

Outreach and Enrollment Issue Brief:

# Expanding the Role of the Enrollment Assister at Community Health Centers

April 2017



NATIONAL ASSOCIATION OF  
Community Health Centers

7501 Wisconsin Avenue  
Suite 1100W

Bethesda, MD 20814

Phone 301.347.0400

[www.nachc.com](http://www.nachc.com)

## Executive Summary

Over 1,300 Community Health Centers nationwide hire enrollment assisters and conduct outreach and enrollment (O&E) activities throughout the year. Enrollment assisters have titles such as certified application counselors (CACs), in-person assisters (IPAs), or Navigators. Their primary responsibility has traditionally been to help consumers understand their insurance coverage options, how to enroll into coverage, and how to use their insurance once they are enrolled. With each successive open enrollment period, the role of enrollment assisters has steadily evolved to include a range of “enabling services.” Enabling services are non-clinical services that enable individuals to access health care and improve health outcomes.<sup>1</sup> These services can include eligibility assistance, health education, health literacy, outreach, transportation, and translation. As the duties of enrollment assisters grow, there is increasing overlap with another type of employee workforce at health centers: Community Health Workers (CHWs). CHWs are frontline

public health workers that provide a range of services for individuals and families ranging from outreach to social support to informal counseling. CHWs have increasing importance and relevance for health centers as progress towards value-based payment models compels health centers to re-evaluate how they provide care to patients in a team-based, multidisciplinary approach. Today’s health care payment system, that often rewards high service volumes by reimbursing on a fee-for-service basis, limits health centers’ ability to effectively provide CHW support services. CHWs have the potential to change this dynamic, but a lack of sustainable funding poses challenges. This issue brief provides an overview of how the Michigan Primary Care Association supported the development and expansion of both the enrollment assister and CHW workforce at health centers. This issue brief explores strategies and models for workforce development and training that could be replicable in other states and ultimately financially sustainable.

---

<sup>1</sup> “Health Center Program Terms and Definitions,” Health Resources & Services Administration, Bureau of Primary Health Care.

## Introduction

For several decades, health centers have been at the forefront of integrating the provision of medical, dental, and behavioral care with enabling services for patients. Under Section 330(b)(1)(A)(iv) of the Public Health Service Act (42 U.S.C. § 254b), enabling services include activities such as transportation, translation, education, and connection to community support services. As Michigan's health centers have increasingly adopted the Patient Centered Medical Home (PCMH) model, they have simultaneously expanded and implemented interdisciplinary, team-based approaches to care for their patients. As a result, health centers have incorporated Community Health Workers (CHWs) into patient care teams. In addition, the Patient Protection and Affordable Care Act (ACA) and Medicaid expansion allowed health centers to quickly hire enrollment assisters in order to expand their capacity to assist patients and communities with understanding and enrolling into new health coverage options.

Progress towards value-based payment has forced health centers to evaluate how and by whom non-clinical support is provided to patients. As these two workforces (CHWs and enrollment assisters) grew over the past several years, health centers discovered that their skills, knowledge, and services often overlapped to the point that they perform similar roles in many places. Accordingly, the Michigan Primary Care Association (MPCA) examined both an expansion of the role of assisters via CHW cross-training and the potential impact of that expanded role on patient health outcomes.

### ***What is an Enrollment Assister?***

Enrollment assisters (navigators, certified application counselors, or in-person assisters) educate and provide outreach to individuals who are uninsured. They also offer unbiased enrollment assistance, including but not limited to: completing coverage applications, gathering required documentation, and troubleshooting the enrollment process. Enrollment assisters help uninsured children and adults gain access to subsidized, low-cost and free health insurance programs through the Health Insurance Marketplace, Medicaid and the Children's Health Insurance Program.

### ***What is a Community Health Worker?***

Community Health Workers (CHWs) are frontline public health workers who are trusted members of and/or have an unusually close understanding of the community served. This trusting relationship enables a CHW to facilitate access to services and improve the quality and cultural competence of service delivery by serving as a liaison/link/intermediary between health and social services and the community. CHWs also build 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.<sup>2</sup> Some states, such as Texas, Ohio and Florida, have found that these activities not only add value to the community, but they also require a specific skillset. As such, those states have standardized the role of the CHW and provided a structured training and licensure/certification process to support the role of CHWs across communities and practice settings.

