MCO NMDOH Learning Collaborative Webinar: CHW Workforce

September 6, 2024

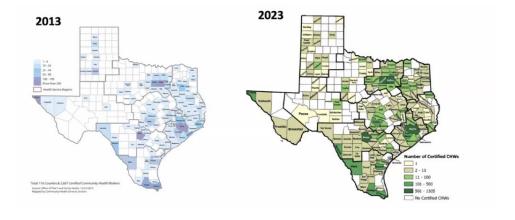
The MCO NMDOH Learning Collaborative recently met to receive an overview of findings from a new statewide survey of community health workers (CHWs) in Texas. The Episcopal Health Foundation partnered with the Texas Association of Promotores/Community Health Workers (TAPCHW), The University of Texas at Arthington, and the Department of State Health Services to conduct a survey of the current landscape of certified CHWs in Texas - Community Health Worker Workforce and Implications for Sustainability: A Texas Landscape Scan. The goal of the survey was initiated to better understand the current landscape of the CHW workforce and to develop strategies that best support the long-term sustainability of the workforce through new funding streams and evolving state policies.

Resources from Chat:

- Community Health Workers: Evidence of Their Effectiveness Study
- DSHS CHW Program 2023 Annual report
- CHW Advisory Committee Next meeting on October 30, will be posted soon

Background and Growth of CHW since 1998:

- We've seen an accelerated growth of the profession and model because it's been understood as an effective method of care delivery.
- Texas was the first state to pass legislation to certify CHWs.
- Certification overseen by DSHS, recertification required every 2 years.
- Texas certification is based on 8 core competencies, as approved by the Texas
 Commissioner of Health and aligned with C3 National Framework
- CHWs widespread through Texas, but concentrated in metropolitan areas
 - 99% increase in number of certified CHWs from 2022-2023 with the biggest benefit in metropolitan areas.
 - Still cover over ¾ of rural counties.
 - Significant improvement for rural counties since 2013.



Landscape Report Discussion:

Goal: Develop strategies that best support the long-term sustainability of the workforce through new funding streams and evolving state policies.

- Survey included 589 respondents (over 800 started survey)
 - o Majority women, but growth in men.
 - Majority speak Spanish at home, additional languages include French, Urdu, Hindu among several others.
 - Good educational attainment, overall.
 - o Room for improvement in livable wages (many had wages below \$20,000).
- CHW Certification data
 - Most became CHW because they want to help others, and after the pandemic.
 - Extremely strong sentiment towards being a CHW, wanting to remain a CHW.

Employment

- Most employed full-time, but over half were employed in non-CHW positions.
- o Range of hourly pay \$7-\$45, Median @\$18.10.
- A lot have at least some college.
- o Almost all were required by employer to be certified.
- Variety of employer types.
- Only 54% were satisfied with their salary; 24% were unsatisfied.
- Most felt respected and valued as a CHW employee.

Association engagement

- Over half are members of TAPCHW or a local association for networking, staying up-to-date on info on profession, professional development.
- HB 1575 that adds CHWs as Medicaid providers for case management creates new opportunities. Many had interest in learning more about participating in Medicaid after passage.



Roxanna with TAPCHW provided her thoughts following the presentation of findings and noted that findings rang true to her experience.

- For the most part, CHWs live in the communities they serve.
- Certainly seen an increase in interest from HB1575.
- Trying to increase number of association members; discussing importance of joining, keeping connections, joining state associations, considering national association; we keep them updated on what's going on at the local associations.

Q&A and Discussion

- 1. It was noted that CHW Training centers may be an opportunities for MCOs to engage with CHWs.
 - We talk to a lot of the MCOs they employ MCOs, could talk about our training centers more.
 - There are lots of training centers, and we have a monthly meeting bringing together training centers, MCOs, and other stakeholders.
- 2. Why a spike in certifications after COVID?
 - Anecdotally, a lot of that has to do with funding COVID CARES federal funding, some state-level funding too. Recognition from feds and state through HRSA program, CDC...programs that have funding. There's also a growing awareness of CHWs' importance.
- 3. Do you anticipate that growth to continue?
 - Yes. There's strong interest from existing CHWs and interest from those working in rural communities who may already be doing this work without certification.
 - We're already seeing it. CHW advisory committee reported that we already have 7,000 in 2024. That was from April to June a big increase.
- 4. How are MCOs using CHWs to serve non-medical needs of members.
 - BSW uses CHWs in Medicaid outreach across Texas.
 - They provide translation and interpretation (listed in presentation as a "never" activity in the survey...we actually do that a lot)
 - They connect members to food banks, transportation, housing, and public assistance programs.
 - We're constantly advocating for more resource support and better salary for CHWs on staf.f
 - o Being part of the community where they're working is very important
 - On-the-job training and certification When looking to hire a CHW, we'd get a lot of people that were interested in the role but didn't have the certification. It was easier to find them in bigger communities where we weren't actively looking for them. So we're trying to bring rural CHWs into

the role without being certified and use the experience they gain to get that certification

- Many turn to associations for employment opportunities. We share those from across the state. But if there's a local association in the area, highly suggest contacting them to post the job opportunity.
- We also have training for experienced workers.

Thanks to the Episcopal Health Foundation and Michael and Susan Dell Foundation for funding the MCO NMDOH Learning Collaborative. We are planning an in-person meeting for the end of October and there will be more webinars in 2024 so stay tuned.