

## INITIATIVE TO SUSTAIN COMMUNITY HEALTH WORKERS IN NEBRASKA

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The underserved populations in Nebraska receive less than adequate health care, are more likely to postpone care, or have high incidence of premature death; members of this population are not limited by ethnicity, refugee status, rural or urban location, homelessness, or age. The Joint Center for Political and Economic Studies reported health inequities among African Americans, Hispanics, and Asian Americans cost more than 230 billion over a period of three years in direct costs and 1.24 trillion in indirect costs between 2003 and 2006.<sup>i</sup> There exists a social injustice that is inhumane and an economic burden to the public with respect to the health inequity that persist for the underserved populations. Despite advances in medicine, social determinates continues to play a significant role in health outcomes.<sup>ii</sup> The World Health Organization and the American Public Health Association recognize and recommend the workforce of Community Health Workers (CHW) as part of the solution to help reduce health disparities of underserved populations and reduce cost to public and private economies.<sup>iii, iv</sup> Nebraska needs to define and establish standardizations for CHWs by adopting core competencies and a scope of practice that would provide eligibility for state certification and reimbursement of private and public payers for services.

Nebraska should adopt the following recommendations

- 1. Nebraska needs to adopt the American Public Health Association's definition of Community Health Workers as an umbrella job Classification for the varied job descriptions already being used throughout the State of Nebraska.*
- 2. Nebraska needs to adopt a certification training program for CHWs; which includes standardized core competencies and a scope of practice based upon consistent themes found in national research.*
- 3. Nebraska needs to adopt a standardized payer system which incorporates CHWs into the Center for Medicare /Medicaid Services (CMS) and commercial payers. The CHW should be included as a part of the integrated health care team to help reduce the cost of health care and improve health outcomes.*

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<sup>i</sup> LaVeist, T.A., Gaskin, D.J., Richard, P., "The Economic Burden of Healthy Inequalities in the United States" Joint Center for Political and Economic Studies. 2009

<sup>ii</sup> Frieden, Thomas., "A Framework for Public Health Action: The Health Impact Pyramid" American Journal of Public Health. April 2010, Vol 100, No.4.

<sup>iii</sup> "Closing the Gap in a Generation" Health equity through action on the social determinates of health: Commission on Social Determinates of Health. The World Health Organization.

<sup>iv</sup> <http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1393> (downloaded 8/12/2013)

# Appendix: A

<b>1. Nebraska needs to adopt the American Public Health Association definition of Community Health Workers as an umbrella definition for a variety of job titles and descriptions that are presently operational in the State of Nebraska</b>	
<b>APHA Definition</b>	
<p><i>“ 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 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 community capacity by increasing health knowledge and self-efficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy”</i></p>	
<b>Job Titles</b>	
<ul style="list-style-type: none"> <li>• Case Coordinator</li> <li>• Community Advocate</li> <li>• Community Liaison</li> <li>• Family Advocate</li> <li>• Health Coach</li> <li>• Parole Advocate</li> <li>• Promotor/a</li> <li>• Material &amp; Child Case Manager</li> <li>• Peer Educator</li> <li>• Veterans Advocate</li> </ul>	
<b>2. Nebraska should adopt a certification training program for CHWs that standardizes core competencies and a scope of practice based upon consistent themes found in national research.</b>	
<b>Core Competencies</b>	<b>Scope of Practice</b>
<ul style="list-style-type: none"> <li>• Communication skills</li> <li>• Interpersonal skills</li> <li>• Capacity Building skills</li> <li>• Advocacy skills</li> <li>• Organizational skills</li> <li>• Case Management</li> <li>• Knowledge of specific health issues</li> <li>• Documentation</li> </ul>	<ul style="list-style-type: none"> <li>• Bridging/cultural mediation between communities and the health care systems</li> <li>• Provide culturally appropriate and accessible health education and information</li> <li>• Assuring that people get the services they need</li> <li>• Providing informal counseling and social support</li> <li>• Advocating for individuals and community needs</li> <li>• Provide direct services</li> <li>• build individual and community capacity</li> <li>• Member of the care delivery team</li> <li>• Navigator</li> <li>• Screening and health education provider</li> <li>• Outreach/ enrollment/ informing agent,</li> <li>• Community organizer</li> </ul>