

# Nebraska Community Health Workers: Financing and Sustainability Opportunities for the CHW Workforce

## Key Findings of an Interdisciplinary Work Group

### Introduction:

In 2019-2020, a group of stakeholders including Community Health Workers (CHW) and supporters, entered into a short-term project to consider and make recommendations on financing and sustainability business models for the CHW Workforce in Nebraska. The activity was convened and facilitated by the Douglas County Health Department. Fourteen payment models were considered. Thirty-six stakeholders participated in a final survey to consolidate findings for the report. These key findings represent highlights of the workgroup report. The full report, including notes on the 14 business models reviewed, is available here: <http://dhhs.ne.gov/Pages/MCASH-CHW.aspx>.

### A Framework for CHW Becoming Recognized in the Health Care Workforce:

With input from key informants, the report describes a useful framework for recognizing Community Health Workers, collectively, as members of the health care workforce who fulfill a unique and distinct role.

- Describe **unique niche** in the health services delivery realm that CHW fill.
- Provide a consensus, adopted **service definition** of the CHW role.
- Identify the **core competencies** possessed by all CHW, related to the service definition.
- Distinguish the CHW **training** that shows service definition, core competencies and role are well-established.
- Show a framework for **accountability and oversight, including supervision**, of the CHW workforce.
- Establish a **certification** process to distinguish CHW who meet role, service definition, training, and practice standards.
- Establish a **uniform set of metrics** that measure the effectiveness and value of the CHW workforce.

### Three Immediate “Next Steps”:

- 1 Ensure **CHW are fully engaged** and participating in workforce development.
- 2 Convene a broad, cross-sector **statewide workgroup** to steward consensus action on the Framework for CHW, described above. The workgroup should promote work regarding sustainability of the CHW workforce for 1-2 years minimum.
- 3 Identify a **Return-on-Investment (ROI) model** as soon as possible for CHW, corresponding to useful measures of effectiveness of impact and trends on health care costs as well as outcomes.

### Limitations of the Study:

The majority of payment models examined were found in Medicaid and the commercial health insurance market. These payment systems are linked primarily to the direct care model (individual as opposed to population health interventions) with payment based on delivery of service to eligible and enrolled members. Financing models for the delivery of community-level services by CHW employed by community organizations were not described.