable mechanisms.

Medicaid CHW Policy

Starting January 1, 2024, a new Medicaid policy covering CHW services will go into effect. The CHW Subcommittee provided input throughout the policy development process, providing a number of suggestions for consideration.

“The purpose of the policy is to establish coverage criteria for community health worker (CHW) services as a component of Medicaid services effective for dates of service on and after January 1, 2024. Community health worker services are provided as preventive services pursuant to 42 CFR Section 440.130(c).”

Services covered under the new policy include health system navigation and resource coordination, health promotion and education, and screening and assessment.

To learn more about the policy, please visit <https://bit.ly/MI-Medicaid-CHW-Policy-Bulletin>.

In pursuit of sustainable funding sources to support CHW work, the CHW Subcommittee developed the following recommendations:



Identify and prioritize existing and potential mechanisms through Medicaid, other MDHHS programs, and other approaches to assure sustainable financing of CHW programs.

Funding Allocation and Sustainability

Despite CHWs' proven benefits, there remains a lack of long-term, sustainable funding. This has prevented greater inclusion of CHWs in the broader system of care and represents an enormous lost opportunity. Providers fail to take advantage of CHWs' unique expertise and skill set to provide more effective, person-centered services, while people and communities miss out on improved health and social outcomes that can result from CHW initiatives.

Recommendation F-1: Allocate sustainable funding for CHW programs to ensure their long-term viability. Policies should prioritize budgeting for training, supervision, and operational costs.

- **F-1.1:** Increase the Medicaid reimbursement rate to reflect the value of CHW services.
- **F-1.2:** Explore opportunities through Medicare, **MiChild**, and tribal health programs to fund CHW programs.

MiChild is a health insurance program. It is for uninsured children of Michigan's working families. MiChild services are provided by many HMOs and other health care plans throughout Michigan.

- **F-1.3:** Leverage existing funding sources from state revenues, including state grants and appropriations specifically designated for public health, workforce development, or health equity initiatives aimed at reducing health disparities to fund CHW programs.
- **F-1.4:** Allocate existing funding to support the establishment of a CHW Advisory Council.
- **F-1.5:** Collaborate with private health care providers, insurers, and philanthropic organizations (through **public-private partnerships**) to co-fund CHW programs. Leverage the resources, expertise, and shared goals of both sectors.

Public-private partnerships involve collaboration between public-sector entities, such as government agencies or public health systems, and private sector organizations, which can include businesses, non-profit organizations, or private health care providers. These partnerships aim to leverage the strengths of both sectors to address health and social care challenges, improve service delivery, and enhance overall outcomes.

Recommendation F-2: Leverage federal funding opportunities that emphasize the value and impact of CHWs to secure sustainable state funding for CHW programs.

- **F-2.1:** Allocate dedicated funding to sustainably support the CITIE Initiative, providing funding to train and integrate CHWs in communities disproportionately burdened by poor health outcomes.

Recommendation F-3: Allocate dedicated funding to support CHW training organizations to ensure they have the necessary resources to expand training capacity, enhance curriculum development, improve access to training, provide continuing education, meet CHW certification standards (should Michigan become a CHW-certification state), and promote evaluation and quality assurance.

- **F-3.1:** Establish clear criteria for training organizations to access funding, ensuring that they meet the standards for training quality and cultural competency.
- **F-3.2:** Monitor and evaluate the impact of the funding allocation, adjusting as needed to improve outcomes.

Priority: Standardizing Training and Pursuing Certification

Create recommendations to support standards for CHW core competency-based training and mechanisms for certifying that training programs meet them.

To address the alignment priority, the CHW Subcommittee reviewed an inventory of existing efforts and a literature scan of best practices.

Current State

CHWs are frontline public health professionals who are known by many job titles, but they share the characteristics of being trusted and culturally responsive within the communities they serve. Currently, there is general but inconsistent alignment around core competency standards for CHWs, causing issues with the ability of CHWs to bill for services, as well as a lack of understanding of – and respect for – the CHW profession. Recent developments have prompted further movement toward developing training and credentialing standards. Numerous stakeholders are interested in addressing these issues, but there is significant evidence that CHWs are both capable of and best suited for leading collaborative efforts to determine their scope of practice, developing standards for training, and advocating for policies regarding credentialing.

