Grant Proposal

Advocating for Community Based Participatory Funding (CBPF) for Community Health Workers (CHWs) in Rural King County Washington

Pacific Hospital Preservation and Development Authority (PHPDA)

Application for Federal Assistance

Statement of Need

Introduction

This report will serve as a statement of need and importance for reforming roles of community health workers (CHWs) to create sustainability and recruit more people to the field. The first section of this report is a literature review on CHW pay structures and responsibilities in the U.S. and abroad. The second half of this report is a pseudo grant proposal which can serve as an action plan and tool to advocate for change for CHWs in King County, Washington.

Background

As defined by the CDC, Community Health Workers are public health workers who are connected to the community they serve and act as liaisons between health care and community with cultural competency and skills in health care (“Community Health Worker Resources.”, 2023). CHWs are commonly found all across the world, and can go by different titles. These can

include Community Health Workers, Community Health Representatives (CHRs), Community Health Advisors, Promotores de Salud, Community Health Advocates, Coaches, Lay Health Advisors, Peer Mentors, Peer Navigators, Family Advocates, Health Educators, Public Health Aides, Health Interpreters, Liaisons, and many others (*Community Health Representative | Indian Health Service (IHS)*, n.d.), (*Community Health Worker Resources | CDC*, 2023).

Community Health Workers (CHWs) are crucial players in health systems across the world. Abroad, CHWs act as social workers, home health aides, and can even provide direct care. Often, health care professionals take on roles that CHWs typically hold such as making home visits, providing trainings and education with a specific cultural lens, and getting to know health care recipients on a personal and professional level, creating a system of health care that heavily involves the structure and ideals of community health work. In the U.S., CHWs occupy similar spaces and most importantly act as invaluable cultural translators and as trusted members of communities ("Community Health Worker Resources.", 2023). CHWs in the U.S. typically serve low-income, underserved, difficult-to-reach, and minority populations (Wells, et al. 2011).

CHW History

Community Health Workers were first formally established in China in the 1960s and were referred to as "barefoot doctors" (Perry, et al., 2014). CHWs then started to become popular across the world, especially in middle- to low-income countries. Much research has been conducted on the strengths and successes of CHWs across the world, including within the U.S. However, CHWs in the U.S. have only started to become federally recognized as legitimate positions within the last decade (Sabo, et al., 2017).

In 1978, a conference was held and hosted by the WHO to address the world's health. Coming out of this conference was the Alma Ata Declaration, formally declaring global health as

a top priority and as health as a human right ("Declaration of Alma Ata", 1978). The Alma Ata Declaration has helped to form the basis of much of what the world knows today as global public health. Within the Alma Ata, was the recognition of the importance of CHWs in the sustainability and success of health systems across the world. This led to the successful implementation of CHWs, specifically within low- to middle-income countries (Maes, et al. 2010). With this great success, also came significant challenges within the community health workforce across the world. Countries learned the importance of CHWs, but also manufactured the role so as to either pay CHWs very low wages, or set them up as volunteers and not pay them at all (Maes, et al. 2010). Many countries employ CHWs as volunteers, and sustain their work by the honor that is brought to them by their community or even as a religious rite of passage (Maes, et al. 2010). Additionally, CHWs are often employed as contract workers, are not given the benefits of full-time staff members, or are paid well under what a liveable wage would be in the communities where they work (Maes, et al. 2010). In wealthy countries, CHWs are only recently becoming recognized as legitimate professionals worthy of decent wages.

Rural Health Care Challenges - U.S.

Rural health care faces significant challenges that are unique to these environments and are not often shared with urban hospitals. Two major challenges are lack of funding and lack of health care personnel. Along with this, more negative health outcomes are associated with rural communities as there may be less access to healthcare and health education. Rural communities tend to have higher rates of poverty and higher rates of chronic disease.

Community Health Workers in King County, Washington

In Washington State and King County, CHWs largely go by the names of Community Health Workers (CHWs), Community Health Representatives (CHRs) in Native communities,

Promotores de Salud in Spanish-speaking communities, and Peer Navigators (*Peer Navigator Program*, 2022).

