

Wisconsin Community Health Worker Network
Community Conversations Executive Summary
June 2020

Background

According to the American Public Health Association, “a community health worker (CHW) 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 CHWs to serve as a link between health/social services and the community to facilitate access and to improve the quality and cultural appropriateness of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy” (APHA, 2016. Accessed on February 25, 2020 <https://www.apha.org/apha-communities/member-sections/community-health-workers>).

The Wisconsin Community Health Worker Network (WI CHW Network) is a collaborative effort supported by the Wisconsin Department of Health Services Chronic Disease Prevention Program, the University of Wisconsin Population Health Institute MATCH Group, Great Rivers HUB, UniteMKE, Wisconsin AHEC, alongside organizations that have been leaders in the local CHW movement and paved the way to support the sustainability of the network and the CHW workforce in Wisconsin.

In 2019, the Wisconsin CHW Network set out to build upon existing relationships to establish a strong foundation for the statewide network by engaging CHWs to understand and assess the needs of the workforce through a qualitative approach. Community Conversations were the qualitative method used to document and represent voices of CHWs around the state. This method is a framework used to intentionally build relationships, share power with communities, and to create a shared vision for the network. The Wisconsin CHW Network intends to use the community centered information gathered to influence the development and growth of the statewide CHW network and center the voices and perspectives of CHWs. The goals of the community conversations were the following:

1. Identify CHWs in the state and continue to build relationships.
2. Operationalize health equity by centering the voices of CHWs, build capacity and identify CHW regional leadership.
3. Hear from the workforce about the needs and opportunities related to professional development, certification, training, etc.
4. Compile qualitative information to influence future CHW policy/legislation and sustainability of the workforce

Methods

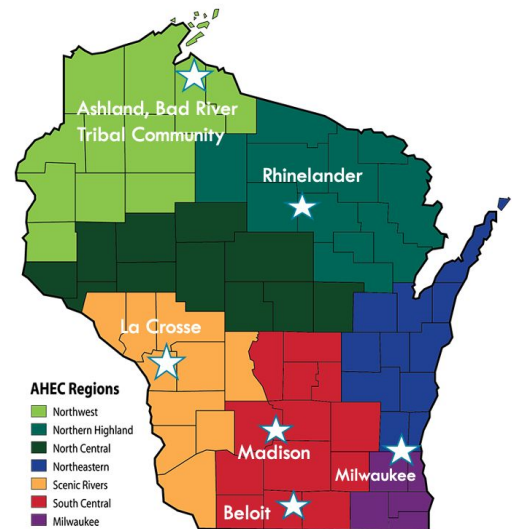
CHW community conversations were conducted during May-October 2019. The planning team consisted of the Wisconsin CHW Network Coordinator alongside Masters of Public Health student intern with guidance from the Wisconsin CHW Advisory Team made up of WI Department of Health Services Chronic Disease Prevention Program, University of Wisconsin Population Institute, UniteMKE, Planned Parenthood of Wisconsin, Great Rivers HUB, Milwaukee AHEC, the Milwaukee Consortium for Hmong Health and CDC 1815 grantees including local health departments.

Meetings, calls and outreach with the partnered agencies were recruitment strategies used to identify agencies working with CHWs and regional CHW leadership to co-facilitate the conversation and be the future point of contact to that region. Additionally, the community conversations took place in communities that aligned with the WI AHEC regions map to identify recruitment locations and continue to strengthen relationships with agencies that already support the workforce development and training of the health professionals and CHWs in Wisconsin.

The team created questions that addressed CHW's own experience, barriers in the workforce, how they envision support, thoughts on development of the Wisconsin CHW Network, professional development interest and more. Each question also included prompts that addressed certification, training, and other detailed topics. The community conversations lasted an hour and a half and were co-facilitated by a CHW regional leader alongside the Wisconsin CHW Network Coordinator. Additionally, the conversations were grounded in health equity principles that included hosting sessions after work hours, providing food, offering a stipend to the co-facilitator, incentives to participants, providing interpretation services and some childcare if necessary.

The questions that guided the community conversation are as follows:

1. Tell us about your experiences as a CHW/peer specialist/Community Health Representative (CHR)/Promotora/outreach specialist, etc?
2. What do you wish people knew about CHWs?
3. What would make your job easier?
4. How would you like to be supported as a CHW?



5. How do you envision the Wisconsin CHW Network? How can it support you?

In total, there were 9 CHW community conversations in the state totaling 90 participants. The geographic locations that hosted conversations were Milwaukee, Madison, Ashland, La Crosse, Beloit, and Rhinelander. Additionally, two conversations were facilitated in Spanish and the materials were translated appropriately. It was decided the title of 'Community Health Worker' was to be used as an umbrella term to encompass similar titles that worked to address social determinants of health and honor lived experience. The titles that are represented in the community conversations are: community health worker, recovery coach, certified peer specialist, promotor(a) de salud, parent advocate, doula, health navigator, and community health representative.

