

Do State Community Health Worker Laws Align with Best Available Evidence?

The following is a synopsis of “Do State Community Health Worker Laws Align with Best Available Evidence?” published in October 2015 in the *Journal of Community Health*.



What is already known on this topic?

Community health workers (CHWs) are frontline public health workers who are trained to work in a community setting. They may be from or have an unusually close understanding of the community they serve. This close and trusting relationship allows CHWs to serve as a liaison between the community and health or social systems to improve access and quality of services in a culturally competent way. They can help people reduce risk factors for disease, manage chronic conditions, connect with local resources, and access the healthcare system.

The CHW workforce in the United States has significantly expanded in the last fifteen years and CHWs have received recognition as effective public health workers. However, major barriers to creating and maintaining a CHW workforce remain, such as funding, standardized training and certification. Legislative and regulatory approaches are being considered by more states to overcome these barriers. Therefore, it is essential to identify the core components expected to make up an effective law intended to help states create or maintain an effective CHW workforce.

What is added by this article?

The authors of this article sought to help states make informed decisions by identifying the core policy components of effective CHW policies, and assessing the extent to which existing state laws include these components.

First, the authors used the Quality and Impact of Component (QuIC) Evidence Assessment. QuIC is a screening tool for potential policy options which evaluates the best available evidence for activities and strategies that will lead to a positive public health impact if they are included as components of a policy. QuIC rates each policy component's evidence base as “best,” “promising,” or “emerging” based on a systematic scoring of its quality and impact. Second, the authors collected codified laws relating to CHWs from the 50 states and Washington, D.C., and assessed whether the policy components identified in the QuIC evidence assessment were reflected in these laws.

The authors identified 14 policy components of an evidence-informed state CHW policy. Among these 14 policy components are provision of chronic disease care services, core competency certification, and Medicaid payment for

CHW services. The authors found seventeen states and the District of Columbia had codified law related to CHWs (as of December 31, 2014) and reported on the extent to which the 14 identified components were reflected in these laws.

- 15 of these 18 states authorized at least one of the 14 identified policy components by including language related to them in the codified law.
- 52 components were authorized across the 18 states, with an average of 2.5 components in each state and up to nine in one state.
- 32 (61.5%) of all 52 components were authorized through language in the state laws, and were rated as having a “best” evidence base and the remaining 20 (38.5%) were rated as having “promising” or “emerging” evidence bases.

What are the implications of these findings?

These findings can be used as a starting point to help states make more informed decisions as they develop or strengthen policy approaches to support the CHW workforce. Less than one third of states had authorized some of the identified CHW policy components, and no states had authorized all fourteen. States could use this assessment as a roadmap to building legislative or regulatory approaches for CHW programs because it enables them to prioritize the components with evidence bases rated “best”. As more states implement policy approaches supporting CHWs, policy researchers should continue evaluating the impact of these policies in order to grow the evidence base for evidence-informed CHW policy.

Resources

Centers for Disease Control and Prevention
Community Health Worker Policy Evidence Assessment Report (PEAR)
http://www.cdc.gov/dhdsp/pubs/docs/chw_evidence_assessment_report.pdf

Centers for Disease Control and Prevention
Community Health Worker (CHW) Toolkit
<http://www.cdc.gov/dhdsp/pubs/chw-toolkit.htm>

The Community Guide
Cardiovascular Disease Prevention and Control: Interventions Engaging Community Health Workers
<http://www.thecommunityguide.org/cvd/teambasedcare.html>

Citation

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.