King County, Washington is largely made up of urban hospitals as King County is largely an urban county. However, there are two major Critical Access Hospitals (CAHs) within King County: Saint Elizabeth Hospital in Enumclaw and Snoqualmie Valley Hospital in Snoqualmie. CAHs are hospitals or health facilities which are positioned in rural communities and often have fewer resources and funding than larger hospitals in urban settings. As CAHs typically serve rural communities, there is often a higher burden of disease for these facilities to handle as rural communities tend to be populated by older adults and as rural settings tend to have lower rates of healthcare access leading to more negative health outcomes (Lutfiyya et al., 2007). Additionally, less than 10% of physicians in the U.S. serve in rural hospitals or CAHs, leaving a need for healthcare professionals in these settings. CAHs also provide more than just healthcare in a lot of rural communities as they also serve as a community meeting space with cultural significance and sensitivity related to each specific community (*Rural Hospitals*, n.d.). Below is a list of health facilities in King County and if they are set in rural or urban environments (*Member Listing*, n.d., *Washington State Department of Health Critical Access Hospital (CAH) Program Washington State Rural Health Plan*, n.d.).

Hospital/Facility	**Setting (Urban vs. Rural)**
EvergreenHealth	Kirkland, WA Urban
Fairfax Behavioral Health-Kirkland	Kirkland, WA Urban
Fred Hutchinson Cancer Center	Seattle, WA Urban
Kaiser Permanente, Wasington	Renton, WA

	Urban
Kindred Hospital Seattle-First Hill	Seattle, WA Urban
MultiCare Auburn Medical Center	Auburn, WA Urban
MultiCare Covington Medical Center	Covington, WA Urban
Navos	Seattle, WA Urban
Overlake Medical Center & Clinics	Bellevue, WA Urban
Providence	Renton, WA Urban
Seattle Children's	Seattle, WA Urban
Snoqualmie Valley Hospital	Snoqualmie, WA Rural CAH
St. Anne Hospital	Burien, WA Urban
St. Elizabeth Hospital	Enumclaw, WA Rural CAH
St Francis Hospital	Federal Way, WA Urban
Swedish Ballard	Seattle, WA Urban
Swedish Cherry Hill	Seattle, WA Urban
Swedish First Hill	Seattle, WA Urban
Swedish Health Services	Seattle, WA Urban
Swedish Issaquah	Issaquah, WA Urban

UW Medicine	Seattle, WA Urban
UW Medicine Harborview Medical Center	Seattle, WA Urban
UW Medical Center - Montlake	Seattle, WA Urban
UW Medicine - UW Medical Center Northwest	Seattle, WA Urban
UW Medicine - Valley Medical Center	Renton, WA Urban
VA Puget Sound Health Care Center - Seattle	Seattle, WA Urban
Virginia Mason Medical Center	Seattle, WA Urban

CHWs take on many different names and roles in different communities, but all exhibit similar methodologies by getting to know their patients and understanding important cultural factors that contribute to behavior and health in these areas. For example, in Prosser, Washington, Community Paramedics take on the role of CHWs by providing EMS care through routine home visits (Assoc, 2013).

However, there is a significant shortage of community health workers and healthcare personnel in rural health settings generally. In 2022, legislation was proposed to provide funding for non-licensed health workers including health care navigators and community health workers in pediatric settings at primary care facilities in Washington State. Now, in King County, 5 clinics have begun staffing CHWs. These facilities include Harborview Medical Center, Hope Central Pediatrics and Behavioral Health, Seahurst Pediatrics, SeaMar Community Health Centers King County, UW Medicine Primary Care Kent Des Moines Clinic (*Community Health Worker (CHW) Grant | Washington State Health Care Authority*, n.d.).

Current Community Health Worker Pay Structures

In CAH facilities and larger healthcare systems, CHW roles can be funded through a variety of mechanisms. These include Medicare/Medicaid reimbursements, state or federal grants, salary allocation as decided by employers and financial managers based on their perceived return on investment in hiring CHWs, and government general funds budgets. Outside of these settings, there are other sustainable methods to fund CHWs. These include mandates or incentives to providers, policy and advocacy, and grants through Community Based Organizations (CBOs).

There are currently many challenges with CHW funding. As rural communities may have fewer patients, it can be difficult for health care professionals or CHWs to make liveable wages as their pay is dependent on the number of patients they see and whether or not those patients are paying through Medicare/Medicaid (Dirksen et al., n.d.). Additionally, CHWs are typically employed as short-term temporary positions. This can create “silos” which limits motivation for CHW policy and advocacy since they are seen as “band-aid” fixes and not long-term solutions (CDC, n.d.). CHW funding, which is often through grants, also typically focus CHW attention to specific health conditions, further siloing CHW capacity. It is well-known that CHWs are beneficial for healthcare systems through much more than the treatment of specific illnesses and oftentimes, CHWs do not provide expertise on health conditions but rather culture and navigation of healthcare systems. This funding avenue makes it difficult to integrate CHWs into health systems more permanently and sustainably. Additionally, this deters individuals from pursuing careers in Community Health Work due to the current lack of stability in the field (CDC, n.d.).

