

# Community Health Workers: Their Role in Preventing and Controlling Chronic Conditions



## Welcome and Introductions

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# Community Health Workers: Their Role in Preventing and Controlling Chronic Conditions



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## Goals

- 1 Provide a brief overview of the community health worker (CHW) field.
- 2 Discuss what is happening in the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) related to CHWs.
- 3 Discuss the state of the art and science in the CHWs field.
- 4 Describe CDC's strategies to engage CHWs in the prevention and control of chronic conditions.
- 5 Showcase lessons learned on how to work effectively with CHWs to address chronic conditions.
- 6 Create awareness of key resources in NDEP geared towards CHWs.



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# Today's Conversation...

**Who are CHWs/promotores?**

**Is there a national scope of practice for CHWs available or being developed?**

**What do they do?**

**What is their role in preventing and controlling chronic conditions ?**

**How are they trained to know the limits of the education they provide (not giving medical advice)?**

**How do we start/engage CHWs? Do CHWs need to be associated with another organization (*i.e.*, hospital and/or health dept.), or could they just be members from local churches, with proper training?**



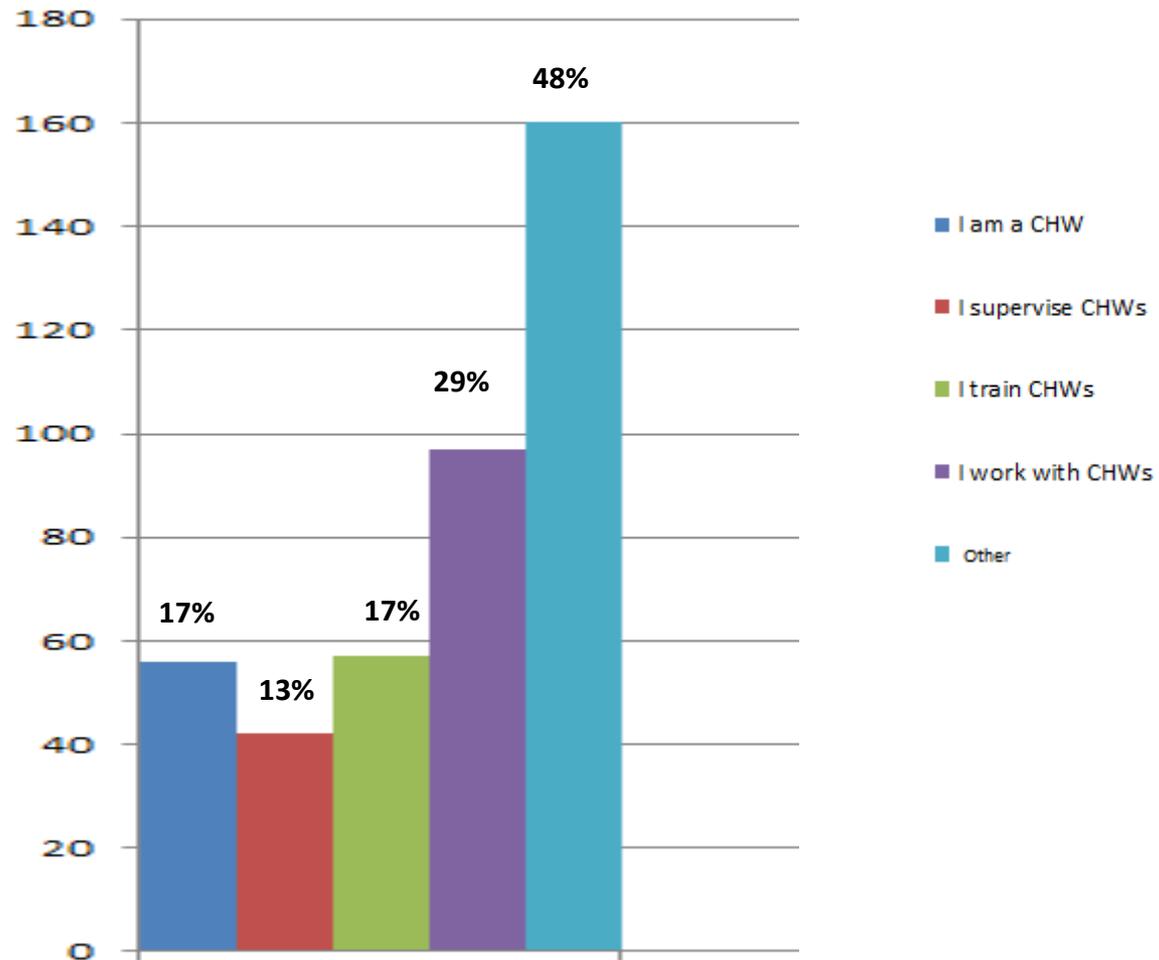
## Poll Q1

How are you engaged with CHWs?

- I am a CHW
- I supervise CHWs
- I train CHWs
- I work with CHWs
- Other



## How are you engaged with CHWs?





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**But first...**

Some  
basic  
information...





# Definition of Community Health Worker (CHW)

- A frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.
- This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.
- A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy of CHW.

American Public Health Association. (2009). Community Health Workers. Washington, D.C. Retrieved from:

<https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/09/14/19/support-for-community-health-workers-to-increase-health-access-and-to-reduce-health-inequities>