2 Support for Community Health Workers to Increase Health Access and to Reduce Health Inequities. (2009, November 10). Retrieved January 04, 2017, from <http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/09/14/19/support-for-community-health-workers-to-increase-health-access-and-to-reduce-health-inequities>

## Enrollment Assister and CHW Roles in Michigan Health Centers

The passing of the ACA in 2010 and Michigan’s Medicaid expansion in 2013 created an opportunity for more than one million uninsured Michigan residents to enroll in health insurance coverage programs.<sup>3,4</sup> This included thousands of Michigan health center patients, many of whom had been receiving health care services through the health center sliding fee scale program (discounts for eligible patients that is adjusted based on the patient’s ability to pay). In July 2013, the Health Resources and Services Administration (HRSA) awarded health center program grantees supplemental outreach and enrollment (O&E) funding to increase staff capacity to meet growing enrollment needs.<sup>5</sup> Health centers that were awarded funds were required to increase enrollment assister staff capacity by adding at least one full-time position. With the increase in funding, enrollment assister staff in Michigan health centers grew to more than 100 individuals.

Following the first Marketplace open enrollment period, HRSA O/E funding was rolled into the health center base grant award. Combined with an increase in revenue generated by a reduction in uninsured patients, the health center assister workforce stabilized, offering ongoing enrollment support and services. After the initial surge of enrollments in the Marketplace and Medicaid, health center enrollment assisters identified trends in enrollment activity and began to provide additional enabling services during the same appointment with a consumer/patient, as explained and supported by HRSA in the HRSA Outreach and Enrollment Frequently Asked Questions technical assistance resource for health centers stating,

“...during times when demand for O/E activities are lower, as appropriate, staff previously dedicated exclusively to O/E assistance may be used to contribute support to other health center efforts to expand access to care and/or to provide comprehensive primary care services (e.g., patient/community education and other support/enabling services)<sup>4</sup>.”

However, in some cases, enrollment assisters worked in the front office, billing support, or patient account work — a significant underutilization of their O/E skills. To maximize and capitalize on the skills of enrollment assisters to meet growing patient needs, Michigan health centers began looking for opportunities to grow the enrollment assister role and expand into other enabling services under HRSA’s support.

At the same time, the CHW workforce was also expanding, growing to approximately 100 CHWs at Michigan health centers. CHWs have the training and expertise necessary to not only serve as a link between communities and their health centers but also to serve as important members of the care team. Since 2014, MPCA’s Michigan Health Endowment Fund project, *Linking Clinical Care with Community Supports (Linkages)*, has funded and supported the integration of CHWs in 23 health center sites in Michigan.

The Linkages pilot project allowed health centers and MPCA to test and analyze an integrated CHW model, which subsequently spurred the launch of MI Care Team. MI Care Team is a Medicaid State Plan benefit for states to establish Health Homes that would coordinate care for Medicaid beneficiaries who have chronic conditions, as described under Section 2703 of the ACA. Health centers participating in MI Care Team are required to integrate a CHW into patient care teams and enhance care coordination to boost patient enrollments in a per-member-per-month (PMPM) reimbursement model. While CHWs are employed by more than 55 community-based organizations, health centers, hospitals, government agencies, and health plans in Michigan,

3 State-by-State Estimates of the Number of People Eligible for Premium Tax Credits Under the Affordable Care Act - Tables. (2013, November 5). Retrieved from <http://kff.org/report-section/state-by-state-estimates-of-the-number-of-people-eligible-for-premium-tax-credits-under-the-affordable-care-act-table-1/>

4 Udow-Phillips, M., Fangmeier, J., Corneail, L., Lausch, K., & Shigekawa, E. (2015, March 26). The Impact of the Affordable Care Act in Michigan. Retrieved from <http://www.chrt.org/publication/the-impact-of-the-affordable-care-act-in-michigan/>

5 HRSA Health Center Ongoing Outreach and Enrollment (O/E) Assistance Frequently Asked Questions (FAQs). Updated October 18, 2016. Health Resources & Services Administration, Bureau of Primary Health Care. <https://bphc.hrsa.gov/programopportunities/fundingopportunities/outreachenrollment/oefaq.pdf>

most of these CHW programs are funded by time-limited grants.