Findings

The information was collected through notes taken by the Wisconsin CHW Network Coordinator for each conversation while the CHW regional leader facilitated the discussion. Large post-it notes were scattered throughout the room with each question written to ensure participants could view the notes that were being written down. As another measure for accuracy, the responses were reiterated back to the group to make sure that the main ideas were captured correctly. No identifiable information was written in the notes.

The findings highlight the most salient ideas that emerged for each question. The following are the discussion themes that emerged with each question:

Question 1: Tell us about your experiences as a CHW/peer specialist/CHR/Promotora/outreach specialist, etc?

CHWs provide education, advocacy for clients, resources, and do community outreach and engagement. CHWs also help clients navigate the system and make informed decisions. Additionally, many CHWs expressed they were once in their clients' shoes and related to the experiences their clients were facing.

"We are the connection between two worlds (US and Latin American countries) and are the connection between the past and the present)" - Promotor de Salud

"I am saving lives everyday" - Milwaukee CHW

"I love being able to help somebody and learn as they learn" Madison CHW

"Mi trabajo es una misión/my work is a mission" - Promotora de salud, Madison

Question 2: What do you wish people knew about CHWs?

CHWs want people to know they exist in the state of Wisconsin, they are trained professionals with a scope of practice, they wear many hats and their work is broad. They are trustworthy, the work has unique challenges such as working outside regular hours, and face emotional exhaustion.

“We are here to help, I have been there too”- La Crosse CHW

“We are not here to judge” - Beloit CHW

“Somos parte de esta comunidad, cultura y nos importa nuestra comunidad. Queremos progresar juntos para mejorar nuestras vidas y de la futura generación/We are part of this community, culture and care about our community. We want to progress together to better our lives and our future generation” - Promotora de Salud

Question 3: What would make your job easier?

CHWs expressed the desire and need for payment and fair wages, the need for continued raised awareness of roles of CHWs in the healthcare field, and increased resources for clients (ex: mental health services for low income population). Additionally, CHWs need increased funding to support their work (ex: blood pressure equipment), continued support from CHW supervisors, and standardized CHW training/certificate to increase legitimacy amongst health professionals/community members and as a result increase their referrals.

Question 4: How would you like to be supported as a CHW?

CHWs expressed the interest for more professional development and training opportunities, workplace advocacy (ex: CHW supervisor training), and legislative advocacy opportunities. Additionally, CHWs advocated for the Wisconsin CHW Network to increase accessibility to support all CHWs (ex: local and culturally relevant trainings, provide interpretation services, remote meeting options, etc). CHWs strongly advocated for sustainable financing mechanisms/sustainability to exist to support the workforce and also support a CHW statewide certification.

“I still have clients but I don't get paid” - Wisconsin CHW

“We've done a lot of work on volunteer time. We need to eat and support our families” WI CHW

*Note: Although statewide CHW certification is widely supported, not all CHWs benefit as a result and some believe the institutionalization of the profession is harmful to the workforce as more standardization of the profession can potentially lead the community to be driven out.

Question 5: How do you envision the Wisconsin CHW Network? How can it support you?

CHWs want the network to include an interactive space for resource sharing, offer peer learning, offer multilingual communication, support regional/statewide meetings and offer networking events. They also want the network to promote professional development, employment, advocacy resources and opportunities. Finally, CHWs suggested an online platform that addresses the vision for the network and supports workforce development (ex: CHW member profiles).



Conclusion

It is evident that CHWs are a crucial part of the public health workforce in Wisconsin and this summary highlights the real-world barriers and inequities the CHW profession experiences due to the lack of sustainable payment mechanisms, resources, standard statewide certification, and training. Although CHWs in Wisconsin may face barriers, it is important to acknowledge the support and opportunities the workforce can leverage due to the clear shift of systems and federal agencies investing in efforts that intentionally focus on social determinants of health, innovative initiatives that operationalize health equity and social justice.

Below are suggestions of how to continue supporting the CHW network and workforce:

- Implement more community conversations in the state to hear from more CHWs and build relationships.
- Continue to identify and foster CHW regional leadership to build capacity as a strategy for sustainability of the CHW network and workforce.
- Employers and supervisors provide financial support and encourage CHWs to participate in professional development activities (ex: serving in a Wisconsin CHW Network Action Committee, attending conferences, etc)
- Continue to collaborate and build relationships with CHWs and agencies that already support the CHWs to lessen duplicative efforts and work in collaboration.
- Use this document to serve as a point of reference to influence future CHW policy, legislation and sustainability of the CHW workforce
- Legislation to support the CHW workforce to be reimbursed through Medicaid and/or another sustainable payment mechanism (ei: Pathways Community HUB Model)

In conclusion, when the CHW workforce benefits from fair wages, employment, economic sustainability, a stronger infrastructure, and legislation, the health outcomes of the communities most impacted by health inequities significantly improves.

Reference:

Community Health Workers. (2016). Retrieved February 2020, from
<https://www.apha.org/apha-communities/member-sections/community-health-workers>

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