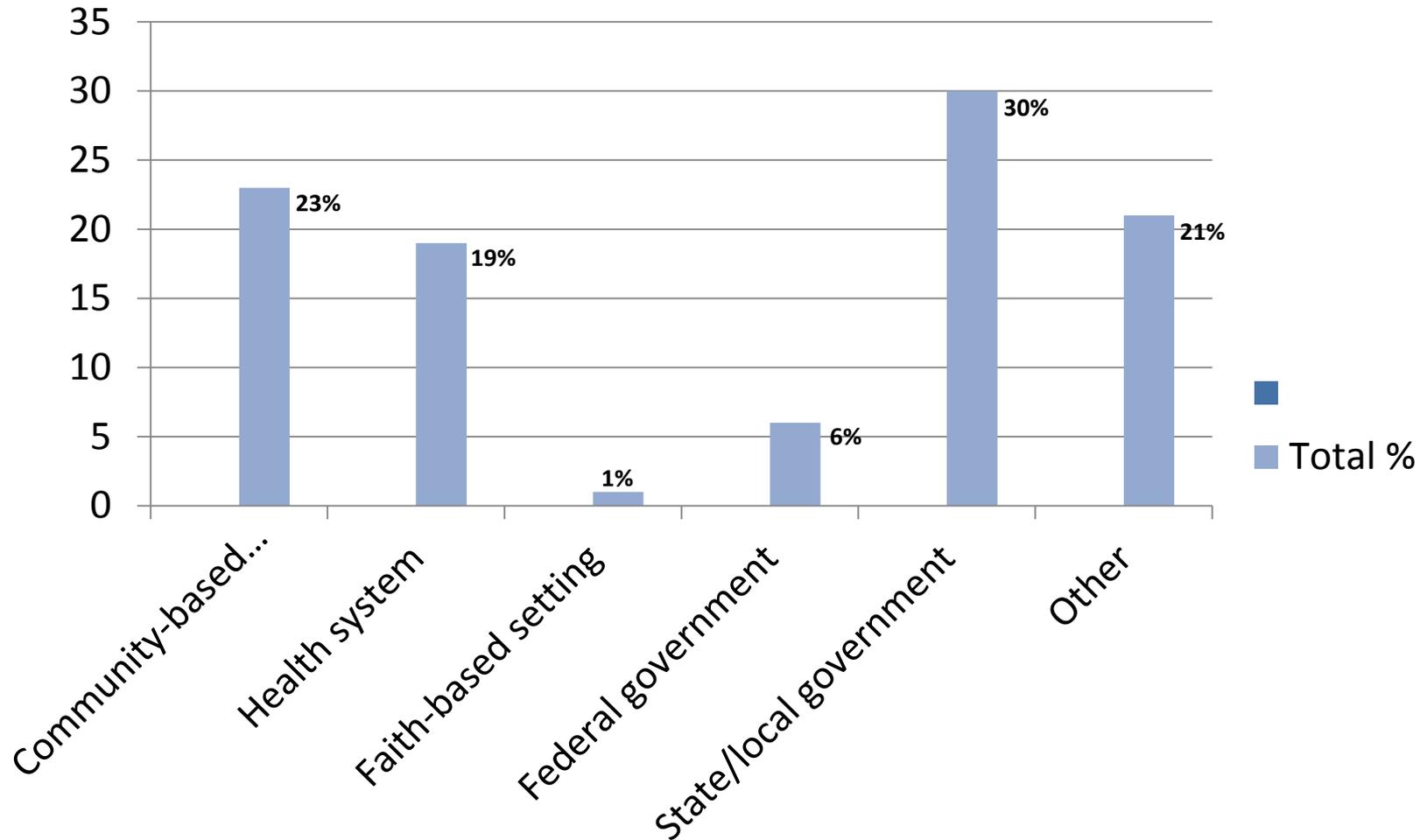
## Poll Q2

In what setting do you work with (or regarding) CHWs?

- Health system
- Community-based organization
- Faith-based setting
- Federal government
- State/Local government
- Other



### In what setting do you work with (or regarding) CHWs?





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# Where And To Whom Do CHWs Deliver Services?

- Hospitals, health agencies, community organizations
- People at home
- Rural migrant and seasonal farm workers and border communities
- Vulnerable populations
- Tribes

