

From Insight to Impact
– worldwide

SkillWorks Initiative

**Community Health
Worker Initiative of
Boston:
Year 2 Evaluation
Report**

September 29, 2009

Prepared for
SkillWorks Funders Group

Prepared by
Amy Minzner
Abt Associates Inc.
55 Wheeler Street
Cambridge, MA 02138



Contents

Initiative Background	1
Year 2 Approach to Implementation	1
Changes to Services Provided to Participants	1
Changes in Public Policy Advocacy.....	2
Partnership Changes that Occurred in Year 2	2
Outcomes	3
Incumbent Participant Outcomes	3
Employer Outcomes	8
System Change Outcomes.....	9
Conclusions	13
Answering the “Why is Participation Worth It” Question is Crucial to Program Success	13
Executive Director Turnover can Hinder Participant and Program Outcomes	14
Small Victories Can be Achieved, Even in the Face of External Obstacles.....	14

Community Health Worker Initiative of Boston: Year 2 Evaluation Report

Initiative Background

The Community Health Worker Initiative of Boston (the CHW Initiative) is a three-year workforce partnership and policy initiative, funded by SkillWorks through grants from the Robert Wood Johnson Foundation and the Jessie B. Cox Charitable Trust, to provide low-income individuals with improved opportunities to earn family-sustaining wages and to meet employers' needs for a talented and stable workforce. The target population for this initiative is community health workers who provide low-income, culturally diverse communities with information about health issues and access to health care and services and the health centers, community-based organizations, public health agencies, and other health care providers that employ community health workers.

As part of its effort to serve these individuals, the CHW Initiative addresses both training and education needs as well as policy and administrative changes that will help community health workers advance. Over the three years of SkillWorks funding, the initiative intends to define the community health worker field more clearly, to advocate for increased recognition of this field as a distinct discipline, to identify and pursue innovative funding streams for community health work, to delineate pathways for advancement within the field, and to specify what kinds of training and other resources are necessary for individuals to advance. The CHW Initiative expects that those increases, coupled with the increased professionalization of the field, will result in improved health care services and education for residents of low-income communities.

Year 2 Approach to Implementation¹

Year 2 implementation was focused on the continued implementation of participant services and investment in the coalition designed to address the Initiative's public policy goals. Time was also spent on replacement staff recruitment because the executive director left midway through Year 2.

Changes to Services Provided to Participants

There were no significant revisions to the participant services provided directly by the CHW Initiative. CHW Initiative coaches continue to provide one-on-one career coaching to participating community health workers, including referrals to support services and educational opportunities. The CHW Initiative also continues to sponsor the Advanced COEC (Community Outreach Educator Certificate) training for experienced CHWs.² The CHW Initiative was instrumental in developing the

¹ An in-depth description of the CHW Initiative's approach to implementation is available in the report, "*Community Health Worker Initiative of Boston Year 1 Report*" produced by Abt Associates in 2008 for SkillWorks.

² To enroll in Advanced COEC, participants had to have worked as a CHW for five years or have completed the COEC class.

curriculum for this course and providing funding for its offering; the course is offered by the Boston Public Health Commission's Community Health Education Center (CHEC).

There was one new resource available to CHW Initiative participants Year 2 though. Through partnership agreements with Bunker Hill and Mass Bay Community Colleges, the CHW Initiative was successful in spurring the development of CHW certificates and associates degree programs at the college level. During Year 2, both schools offered community health concentrations within the existing Certificate and Associate's Degree in Human Services programs.

Changes in Public Policy Advocacy

The CHW Initiative's public policy agenda remained consistent in Year 2: creating more stable sources of sustainable funding for CHW and creating opportunities for CHW workforce development, including increased accessible training and certification options. Specific advocacy activities undertaken are described later in the outcomes section of this report.

Partnership Changes that Occurred in Year 2

Staffing

Unfortunately, a few months into Year 2, the CHW Initiative Executive Director, Roma Goodlander, announced that she was leaving her position. While she provided ample notice to the Initiative and even tried to participate in the hiring process for her successor, a qualified replacement director was not found until the third quarter of Year 2. This delay in hiring was a challenge to the Initiative and delayed implementation of a number of key initiatives

Eventually, the Initiative was successful in hiring Kenya Elisa-McLaren as the new Executive Director. She brings to the position her experience as a community health worker, policy advocate, and administrator.