The current Washington State Hospital Association Rural Strategic Plan outlines and prioritizes the importance of local public health in sustaining CAHs and rural health systems. This plan does a good job of detailing action items which will increase the community's public health, but fails to acknowledge the need for CHWs specifically dedicated for these tasks. The CDC advocates for education of healthcare employers to explain that funding CHWs long-term and integrating them into operations at health facilities will actually decrease costs of running healthcare facilities as CHWs are proven to greatly improve community health, especially in rural areas, ultimately saving money on expensive health care interventions and preventable hospital visits (CDC, n.d.). In one specific example, a Texas-based hospital system calculated the return on investment on a CHW intervention to use CHWs to divert patients from emergency rooms to more relevant facilities for care. One of these facilities using this intervention saved $16 for every $1 spent on establishing and maintaining this program (CDC, n.d.). Additional benefits of CHWs could be for emergency preparedness, improving provider-patient communication thus reducing unnecessary health expenses (diagnostics, hospital visits), and increasing community trust of healthcare professionals as CHWs are often themselves members of the community or share similar identity and cultural backgrounds (CDC, n.d.).

The American Medical Association (AMA) classifies CHWs as providers for billing purposes, which can be a way to incentivize the hiring of CHWs in rural settings in King County, Washington. Many state-level mandates enforce certain medical interventions and CHWs would be ideal professionals to see these interventions through, and further would reduce costs for health facilities in fulfilling these mandates. Additionally, research shows that by educating employers on the benefits of long-term CHW employment, employees can then become effective advocates within health systems to establish long-term presence of CHWs (CDC, n.d.).

Community Based Participatory Research (CBPR)

The focus of this grant will be to shed light on the importance and value of CHWs in rural King County, Washington and to provide evidence and examples for why and how CHWs should be paid well enough to sustain their work and solidify community health work as a viable and permanent career and solution to improving health across the U.S. The strategy that will be used to gather and analyze this information will be to engage with the community using a Community Based Participatory Research (CBPR) lens. Using this CBPR lens, we will collect evidence to advocate for Community Based Participatory Funding (CBPF) for CHWs in rural King County, Washington.

As described by Andrea Cornwall and Rachel Jewkes, CBPR is research that is conducted alongside a community as opposed to being imposed upon them (Cornwall and Jewkes, 1995). This approach is crucial for many reasons. It will make research more effective and beneficial. Too often, research has been conducted within a community and has little to do with the concerns of that community.

Additionally, much research has been published about communities that contribute to racist perceptions of groups of people. CBPR is vital in decolonizing knowledge and creating an anti-racist model for sharing and gaining knowledge. In Bud Hall's article, "Decolonization of Knowledge, Epistemicide, Participatory Research and Higher Education," concepts are discussed that highlight the significant harms research and academia have committed to minority communities, underserved communities, and communities that have historically experienced violence and racism (Hall et al., 2017). Epistemicide, or the killing of knowledge systems, has been active in erasing methods of knowledge sharing and dissemination and creating an

exclusive, difficult-to-access one-size-fits-all approach to research that invalidates indigenous knowledge and important cultural traditions across the world (Hall et al., 2017).

By employing a CBPR approach to research, these different epistemologies can be incorporated into research and can challenge the strong hold Western research practices have on knowledge. CBPR places the community at the forefront of the research by addressing needs that are relevant to the community, including community stakeholders as partners in project development, and works to prioritize the needs and desires of the community partners. This will often mean different epistemologies are often interwoven within the western production of knowledge, and in taking the next step further, knowledge can be shared using practices that do not include Western standards (Cornwall and Jewkes, 1995).

Community Based Participatory Funding (CBPF)

Another subset of community participation is in developing pay structures at organizations or for job positions. Community Based Participatory Funding is the method of allowing employees at an organization to be key players in the decision making process of pay and benefits. According to multiple studies by Jenkins and Bullock, employee participation in pay plan development has huge benefits. In these studies that were conducted in the 1980s, companies which were struggling with employee retention, staff morale, work efficiency, and employee satisfaction were greatly improved by allowing employees to be decision makers in their own pay (Bullock, 1983, Jenkins 1981). Not only were staff allowed to make decisions about their compensation, they were also granted access to information about the companies' total budgets and funding. This helped for employees to better understand the pay structures and benefits they receive, and feel valued as they were trusted to have access to this information and power in adapting budgets (Bullock, 1983, Jenkins 1981). After allowing employees the ability

to define their own pay, staff were happier at their jobs and had stronger motivations to produce good work (Bullock, 1983, Jenkins 1981).