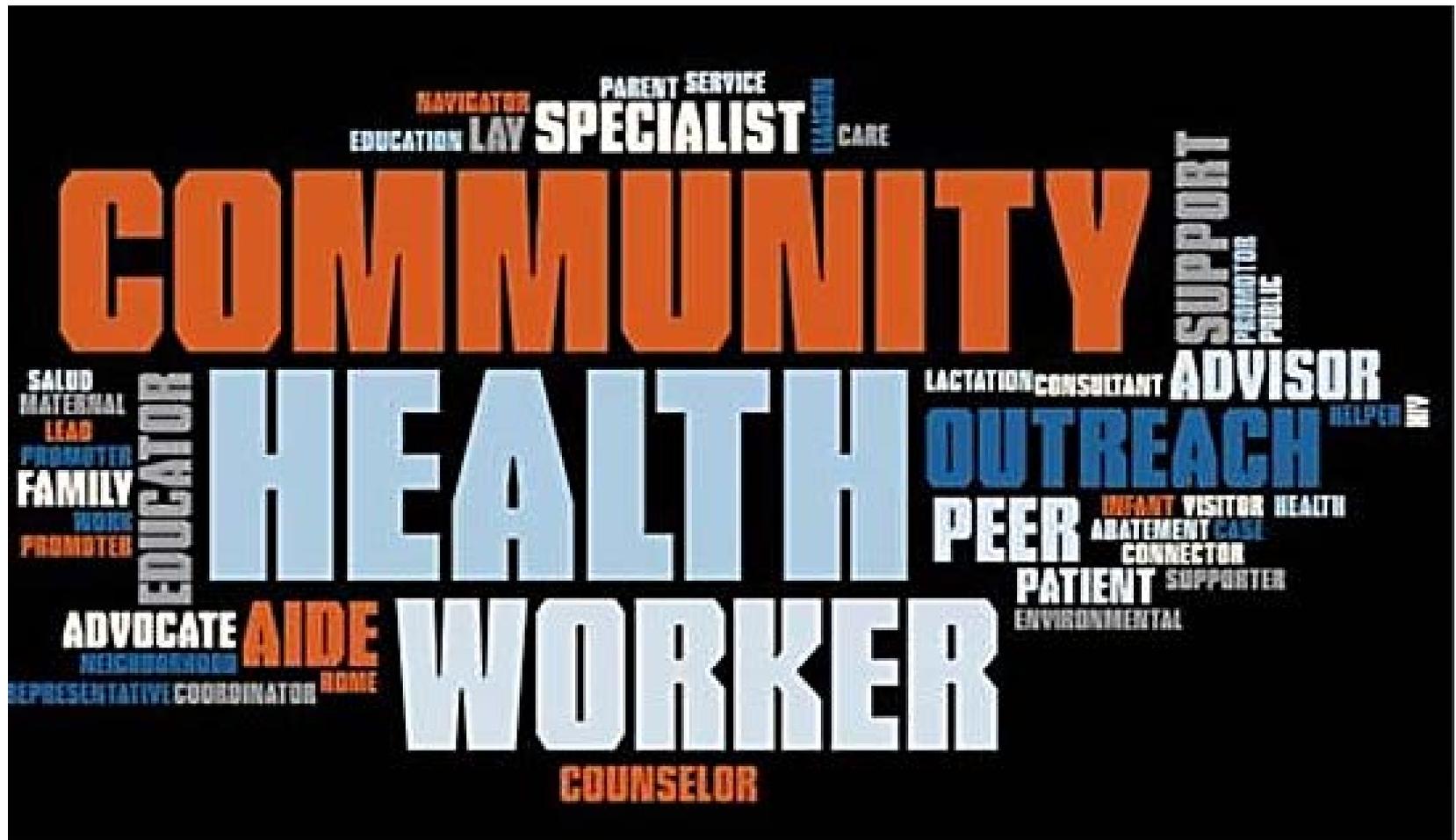




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# CHWs Work Under Many Job Titles





# Core Roles of CHWs

- Bridging communities and the health care system through cultural mediation.
- Providing culturally appropriate and accessible health education and information, often by using popular education methods.
- Ensuring that people get the services they need.
- Providing informal counseling and social support.
- Advocating for individuals and communities.
- Providing direct services (such as basic first aid) and administering health screening tests.
- Building individual and community capacity.



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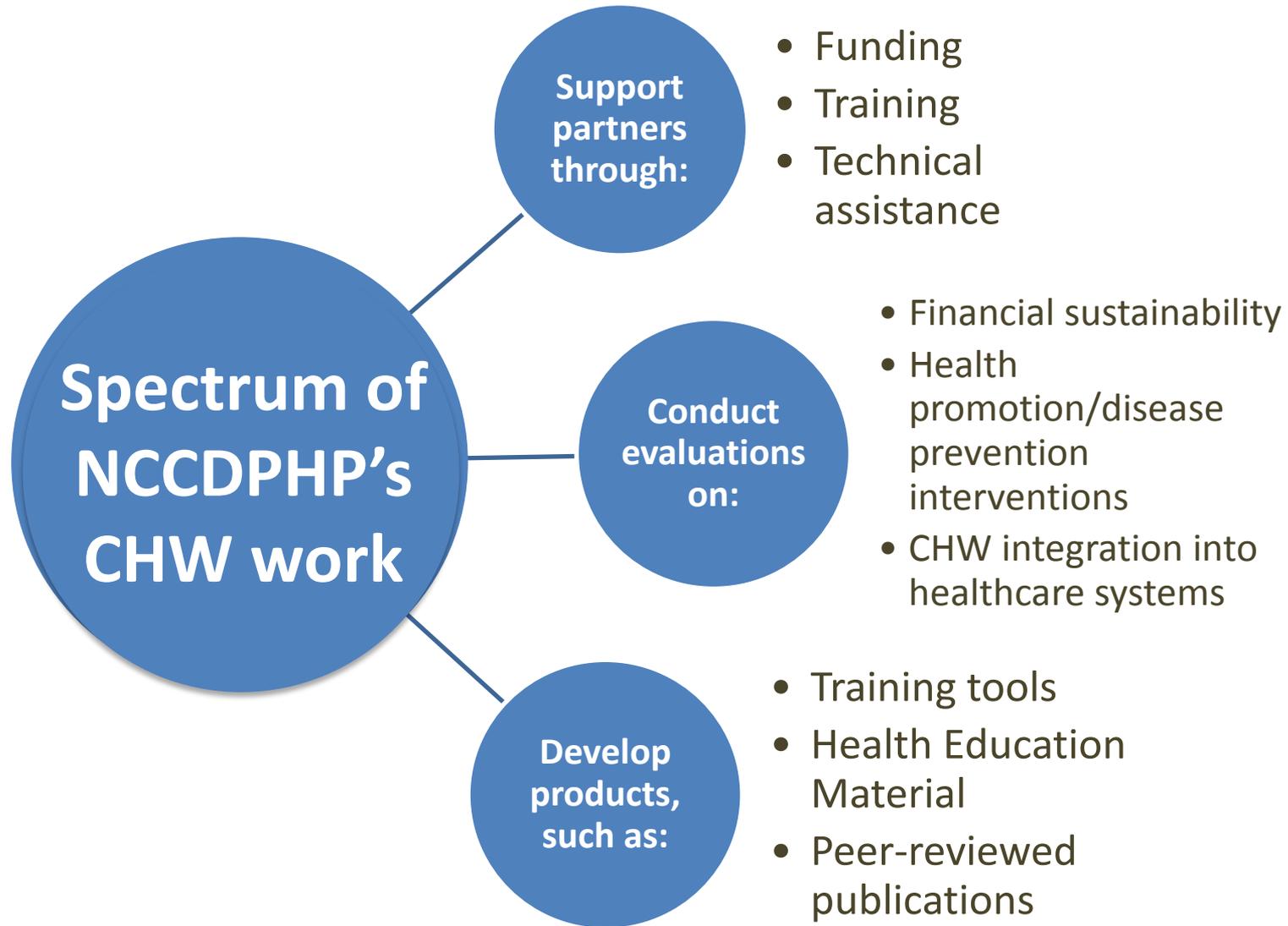
Overview of the National Center for Chronic Disease  
Prevention and Health Promotion CHW Work Group

**ALBERTA MIRAMBEAU, PH.D., M.P.H., CHES**



# Charge and Purpose

- **Mission**: To facilitate, support, and advance CHW initiatives that help accomplish public health goals.
- **Vision**: Empowered communities, healthier people
- Comprised of Divisions within the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) and other representatives throughout CDC
- Group formed with the intent of:
  - Understanding the scope of CHW-related activities taking place in each NCCDPHP Division
  - Identifying opportunities for collaboration and coordination of CHW-related activities
  - Serving as CHW subject matter experts within NCCDPHP
  - Fostering knowledge and resource sharing across NCCDPHP Divisions