Employer Partners

The CHW Initiative continued, in Year 2, to have eleven employer partners.³ The employer partners represent some of the major employers of Boston's Community Health Workers, including community health centers, non-profit organizations, and government entities. During the year, CHW Initiative staff continued their outreach efforts in the hopes of adding additional employers as partners to increase CHWs access to coaching and training and to increase the depth of employer support for the public policy activities. Through individual outreach as well as the employer forum, where organizations employing CHWs were invited to participate, the Initiative sought to articulate the value of partnering in the Initiative's important work. Five employers have expressed initial interest in partnering with the Initiative but eventually decided not to engage in formal partnership.

³ Clinical employers, based on their self-categorization during a recent employer survey, include Asian Taskforce Against Domestic Violence, DotWell (Codman Square Community Health Center and Dorchester House Multi-Service Center), East Boston Neighborhood Health Center, and Whittier Street Health Center. Non-clinical employers include ABCD Health Services, the Boston Housing Authority, Dimock Center Head Start, the Latin American Health Institute, the PACT Project, the Refugee and Immigrant Health Program (organized by the Massachusetts Department of Public Health), and the Vietnamese American Civic Association.

Employers contacted about participating who decided not to join cited the following reasons for their decision:

1. As a large institution, it is too complicated to “partner” with initiatives such as the CHW Initiative—too many levels of administrative support are needed. It is easier to informally partner by informing CHW employees about the Initiative’s services;
2. The employer was not willing to comply with the CHW Initiative request that partner employers offer a \$500 incentive/stipend/raise to CHW participants upon completion of the Advanced COEC course;
3. There is a union at the employers’ location and employers don’t want to get into a fight with the union;
4. The employer was facing layoffs due to cost constraints so their priority was not development of existing staff; and
5. The employer fears their organization’s board might cut CHWs out of the organization altogether if staff were to ask board directors to increase the cost of employing them, either through training release time or the promise of wage increases based on training completion or career pathways.

Most of these reasons are similar to those mentioned by employers in Year 1. While the CHW Initiative staff had hoped to combat employers’ resistance to joining the partnership by demonstrating the value of the CHW Initiative for existing employer partners, either through improved staff performance of coached CHWs or policy reforms such as increased reimbursement for services, they have not yet been successful in doing so.

At present, the eleven employer partners that are currently participating in the Initiative represent many of the major CHW employers in the City of Boston and form a representative voice in the CHW public policy arena, demonstrated by the fact that about half of CHW Initiatives’ partners are represented on the board of the Massachusetts Association of Community Health Workers (MACHW) or the Department of Public Health’s Advisory Council.

Policy Partners

The CHW Initiative also has non-employer partners specifically involved to help achieve the Initiative’s public policy goals. While the Initiative did not add new policy partners to its existing slate of 35 partners during the Year 2 of implementation, most, if not all, of the key players in the Boston CHW/public health field were already participating in the Initiative at some level.

Outcomes

Incumbent Participant Outcomes

The following section summarizes CHW participants’ outcomes as they engaged with CHW Initiative staff in establishing and pursuing their career goals.

Enrollment

In Year 2, 43 new participants enrolled in the Initiative. Combined with those that enrolled in Year 1, there were 103 CHW participants. This number is considerably below the target enrollment number of 171 (100 in Year 2). Of the 60 that enrolled in Year 1, only 13 were still participating with the Initiative by the end of Year 2. The reasons that CHWs stopped participating in the initiative seem to be closely aligned with the reasons why enrollment was so challenging, according to staff and employer interviews. These reasons include unclear benefits of participating, work schedules and personal responsibilities that created obstacles to fully engaging in coaching and referral services, a lack of interest in the community college CHW concentrations - 25 of expected 100 enrollees were to be college class attendees, and the departure of the initial CHW Initiative director, Roma Goodlander.

CHWs not understanding the benefits of participating was a challenge that persisted from Year 1. While the Initiative had plans to help clarify the Initiative's benefits and purpose in order to increase enrollment, these efforts seem to have been ineffective. Employers still believe that workers do not necessarily understand *what* career coaching is and therefore they are not sure what the role of the coach would be—whether the coach would be their advocate or the employer's advocate. Clearer examples of how coaching works and what the expectations are for the coach and the coachee are needed.