As one of the largest single primary and preventive care networks in Michigan, health centers have been at the forefront of integrating medical and behavioral care, patient-enabling services and community support partnerships. However, health centers' ability to maximize team-based, multidisciplinary approaches has been limited by a health care payment system that too often rewards high volumes of traditional health services. CHWs have the potential to change this dynamic, but a lack of sustainable funding poses a challenge, making it difficult for health centers to meet the increased demand for CHWs. MPCA's goal is to support sustained funding mechanisms through policy, allowing CHWs to effectively address the social determinants of health and improve health outcomes for health center patients.

---

*“...during times when demand for O/E activities are lower, as appropriate, staff previously dedicated exclusively to O/E assistance may be used to contribute support to other health center efforts to expand access to care and/or to provide comprehensive primary care services (e.g., patient/community education and other support/enabling services)<sup>4</sup>.”*

---

## Embracing Cross-Trained Enrollment Assisters

Since the launch of the Health Insurance Marketplace in 2013, MPCA has offered technical assistance and support to health center enrollment assisters. Over the last two years, MPCA has also increased support for enabling services in health centers, including training and technical assistance for CHW initiatives (i.e., Linkages, the Breast and Cervical Cancer Screening Project, and MI Care Team). MPCA has maintained open dialogue with both enrollment assisters and CHWs in an effort to align training and technical support with the needs of the changing health center workforce. Numerous enrollment assisters told MPCA that they assisted with patient needs beyond health coverage education and enrollment assistance. As a result, enrollment assisters frequently requested additional training and education to help meet patient needs with food insecurity, language assistance, transportation, housing, legal needs, and more. CHW staff shared similar interests in training and education around health coverage programs and enrollment.

To effectively meet these health center workforce needs as they evolved, MPCA began exploring the overlap of the assister and CHW roles to determine how to best provide training and support, as well as whether or not the assister and CHW role should remain separate and distinct. MPCA analyzed similarities between the two positions utilizing the nationally developed CHW core roles from the Community Health Worker Core Consensus (C3) Project.<sup>6</sup> The chart below describes the CHW role and the core sub-roles (or tasks) and highlights the sub-roles that overlap with the enrollment assister role. MPCA found commonalities in all ten core CHW roles which demonstrates the potential to grow health center enabling services through cross-training the CHW and enrollment assister workforces.

---

6 Rosenthal, E., Rush, C. H., & Allen, C. G. (2016, July). Understanding Scope and Competencies: A Contemporary Look at the United States Community Health Worker Field. Retrieved from <https://sph.uth.edu/dotAsset/28044e61-fb10-41a2-bf3b-07efa4fe56ae.pdf>

## Core Community Health Worker Roles

Role	CHW Sub-Role	Assister Shared Role
<b>Cultural Mediation among Individuals, Communities, and Health and Social Service Systems</b>	<ul style="list-style-type: none"> <li>• Educating individuals and communities about how to use health and social service systems (including understanding how systems operate)</li> <li>• Educating systems about community perspectives and cultural norms (including supporting implementation of Culturally and Linguistically Appropriate Services [CLAS] standards)</li> <li>• Building health literacy and cross-cultural communication</li> </ul>	<ul style="list-style-type: none"> <li>• Educating individuals and communities about how to use health and social service systems (including understanding how systems operate)</li> <li>• Educating systems about community perspectives and cultural norms (including supporting implementation of CLAS standards)</li> <li>• Building health literacy and cross-cultural communication</li> </ul>
<b>Providing Culturally Appropriate Health Education and Information</b>	<ul style="list-style-type: none"> <li>• Conducting health promotion and disease prevention education in a manner that matches linguistic and cultural needs of participants or community</li> <li>• Providing necessary information to understand and prevent diseases and to help people manage health conditions (including chronic disease)</li> </ul>	<ul style="list-style-type: none"> <li>• Conducting health promotion and disease prevention education in a manner that matches linguistic and cultural needs of participants or community (e.g. enrollment assisters provide health insurance education and confirm patients understand how to access care using their new coverage)</li> </ul>
<b>Care Coordination, Case Management, and System Navigation</b>	<ul style="list-style-type: none"> <li>• Participating in care coordination and/or case management</li> <li>• Making referrals and providing follow-up</li> <li>• Facilitating transportation to services and helping to address other barriers to services</li> <li>• Documenting and tracking individual and population level data</li> <li>• Informing people and systems about community assets and challenges</li> </ul>	<ul style="list-style-type: none"> <li>• Making referrals and providing follow-up</li> <li>• Facilitating transportation to services and helping to address other barriers to services</li> <li>• Documenting and tracking individual and population level data</li> <li>• Informing people and systems about community assets and challenges</li> </ul>
<b>Providing Coaching and Social Support</b>	<ul style="list-style-type: none"> <li>• Providing individual support and coaching</li> <li>• Motivating and encouraging people to obtain care and other services</li> <li>• Supporting self-management of disease prevention and management of health conditions (including chronic disease)</li> <li>• Planning and/or leading support groups</li> </ul>	<ul style="list-style-type: none"> <li>• Motivating and encouraging people to obtain care and other services</li> </ul>
<b>Advocating for Individuals and Communities</b>	<ul style="list-style-type: none"> <li>• Advocating for the needs and perspectives of communities</li> <li>• Connecting to resources and advocating for basic needs (e.g. food and housing)</li> <li>• Conducting policy advocacy</li> </ul>	<ul style="list-style-type: none"> <li>• Advocating for the needs and perspectives of communities</li> <li>• Connecting to resources and advocating for basic needs (e.g. food and housing) Conducting policy advocacy</li> </ul>