Michigan is not currently a CHW-certification state. As it makes decisions about whether and how to regulate the CHW workforce, policies are needed to support CHW leadership in determining, in collaboration with other public health colleagues, whether standards for training and credentialing are appropriate and what these standards should be.

Sentiment toward Michigan formally recognizing CHW certification is favorable among CHWs. Results from the 2021 MiCHWA CHW Survey indicated that there was high support (85% of respondents), citing the following top perceived values:

- Help to obtain more stable funding: **94%**
- Learn new skills: **93%**
- Win respect from other professionals: **92%**
- Increase CHW compensation: **88%**

In pursuit of sustainable funding sources to support CHW work, the CHW Subcommittee developed the following recommendations:



Create recommendations to support standards for CHW core-competency based training and mechanisms for certifying that training programs meet them.

Statewide CHW Workforce Certification

Recommendation R-1: Develop a statewide policy for CHW certification that recognizes and supports the role of CHWs, ensuring barriers to becoming certified are addressed.

- **R-1.1:** Leverage the CHW Advisory Council to advise on the development of the CHW certification policy, including the following considerations: CHW definition, core competencies, coordinating bodies, training, experience, applications for CHWs and training providers, renewal, reciprocity, whether certification should be voluntary or mandatory*, and other certification options.

*A majority of the CHW Subcommittee is supportive of CHW certification being voluntary, but there was not consensus; some members recommended mandatory certification.

Recommendation R-2: Define and clarify the CHW scope of practice, outlining their responsibilities and limitations, delineating boundaries that distinguish CHWs from other health professions, and acknowledging the community-based nature of the CHW profession.

- **R-2.1:** Formalize a statewide CHW definition based on the American Public Health Association (APHA) definition:

“A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.”

- **R-2.2:** Establish clear referral pathways from CHWs to health care facilities for cases that require higher levels of care.

Training Standards

Recommendation R-3: CHW training programs in Michigan should align with the Community Health Worker Core Consensus Project's (C3 Project) CHW core competencies.

The CHW Core Consensus (C3) Project

The most comprehensive and widely accepted set of CHW standards to date was proposed by The CHW Core Consensus Project (The C3 Project), a nationally-based collaborative effort between working CHWs, CHW curriculum developers, and other allies. The C3 project proposed a recommended list of 10 roles and 11 skills and endorsed existing knowledge about CHW qualities. While the C3 is widely recognized as the basis for training of CHWs in Michigan, there is still a lot of variation in training programs.

C3 Core Competencies: Roles

Cultural Mediation Among
Individuals, Communities,
and Service Systems

Providing Culturally
Appropriate Health
Education and Information

Care Coordination, Case
Management, and System
Navigation

Providing Coaching and
Social Support

Advocating for Individuals
and Communities



Building Individual and
Community Capacity

Providing Direct Service

Implementing Individual
and Community
Assessments

Conducting Outreach

Participating in Evaluation
and Research



C3 Core Competencies: Skills



Recommendation R-4: Enhance CHW programs to offer specialization and/or supplementary training to address specific health and SDOH issues.

- **R-4.1:** Implement evidence-based learning modules, enabling CHWs to provide services (e.g., blood pressure screening) and education, to help prevent and manage chronic disease.
- **R-4.2:** Promote the availability of supplementary curriculums that have been developed, including the Climate Health Curriculum, Resource Navigation, and Mental Health First Aid.

Cultural Competency and Diversity

Recommendation R-5: Emphasize cultural competency and diversity for CHWs to effectively serve diverse populations and address health disparities.

- **R-5.1:** Mandate cultural competency training as part of CHW certification and continuing education requirements.
- **R-5.2:** Establish language proficiency requirements for CHWs who serve in communities with populations that have Limited English Proficiency (LEP). CHWs should be proficient in languages commonly spoken by the communities they serve or have access to interpreter services.
- **R-5.3:** Develop diversity-focused hiring policies to encourage the recruitment and hiring of CHWs from diverse cultural backgrounds to better reflect the communities they serve.

