

Policy Options for Facilitating the Use of Community Health Workers in Health Delivery Systems

POLICY BRIEF



Introduction

Community health workers (CHWs) serve as connectors between “health care consumers and providers to promote health among groups that have traditionally lacked access to adequate care.”¹ Scientific evidence demonstrates the value of CHW services to improve health care outcomes, but there are no studies on the impact of state CHW laws on health outcomes. This brief will discuss state-level policy options and their possible effects on the services provided by CHWs.

This policy brief is a companion to the CDC National Center for Chronic Disease Prevention and Health Promotion’s [policy evidence assessment report](#). The report addresses the potential public health impact of CHW laws addressing certification and scope of practice (SOP) policies on the delivery of services by CHWs. For this reason, this policy brief will focus on the possible policy impacts of state certification and SOP policies.

Issue Overview

Because CHWs live in the communities they serve, CHWs are uniquely qualified as connectors. They speak the language of their community, know what is meaningful, and bridge the cultural gap between health care providers and the community.¹ CHWs connect individuals to health services² and educate providers about the unique needs of the community.¹

The current body of scientific evidence demonstrates the value of CHW services to improve health care outcomes. Many interventions that integrate CHW services into health care delivery systems are associated with reductions in chronic illnesses,³ better medication adherence,³ increased patient involvement,⁴ improvements in overall community health,⁵ and reduced health care costs.^{6,7}

Although more research is needed, CHWs may positively affect health outcomes and result in cost savings. One study of a CHW outreach program targeting 590 underserved men in Denver for a variety of health services found a return on investment of more than \$2 for each dollar invested.⁶ Another study found that CHWs generated an annual cost savings of around \$2,000 per Medicaid patient with diabetes in West Baltimore.⁷ Yet another program used CHWs for outreach to people in need of home and community-based services, which resulted in lower growth in Medicaid spending among program participants and an estimated savings of \$3.5 million in Medicaid expenditures. After accounting for program costs, Medicaid realized net savings of \$2.6 million.¹⁰

Evidence supporting the involvement of CHWs in the prevention and control of chronic diseases is well established including:

- Interventions incorporating CHWs have been found to be effective for improving knowledge about cancer screening, as well as screening outcomes for both cervical and breast cancer⁵
- Asthma symptom frequency was reduced by 35% among adolescents working with CHWs⁵
- Based on evidence contained in a Community Guide review, it is recommended that CHWs engage in diabetes and cardiovascular disease prevention activities^{8,9}



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Policy Options

Overall, research shows that CHWs can improve care and may reduce health care costs. What remains unknown is what effect, if any, state-level policies have on the delivery of these services and their outcomes. States have implemented a variety of policies directed at CHWs including:¹¹

- Authorizing CHWs to provide services, including blood pressure screening and education, to help prevent chronic diseases, such as hypertension and diabetes
- Involving CHWs in multidisciplinary health care teams
- Authorizing payment for health insurer coverage of CHW services
- Implementing CHW certification to establish professional standards
- Defining the CHW SOP in the state by specifying the boundaries that separate CHWs from other health professions

Potential Policy Impacts

While there is strong evidence demonstrating the effectiveness of CHWs in certain health care interventions, there is limited evidence on the impact of state CHW policies on delivery of care and health outcomes. To address this gap, CDC reviewed studies conducted in states where CHW SOP or certification laws had been enacted and implemented.¹² This assessment addressed whether state laws to establish CHW SOP or certification may result in a positive public health impact.

The CDC evidence review does not compare the effectiveness of CHWs in states with SOP or certification policies to CHWs in other states without those policies, because these types of studies are not available. The review found that CHWs performing roles within their legally defined SOP delivered interventions, such as diabetes management and cancer education, were associated with positive health outcomes for populations experiencing health disparities. In addition, the CDC review found that CHWs certified in accordance with state law delivered interventions with positive health outcomes and cost savings for populations experiencing health disparities.

Current Status

States are implementing policy and non-policy approaches to address CHW SOP and certification. As of June 2016, sixteen states had CHW SOP or certification laws in place. This is not to say that efforts to support the CHW workforce are not occurring in other states; for example, Wisconsin, Minnesota, and Michigan do not have certification laws or state-led certification training programs, but health departments are working actively with their state CHW coalition to address workforce development and financing issues.¹³

The approach a state takes to address CHW or SOP certification depends on many factors that are unique to the current situation in each state. Law can be an important driver of efforts, but it may not always be feasible or desirable in a state. State policymakers can lead efforts to develop the CHW workforce or play a more supporting role. Collaboration with the CHW organizations, coalitions, and networks and other stakeholders like payers, providers, employers, and even related health professions can be helpful.

Barriers to SOP and Certification Policies

States can take into account several factors when assessing the feasibility of enacting certification or SOP policies. Some practitioners have raised concerns that certification requirements may devalue the skills and attributes that make CHWs unique. Qualities inherent to the CHW workforce may not be captured by a certification system: for example, certification could create a barrier that would exclude the individuals who would be the most valuable to the community and the profession due to their knowledge and understanding of the community and residents but who may not have the professional qualifications necessary to obtain certification.¹⁴ To address this issue, certification laws may include provisions that “grandfather” existing CHWs by recognizing their years of experience and counting that time toward certification.¹⁵ Educational requirements can be fulfilled using methods appropriate to the environment of CHW practice and avoiding overly “academic” instructional approaches. Despite these concerns, some experts believe there is a way forward that allows CHWs to professionalize through avenues such as certification while also maintaining the unique qualities of CHW professionals.¹⁶

In addition, it may be difficult for stakeholders to reach a consensus on the roles and responsibilities to be included in a CHW SOP law. CHWs can fill many roles across (and outside of) the health care system, and it may be difficult to reconcile different perceptions about their core roles and how they can provide most value. A study done in New York found that CHW’s perceptions of their skills and the work that they do differed from those of employers. While CHWs believed there was value intrinsic to who they are, they felt that employers were more focused on the actions they performed. It took multiple consultations with CHWs and employers to reach consensus on defining CHW’s core skills.¹⁷

To address some of these concerns, the Community Health Worker Core Consensus (C3) project is developing a list of core roles, core skills, and core qualities to work toward recommended guidelines for the profession, including establishing CHW SOP. C3’s progress report identifies 10 roles and 11 core skill areas for CHW practice.¹⁸ For additional information, see [C3’s website](#).

Overall, there are challenges to integrating and using CHWs in the health care system. The level of familiarity and firsthand experience that health care providers have with CHWs can influence how they view the CHW’s role within the health care system.¹⁹ Educating health care professionals and policy makers about the unique role of CHWs could improve the integration of CHWs.²⁰ In addition, building understanding and increasing utilization could also generate momentum for consideration of certification and SOP policies.

Next Steps

Best available evidence suggests that state CHW SOP and certification policies may provide a supportive context in which CHW interventions are successful in the health delivery system.^{5,12} More studies are needed to determine what, if any, effect state SOP and certification policies have on CHW integration and health outcomes. It may also be important to consider how the design of SOP and certification policies, and the way they are implemented, may affect the CHW workforce and patient outcomes.

CDC policy briefs provide a summary of evidence-based best practices or policy options for a public health issue. They also include information on the background and significance of the issue as well as current status and potential next steps.



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