Role	CHW Sub-Role	Assister Shared Role
<b>Building Individual and Community Capacity</b>	<ul style="list-style-type: none"> <li>• Building individual capacity</li> <li>• Building community capacity</li> <li>• Training and building individual capacity with CHW peers and among groups of CHWs</li> </ul>	<ul style="list-style-type: none"> <li>• Building individual capacity</li> <li>• Building community capacity</li> </ul>
<b>Providing Direct Service</b>	<ul style="list-style-type: none"> <li>• Providing basic screening tests (e.g. heights and weights, blood pressure)</li> <li>• Providing basic services (e.g. first aid, diabetic foot checks)</li> <li>• Meeting basic needs (e.g., direct provision of food and other resources)</li> </ul>	<ul style="list-style-type: none"> <li>• Providing basic screening tests (e.g. enrollment assisters provide health coverage eligibility screening and identify other services or programs patients may be eligible for additional programs or services in the health center)</li> <li>• Providing basic services</li> </ul>
<b>Implementing Individual and Community Assessments</b>	<ul style="list-style-type: none"> <li>• Participating in design, implementation, and interpretation of individual-level assessments (e.g. home environmental assessment)</li> <li>• Participating in design, implementation, and interpretation of community-level assessments (e.g. windshield survey of community assets and challenges, community asset mapping)</li> </ul>	<ul style="list-style-type: none"> <li>• Participating in design, implementation, and interpretation of community-level assessments (e.g. enrollment assisters use community, state, and national assessments and data to locate uninsured residents in their communities)</li> </ul>
<b>Conducting Outreach</b>	<ul style="list-style-type: none"> <li>• Case-finding/recruitment of individuals, families, and community groups to services and systems</li> <li>• Follow-up on health and social service encounters with individuals, families, and community groups</li> <li>• Home visiting to provide education, assessment, and social support</li> <li>• Presenting at local agencies and community events</li> </ul>	<ul style="list-style-type: none"> <li>• Case-finding/recruitment of individuals, families, and community groups to services and systems</li> <li>• Follow-up on health and social service encounters with individuals, families, and community groups</li> <li>• Presenting at local agencies and community events</li> </ul>
<b>Participating in Evaluation and Research</b>	<ul style="list-style-type: none"> <li>• Engaging in evaluating CHW services and programs</li> <li>• Identifying and engaging community members as research partners, including community consent processes</li> <li>• Participating in evaluation and research:                             <ul style="list-style-type: none"> <li>– Identification of priority issues and evaluation/research questions</li> <li>– Development of evaluation/research design and methods</li> <li>– Data collection and interpretation</li> <li>– Sharing results and findings</li> <li>– Engaging stakeholders to take action on findings</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Engaging in evaluating enrollment services and programs</li> <li>• Identifying and engaging community members as research partners, including community consent processes (e.g. some enrollment funding sources require enrollment assisters to gather patient information in order to analyze tested outreach and/or enrollment strategies)</li> </ul>