# Workgroup Activities...

- Developed a Strategic Plan with two focus areas:
  - Interaction between CDC programs and state/local grantees
  - Collaborations that enhance/create CHW infrastructure
- Created environment for increased collaboration and coordination through information sharing
- Conducted Project Officer training
- Created a document that summarizes NCCDPPH CHW-related activities



# Pending/Ongoing Activities

- Ongoing:
  - Serve as a central and coordinating entity for CHW TA request
  - Provide guidance and expertise on NCCDPHP funded CHW activities.
  - Share CDC expertise through membership to external workgroups
- Pending/Planned:
  - Develop a CDC CHW Resources web page for use by public
  - Plan round 2 of Project Officer Forum
  - Develop standardized CHW evaluation measures for NCCDPHP program use





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State of the Art and Science

**J. NELL BROWNSTEIN, PH.D.**



## Research Evidence

- Enhance patient health literacy
- Strengthen culturally competent provider practices (organizational effectiveness)
- CHWs can help significantly improve outcomes of patients and care teams
  - Perform a variety of roles
  - Help patients reduce risks of complications from chronic diseases
  - Improve compliance with prescribed treatment plans
  - Improve patient self-management

## Recent CHW ROI Studies

- All show about 3:1 net return or better.
- Molina Health Care: Medicaid HMO reducing cost of high utilizers.
- Arkansas “Community Connectors” keeping elderly and disabled out of long-term care facilities.
- Community Health Access Program (Ohio) “Pathways” reducing low birth weight and premature deliveries.
- Texas hospitals redirecting uninsured from Emergency Dept. to primary care.
- Langdale Industries: self-insured industrial company working with employees whose benefits cost the program the most.



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# Coming in 2015 Community Guide Reports

Under U.S. Community Preventive Taskforce the Community Guide (CDC) conducted rigorous literature reviews: CHW interventions and their effectiveness in patients at high risk for cardiovascular disease and diabetes.



# Community Guide CHW Outcomes

- Significant improvements in patients: blood pressure, A1C, lipids.
- Strong improvements in self-reported smoking cessation, healthy eating and physical activity behaviors.
- A small number of studies suggested that engaging CHWs improved appropriate use of healthcare services and reduced morbidity and mortality related to cardiovascular disease.
- Strong evidence of CHWs as effective members of team-based care.



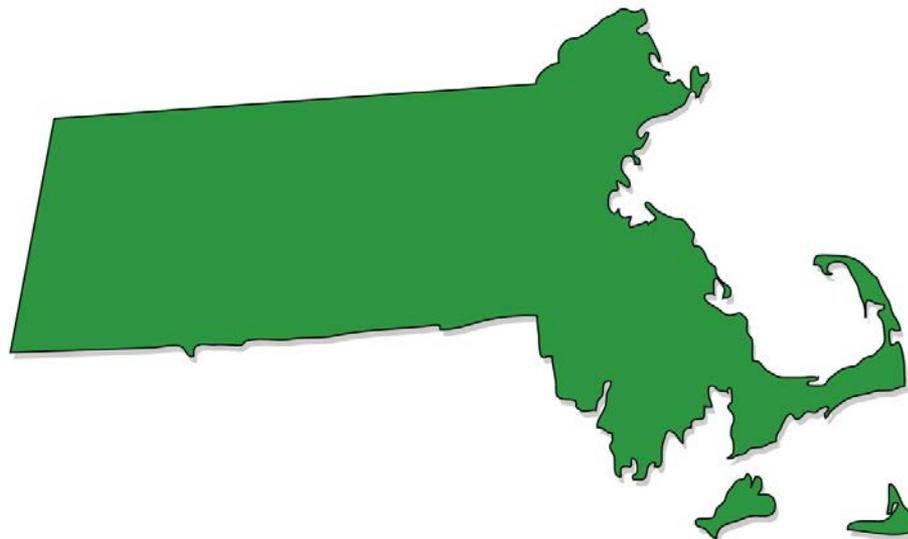


# CDC National Chronic Disease Program

- How many CHWs are integrated into team-based care?  
How do CHWs enhance the effectiveness of team-based care?
- What is effectiveness of CHWs working in community and healthcare settings: do they build and enhance community-clinical linkages? How?

## Massachusetts: An Early Innovator

- 2010 report has 34 recommendations including need for comprehensive systems and policy approaches





# Sustainability of the CHW Workforce through a Systems and Policy–Level Approach

- SHDs and partners can strengthen the role of CHWs and their integration into health care teams by supporting:
  - Infrastructure
  - Workforce Development
  - Occupational Regulation
  - Evaluation
  - Financing Mechanisms



# Workforce Development

- SHDs and partners can play a critical role in assisting with the state-wide development and maintenance of:
  - Evidence and competency-based training
  - Core skills and competencies
  - Core training and disease/health specific training
  - Continuing education
  - Training for supervisors



# Occupational Regulation

- SHDs and partners can play a critical role in providing support for:
  - Developing competency-based standards for CHWs that are compatible with core competency skills that are recognized state-wide
  - Developing state-level standards for Certification or Credentialing that are determined by CHWs and employers
  - Developing a defined scope of practice for CHWs
  - Recognize and adopt CHWs national Standard Occupational Classification