Additionally, employees (and supervisors) do not immediately identify with the term CHW and the overarching concept of a job category called CHWs.⁴ In fact, it has happened that when the employees are brought together for the CHW Initiative introduction, it is the first time they have been brought together in such a way, across job types and job areas. The first hurdle to engagement is helping CHW employees see the similarities in the work that they and their colleagues do, and then to continue to use CHW term so that they feel more connected to the field/program.

Finally, a lack of financial resources available to CHW Initiative coaches limits their ability to spur participants toward training and college enrollment. The personal cost of education, in terms of financial resources, time, and energy is considerable. Without financial assistance for childcare, transportation or tuition, participants are unable to commit to educational advancement. This is particularly true in light of uncertain benefits that will accrue to CHWs with additional education—their pay is not likely to increase, nor are additional CHW employment opportunities a guaranteed result.

Participant Characteristics

The participants who enrolled in the CHW Initiative have slightly lower educational achievements and income levels than Year 1 participants. However, they still have higher educational levels than participants in the other SkillWorks partnerships, with 61% having post-secondary experience. CHW participants also have higher incomes, though given their education levels, their incomes appear particularly low—78 percent earn less than \$40,000 and 33 percent earn less than \$25,000.

⁴ While the CHW term has been in use for the last ten to fifteen years, it is not commonly used by employers as a job title. CHWs are commonly employed as outreach specialists, case managers, peer support counselors, youth workers, and patient navigators, as well as many other job classifications.

Of the participants, 65% are Boston residents: those that are not Boston Residents, all 100% work at Boston employers.

Employment Retention

About eighty-three percent of enrolled participants (for which employment information was known at the end of Year 2) were retained in the CHW field. Because employment information was known, though, for fewer than half of the enrolled participants, it is impossible to gauge whether the CHW Initiative and the services it provided contributed to the increased retention or whether they were just able to keep in better contact with those who remained in the field.

Table 1. Incumbent Year End Job Status
(Percentage of Incumbent Enrollees still employed as of 3/09)

	Year 1	Year 2
Total Participants Enrolled	60	43
Participants with known employment status	23	22
Percentage of Participants with known employment status that are still employed as a CHW or in a health related field in 3/09	81%	86%

Employment Advancement

CHW advancement is measured in three ways—through wage increases, promotions or new jobs and increases in employment benefits.

Table 2. Advancements

	Year 1	Year 2	Total	% of Still-Employed Incumbents	% of Total Enrollees	Goal: % of participants
Wage Increase*	20	3	23	51%	22%	42%
Promotion/Started New Job	8	1	9	20%	16%	16%
Increase in Benefits	3	2	5	11%	5%	-----

* Two additional people had increases in their hours that resulted in an effective wage increase.

Wage gains: Twenty-three CHW participants have received a wage increase since enrolling with the initiative, 15 during Year 2. The average wage increase was \$1.50 per hour. Two additional participants received an increase in working hours rather than an actual wage increase but the net result was an increase in income.

In order to understand whether participants’ wages may have increased beyond what they would have in the absence of the program, we examined whether participants were actively engaged in coaching,

as illustrated by the participant accomplishing a career goal. A sample of participant goals include: "working more hours with current jobs," "completing Advanced COEC training," and "applying to Boston University's School of Public Health." Eight of the 23 participants who received wage increases also achieved one or more career goals. While this evidence is largely anecdotal, it is reasonable to assume that the CHW Initiative and career coaching in particular, played a partial role in helping these eight participants advance at some level.

Promotions/Started New Jobs: Four participants were promoted during Year 2 and five participants (2 of which also earned promotions) started new jobs that were considered advancements, either because they were better paying, included more responsibility, or were more permanent positions. All four of the participants promoted and four of the five that started new jobs were participants that enrolled in Year 1.

Of the seven individuals that either earned a promotion and/or advanced into a new job, five had achieved a career goal in Year 2. For these five individuals, we can assume that the CHW Initiative played some role in this positive outcome.