In 2015, as a result of several requests from the assister and CHW networks, MPCA began encouraging health center management to enhance the role of enrollment assisters and CHWs. MPCA provided a range of resources and assistance to support this shift, including: 1) a data tracking tool that allows enrollment assisters to capture referrals and applications for services and supports beyond health coverage; 2) health coverage literacy training to CHWs; 3) opening up registration to MPCA's Enabling Services Annual Forum (formerly the MPCA annual Outreach and Enrollment Network Training) to CHWs and other enabling services staff. The Annual Forum offered broad training on enabling services along with networking opportunities for enrollment assisters and CHWs.

Several health centers in Michigan have embraced the cross-training model and have started utilizing enrollment assisters to meet the increased demand for enabling services. Enrollment assisters are uniquely connected to patients, community-linked services, and resources so are uniquely suited to identify and address many patient needs.

MPCA interviewed three Michigan health centers, as well as MHP Salud, an organization dedicated to improving health and empowering underserved Latino communities through implementation of culturally appropriate CHW programs. MHP is also the recipient of a Centers for Medicare and Medicaid Services (CMS) Navigator grant that supports enrollment navigators at several sites in Texas' Lower Rio Grande Valley area. Each organization's coordination of enrollment assisters and CHWs has evolved as they test and adapt enabling services models that best meet the needs of their most vulnerable patients.

### ***Ingham Community Health Centers***

Ingham Community Health Centers approached patient-enabling services by creating a collaborative environment between enrollment assisters and CHWs — five full-time enrollment assisters, two of which are categorized as CHWs, and twenty CHWs, whose roles do not include enrollment assistance. Enrollment assisters at Ingham Health Centers are primarily responsible for assisting patients with health coverage enrollment, but are able to identify additional needs and refer patients for services. If an enrollment assister determines the patient requires ongoing and enhanced support, the assister will refer the patient to the appropriate CHW. Like many other CHW initiatives, Ingham Health Centers employs CHW staff through outside grants and funding mechanisms which requires some health center CHWs to focus interventions and supports to project specific patient populations.

Previously, CHWs and enrollment assisters were trained separately, but starting in 2017, these two roles will be cross-trained to promote similar skill sets and increase capacity. The change in training and collaboration is a result of the health center's recognition of the benefits of cross-training staff; specifically, the increased ability for staff to concentrate on an area of expertise but to also have the capacity to meet patient needs beyond their primary responsibilities. In order to foster collaboration between CHWs and enrollment assisters, staff meets on a monthly basis for debriefing, resource sharing, troubleshooting, and supplemental training. These meetings are designed to give enrollment assisters a better understanding of the CHW role and vice versa. This approach values the need for enhanced training and skills to meet the needs of the health center's most vulnerable populations but also recognizes the similarity and opportunity to expand supportive services through CHW and enrollment assister cross-training.

### **Mercy Health Saint Mary's Community Health Center**

Mercy Health Saint Mary's Community Health Center has a strong CHW reputation in the community and approaches the CHW and patient relationship as a lifelong connection. For this reason, the health center maintains enrollment assisters and CHWs as two separate roles but recognizes the potentially negative impact on streamlined service delivery as a result of internal referrals between CHWs and enrollment assisters. To reduce the inherent inefficiency resulting from patients moving back and forth among health center staff, enrollment assisters receive enhanced training regarding community referrals and resource mapping. Enrollment assisters are able to connect patients to community-based services and supports or provide a referral to a CHW if greater support is necessary.

To date, not all CHWs have received enhanced training that would allow them to complete enrollment for patients; however, the health center is planning to provide CHWs with enrollment training to enhance service provision and expand CHW skills. Mercy Health's CHWs and enrollment assisters work collaboratively whenever necessary and possible. The health center's internal instant messaging communication system allows CHWs and enrollment assisters to be connected at all times and provides on-demand access to resources and services between staff. The expertly coordinated services of the CHWs and enrollment assisters have resulted in a steady stream of referrals from patients who have benefited from the offered supports. The desire to "be a patient's CHW for life" is the driving force behind the health center's method for addressing patient needs. When complemented by the expertise of enrollment assisters, the method has proven to be highly effective.