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# Evaluation

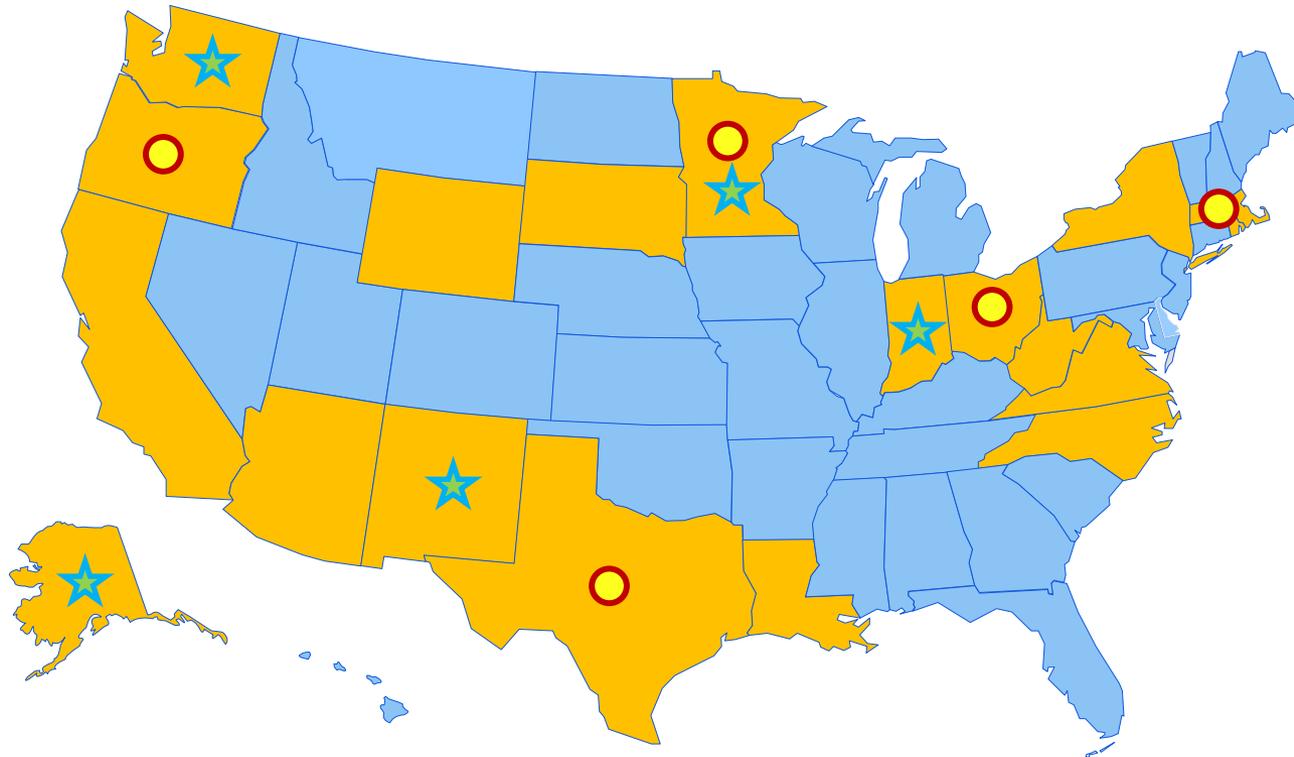
- SHDs and partners can play a critical role in developing and supporting:
  - Standards/guidelines for CHW Program evaluation
  - Studies on ROI, cost effectiveness



# Financing Mechanisms

- SHDs and partners can play a critical role in supporting and advocating for reimbursement of CHW services
  - Public payers: Medicaid, SCHIP
  - Private payers: fee-for-service, ACOs
  - Specific domains: FQHCs, county, community health care centers, community-based organizations

# CHW Policy - 50 State Analysis



 States with laws concerning CHWs

 States with CHW certification laws

 States with laws authorizing Medicaid reimbursement



# Summary of State Community Health Worker Laws

## STATE LAW FACT SHEET

### A Summary of State Community Health Worker Laws

#### Background

Community health workers (CHWs), also known as community health advocates, lay health educators, community health representatives, promotores de salud, and various other terms, are "community members who work almost exclusively in community settings and who serve as connectors between health care consumers and providers to promote health among groups that have traditionally lacked access to adequate health care."<sup>1</sup> Because CHWs live in the communities they serve, CHWs are uniquely qualified as connectors because they speak the language of their community, know what is meaningful, and recognize cultural buffers.<sup>1</sup> CHWs connect individuals to health services<sup>2,3</sup> and educate providers about the unique needs of the community.<sup>7</sup>

Many interventions that integrate CHW services into health care delivery systems are associated with reductions in chronic illnesses,<sup>4</sup> better medication adherence,<sup>4</sup> increased patient involvement,<sup>5</sup> improvements in overall community health,<sup>6</sup> and reduced health care costs.<sup>7,8</sup> One study of a CHW outreach program for underserved men found a return on investment ratio of more than \$2 for each

focus groups, and partner with the University of Massachusetts Medical School to survey employers.<sup>11</sup> This research culminated in the 2009 report *Community Health Workers in Massachusetts: Improving Health Care and Public Health*.<sup>12</sup> The report identified four areas in which DPH and partner organizations could act to develop a sustainable CHW program: infrastructure, professional identity, workforce development, and financing (see Table 1).<sup>12</sup> The report also proposed recommendations in each area.

To understand how states are using law as a tool to develop sustainable CHW programs, this fact sheet summarizes the extent to which states have enacted laws addressing CHW infrastructure, professional identity, workforce development, and financing.

Table 1: Select Recommendations from *Community Health Workers in Massachusetts*<sup>12</sup>

#### Infrastructure

- Establish a CHW advisory body to assist with the development and implementation of a sustainable program.