Benefit Gains: Three participating CHWs received increased benefits during Year 1, and two additional participants gained increased benefits in Year 2. Two individuals went from receiving no employer benefits to having access to health, dental, and life insurance and paid vacation, one gained access to an employer 401K program, and two gained access to tuition reimbursement.

Again using career goals as a measure of whether participants would have earned the advancement in the absence of the CHW Initiative, three of the five individuals receiving benefits achieved a career goal during Year 1 or Year 2.

Skill Enhancement Outcomes

Skill enhancements, such as completing the COEC training or enrolling in college, are being measured for participating CHW employees from the initial development of career plans to the ultimate completion of educational goals. While these encompass varying degrees of accomplishment, experience with sector initiatives has shown that even immediate short-term outcomes are meaningful, particularly in terms of maintaining participant engagement in Initiative activities. Table 3 details the enrollment and completion accomplishments of participants as well as the target goals established at the beginning of Years 1 and 2. The Initiative fell short of a number of its goals, though it came closest to the target with the credentialed program enrollment and completion numbers. The other goals were missed due to a combination of factors including fewer enrollees than expected, an underestimation of the barriers that would face participants upon enrollment in training programs (such as limited time availability and financial constraints), and the challenge of tracking participants' enrollment in sector-specific trainings that aren't necessarily coordinated through the Initiative.

Career Plans: All CHW Initiative enrollees have a career plan. In Year 2, 89 percent of participants were active at some point in implementing their plans. Some of the most common goals included in the plans are:

- ❖ Paying off debt (in order to enroll in school)

- ❖ Receiving a Bachelor’s degree
- ❖ Receiving an Associate’s degree
- ❖ Completing training (Completing Advanced COEC was a common goal)
- ❖ Finding an internship
- ❖ Finding a second job
- ❖ Revising their resume

Table 3. Incumbent Skill Enhancement Outcomes (Year 1)

	Year 1		Year 2	Total	Goal: Number of Participants^
	Accomplished Yr 1	Accomplished Yr 2			
Enrollment					
Enrolled in ABE/ESOL	1	1	0	2	162
Enrolled in College Prep	6	1	0	7	
Entered College	3	2	0	5	48
Enrolled in Credentialed Program*	16	0	21	37	54
Enrolled in Sector-Specific Training**	5	1	5	11	-
Completion					
Completed Career Goal	23	5	6	34	93
Graduated from ABE/ESOL	0	2	0	2	36
Graduated from College Prep	0	2	0	2	
Graduated from College	0	0	0	0	-
Received Industry-Recognized Credential*	14	0	12	26	75
Completed Sector-Specific Training**	4	0	4	8	-

^ Goals for numbers of participants were recalculated based on the number of actual enrollees (61) rather than the expected number of enrollees (100).

* Includes Advanced COEC Training

**Includes COEC Training

Achieving Career Goals: About 33% of participants were able to achieve a career goal in Year 1 or Year 2; however, only 11 people achieved a career goal in Year 2. The low level of career goal achievement in Year 2 reflects the fact that most participants were not actively engaged in career coaching throughout the year.

Enrolled in Education: Educational enrollments are a key focus of the SkillWorks Initiative. The CHW Initiative saw some success in helping individuals access educational opportunities ranging from developmental courses to sector-specific training to college enrollment in Year 1. Again, though, in Year 2, enrollments were well below those documented in Year 1. Combined, the

Initiative had hoped to achieve substantially greater enrollment numbers than they were able to achieve in Years 1 or 2.

Despite the lower than expected enrollments, there are individual outcomes that demonstrate the Initiative's positive influence in CHW's lives. Forty-eight individuals, or 64% of those that had education-related career goals, took the step of enrolling in an educational program. Of these, two individuals that enrolled in ABE or ESOL graduated and one went on to college prep courses. Two other individuals enrolled in college prep work in Year 2, graduated, and one enrolled in college.

The primary developmental course in which CHWs enrolled is College Prep; seven participants enrolled. Five participants enrolled in sector-specific training ranging from HIV Counseling and Testing to CHEC's COEC program. Five participants enrolled in college after enrolling in the Initiative and five more continued in college, having enrolled in college prior to beginning to participate in the Initiative. The CHW coaches worked with those who had enrolled in college prior to CHW program to assist them in addressing barriers that might keep them from staying in school.