In Washington, The Washington State Health Care Authority (HCA) is currently researching ways to better integrate CHWs to Medicaid and Medicare reimbursement plans through public hearings to gather feedback. Using the HCA's public feedback sessions could be a good way to introduce models and structures of CBPF for CHWs in King County, as one example. Additionally, it could be valuable to use these feedback sessions and interviews which will be proposed later in the grant to gather information about benefits for CHWs outside of pay structures. This could be a good opportunity to consider culturally relevant benefits that can additionally be offered to CHWs including family leave, childcare, food subsidies, housing stipends, free mental healthcare, etc. Finally, a good goal to strive for through advocacy, organizing and reform of CHW structures can be to unionize CHWs to create long-term CHW positions and ultimately vastly improve community health in King County and across the U.S.

It is important to remember that a key component of this strategy to create long-term solutions for CHWs is policy change at local, state, and national levels. In order to create real change and sustainability for CHW roles, policies need to be set in place to cement the value CHWs have on our communities. Certain states in the U.S. recognize CHWs as formal professions, but Washington State is not on this list. By gathering key testimony from CHWs through this grant, we can provide a strong starting point for making this happen in King County and in Washington state.

Urgency

This grant will aim to provide evidence through a research paper informed and collaborated on with community members to implement CBPF for CHWs and to advocate for

policy which will create long-term CHW positions in rural King County, Washington. This grant will propose the ways in which this grant will center CBPR and highlight the values of CHWs in these communities. The evidence is clear that CHWs are invaluable in health systems, especially among communities who are often disenfranchised. CHWs hold unreplicable knowledge on individuals, families, the culture, and the languages of the communities they work within. In the height of the COVID-19 pandemic, we witnessed the ways in which CHWs sacrificed and worked for their communities. To prevent future pandemics, survive through them, and to address the community's most pressing public health issues, we need the support of CHWs. CHWs invest in their communities and it is imperative we invest in them. This grant will lay the groundwork for making the changes that will support CHWs in the way they deserve, right here in Washington State.

Project Abstract Summary

This project is intended to serve as a scan of CHWs in rural Washington through literature review, assess CHW pay structures, compare different pay structures across the country, and develop a survey with community members to consider what they might want to share in regards to better pay and benefits. The project will take place over five months and will include 3 separate trips for community visits, 3 meetings with community stakeholders, and 30 interviews from community members. The project will be developed with community members from the project onset, and the results of the project will be shared on the community's own terms. Ultimately, this project will intend to inform policy that will change the current pay structures for CHWs in rural King County, Washington.

Project Narrative

Goals and Objectives

The main goals of this project will be to:

- Produce a literature review on CHW value and CHW pay structures across the United States.
- Engage in 3 in person meetings with community stakeholders
    - The first meeting will be a meeting for a community needs assessment and the (likely) development of surveys to be administered to community members concerning pay and benefits for CHWs.
    - The second meeting will be to inform key community stakeholders on the progress of the project, go over interviewing goals, and make adjustments or changes as defined by the community stakeholders.
    - The third meeting will be to discuss the results of the interviews and literature reviews and discuss the ways in which the community wants results analyzed and disseminated, if at all.
- Develop 3 surveys with community members asking about job satisfaction, quality of care, budget flexibility, and thoughts for additional CHW staff support which will be administered to three groups:
    - CHWs
    - CHW managers
    - CHW care recipients.

- Build strong community relationships with health care providers and recipients in rural King County, Washington.
- Produce a report coalescing all of the information gained and analyzed throughout the five month research process.
    - This will only be done in the ways the community wishes for it to be done, and will not be published if the community does not wish for it to be.

It is important to note here that CHWs are powerful players in change making at the macro level. CHWs can have sway in policy and legislation to advocate for their own rights and the rights of their communities. By building these strong relationships, we hope to be able to build capacity and provide training and practice for CHWs to advocate for themselves at the legislative level.

Surveys

The community surveys will be developed using a CBPR model to involve community members in research that is aiming to provide a strong argument for CBPF for CHWs in rural King County, Washington. The key points the surveys will aim to address are:

- How to best retain CHWs
- How to best support the livelihoods of CHWs
- How to best keep CHWs satisfied in their working environment

The surveys will be developed for three different groups; 1) CHWs in rural King County 2) beneficiaries of CHWs, or those who are in the service areas of CHWs, and 3) CHW program managers.

It is important to note that these key survey aims and draft survey questions will change once we have community input. We are centering the voices, needs and wants of our community partners and plan to be extremely flexible.