# It is Essential that Everyone Involve CHWs in all Aspects of This Work





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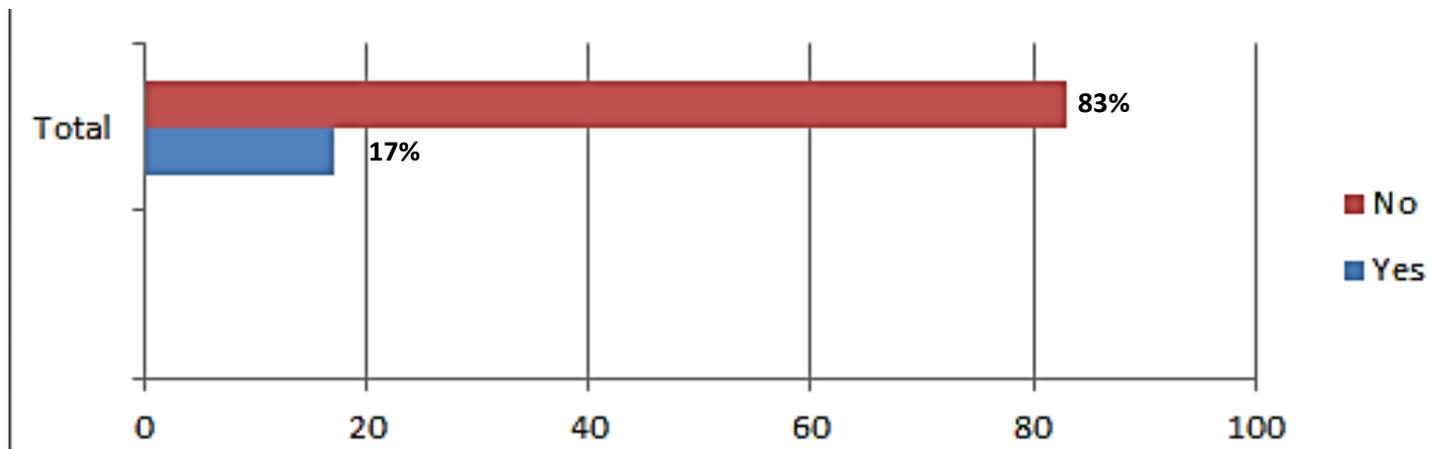
## Poll Q3

Do you know about the CMS ruling?

- Yes
- No



## Do you know about the CMS ruling?





## State Medicaid Program Support Strategies for Reimbursement that Support Expanded Roles for Non-Clinicians

- Renegotiate contracts with state Medicaid Offices
- Apply for a 1115 Waiver or Demonstration Project
- State Plan Amendment (SPA) Adopted 2014. (7 states currently working on this)

### States retain the authority to:

- define these other practitioner qualifications
- ensure appropriate services are being provided by qualified personnel
- define the preventive services to be provided



## State Plan Amendments

- States need to submit a SPA to CMS under the preventive services benefit.
- The usual process for revising a state plan and submitting it to CMS for approval applies.
- States must adhere to all other Medicaid policies including state wideness and freedom of choice of provider.
- States must supply qualifications of the CHWs and their training.
- Credentialing of CHWs is not required.
- State Medicaid Offices also need to submit a reimbursement methodology for the CHWs as part of the SPA process.



# State Plan Amendments

- CHWs will not automatically be placed on SPAs: this will require partnership and advocacy.
- Other parties are advocating for other non-clinicians such as medical assistants.



## Takeaways

- SHDs can play a big role in the development and maintenance of statewide coalitions, networks, or alliances.
- SHDs have a critical role in facilitating and participating in workforce development and occupational regulation, particularly in credentialing and training, and in financing mechanisms.
- There is enough data on effectiveness that relates to health outcomes but very little information on ROI and cost-effectiveness; therefore more cost effectiveness studies need to be done.

## Additional Resources

- CHW Sourcebook  
[www.cdc.gov/dhdsp/programs/spha/chw\\_training/index.htm](http://www.cdc.gov/dhdsp/programs/spha/chw_training/index.htm)
- Cholesterol Fotonovela  
[www.cdc.gov/cholesterol/materials\\_for\\_patients.htm](http://www.cdc.gov/cholesterol/materials_for_patients.htm)
- CHW Policy Brief  
[www.cdc.gov/dhdsp/docs/chw\\_brief.pdf](http://www.cdc.gov/dhdsp/docs/chw_brief.pdf)
- Division of Cancer Prevention and Control Brief on CHWs and Patient Navigators  
[www.astho.org/Display/AssetDisplay.aspx?id=7160](http://www.astho.org/Display/AssetDisplay.aspx?id=7160)
- Diabetes Prevention Fotonovela: Do it for them! But for you too. (*¡Hazlo por ellos! Pero por ti también.*)  
<http://ndep.nih.gov/media/DoltForThem.pdf>
- Diabetes Training and Technical Assistance Center, CDC and Rollins School of Public Health at Emory University online training course for DDT's National Diabetes Prevention Program coordinators  
[www.dttac.org](http://www.dttac.org)
- E-Learning Course on CHWs  
[www.cdc.gov/dhdsp/pubs/chw\\_elearning.htm](http://www.cdc.gov/dhdsp/pubs/chw_elearning.htm)
- Hypertension Fotonovelas  
[www.cdc.gov/bloodpressure/materials\\_for\\_patients.htm](http://www.cdc.gov/bloodpressure/materials_for_patients.htm)
- Spanish Sourcebook  
[www.chronicdisease.org/resource/resmgr/cvh/chw\\_sourcebook-spanish\\_web.pdf](http://www.chronicdisease.org/resource/resmgr/cvh/chw_sourcebook-spanish_web.pdf)
- The Road to Health Toolkit/*Kit El camino hacia la buena salud*  
[www.cdc.gov/diabetes/ndep/index.htm](http://www.cdc.gov/diabetes/ndep/index.htm)
- Tools to Control Cholesterol  
[www.cdc.gov/cholesterol/materials\\_for\\_patients.htm](http://www.cdc.gov/cholesterol/materials_for_patients.htm)
- Tools to Control Hypertension  
[www.cdc.gov/bloodpressure/materials\\_for\\_patients.htm](http://www.cdc.gov/bloodpressure/materials_for_patients.htm)



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Community Health Worker Role in Chronic Disease  
Prevention and Control: CDC Grantee Work

**BINA JAYAPPAUL-PHILIP, PH.D.**



## State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health CDC-RFA-DP13-1305

### Domain 3: Health Systems

Increase engagement of non-physician team members (i.e., nurses, pharmacists, and patient navigators) in hypertension and diabetes management in health care systems



Proportion of health care systems with policies or systems to encourage a multi-disciplinary team approach to blood pressure control/A1c control

### Domain 4: Community-Clinical Linkages

Increase engagement of CHWs in the provision of self-management programs and on-going support for adults with diabetes



Proportion of recognized/accredited DSME programs in targeted settings using CHWs in the delivery of education/services