Employer Outcomes

CHW Initiative employer partners have engaged with the initiative for a variety of reasons, driving the outcomes they expect to experience. The following section describes employer goals for participation and short-term outcomes that resulted from their participation.

Goals for Participation

Employers were surveyed in Years 1 and 2 about the reasons for their participation. There was not much change in employers' responses between the two years. The primary reason all employers are participating in the Initiative is to provide educational opportunities for their current CHW employees. After this, there are three key motivating factors that were listed by at least half of the employer partners:

- ❖ Securing additional funding streams to support CHW work;
- ❖ Learning from/sharing with peer organizations; and
- ❖ Improving the quality of care provided by CHW employees.

Noticeably absent from this list is reducing turnover in CHW positions. Employers may not be expecting this outcome from the Initiative because they understand that turnover is often driven by layoffs due to grants ending or because they cannot afford to pay CHWs more as they advance.

As was noted in the Year 1 report, there is limited alignment between the reasons employers decided to participate in the Initiative (which can translate into their expected outcomes) and the employer outcomes that the CHW Initiative intends to foster. The Initiative's four main metrics are reducing turnover, reducing costs associated with turnover, improving the quality of care (provided by CHWs), and increasing the cultural competency (of CHWs). Only one of these four metrics is an outcome that employers are expecting the CHW Initiative to influence—the quality of care provided. Therefore, as is the case for other SkillWorks partnerships, the actual goals motivating employer participation are not directly aligned with the employer outcomes the Initiative is trying to achieve and measure.

In the following section, we report on the CHW Initiative priority outcomes. After the first two years of implementation, limited employer outcomes have been achieved. The only outcome of interest about which employers commented, either in the employer survey or in interviews was improved Job Performance. The Initiative is not perceived to have affected the other priority outcomes - reduced turnover, increased revenues, improved health care utilization, and support of wellness goals. This is not surprising since most of these outcomes are long-term, require significant public policy changes, or require a certain level of scale to make an impact on the overall organization (only about 30% of the CHWs employed at employer partners have chosen to participate with the Initiative, and many of these were not active in Year 2).

Better Job Performance

Through an employer survey, employers were asked to describe improvements they noticed in the job performance of CHW participants as an indicator of quality of care provided.⁵ The established goal was that 75 percent of participants would demonstrate improvements in their job performance as a result of their participation.

On the Year 2 Employer Survey, three of four employers that responded to the question said that they had seen moderate to significant improvements in participating CHWs' ability to support, advocate, and coordinate care for their clients, as well as communicate with their supervisors and show interest in career opportunities. Additionally, during the employer interviews, two of the three employers interviewed described concrete improvements they have seen in participating employees. One employer noted that its participating employees are looking for ways to improve their performance, including becoming proactive about the way they complete their responsibilities and taking a more active interest in professional and staff development.

These results are similar to employers' impressions at the end of Year 1.

System Change Outcomes

An equally significant part of the Initiative's activities focus on system change. The CHW Initiative has worked on system change goals related to changing employer practices, increasing the training and educational opportunities available to CHWs, and implementing policies at the state level to increase funding available to employers employing CHWs. Each of these activities is critical to creating an environment that allows, encourages, and rewards CHWs for seeking career advancement as well as provides employers with dependable funding streams to support their CHW activities. Without these changes, CHWs have limited advancement opportunities that result in increased wages and increased job stability, and employers consistently face shifting funding priorities and dissatisfied workers.

As a result of these system change activities, there are expected outcomes that are being tracked. Some of these are short-term outcomes where progress has already been achieved. Other outcomes are interim or long-term where progress will be more protracted. The following section documents

⁵ The intended metric was changes in performance reviews received by CHWs but this information is not readily available.

activities to date as well as progress toward expected outcomes for both employers and changes in policy.

Employers

Interim Outcome – Employers’ support for employees’ access to education programs:

Employers have demonstrated concrete ways in which they are increasing their support for CHWs’ participation in education. Since the program began, two employers have begun providing release time for training as a new benefit being offered as a result of the Initiative. Another employer is offering tuition reimbursement. Finally, one employer changed the schedule of workers to allow five-day work weeks instead of seven and added a role for position coverage in order to open up time for workers to participate in outside trainings.

