

November 11, 2025
Joint Committee on Public Health
State House, Room 236
Boston, MA 02133

Submitted by email to JointCommittee.PublicHealth@malegislature.gov

Re: Testimony in support of *An Act relative to health equity and community health workers* (H.359/S.251)

Dear Chair Decker, Chair Driscoll and Members of the Committee,

On behalf of the TEAM UP Scaling and Sustainability Center at Boston Medical Center, thank you for the opportunity to submit written testimony in support of *An Act relative to health equity and community health workers* (H.1184). This bill will promote health equity by strengthening the community health worker (CHW) workforce. TEAM UP— Transforming and Expanding Access to Mental Health Care Universally in Pediatrics —integrates CHWs, behavioral health clinicians, and primary care providers as a multidisciplinary team focused on behavioral health promotion, early identification of emerging issues, and swift access to care. Currently serving over 40,000 children annually - the majority from racial and/or ethnic minority groups and living in poverty – we have extensive experience integrating CHWs in behavioral health care for communities that experience significant barriers to accessing care — all without increasing total cost of care.¹⁻⁴ We witness firsthand their positive impact on both patient care and workforce wellness.

CHWs: A solution to the workforce crisis

Massachusetts's health care workforce faces critical shortages that disproportionately impact structurally marginalized communities.^{5,6} CHWs are a crucial part of the solution, directly alleviating demands on other providers by performing many critical components of health care delivery, such as health assessment and screening, health education, medication management, and care coordination⁷. In the TEAM UP model, CHWs serve as core members of the integrated care team, addressing health-related social needs through culturally responsive care, supporting mental health through education and parenting support, and coordinating access to specialty and community services. Evaluation of the model demonstrates improved workforce wellness for the entire health care team, including greater satisfaction, increased professional fulfillment, and reduced burnout.^{8,9}

CHWs bring culturally responsive care directly to communities facing barriers to traditional healthcare services. Living and working in the communities they serve, CHWs build trusting relationships with patients and their families through shared experiences and cultural backgrounds.¹⁰ They speak the languages families are most comfortable using and go beyond simple translation to serve as cultural brokers, providing the health care team with a more holistic view of patient needs while ensuring families understand the recommendations for their child. For many families, CHWs are critical to accessing health care services for their children,

building trust and strengthening connections with the health care system that lead to more comprehensive and consistent care.¹¹

TEAM UP Insights Supporting Key Provisions of H.1184

Our experience working with CHWs as a key component of the TEAM UP model provides strong support for the following provisions of H.1184:

- **Core competencies for community health work:** Skills and knowledge are essential for CHWs to effectively address medical, behavioral health, and social needs. In TEAM UP, CHW competencies have been critical to their role.
 - ***Culturally responsive communication and care:*** CHWs are not interchangeable with other team-based staff. Previous work by members of the TEAM UP Center has demonstrated that CHWs can overcome hesitancy and engage families in care through their cultural, linguistic, and systems knowledge.¹² They have proven integral in ensuring families whose children require developmental evaluations can schedule, attend, and complete the evaluation process.¹³ This means that children who need these services actually receive them, which is key to ensuring equitable access to care.
 - ***Care coordination and navigation:*** CHWs help patients navigate the complex health care system. A significant majority of CHW visits conducted at TEAM UP health centers between July 2021 and March 2023 included some form of care coordination, navigation, and/or material needs support.¹⁴ At one TEAM UP health center, CHW support resulted in zero no-shows for developmental evaluations over a seven-month period, a remarkable achievement that demonstrates increased efficiency of the health care system and translates directly to children receiving vital health care services.
- **Reimbursement for CHW services:** Fair and sustainable reimbursement is essential to compensating CHWs appropriately for their intensive work and maintaining a stable workforce that serves communities most in need.
 - The scope and intensity of the work of TEAM UP CHWs is substantial. They partner with families to address health-related social needs, support navigation, provide caregiver peer support, and address the stigma of mental health concerns through health education. On average, they interact with about 25-30 families each week and maintain an active caseload of 70-90 families. Among completed CHW visits from July 2021-September 2024, 82% of visits lasted between 6 and 30 minutes,¹⁴ similar to medical and behavioral health provider visits in primary care.
 - It is essential that payments adequately cover all these services provided by CHWs and that payment levels support an equitable living wage so that CHWs can stay in the field long-term. The role of CHW is multifaceted, and the benefits are immense. As Lissette Blondet, executive director of the Massachusetts Association for CHWs, explains, “if we created an environment to maximize the visit, which includes CHWs,

the system would save a lot of money. We cannot underestimate the impact of cultural brokering on the efficiency of the system.”¹⁵

- Mandated reimbursement for CHW services is essential for building and maintaining the CHW workforce. Funding models that rely on grants, nonprofit sources, and temporary state programs struggle to sustain funding for this critical component of the health care workforce. Mandated reimbursements would enable CHWs to remain in the field and deepen their knowledge of the communities they serve, while allowing for their integration into care teams without concerns about disruptions in funding.¹⁶
- **CHW Workforce Development Task Force:** The establishment of this task force is critical for describing, understanding, and addressing the workforce shortage.
 - TEAM UP has demonstrated that integrated care can mitigate burnout through greater interdisciplinary collaboration and enhanced provider wellness.^{8,9} Incorporating CHWs into health care delivery teams can help address workforce shortages and reduce the burden on other primary care providers. This strategy aligns with the efforts of the Massachusetts Health Policy Commission’s Primary Care Access, Delivery, and Payment Task Force.¹⁷
 - TEAM UP supports efforts to professionalize the CHW role and establish it as a unique and irreplaceable health care delivery team member. Based on our experience, this will yield positive outcomes for the CHW workforce, their medical and behavioral health provider colleagues, and, most importantly, the children, families, and individuals they serve.