### Domain 4: Community-Clinical Linkages

Increase engagement of CHWs to promote linkages between health systems and community resources for adults with high blood pressure



Proportion of health care systems that engage CHWs to link adult patients with high blood pressure to community resources that promote self-management



# States Implementing CHW Interventions

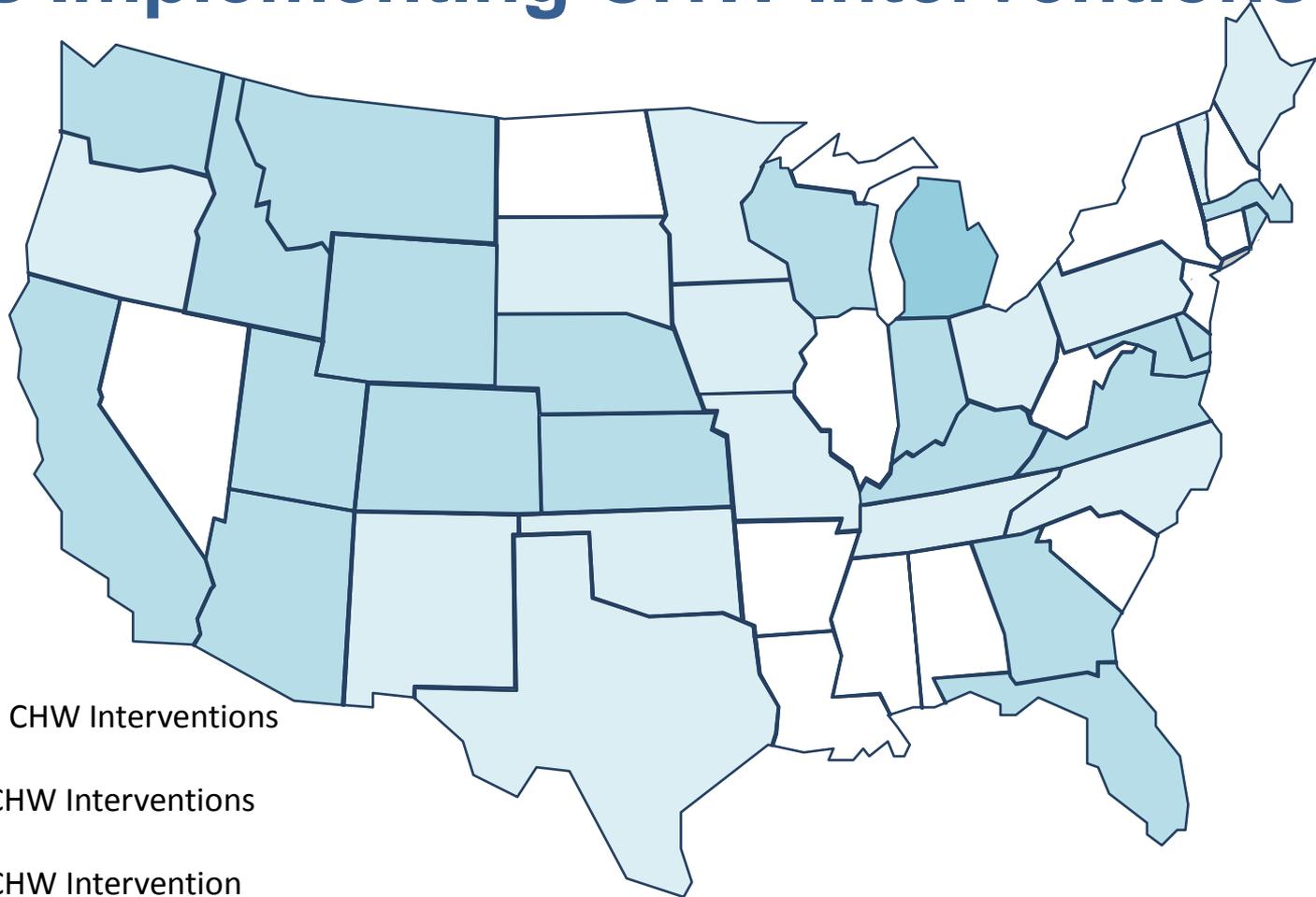
- 3 states are implementing all 3 interventions; 19 states are implementing 2 of the interventions; 36 are implementing at least one intervention.
- 24 states are engaging CHWs to link patients to community resources for hypertension control.
- 20 states are engaging CHWs in team based care.
- 17 states are engaging CHWs in DSME program delivery and support.



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# States Implementing CHW Interventions



Three CHW Interventions



Two CHW Interventions



One CHW Intervention



No CHW Interventions



# Sample Grantee Activities to Promote Patient Navigator & Community Health Worker Roles

- Working with state level entities.
- Working with health systems and providers.
- Working with CHWs and CHW organizations.



## Reach of CHW Interventions

- Examples:
  - DSME programs engaging CHWs: **27 (TX)**
    - RI plans to increase from the current 8 to 40 programs
  - Health care systems engaging CHWs to link patients to community resources: **10 (MA and MI)**
    - Both have a Year 5 goal of doubling that number.



# Cooperative Agreement DP14-1422

Community clinical linkage strategies to support heart disease and stroke and diabetes prevention efforts

Increase engagement of CHWs to promote linkages between health systems and community resources for adults with high blood pressure and adults with prediabetes or at high risk for type 2 diabetes

