



**JOINT INCLUSION COMMITTEE (JIC)
FY23-2024 BUDGET RECOMMENDATION 20230329-009
HEALTH PRIORITY – COMMUNITY HEALTH WORKERS**

Date: March 29, 2023

Subject: Joint Endorsement of the Hispanic/Latino Quality-of-Life Resource Advisory Commission's FY23-24 Budget Recommendation 20230328-006: Community Health Workers (JIC Health Priority)

Motioned by: Commissioner Idonna Griffith Seconded By: Commissioner Amanda Afifi

HISPANIC/LATINO QUALITY-OF-LIFE RESOURCE ADISORY COMMISSION RECOMMENDATION
20230328-006

JOINTLY ENDORSED RECOMMENDATION TO COUNCIL ON FY23-2024 BUDGET

WHEREAS, the American Public Health Association (APHA) defines a Community Health Worker (CHW) / Promotores de Salud as: “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 worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence 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.”

WHEREAS, the Texas Health and Safety Code Chapter 48 provides authority to the Texas Department of Health and Human Services to establish and operate a certification program for Community Health Workers.

WHEREAS, the Texas Department of Health and Human Services requires CHWs to demonstrate skills in the eight core competencies and meet the following certification requirements:

- Texas resident.
 - Must be 16 years old.
 - Training – Completion of an approved DSHS-certified 160-hour competency-based Community Health Worker training program.
- OR-

- Experience – At least 1000 cumulative hours of community health worker services within the most recent three (3) years. Experience will be verified with the supervisor(s) noted in the application.

WHEREAS, The C3 Project further defines 10 Core CHW Roles and 11 Core CHW Skills at a National Level for job descriptions, evaluation, training, and career development.

WHEREAS, the National Association of Community Health Workers (NACHW) recommends the adherence to self-determination principles reflected as 50% or more CHW participation in all workforce decision-making process within a CHW program.

WHEREAS, NACHW recommends the classification of CHWs as essential, critical infrastructure workers during the COVID-19 pandemic, and future pandemics, in all states, territories and tribal nations per guidance of the Department of Homeland Security.

WHEREAS, NACHW recommends the integration of CHWs in leadership roles to help design, develop, implement, and monitor programs and services impacting the communities where they live and serve.

WHEREAS, NACHW recommends that CHW employers provide appropriate training, supervision, and workloads in accordance to CHW assessments and evaluations.

WHEREAS, NACHW highlights the need to recognize CHW contributions to health in the U.S. by instituting permanent funding streams and promoting the visibility of CHWs to provide a unified voices in the field.

WHEREAS, NACHW recommends the guarantee of equitable employment packages that include living wage (in accordance to where they live/work), paid sick time, hazard pay, health care coverage, transportation and communication (internet/cell) reimbursement.

WHEREAS, NACHW recommends the recruitment, and hiring of authentic CHWs who are trusted in and have shared experiences with the communities that they serve. Prioritizing CHWs with proven histories of community engagement, multi-cultural patient navigation, advocacy, and peer-support.

WHEREAS, The U.S. Bureau of Labor Statistics uses the 21-1094 code to identify that CHWs: Promote health within a community by assisting individuals to adopt healthy behaviors. Serve as

an advocate for the health needs of individuals by assisting community residents in effectively communicating with healthcare providers or social service agencies. Act as liaison or advocate and implement programs that promote, maintain, and improve individual and overall community health. May deliver health-related preventive services such as blood pressure, glaucoma, and hearing screenings. May collect data to help identify community health needs. Excludes “Health Education Specialists” (21-1091).

WHEREAS, in October of 2022 the American Public Health Association (APHA) declared Structural Racism as a Public Health Crisis.

WHEREAS, The (APHA) passed Policy Number 20227: A Strategy to Address Racism and Violence as Public Health Priorities: Community Health Workers Advancing Equity & Violence Prevention, led by CHWs using a participatory process and supported by 30+ CHWs leaders/allies across the country.

WHEREAS, City of Austin Council Members approved Item 113, declaring racism a public health crisis.

WHEREAS, the Austin/Travis County Health & Human Services Department completed a Community Health Assessment plan in 2022 identifying numerous health disparities and community engagement opportunities.

WHEREAS, Community Health Workers address a wide range of Social Determinants of Health by centering community needs and services. A well trained CHW can address health disparities by providing services to individuals and communities with the greatest needs by connecting to housing, food, utility assistance, insurance, emergency preparedness, transportation, mental health, education, language access, immigration services and various other local, state, and federal programs.

WHEREAS, the Central Health 2022 Demographic Report identifies the following key findings:

- High cost of living and affordability is a regional issue that impacts Travis and surrounding counties.
- Austin is the key regional access point for health care, affordable housing, public transportation and social services.
- Families in poverty are becoming more concentrated near the I-35 corridor; *
- Access to care continues to be major barrier – regardless of proximity to care; *
- Disease prevalence rates for the unhoused population are 1.5 to 2 times higher than the housed population.
- 40 percent of patients had at least one chronic condition – the overall average is 2.5 per patient;

- Health equity issues present most significantly in East Central Austin and among Black patients but demographic differences had more of an impact than geographic differences among the MAP and MAP Basic population.