These changes are substantial and meaningful to CHWs’ work experience. However, it is important to note that there are still significant obstacles to employees’ participation that employers are still struggling to address. The primary challenge is that while employers provide release time for coaching and training, CHW’s caseloads do not diminish. For those with flexible schedules, they can try to “juggle” their caseload to fit in coaching. However, office positions, which tend to be clinical, and field positions with set schedules (e.g., CHWs tasked with observing AIDS patients take antiretroviral drugs at the same time each day), have limited flexibility to access the coaching and/or training due to the “on-call” nature of their jobs. For those without meaningful access to release time, participation in the Initiative has been limited.

Interim Outcome – Employers’ adoption of career ladders: Encouraging partner employers to adopt career ladders for CHWs was the primary employer practice that the Initiative was hoping to implement in Years 1 and 2. Experience has shown that career ladders give employees a better sense of how they might advance and what would be required to do so. Additionally, career ladders provide a transparent way for employers to implement accountability standards for specific CHW positions.

An employer forum was held during the second quarter of Year 2 to introduce the concept and content of specific career ladders. The presentations illustrated the disconnect between CHWs actions to improve their skills and longevity and the lack of resulting wage increases and/or promotions. Attendees left the forum aware of the need for career ladders and the ways that the pathways could benefit CHWs and their employers. Unfortunately, the actual decision-makers for each employer were not in attendance at the forum.

As a follow-up, the CHW Initiative tried to create a Career Pathways Working Group to facilitate peer learning and create accountability among those planning to implement pathways. Employers, however, were not interested in participating in such a working group. CWH Initiative staff attributed the lack of interest to the fact that it was summer and that employers were unwilling to commit to adopting pathways since they required a commitment of financial resources to which organizations were not ready to commit.

The result is that no new career pathways were adopted by partner employers in Year 2 (one employer had adopted a career ladder in Year 1).⁶

⁶ Another employer also adopted a career ladder but it was for front-line workers rather than CHWs.

Policy Changes

As was the case in Year 1, the most time-consuming and potentially fruitful policy activity was CHW Initiative members' participation in the MA Department of Public Health (DPH) CHW Advisory Council (the Council). Many of the CHW Initiative partners played key leadership roles in this council, which was created under the mandate of Section 110 of Chapter 158 of the Acts of 2006. The purpose of the council was to “assist in developing (an) investigation (related to using and funding CHWs by public and private entities in the commonwealth, increasing access to health care, and eliminating health disparities), interpreting its results, and developing recommendations.” Through CHW Initiative partners' participation on the council, the final council report is expected to reflect most of the CHW Initiative policy objectives, including a recommendation for a state-wide CHW credential and specific funding strategies to increase CHW compensation.

Specific activities related to the DPH report conducted by CHW Initiative members include:

- ❖ Providing a consistent voice that recommended specific, implementable, administrative changes;
- ❖ Writing the business case/research evidence section of the report;
- ❖ Helping to draft the summary of the DPH survey of employer; and
- ❖ Helping to draft the sustainable financing policy recommendations.

According to the CHW Initiative, “the process of working with MassHealth, Massachusetts Association of Health Plans, and others on drafting sustainable financing recommendations has in itself contributed to systems changes—key payer providers, advocacy organizations, and government agencies have collaborated closely to think through workable policy options.”

While the report was expected to be released in the second quarter of Year 2, it is yet to be released. The delay has been caused, in large part, by the budget crisis in Massachusetts and the immediacy of other needs facing the state legislature. Regardless of the cause of the delay, however, the reality is that the CHW Initiative's public policy/systems change agenda is largely on hold until this report is released.

In an effort to make some progress, MACHWA hosted CHW Day at the Massachusetts State House where 80 CHWs attended and helped to distribute fact sheets about CHW issues. They also helped author two bills directly related to CHW issues—HD 2229 *Legislation to establish a CHW Board of Certification* and SD 1563 *Legislation to establish the secretariat level Office of Health Equity*. These bills, as well as progress toward other short-term system change outcomes, are described below in greater detail.

Short-Term Outcome - Recognition of the CHW term: To promote the “CHW” term and occupational role, CHW Initiative staff presented about the Initiative and CHWs at national and state public health conferences, lobbied public officials to utilize the CHW term, and coordinated Massachusetts letter-writing campaign to the Bureau of Labor Statistics asking for the Community

Health Worker occupation to be established as a formal occupational code in the 2010 revisions to the Standard Occupational Code.