Next Steps: Implementation of CHW Subcommittee Recommendations

Implementation of Phase III of the MDHHS SDOH Strategy will include the launch of innovative SDOH Hubs. SDOH Hubs act as a nexus between local communities and broader state-level initiatives. By leveraging resources, expertise, and tailored approaches, they aim to bridge the gap between social drivers and health outcomes, working towards a more equitable and healthier society.

In the evolution of the SDOH Strategy, the SDOH Hub framework is poised to integrate and build upon key recommendations stemming from the structural interventions outlined in Phase II. Recognizing the pivotal role of collaborative efforts, the Policy and Planning SDOH team is committed to incorporating insights emerging from Phase II, including these recommendations from the CHW Subcommittee.

SDOH Hubs will serve as epicenters, at the forefront of local efforts to address health disparities and enhance community well-being. Funding will be prioritized for efforts related to the implementation of Health in All Policies initiatives, the development and implementation of CIE, and for training and integrating CHWs.

In addition to the launch of SDOH Hubs, the MDHHS Policy and Planning SDOH team is committed to supporting implementation of these recommendations by taking the following steps:

Priority: Create a supportive environment for the CHW workforce to thrive and make a significant impact on improving health equity and enhancing community well-being.

To support recommendations under the “workforce support” priority, the MDHHS Policy and Planning Office will establish a **CHW Advisory Council**, comprised primarily (>75%) of current or former CHWs, to advise on the development of policies impacting the CHW workforce. The CHW Advisory Council will advise on decisions related to CHW funding, integration of CHWs into state-led programs, and the potential development of formal CHW certification policies. Additionally, federal and state funds will be used to ensure that health equity leaders, representing underserved communities and organizations, are able to participate in the council.

Priority: Better align CHW efforts by consistently sharing best practices and coordinating approaches to mitigation of barriers.

To support recommendations under the “alignment” priority, the MDHHS Policy and Planning SDOH team developed a framework and will support pilot projects for CITIE, an innovative, collaborative initiative that aims to address health disparities by training and integrating CHWs in communities that have been disproportionately burdened by health inequities.

Vision

CITIE envisions a future where communities disproportionately burdened by health disparities experience improved health and well-being through the collaborative efforts of trained community health workers and the broader health and social support system.

Mission

To empower community health workers as catalysts for change, working to dismantle the barriers that perpetuate health disparities. Through compassion, cultural competence, and community-centered care, CITIE aims to create healthier, more equitable communities.

CITIE Framework

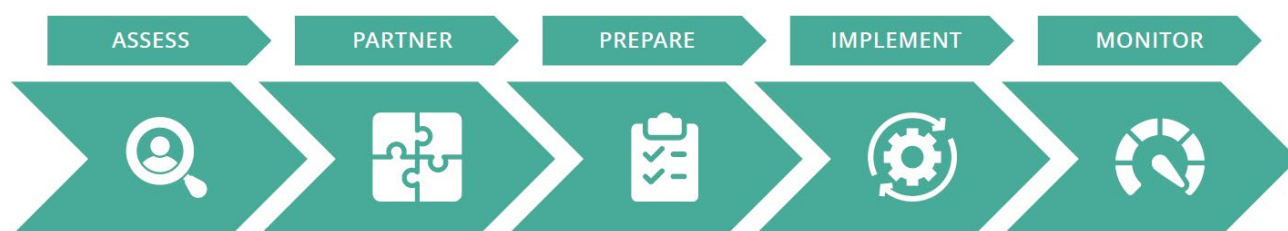


Figure 1. CITIE Initiative Framework

The CITIE Initiative framework outlines five steps:

1. **ASSESS:** Assess populations for significant characteristics and needs, evaluating a variety of defining characteristics and SDOH.
2. **PARTNER:** Identify and establish partnerships with organizations/agencies working closely with the priority population.
3. **PREPARE:** Determine and secure funding and resources needed for the project; define scope and timeline of the project.
4. **IMPLEMENT:** Train and integrate CHWs; strengthen their capacity to address the defined SDOH barrier(s) and/or health issue(s).