### **Great Lakes Bay Health Centers**

Great Lakes Bay Health Centers has a unique approach to expanding the enrollment assister role. Over the last year, the health center redefined the role and responsibilities of CHWs and enrollment assisters by combining them. As a result, enrollment assistance to patients is now a CHW responsibility, and all nine CHWs employed by Great Lakes Bay Health Centers are trained as enrollment assisters. This model allows every CHW working with a patient the ability to identify health coverage enrollment needs and provide health coverage assistance and education. While staff categorized as CHWs prior to the consolidation of roles have received necessary training and certification to provide enrollments, the former enrollment assisters (whose primary role was enrollment) have not yet received a formal CHW training. Despite this, the former enrollment assisters actively identify and address patient health and social needs beyond health coverage enrollment.

Health center leadership implemented this CHW and enrollment assister cross-training approach to eliminate additional referrals to supportive staff within the health center, creating a "no wrong door" approach to patients accessing supportive services. Staff meets on a monthly basis to troubleshoot issues, debrief, share updates, and assist with referrals. The supervisor also invites speakers to address specific topics on an as-needed basis. Prior to the ACA, the CHWs did not assist with enrollments; however, with the changing environment, the health center adapted by incorporating enrollment assistance into the CHW role to meet emerging patient needs.

## MHP Salud

MHP Salud empowers underserved Latino communities by implementing and promoting the CHW model nationally as a culturally appropriate strategy to address health disparities. As a navigator grantee in the state of Texas, their approach involved training existing CHWs to be enrollment assisters. MHP Salud also sought out individuals who encompass the core competencies or skills of a CHW and developed those skills. Prior to the passage of the ACA, MHP Salud leveraged the CHWs' deep connection with the community to provide necessary health coverage enrollment assistance and education. The enrollment assister's previous role as a CHW in the community allows them to identify additional needs and provide assistance or make referrals as appropriate. In addition, all enrollment assisters are bilingual, which helps mitigate language barriers. MHP Salud's navigator program has eight navigators providing assistance at ten sites in four Texan counties

The navigator team at MHP Salud meets weekly to go over updates, share best practices, and assign work sites for the week. Additionally, all of the CHWs at MHP Salud have monthly meetings and engage in cross-training with other programs to create a better understanding of services provided. For this cross training approach, MHP Salud created trainings for other non-navigator CHWs so that they could answer general questions on health coverage options and make appropriate referrals to those who can provide free and reliable enrollment assistance.

MHP Salud created and utilizes Health Education Records (HERs). This internal database collects and track basic information on individual encounters with community members. This tool helps the health center understand the type of assistance consumers require and the actions done to assist.

## Impact on Patient Health Outcomes

The ACA specifically cited the use of CHWs as an effective way of improving health outcomes as part of a health care team while containing costs. And for the first time, federal law includes CHWs as members of the health care workforce<sup>7</sup>. In addition, recent changes to federal regulations provide state Medicaid programs new flexibility in determining the types of health professionals who can provide preventive services as well as new options to reimburse more community-based preventive care, including the type of services provided by CHWs. Today, overwhelming evidence shows that community-based social supports paired with a new health workforce of professionals focused on assisting people in getting the care and support they need can “increase access to health care for vulnerable populations and improve outcomes related to health knowledge, health status and behavioral change.”<sup>8</sup>

Linking health insurance coverage to improved patient health outcomes has not been studied adequately. However, one analysis of the National Health and Nutrition Examination Survey examined the diagnosis and treatment of diabetes, hypercholesterolemia, and hypertension in relation to health coverage enrollment. The study found that health insurance was associated with higher rates of diagnosis of diabetes, hypercholesterolemia, and hypertension among nonelderly adults, and evidence of improved management and control of these conditions. Overall, the study suggests the ACA could have significant impacts on the frequency of disease diagnosis and management of chronic disease.<sup>9</sup> Additionally, a recent study from the University of California found that in states where Medicaid was expanded under

7 Centers for Medicare & Medicaid Services. 78 Fed Reg 42160 (July 15, 2013). Diagnostic, Screening, Preventive, and Rehabilitative Services (Preventive Services) (§ 440.130)” (paragraph citation: 78 FR 42226) Retrieved from <https://www.gpo.gov/fdsys/pkg/FR-2013-07-15/html/2013-16271.htm> § 78 FR 42226 (2013).

