



April 10, 2024

Representative Wayne MacDonald, Chairman
House Health and Human Services Committee
Legislative Office Building, Room 205-207
33 N. State Street
Concord, NH 03301

RE: [SB 403](#) relative to health care workforce investments

Dear Chairman MacDonald and Members of the House Health, Human Services, and Elderly Affairs Committee:

My name is Paula Smith and I have been the Director of the Southern NH Area Health Education Center (SNHAHEC) for twenty-six years. I am also the Contract Administrator for the Seacoast Public Health Network. I am pleased to offer my enthusiastic support for SB 403, which makes critical, timely investments in New Hampshire's primary care workforce to improve access to care for Granite Staters.

At SNHAHEC (one of three offices of our statewide network of AHEC programs), we promote recruitment and retention of the health care workforce by offering continuing education programs to health professionals, facilitating community-based rotations for health professions students, and promoting health career awareness. We are also a training hub for medical and legal interpreters who help ensure communication access in our New Hampshire health systems.

In my role at the New Hampshire AHECs, I have worked diligently to facilitate engagement with pipeline activities to increase the recruitment and retention of the health care workforce. We have a robust programmatic infrastructure that is ready to support expanded pipeline activities, and with appropriate resources we are ready to magnify our scope and scale.

SB 403 creates Community Health Worker (CHW) voluntary certification and deployment. Training New Hampshire's CHWs is an important service our AHECs provide. We began CHW training programs in 2013, and it is my privilege to have personally worked on developing the CHW workforce since 2005. Over 300 CHWs have been trained in New Hampshire to date. These individuals play an invaluable role in patient care.

CHWs are trusted members of the community who act as the bridge between the health care system and the communities they serve. When we think about what contributes to positive health outcomes, we know that medical care is responsible for 20% of our health outcomesⁱ. The other 80% of what contributes to our health outcomes are called social determinants of health, or where we live, work, and play. CHWs focus on addressing social determinants by supporting people in managing their lifestyle changes, preventing and managing chronic disease, and linking people to needed services that improve their overall health and wellness.

Research shows CHWs are both effective and cost-effectiveⁱⁱ. In New Hampshire, the CHW workforce is primarily funded by grants, since their services are currently not reimbursed. CHW certification will help set standards to allow CHWs to be eligible for reimbursement helping to sustain the workforce. CHWs are employed by hospital systems, federally qualified health centers, health departments, family resource centers, public health networks and other community-based organizations. Therefore, developing a CHW certification process will move us toward sustainability, allowing these organizations to maintain a key part of their health care team.

We recently conducted a survey of CHWs using nationally recognized indicators called the CHW Common Indicators Project. Highlights of this report show that 58% of CHWs in NH work in community-based organizations, family resource centers, schools, insurance providers and local health departments. Forty-two (42%) percent work in clinical settings such as hospitals and federally qualified health centers. CHWs are most likely to provide care coordination and system navigation roles as well as advocating on behalf of individuals and communities. 78% of CHWs report working with people experiencing homelessness, substance use disorders or people with disabilities.

We have been asking CHWs to share their stories. One CHW shared a story of helping a person who was living in a van. The CHW helped get the person glasses which allowed him to get a job. He then was able to get an apartment on his own. Helping to build an individual's capacity to care for themselves is a fundamental part of a CHW's role. Other themes that emerged from the stories include helping people manage their chronic illnesses, connecting people to needed resources and providing linkages to organizations that can meet their health and behavioral health needs. Support of this bill will help NH care for the people living here.

From my decades of experience developing and leading health workforce initiatives, I enthusiastically support the codification of voluntary CHW certification as written in SB 403. This is a "New Hampshire solution" to building a more sustainable workforce, particularly in rural and medically underserved areas of the state.

Thank you for the opportunity to provide comments about SB 403. Please feel free to contact me if you have any questions. I can be reached at psmith@snhahec.org.

Sincerely,



Paula Smith, MBA, EdD
Director

ⁱ Community Health Rankings model @2104 UWPHI retrieved from countyhealthrankings.org/explore-health-rankings/county-health-rankings-model

ⁱⁱ Vaughan, K., Kok, M.C., Witter, S. *et al.* Costs and cost-effectiveness of community health workers: evidence from a literature review. *Hum Resour Health* **13**, 71 (2015). <https://doi.org/10.1186/60-015-0070-y>