5. **MONITOR:** Evaluate health outcomes and impact of the project; make improvements as needed; share best practices.

Expected Long-Term Outcomes

The anticipated long-term outcomes for the CITIE initiative are:

1. Improved health literacy and self-care practices within the community.
2. Increased utilization of health care services and timely interventions.
3. Reduced health disparities and improved health outcomes.
4. Strengthened community connections, resilience, and empowerment.
5. Raised awareness and advocacy for policy changes that address health inequities.

Implementation of CITIE will begin in early 2024, with efforts to establish partnerships and secure funding underway.

Priority: Identify meaningful measures of CHW work to demonstrate value and illustrate impacts.

To support recommendations under the “measurement” priority, the MDHHS Policy and Planning SDOH team will promote the adoption of common process and outcome indicators for CHW practice developed by the CHW Center for Research and Evaluation (CHW-CRE).

SDOH Hub measurement will include the following CHW-CRE measures:

- (CHW-CRE #3) CHW-facilitated referrals (PROCESS): Number of completed referrals facilitated by CHWs, through which the participant successfully receives services, care, and/or resources from a clinic, other health care or social service agency (break down by housing, food transportation), or public service.
- (CHW-CRE #5) CHW integration into teams (PROCESS): The extent to which CHWs are members of a collaborative and communicative team/holistic system of care with other providers (i.e., doctors, nurses, social workers, health educators, pharmacists, etc.)
- (CHW-CRE #11) Number and type of policies and system changes at the *state level* that address CHW workforce development and sustainability (e.g., training, payment, etc.).

Priority: Build a community engagement strategy to raise awareness of the importance and impacts of CHW work.

To support recommendations under the “engagement” priority, the MDHHS Policy and Planning SDOH team convened a CHW Community Feedback Forum (CHW-CFF). The CHW-CFF brings together community members, as well as state and local community partners to provide input on policy and program recommendations to support the CHW workforce in Michigan.

The CHW-CFF will provide relevant and diverse perspectives informing recommendations to support and sustain the CHW workforce in Michigan, while promoting awareness of CHWs and their integral role in improving health and equity.

Priority: Identify and prioritize existing and potential mechanisms through Medicaid, other MDHHS programs, and other approaches to assure sustainable financing of CHW programs.

To support recommendations under the “sustainable financing” priority, funding opportunities through partnerships and grants will be pursued to support the expansion of the CHW workforce and CHW trainer capacity.

As previously mentioned, the department is implementing a policy to formally enroll and recognize CHWs as providers and use Medicaid funds to cover CHW and Community Health Representative (CHR) services, leveraging a Medicaid state plan amendment (SPA). As this policy is implemented, the CHW Advisory Council and the CHW-CFF will provide feedback and suggest amendments.

Priority: Create recommendations to support standards for CHW core competency-based training and mechanisms for certifying that training programs meet them.

To support recommendations under the “training” priority, the CHW Advisory Council will advise on the development of a CHW certification policy, including the following considerations: CHW definition, core competencies, coordinating bodies, training, experience, applications for CHWs and training providers, renewal, reciprocity, whether certification should be voluntary or mandatory¹, and other certification options. Barriers and potential negative outcomes to certification will be considered and solutions to address them will be prioritized.

Additionally, the MDHHS Policy and Planning Office will collaborate with partners across the state to develop and promote specialized CHW tracks as a component of the CITIE Initiative.

¹ A majority of the CHW Subcommittee is supportive of CHW certification being voluntary, but there was no consensus; some members recommended mandatory certification.

Conclusion

This report details the critical role of CHWs in improving health outcomes and advancing health equity. It underscores the multifaceted contributions of CHWs, who serve as a bridge between formal systems of care and the diverse communities they serve. To further optimize the impact of CHWs, the CHW Subcommittee has collaboratively and thoughtfully developed a set of 24 recommendations. These recommendations are outlined under each of the subcommittee's priorities and include strategies to support the workforce and maximize the effectiveness of CHW programs.