The letter writing campaign was successful; there is now a federally recognized definition of CHW.

There is continuing evidence that the CHW term is being used more consistently. The DPH definition is consistently referred to by policy and employer partners as the standard definition. Additionally, one employer is adding the CHW label to existing titles to try to create awareness of the skill set; another employer is adding the CHW term to all new (relevant) job descriptions; Healthcare for All is using the CHW term in their outreach and policy work; and Blue Cross Blue Shield of MA Foundation has agreed to include CHW language, when appropriate in their Requests for Proposals (RFPs).

Short-Term Outcome - Creation of a standardized career ladder: Little progress was made in Year 2 on the broad use of a standardized career ladder. The Initiative created a model career ladder in Year 1, but the ladder was not disseminated to CHW employers other than at the Employer Forum.

Short-Term Outcome - Development of CHW education tracks at community colleges: Both community college tracks are now in place. There are challenges to implementation, though, including developing an effective marketing strategy, overcoming CHWs' fear of the education system, dealing with the transportation logistics of traveling out to Mass Bay, and communicating the benefit of pursuing the certification when there is no guarantee of increased pay or additional professional opportunities.

In terms of developing the Bachelor's Degree, the CHW Initiative was unable to secure a Memorandum of Agreement with the University of Massachusetts, Boston. The College of Public and Community Service where the Human Services Degree is offered experienced a challenging year and was unable to pursue the partnership as intended. The Initiative's Education and Training committee is searching in Year 3 for a different partner to help provide this component of the systems change agenda.

Interim Outcome - Establishment of a state-wide credentialing system: As described earlier, the CHW Initiative, through its partnership with MACHW, helped file legislation to establish the Board of Certification—a first step toward establishing the credentialing system. While the release of the DPH report would increase the power of MACHW's recommendations, the Initiative is trying to move this issue forward while the report makes its way through the approval process.

Long-Term Outcome – Establishment of methods to increase employee compensation: No tangible outcomes have been achieved in terms of increasing employee compensation. The Initiative's policy committee has worked extensively with state stakeholders to outline potential ways to increase employer revenue, and ultimately for increasing CHW wages. Again, the release of these ideas, though, has been delayed with the DPH report.

Additionally, when the report is released, the economic climate in the state will make it challenging to implement the recommendations, at least in the short term. The state budget crisis, as well as the overwhelming success of enrollment into the new insurance products (as a result of the Healthcare

Reform Bill of 2006), have placed considerable strain on the health care system. This strain limits funding available for CHWs and it requires health care providers to reassess resource allocation, sometimes resulting in eliminated CHW positions. While this presents a serious barrier to CHW funding, the Initiative continues to look for innovative strategies to support CHW activities as part of primary care teams in public health and other roles.

Long-Term Outcome - Changes in the percentage of CHW positions not grant-based: No progress has or will be made on this outcome until the funding strategies for CHW positions are expanded. The distribution of CHWs between permanent and temporary positions is largely due to existing funding and past organization practices. In general, regardless of employment status, CHW positions are funded through grant resources, meaning that they are particularly vulnerable. The main exception to this is PACT, where CHWs are funded with permanent resources.

The CHW Initiative's goal is to migrate as many CHW positions as possible to full-time, permanent, not grant-funded status.

Conclusions

Answering the “Why is Participation Worth It” Question is Crucial to Program Success

Throughout Years 1 and 2, the CHW Initiative has struggled with communicating to CHWs and their supervisors how enrolling and engaging in career coaching and higher education will improve CHWs lives. Given that salaries are controlled by grants and the career ladders for CHWs are limited, the benefits, particularly the financial benefits, are unclear.

The result of this marketing challenge has been high numbers of program drop outs (only 20 percent of those that enrolled in Year 1 were still participating at the end of Year 2), low enrollment numbers in Year 2, and the lack of interest in the CHW certifications being offered at Bunker Hill Community College and Mass Bay Community College.

