

## 6/29/2021 WEBINAR: “Integrating Community Health Workers (CHWs) into Local Public Health COVID Response and Rebuild Efforts”

### Chat Q&A

[Contact: Megan Ellingson, CHW Solutions, [meganellingson@chwsolutions.com](mailto:meganellingson@chwsolutions.com)]

**Q:** I would love to know if you are measuring (and how) the impact of these efforts as they relate to vaccine uptake in these communities.

**A:** Results for the Volunteers of America Minnesota, Minneapolis Public Housing Authority (MPHA) Highrises – COVID-19 vaccination clinics at 42 buildings:

- Outreach done by social services team, including CHWs
- 60-70% of residents are vaccinated (about 30% of residents had already been vaccinated prior to on-site clinics)
- 1,512 total second doses were administered. This means that 93% of people came back for their second dose. This figure is impressively high compared to national figures on 2<sup>nd</sup> dose uptake.
- There were 721 participants aged 65+ and 791 participants younger than 65.

**Q:** Much of the infographics on vaccines are geared for the 15% Hispanics but not for the 85% Latinx community. How are you tailoring the education material to comply with CLAS standards?

**A:** From Ashley Rodriguez - CBWA & APHA CHW Section: Thanks for the great question, Venus. I do not have an answer, as I have not personally produced any COVID-19 educational materials - but am happy to share those that I know exist or get you in contact with folks nationally or within Texas (since I believe you're here).

**A:** From Stephanie Campos: PODER en SALUD is a national project that has developed COVID-19 message-products for various segments of the Latinx community. Final products will be posted on [poderensalud.org](http://poderensalud.org) mid-July.

**Q:** I am wondering if any of you could speak to essential workers (meat packing, farm workers, warehouses...) and the experiences they have had in the workplace during COVID. Have any CHW come across these issues?

**A:** None of the webinar speakers are specifically working in this area now. CHW Solutions is developing a COVID rebuilding project to work with the essential agricultural workers you describe. Please feel free to reach out for more information to [meganniето@chwsolutions.com](mailto:meganniето@chwsolutions.com).

**Q: What is the process for acquiring Medicaid reimbursements for CHWs? Does Medicaid cover all services from CHWs, or only some?**

**A:** Medicaid reimbursement is state-by-state. Most states do not currently have Medicaid reimbursement for CHW services, and generally will require state legislative action to begin Medicaid reimbursement. In Minnesota, CHW health education and self-management skill building is covered by Medicaid for individuals and groups. There are restrictions on what we can bill for. For example: CHW services must be health education and self-management skill building, either in person or tele-med by phone and must be at least 16 minutes to bill for one unit (we can bill up to 4 30-minute units/day and 24 30-minute units per month for each client). We do not get reimbursed for follow up without the resident present. The full set of services and requirements for Minnesota Medicaid are in the [Minnesota Health Care Programs CHW Provider Manual](#).

**Q: What is the best way to measure promotora impact on community? What tools can/should be used? Specifically, what kind of data would be best to collect while they are out there doing the work to later prove the benefits or ROI?**

**A:** Data collected should track impact, and be helpful to guide future decision-making. Try to make sure you're not creating extra data gathering work to generate data that will not ultimately be used. Also, as much as possible, try to minimize duplicating documentation needs. (For example, if you can run a report directly from your Electronic Health Record, that's better than creating an extra spreadsheet of data to report.) At CHW Solutions we try to focus data gathering on outcomes that CHWs can help influence, and also on outcomes that are important and tracked by funders. Health plans and health care organizations are very interested in HEDIS quality measures (<https://www.ncqa.org/hedis/measures/>). It is very helpful if you can design CHW services and measure results showing influence on these measures. We also measure things like:

- Client progress on addressing Social Drivers of Health (for example: housing, finances, transportation, food access, and social connections)
- Client improvements in self-management skill building (for example: 14 home blood pressure measures documented in the past month)
- Client is connected to a primary care provider
- Client is up-to-date on recommended preventive care services
- Clients with multiple medications have completed a Medication Therapy Management visit with a pharmacist
- Client who uses tobacco has quit

**Q:** What is your recommendation for replication of Medicaid reimbursement at other states for CHW's? Have you had any opportunity to share your model and findings with other states? If so, did they have the same experience?

**A:** Here's the [Minnesota Health Care Programs CHW Provider Manual](#) that outlines CHW services that are covered and requirements for accessing the reimbursement.

At CHW Solutions we've worked with many organizations in Minnesota to help them access this reimbursement, and we've shared our work at several state and national meetings and conferences. We'd definitely recommend pursuing Medicaid reimbursement in other states! South Dakota also has Medicaid coverage for CHW services, and here is their [CHW Provider Manual](#).

The language from both of these manuals can be a starting point for working with your own state's legislators to get Medicaid coverage in your state. Feel free to reach out to us if you have more questions: [meganellingson@chwsolutions.com](mailto:meganellingson@chwsolutions.com) and [meganniето@chwsolutions.com](mailto:meganniето@chwsolutions.com)

**Q:** Does the Promotora Model only used for hospitals and clinical settings? Or can it be implemented in a community social service agency?

**A:** The Promotora Model is also used in community social service settings, and in home visiting.

**Q:** Any tips for agencies looking to put together trainings for seasoned promotoras?

**A:** You can ask the promotoras what client needs they're encountering that they have questions about or are struggling to meet -- where do they get stuck -- and design trainings to meet those needs. You could also share the C3 list of roles, skills and competencies (<https://www.c3project.org/roles-competencies>), and ask for the team's ideas on where they feel they could use more training/skills. Leadership opportunities for seasoned promotoras and CHWs are always good. Ask them about their personal and career goals, and try to find or create opportunities to help them along their path.

## Resources

Community Based Workforce Alliance CHW/LPH Playbook:

- Website: <http://communitybasedworkforce.org/>
- General email: [CBWalliance@gmail.com](mailto:CBWalliance@gmail.com)
- Karl Johnson contact: [karl12@live.unc.edu](mailto:karl12@live.unc.edu)
- [CHW/LPH Playbook](#)
- [A Playbook for Advancing CHWs Engagement in COVID-19 Response Strategies](#)

From Ricardo Garay: [NACHW Policy Recommendations to Respect, Protect and Partner with Community Health Workers During the Pandemic and Beyond](#)

For more information, visit the webinar speaker websites:

- [CHW Solutions](#)
- [Community Based Workforce Alliance](#)
- [Migrant Clinicians Network](#)
- [Minneapolis Health Department](#)
- [National Resource Center for Refugees, Immigrants and Migrants](#)
- [Volunteers of America Minnesota Wisconsin](#)