Recognizing and compensating CHWs for their invaluable contributions is imperative. A fair and sustainable compensation structure, including benefits and incentives, will not only acknowledge the intrinsic value of their work but also foster commitment among CHWs. Additionally, the implementation of robust support and supervision mechanisms will help to provide the professional and personal support needed to address the challenges and stresses inherent in CHW roles.

Alignment of efforts will help maximize impact and ensure efficient utilization of resources. By aligning efforts across various stakeholders, including health care organizations, policymakers, and community leaders, a cohesive and integrated approach can be established. This alignment will help streamline communication, enhance care coordination, and prevent duplication of efforts.

Measurement is critical for optimizing the impact and sustainability of CHW programs, fostering a culture of continuous improvement in community-based care. Standardized measurement using both process and outcome measures can be achieved by adopting measures developed by subject matter experts.

Community engagement initiatives are encouraged to raise awareness of CHWs and their contributions. Developing culturally sensitive messaging, utilizing diverse communication channels, and involving community members in decision-making processes will contribute to a heightened understanding and appreciation of CHWs within the communities they serve.

The upcoming implementation of the Medicaid policy to provide reimbursement for CHW services is instrumental in ensuring a sustainable source of funding. However, additional funding mechanisms will need to be secured to ensure long-term support for CHW training organizations and CHW programs.

There is momentum behind efforts to standardize training and formally recognize CHW certification in Michigan. Establishing certification processes and continuous professional development opportunities will contribute to their ongoing growth and adaptability within the dynamic health care landscape.

Successful implementation of the recommendations will require strong leadership from MDHHS and leaders in the CHW space. These recommendations serve as a guide to the department for future efforts to support CHWs that, if implemented correctly, will create a supportive environment for the CHW workforce to thrive and make a significant impact on improving health equity and enhancing community well-being.

References

- [1] CDC, "Addressing Chronic Disease through Community Health Workers: A Policy and Systems-Level Approach," April 2015. [Online]. Available: https://www.cdc.gov/dhds/pubs/docs/sib_chw_apr2011.pdf.
- [2] M. H. et. al., "Study Protocol for a Community Health Worker (CHW)-Led Comprehensive Neighborhood-focused Program for Medicaid Enrollees in Detroit," *Contemporary Clinical Trials Communications*, vol. 16, 2019.
- [3] CDC, "Community Health Workers (CHWs) eLearning Course," 2016. [Online]. Available: https://www.cdc.gov/dhds/chw_elearning/course_overview.html.
- [4] M. Ingram et. al., "Community health workers and community advocacy: addressing health disparities.," *Journal of Community Health*, no. 33, pp. 417-424, 2008.
- [5] J. Freeman, "Community health workers: An important method for addressing the social determinants of health.," *Family Medicine*, vol. 48, no. 4, p. 257, 2016.
- [6] National Association of Community Health Workers (NACHW), "Community Health Workers: Evidence of Their Effectiveness," 2018.
- [7] National Institute for Health Care Management (NIHCM), "Community Health Workers: Their Important Role in Public Health," 2021.
- [8] Healthy People 2030, "Social Determinants of Health," [Online]. Available: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>. [Accessed January 2022].
- [9] A. P. H. Association, "Community Health Workers," 2022. [Online]. Available: <https://www.apha.org/apha-communities/member-sections/community-health-workers/>.

Appendix A: Acronyms and Initialisms

C3	– CHW Core Consensus (Project)
CBO	– Community Based Organization
CHNA	– Community Health Needs Assessment
CHW	– Community Health Worker
CHW-CFF	– Community Health Worker Community Feedback Forum
CHW-CRE	– Community Health Worker Center for Research and Evaluation
CIE	– Community Information Exchange
CITIE	– Community Health Worker (CHW) Integration to Improve Equity (Initiative)
FQHC	– Federally Qualified Health Center
LEP	– Limited English Proficiency
LHD	– Local Health Department
MDHHS	– Michigan Department of Health and Human Services
MiCHWA	– Michigan Community Health Worker Alliance
MLP	– Medical-Legal Partnership
NACHW	– National Association of Community Health Workers
SDOH	– Social Determinants of Health

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.