



Health Equity Recommendations to Governor Kate Brown (5/29/2020)

1: Immediately Strengthen Community Health Worker Infrastructures Statewide

- Direct OHA to submit any applicable [emergency COVID-19 relief Medicaid waivers](#) that could allow funding for CHWs employed by community based organizations to do COVID-19 contact tracing, COVID-19 related community-based wrap-around case management, and the full range of CHW core roles in black, indigenous, people of color, immigrant & refugee, and other communities disproportionately impacted by COVID-19.
- Train CHWs and expand their numbers in community-based organizations that serve Black, Indigenous, People of Color, immigrant & refugee, and communities disproportionately impacted by COVID-19 to provide:
 - Culturally-specific COVID-19 public health, safety, and sanitation information & supplies
 - Referrals & navigation to health care providers, including behavioral health, substance use treatment, dental care, and vision care.
 - Referrals & navigation for other safety net resources and to address workplace concerns
 - Other COVID-19-specific wrap-around community-based case management.
 - A full range of core CHW roles & services that may not directly relate to COVID-19.
- Fund the Oregon Community Health Workers Association (ORCHWA) so it can continue to provide the full suite of services that are vital to the CHW workforce and to CHW employers and other stakeholders.¹
- Fund the “THW Systems Integrator” position that the OHA Office of Equity & Inclusion recently requested.
 - The THW Commission recommended that a similar OHA position be created/dedicated on 6/25/2018.
- Direct OHA to research and submit any applicable Medicaid State Plan Amendment(s), State Innovation Model (SIM) grants, and/or Delivery System Reform Incentive Payment (DSRIP) waivers to ensure sustainable, evergreen funding that supports community-based organizations to sustainably pay CHWs and increase their numbers in communities most impacted by social & health inequities.

¹ The ORCHWA suite of services includes: CHW training for certification and ongoing CEUs, CHW support groups and clinical supervision, training for health systems & communities, CHW evaluation & research, technical assistance for CHW integration & CHW program design & management, and health-promoting policy & advocacy initiatives.



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2: Invest in a Robust, Enduring Statewide Traditional Health Workforce Infrastructure

- Require that the state and counties involve THWs at every step of the process whenever THW-related programs, policies, contracts, or other THW workforce development efforts are pursued.² Encourage THW employers to do the same.
- Ensure all THW worker types are supported to work to the top of their certification³ across all THW employment settings by holding health systems accountable to THW-identified best and promising practices and THW Commission-issued recommendations.
- Expedite THW integration in Oregon's health care system: Increase staff in the OHA Office of Equity & Inclusion and/or Health Systems Division so that there is parity in expertise & representation of all THW worker types among staff.
 - These positions should have Knowledge, Skills, & Abilities (KSA) requirements⁴ that are relevant to the THW worker type to which they are assigned. Work activities should include the following:
 - Project management and policy development and/or analysis
 - Education and technical assistance to health systems and CBOs.
 - Subject matter expertise to inform the development & improvement of Medicaid payment systems that sustainably and continuously fund THW positions across employer sectors, including community-based organizations and schools in addition to health systems.
 - Support for individuals who apply for THW certification so that qualified THWs can obtain their THW Registry numbers quickly, minimizing any potential barriers to entry for employment.
- Require prospective THW employers to cover the cost of THW training and certification when job postings include a THW certification requirement.⁵

² The American Public Health Association endorses a similar policy for CHWs: [APHA Policy # 201414](#).

³ Just as physicians, nurses, medical assistants, and behavioral health practitioners are supported to practice at the top of their certification by legislation-backed investments in primary care (i.e. the Patient-Centered Medical Home Program), so too should CHWs. Many CHWs who work in health systems are only supported to practice a narrow subset of the 10 core CHW roles and/ or are assigned roles that are beyond or outside the CHW scope of practice.

⁴ Work experience as the assigned THW worker type is strongly preferred. Demonstrated subject matter expertise is also acceptable.

⁵ Although certification is not required by law to work or volunteer as a CHW, some employers have gone against CHW best & promising practices to include certification as a requirement for job applicants to be considered for interviews and employment. This further marginalizes the CHW profession and bars qualified CHWs from entry to employment.



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- Restrict employers from requiring educational degrees/diplomas of any kind for THW positions. Instead, employers should emphasize requisite lived & professional experience when considering THW applicants.
- Incentivize CCOs and health systems to integrate CHWs via CHW-identified methods that center culturally-specific community-based organizations and invest in Black, Indigenous, People of Color, immigrants & refugees, and additional communities that are farthest from justice. OHA should:
 - Compensate CHWs from diverse employment sectors and geography to lead and participate in the development of quality standards for health systems to follow throughout the initial CHW-health system integration process and ongoing.
 - These standards should be identified by CHWs, be true to CHW paradigms, reflect the conditions that promote CHW program success, and strongly encourage & support health systems to contract with community-based organizations for the services of CHWs instead of hiring them directly.
 - Verify, accredit, and provide CHW-specific funding⁶ to health systems/clinics that demonstrate evidence of organizational policies, procedures, and practices that meet the above standards for CHW-health system integration.

⁶ Funding is to be used for the express purpose of financing CHW positions and program costs.