In conversations with CHW Initiative staff, it is clear that they see how CHWs can benefit from participating, even in the current CHW environment where wide-scale advancement is unlikely. It is this vision that needs to be clearly communicated to all stakeholders on a regular basis. Providing specific examples of CHWs—their ages, years of experience, and work responsibilities—and how they can/have benefit(ed) from coaching and education would provide a concrete base for conversations about the benefits of participation.

Additionally, the CHW Initiative might help CHWs move from being interested in higher education to enrolling if the Initiative could dedicate a portion of program resources to a small grants program CHWs could use to defer education costs (e.g., books, childcare, transportation). Currently, even those interested in pursuing additional education elect not to do so because they can not afford the additional life expenses not covered by traditional financial aid.

Executive Director Turnover can Hinder Participant and Program Outcomes

One of the biggest challenges faced by the Initiative in Year 2 was the departure of the executive director. This turnover halted the implementation of planned changes to improve program outcomes. For example, planned follow-up about career pathways after the employer forum did not happen, neither did the planned program to provide small grants to CHW participants enrolling in educational programs. The CHW Initiative coaches were successful in keeping the program operating and meeting the needs of enrolled participants but were unable to evolve the program or improve its operations as might have happened with stronger leadership in place.

Staff turnover is an inevitable part of community development program implementation. However, the effects of turnover can be minimized by identifying and focusing on one or two strategic issues to implement during the gap in leadership, in addition to maintaining program operations. While this is easier said than done, thoughtfully prioritizing a few key actions to push forward even without organizational leadership can help to maintain program momentum and position the initiative well for new leadership, when it arrives. Funders can help partnerships take the time to identify these key issues and even provide capacity building assistance to ensure that the identified issues are pursued.

Small Victories Can be Achieved, Even in the Face of External Obstacles

The Initiative's public policy efforts have been constrained by external factors out of the Initiative's control. The economic slowdown, the high utilization of the state's health care resources, and the administrative delays in the release of the DPH report, have stalled the policy agenda being pursued by the Initiative.

Whereas other system change efforts may have completely fizzled in this the environment, the CHW Initiative has continually sought to move forward their systems change agenda despite the obstacles faced. Through connection with the national movement, the Initiative played a role in successfully adding Community Health Workers as an occupation in the Bureau of Labor Statistics classifications. Here in Massachusetts, Initiative members have connected with individual funders and successfully secured the funders' support for CHWs, illustrated by funders' willingness to add CHWs to RFP requirements. Members have also filed bills to support key recommendations expected to come out of the DPH report, including creating a CHW licensing board. While the bill may not be successful without the energy generated by the report's release, the Initiative, through its partner and subcontractor MACHW, is continuing to elevate CHWs visibility and the need for the MA healthcare system to acknowledge CHWs importance.

External obstacles are to be expected in any systems change effort. The CHW Initiative illustrates how to fight for change regardless of the challenges being faced.

Abt Associates Inc.

Solving problems, guiding decisions - worldwide

Abt Associates applies rigorous research and consulting techniques and technical assistance expertise to a wide range of issues in social and economic policy, international health and economic development, business research and consulting, and clinical trials and registries. Clients include U.S. federal, state, and local governments; foreign governments; international organizations; foundations; nonprofit associations and institutions; and business and industry. Founded in 1965, Abt Associates has worked in more than 100 countries and currently has projects in more than 40 countries and over 25 foreign project offices.

Corporate Offices

Cambridge, Massachusetts

55 Wheeler Street
Cambridge, MA 02138-1168
617.492.7100

www.abtassociates.com

Bethesda, Maryland

Bethesda One
4800 Montgomery Lane
Suite 600
Bethesda, MD 20814-3460
301.913.0500

Bethesda Two
4550 Montgomery Avenue
Suite 800 North
Bethesda, MD 20814-3343
301.634.1700

Chicago, Illinois

640 North LaSalle Street
Suite 400
Chicago, IL 60610-3781
312.867.4000

Hadley, Massachusetts

Mass Venture Center
100 Venture Way
Suite 100
Hadley, MA 01035-9462
413.586.8635

Lexington, Massachusetts

181 Spring Street
Lexington, MA 02421-8030
781.372.6500

Durham, North Carolina

4620 Creekstone Drive
Maplewood Building
Suite 190
Durham, NC 27703-8062
919.294.7700



Abt Associates Inc.