8 Financing Community Health Workers: Why and How. (2007, January 2). Retrieved from [http://www.publicsectorconsultants.com/wp-content/uploads/2017/01/ColumbiaUniv\\_Financing\\_CommHealthWrkrs\\_PolicyBrief.pdf](http://www.publicsectorconsultants.com/wp-content/uploads/2017/01/ColumbiaUniv_Financing_CommHealthWrkrs_PolicyBrief.pdf)

9 Hogan, D. R., Danaei, G., Ezzati, M., Clarke, P. M., Jha, A. K., & Salomon, J. A. (2015, September). Estimating The Potential Impact Of Insurance Expansion On Undiagnosed And Uncontrolled Chronic Conditions. Retrieved from <http://content.healthaffairs.org/content/34/9/1554.full>

the ACA, an increase in insurance rates for low-income individuals lead to more frequent use of care and increased rates of diabetes and cholesterol diagnoses.<sup>10</sup>

Broader research and analysis of the relationship between CHW and enrollment supports are necessary to examine the full impact of these combined services on patient health outcomes. The available research supports the decision of Michigan health centers that have implemented workflows aimed at coordinating and cross-training CHWs and enrollment assisters as a means of effectively addressing non-clinical patient needs and improving patient health.

## Maintaining the Enrollment Assister Role

There are differing opinions among health centers whether enrollment assisters and CHWs should remain separate roles. While clear similarities exist, there is perceived value in maintaining the enrollment assister identity in order to preserve the assister's specialized skills and knowledge. CHW program managers may also argue in favor of distinct roles so as not to expand the CHW scope of work. However, in the current health care environment, the CHW role and scope can vary greatly depending on the program or initiative for which the CHW is working. In many cases, CHWs function under different titles, including peer support specialist, peer educator or outreach worker. CHWs with enhanced training and skills in a variety of services and supports create opportunities to expand the CHW role to include enrollment assistance as an identified CHW task. Enrollment assisters who possess the fundamental CHW characteristics and attributes are well positioned to expand their role and responsibilities to include more traditional CHW supportive services. No matter the extent to which the role is changed, increased collaboration and training for CHWs and enrollment assisters on a variety of patient supports ultimately leads to increased capacity to identify and address patient social determinants of health.

## Conclusion

Health centers' renewed focus on addressing patients' social determinants of health has created a need for additional enabling services capacities. While grappling with change prompted by value-based payment and integrated health care models, health centers have also encountered changes in access to care as a result of provisions and coverage expansions of the ACA. In an effort to support health centers with changing patient needs and address workforce capacity issues, MPCA continues to explore opportunities to strengthen and grow enabling services at health centers. Expansion of the enrollment assister and CHW roles could provide the additional capacity health centers require to address patients' non-clinical needs.

MPCA encourages its health center members to explore cross-training and collaboration among enrollment assister and CHW staff. This has prompted several health centers to implement an expanded assister and CHW model to varying degrees, as demonstrated by health center models highlighted in this issue brief. MPCA has concluded there is no "one size fits all" approach. Health centers interested in expanding the enrollment assister or CHW role should approach changes to their workforce through consideration of patient needs, workflow, financial sustainability, staff experience, skills and knowledge.

---

10 Rivero, E. (2016, April 18). Medicaid expansion significantly boosts insurance coverage among low-income adults. Retrieved from <http://newsroom.ucla.edu/releases/medicaid-expansion-significantly-boosts-insurance-coverage-among-low-income-adults>

## Acknowledgements

This document was authored and prepared for NACHC through the tireless efforts of:

**Jaspreet Malhotra, MPH**

Program Specialist  
Michigan Primary Care Association

**Lydia Starrs, MSW**

Associate Director, Enabling Services  
Michigan Primary Care Association

**Julie Tatko, MSW**

Director of Operations & Enabling Services  
Michigan Primary Care Association



For more information, please contact:

**Ted Henson, MS**

Director, Health Center Performance and Innovation,  
National Association of Community Health Centers  
7501 Wisconsin Avenue, Suite 1100W  
Bethesda, Maryland 20814  
(301) 347-0400

[thenson@nachc.com](mailto:thenson@nachc.com)



This publication was made possible through support provided by the Robert Wood Johnson Foundation.  
The views expressed here do not reflect the views of the Foundation.