A robust CHW workforce is essential for advancing health equity, alleviating workforce shortages, and improving health outcomes for Massachusetts's most vulnerable populations. H.1184 provides the necessary framework to support and expand this vital workforce.

Thank you for the opportunity to submit written testimony in support of H.1184. We urge the committee to report this bill favorably.

Sincerely,

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References:

1. Sheldrick RC, Bair-Merritt MH, Durham MP, Rosenberg J, Tamene M, Bonacci C, Daftary G, Tang M, Sengupta N, Morris A, Feinberg E. Integrating pediatric universal behavioral health care at federally qualified health centers. *Pediatrics*. 2022;149(4):e2021051822. <https://doi.org/10.1542/peds.2021-051822>
2. Cole MB, Qin Q, Sheldrick RC, Morley DS, Bair-Merritt MH. The effects of integrating behavioral health into primary care for low-income children. *Health Serv Res*. 2019;54(6):1203– 1213. <https://doi.org/10.1111/1475-6773.13230>
3. Kim J, Sheldrick RC, Gallagher K, Bair-Merritt MH, Durham MP, Feinberg E, Morris A, Cole MB. Association of integrating mental health into pediatric primary care at federally qualified health centers with utilization and follow-up care. *JAMA Netw Open*. 2023;6(4):e239990. <https://doi.org/10.1001/jamanetworkopen.2023.9990>
4. Kim J, Cole MB, Rosenberg J, Morris A, Feinberg E, Sheldrick RC. Integrated behavioral health services and psychosocial symptoms in children. *JAMA Netw Open*. 2025;8(9):e2532020. <https://doi.org/10.1001/jamanetworkopen.2025.32020>
5. Massachusetts Health and Hospital Association. *Causes & Consequences: Inside the Healthcare Crisis*. 2024. Accessed October 15, 2025. <https://www.mhalink.org/reportsresources/insidethehealthcarecrisis/>
6. American Hospital Association. *Fact Sheet: Strengthening the Health Care Workforce*; 2022. Accessed October 15, 2025. <https://www.aha.org/fact-sheets/2021-05-26-fact-sheet-strengthening-health-care-workforce>
7. Health Resources and Services Administration. *Allied Health Workforce Projections, 2016-2030: Community Health Workers*; 2024. Accessed October 23, 2025. [Allied Health Workforce Projections, 2016-2030: Community Health Workers](#)
8. Fong HF, Tamene M, Morley DS, Morris A, Estela MG, Singerman A, Bair-Merritt MH. Perceptions of the implementation of pediatric behavioral health integration in 3 community health centers. *Clin Pediatr (Phila)*. 2019;58(11-12):1201-1211. <https://doi.org/10.1177/0009922819867454>
9. Hill C, Justo S, Park H, Bair-Merritt M, Morris A, Feinberg E, Sheldrick RC. Pediatric provider and staff burnout in federally qualified community health centers. *J Ambul Care Manage*. 2023;46(4):265-271. doi:10.1097/JAC.0000000000000472

10. National Heart, Lung, and Blood Institute, National Institutes of Health. *Role of Community Health Workers*; 2020. Accessed October 15, 2025.
<https://www.nhlbi.nih.gov/education/heart-truth/CHW/Role>
11. Knowles M, Crowley AP, Vasan A, Kangovi S. Community health worker integration with and effectiveness in health care and public health in the United States. *Annu Rev Public Health*. 2023;44:363-381. <https://doi.org/10.1146/annurev-publhealth-071521-031648>
12. Feinberg E, Augustyn M, Broder-Fingert S, Bennett A, Weitzman C, Kuhn J, Hickey E, Chu A, Levinson J, Sandler Eilenberg J, Silverstein M, Cabral HJ, Patts G, Diaz-Linhart Y, Fernandez-Pastrana I, Rosenberg J, Miller JS, Guevara JP, Fenick AM, Blum NJ. Effect of family navigation on diagnostic ascertainment among children at risk for autism: a randomized clinical trial from DBPNet. *JAMA Pediatr*. 2021;175(3):243-250.
<https://doi.org/10.1001/jamapediatrics.2020.5218>
13. Feinberg E, Stransky ML, Augustyn M, Broder-Fingert S, Bennett A, Weitzman C, Kuhn J, Chu A, Cabral HJ, Fenick AM, Blum NJ. Effect of family navigation on participation in Part C early intervention. *Acad Pediatr*. 2023;23(8):S1876-2859(23)00100-6.
doi:10.1016/j.acap.2023.03.013
14. TEAM UP for Children Evaluation Team. (2025). CHW Behavioral Health Plans, Cohort 2 TEAM UP for Children. Unpublished internal document.
15. Riordan G, Erlich S. Why we need to support community health workers: They address non-medical issues affecting patient health. *CommonWealth Beacon*. Published August 16, 2021. Accessed 10/15/2025. <https://commonwealthbeacon.org/health-care/why-we-need-to-support-community-health-workers/>
16. Schmit CD, Washburn DJ, LaFleur M, Martinez D, Thompson E, Callaghan T. Community health worker sustainability: funding, payment, and reimbursement laws in the United States. *Public Health Rep*. 2021;137(3):597-603. doi:10.1177/00333549211006072
17. Massachusetts Health Policy Commission. Primary Care Access, Delivery, and Payment Task Force. *Massachusetts Health Policy Commission*. Accessed October 15, 2025.
<https://masshpc.gov/offices-and-task-forces/pctf>