The drafted community surveys are as follows:

Community Health Workers in Rural King County

- This survey is meant to assess CHW satisfaction in rural areas of King County. This survey will also aim to gather ideas and opinions from CHWs on pay structures that would work the best for these groups.

1. Tell us about your job satisfaction.
    a. What do you think of your salary?
    b. What do you think of your benefits?
2. With the current funding and pay available to you, how efficiently are you able to work in the way you desire?
3. What resource may be missing from your work as a CHW?
4. What resource is most beneficial for your work as a CHW?
5. What do you see as some of the greatest benefits of the work you provide to your community?
6. Is there anything else you would like to tell us?

One concern I have about this survey is that CHWs may not feel comfortable commenting on their satisfaction with their pay and benefits. This makes another argument for the importance of

CBPR in administering this intervention, as we will need buy-in from CHWs, CHW managers and other staff at health facilities to ensure participation in these surveys will not have negative repercussions.

CHW Service Receivers

- This survey will be meant to assess service receiver satisfaction with CHW care. We know there is an abundance of research which widely supports and celebrates the work of CHWs, but we want to either further highlight this in these specific communities or comment on how better funding could improve the work of CHWs.

1. How often do you receive services or work with CHWs in your community?
2. What services have been provided to you by these CHWs?
3. Please describe your experience with the service provided to you by your CHWs.
4. What do you think is the greatest strength of the CHWs in your community?
5. Is there anything you would suggest that could make CHW service better?
6. Is there anything else you would like us to know?

CHW Program Managers/Washington State CHW Leadership Committee

- This survey is meant to assess the capacities of the health care facilities that employ CHWs. We will aim to investigate if there is room to increase the pay and benefits for CHWs. We will be coming from an angle advocating for CBPF.

1. What does current funding for the existing CHW programs at your institution look like now?
2. Do you foresee an increase or decrease in this funding for CHWs in the next five years?

3. What benefits do you see with CHW intervention and program utilization?
4. What challenges do you see with CHW program management?
5. What ideas would you have to increase funding and expand sustainability of CHWs at your institution?
6. Are you familiar with CBPF? Or the idea of participatory pay structures?
7. After learning about CBPF, what are your thoughts on incorporating this at this health facility?

Again, these survey questions will be meant to be edited, changed and updated with community member input. Representatives from each interviewee group will be consulted. We hope to include many of these questions, but want to make sure the community agrees and has primary input and design power.

Project Timeline

This project will start in **X** and will be estimated to take 6 months.

- The literature review will be conducted for the **first two weeks of X**.
    - This will also include research from other pay models which will serve as an example for pay models in rural King County, Washington.
- In the **second two weeks of X**, site visits will begin to visit the four target communities to develop survey questions and build relationships with community members.
- The **first week of X** will be spent finalizing survey questions.

- In the s**econd week of X**, site visits will begin in the four communities in rural King County, Washington to begin administering the surveys.
- The **third week in X until the end of X** will be spent writing up the report with the survey information included in the results and discussions.
- At the **beginning of X**, a third site visit will commence where the team will review the paper with community members and stakeholders and will take edits and changes to the results.
    - We will also discuss the ways in which the community would like to disseminate the results, and if they would like to disseminate the results at all.
- During the **end of X and through X**, the paper will be finished, submitted for peer review, and sent to the publishing journal of choice.
- By the **end of X**, a paper will be published if the community agrees to do so.

Evaluation

This project will be evaluated throughout the process of writing the paper. The results of the literature review and research will inform survey questions which will be discussed with community members. The intention of this report is to inform and advocate for CBPF and better CHW policies in King County and Washington state. The advocating will be done at local and state government levels of the communities we are conducting the research in. There will be further intention to evaluate the success of CBPF once we establish avenues with which to potentially approve CBPF structures. This may be a secondary grant or paper.

Conclusion/Restatement of Need

CHWs offer endless benefits to communities and are well-known to be directly related to increases in community health when utilized. Despite this, CHWs are chronically underpaid and lack support and benefits that other key health workers in rural health systems are accustomed to. In order to continue to increase community health, especially in rural areas, it is imperative for health systems to adopt pay and benefits structures and overhaul current CHW employment structures which will ensure longevity, job security and job satisfaction for CHWs in King County and across the country. In talking directly with CHWs, understanding their needs and barriers to providing high quality care, an avenue to better support CHWs is opened. Community Based Participatory Funding (CBPF) is known to work and should be employed in rural health care settings in King County, Washington. Community Health Workers are invaluable, and should be treated as such. This grant provides a path which can take one step closer to CBPF and CHW uptake and sustainability in King County, Washington.

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