Community Health Workers: Part of the Solution

The following is a synopsis of “Community Health Workers: Part of the Solution,” an article published in the July 2010 issue of Health Affairs.

What is already known on this topic?
Evidence shows that community health workers (CHWs) can help improve health care access and outcomes; strengthen health care teams; and enhance quality of life for people in poor, underserved, and diverse communities. Beginning in the late 1990s, several U.S. states sought legislation and regulations to integrate CHWs into the health care workforce, but these initiatives only have had modest effects to date.

What is added by this article?
Recently, more states have undertaken new approaches to expand CHWs’ roles and strengthen their financial support so that their positions are sustainable over time. The authors focus on two case examples, Massachusetts and Minnesota, both of which recently initiated comprehensive changes in policies and systems to support CHWs. Notably, Minnesota has legislation that makes CHW services reimbursable under Medicaid, and the state regulates CHW training, supervision, enrollment criteria, and billing policy. In Massachusetts, broad-based policies combined with consistent and powerful advocacy from the leaders of the CHW workforce, together with state public health partners, have secured the ongoing integration of CHWs in state health reform efforts.

What are the implications for public health practice?
The Patient Protection and Affordable Care Act recognizes CHWs as important members of the health care workforce who are vital to achieving goals in health care reform. It emphasizes community-based preventive and wellness care and the use of community-based health teams and patient-centered medical homes. Other states should consider building on the Massachusetts and Minnesota examples as they seek to prevent disease, improve quality of care, improve chronic care management, and reduce costs and disparities in health care access and care.
What are the suggestions for policy?

To stimulate comprehensive changes in the CHW workforce throughout the nation, the authors offer a set of policy recommendations as follows:

1. Negotiate sustainable financing for reimbursable CHW services by Medicaid, Medicare, Children's Health Insurance Program (CHIP), Federally Qualified Health Centers, and other public and private payers.

2. Provide workforce development resources, including career development for CHWs and training for CHWs and their supervisors.

3. Develop statewide occupational regulation, such as standards for training (core skills and competencies), certification, and a scope of practice for CHWs.

4. Create and implement guidelines for common measures to be used in research and evaluation related to CHWs.

What are the applications for these findings?

- Assess existing policies and systems: Is CHW service reimbursable? Does the state have uniform training of the CHW workforce?
- Provide leadership for forming broadly represented partnerships to review and respond to the resulting assessment findings and advocate for reimbursement, uniform training, or other appropriate actions.
- Work with other partners to operationalize legislative requirements and appropriate actions.
- Include CHW leaders in policy efforts, and support CHW state associations.
- Support evaluation of policy and systems changes related to CHWs.

Resources

Massachusetts Department of Public Health, Office of Community Health Workers
http://www.mass.gov/dph/communityhealthworkers

Minnesota Community Health Worker Alliance
http://www.mnchwinstitute.org

Citation