WHEREAS, Ending Community Homelessness Coalition (ECHO) identifies that “a substantial overall expansion in system capacity-both in the number of units available for permanent housing programs and in agency/staffing capacity-would be a game changer across the board for addressing racial disparities.

WHEREAS, the State of the Food System Report 2022 identifies the following:

- Availability of healthy and affordable food is limited,
- Communities of color in Austin disproportionately experience food insecurity and are harder hit during disruptions such as the COVID-19 pandemic
- Food assistance programs such as Supplemental Nutrition Assistance Program (SNAP) are underutilized.
- Displacement and structural racism have led to racial disparities in the food system, including disinvestment and higher rates of food insecurity, cardiovascular disease, and diabetes in communities of color.

WHEREAS, Integral Care Racial Equity Plans identifies these potential objectives:

- Identify diagnostic racial disparities and take appropriate steps to mediate and reduce diagnostic disparities in African American, Hispanic/Latin X, Indigenous, and Asian American/Pacific Islander clients.
- Identify racial disparities in groups receiving services (such as Level of Care assignment, frequency and duration of contact) and implement appropriate strategies to address and reduce the disparities.
- Review language access plan to ensure appropriate availability and ease of access to needed services.
- Apply a racial equity lens to clinical care practices, policies and procedures and update accordingly.

WHEREAS, the Health Inequities In Austin/Travis County Report in 2015 identifies CHWs as Best/Promising Practices by exemplifying the following:

- Culturally and linguistically appropriate.
- Community-based in order to maximize family and social supports.
- Holistic in approach, taking into account basic needs and other barriers to care.

WHEREAS, Austin Public has created a Health Worker Hub a center to train, support, and provide opportunities for Community Health Workers

WHEREAS, APH's Community Health Worker Hub hosted its first 160-hour training course program in 2023.

WHEREAS, APH has hired various CHWs across departments, for numerous activities and deliverables (including vaccination efforts, chronic disease education, emergency response, and outreach among others)

WHEREAS, While some progress has been made, there is no unified CHW-led position to oversee CHW work across APH (in alignment with NACHW recommendations, APHA guidelines, C3 job scopes, and Bureau of Labor criteria).

WHEREAS, APH is listed as a recipient of OE22-2203: Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems funding

NOW, THEREFORE, BE IT RESOLVED BY THE JOINT INCLUSION COMMITTEE:

To recognize the integral role that Community Health Workers have in shaping a better public health system across the city of Austin in alignment with the American Public Health Association-CHW Section, the National Association of Community Health Workers, the U.S. Bureau of Labor, and a number local reports and assessments that point to the need for better health outcomes. The Commission also highlights the urgency and relevance of Community Health Workers in providing a wide-range of social services through assessment, navigation, advocacy and inter-agency coordination for communities with the greatest needs.

BE IT FURTHER RESOLVED: That an Assistant Director position is created in Budget 2023-2024 at Austin Public Health to direct all CHW activities including hiring, training, supervision, evaluation, career development, funding, and strategic/tactical direction of CHW initiatives across the city of Austin through the CHW Hub. This position should report directly to APH director.

BE IT FURTHER RESOLVED: additional APH line-item Budget support for additional staff and activities required to evaluate current CHW environment at APH, creation of a CHW Strategic Plan and coordination of this work for at least 5 years.

BE IT FURTHER RESOLVED: A CHW Strategic Plan should include at least 50% or more CHW participation in its development, evaluation, and implementation.

BE IT FURTHER RESOLVED: A CHW advisory council be created to oversee, advise and provide recommendations and support at the APH CHW Hub. This advisory council should be made up of CHWs and/or CHW Instructors with experience in the field and stories that mirror those most affected by structural violence.

BE IT FURTHER RESOLVED: CHW positions at APH should also intentionally hire, train, and development from communities most affected by health inequities.

BE IT FURTHER RESOLVED: A CHW Hub at APH should train, and place CHWs at APH, other departments, and at other partner organizations across the city to create a network of navigators and social services providers in Central Texas. These placements should ensure dignify-pay, and career ladders that respect the CHW profession and recognize community achievements (over academic credentials).

BE IT FURTHER RESOLVED: A CHW Hub should utilized experienced Texas Certified CHW Instructors to develop in-house curriculum and localized continuing education for CHWs in Central Texas

BE IT FURTHER RESOLVED: The APH Hub should also convene every quarter CHW employers and other stakeholders to coordinate work force development and strategic direction of CHW activities across the city. These activities should take into account the various reports being published regarding Social Determinants of Health (Housing, Food, Transportation, Education, etc.).

ROLL CALL VOTE: 7 – 0 – 1

For: African American Resource Advisory Commission: Gregory Smith
Asian American Quality-of-Life Advisory Commission: Hanna Huang
Commission for Women: Rebecca Austen
Early Childhood Council: Raul Alvarez
Hispanic/Latino Quality-of-Life-Resource Advisory Commission: Amanda Afifi
Human Rights Commission: Idonna Griffith
LGBTQ+ Quality-of-Life Advisory Commission: Charles Curry
Mayor's Committee for People with Disabilities: Jennifer Powell

Against: Commission on Aging: Amy Temperley

Abstain: None.

Absent: Commission on Immigrant Affairs: Juan Vences-Benitez
African American Resource Advisory Commission: Gregory Smith

Attest: Jeremy Garza, Staff Liaison, Equity Office:

x Jeremy Garza