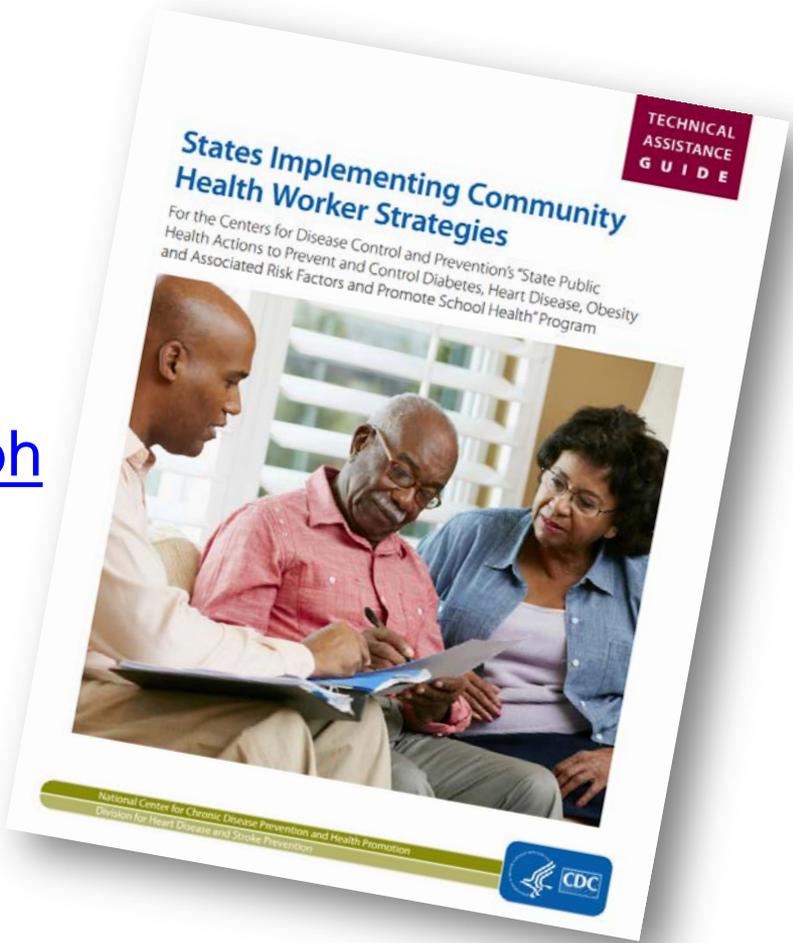


Number of health systems that engage Community Health Workers (CHWs) to link patients to community resources that promote self-management of high blood pressure.

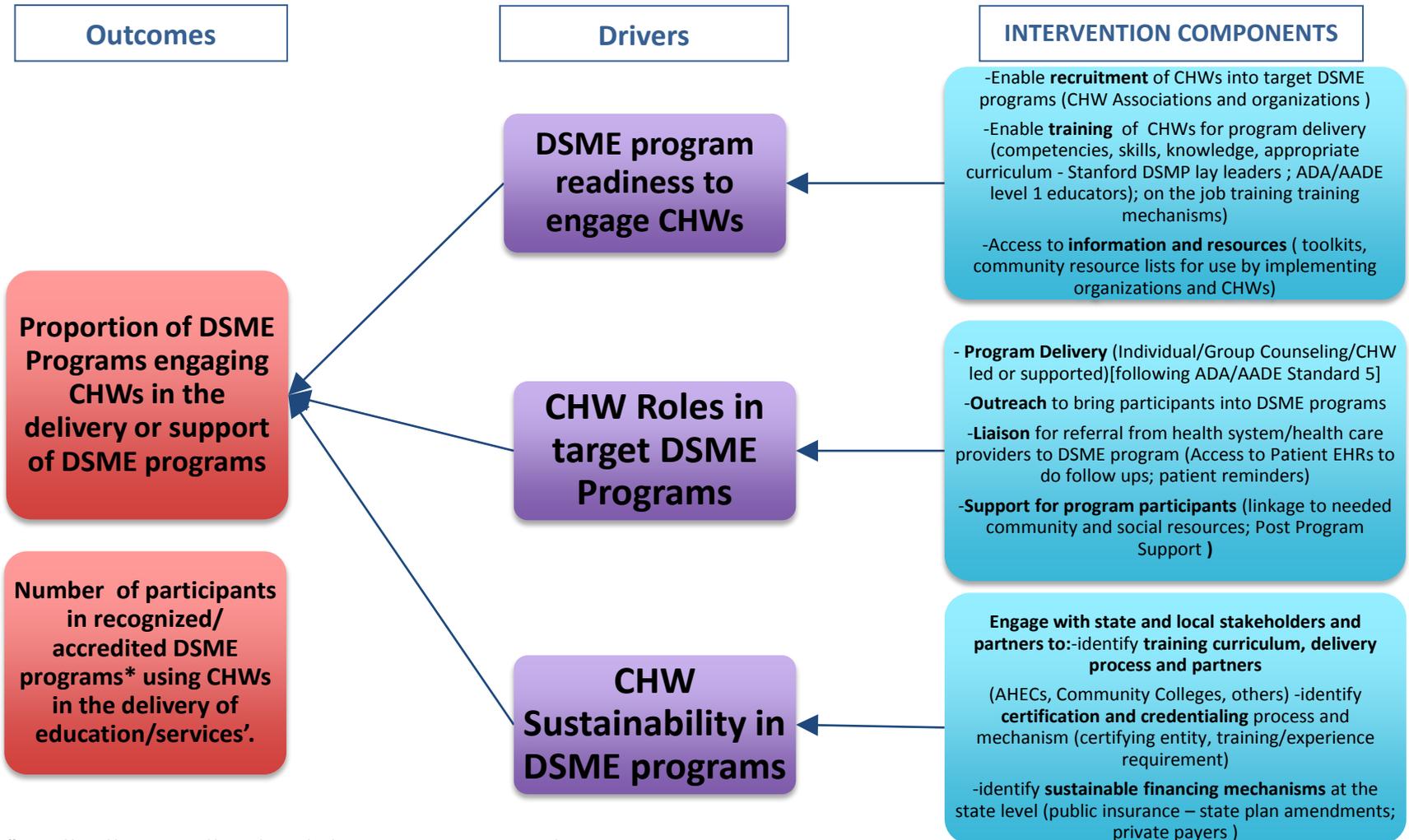
Number of health systems that engage Community Health Workers (CHWs) to link patients to community resources that promote prevention of type 2 diabetes.

# Technical Assistance Resources Available

- Driver Diagram for CHW-DSME Interventions (Draft)
- Technical Assistance Guide for States Implementing Community Health Worker Strategies  
[www.cdc.gov/dhdsp/programs/spha/docs/1305\\_ta\\_guide\\_chws.pdf](http://www.cdc.gov/dhdsp/programs/spha/docs/1305_ta_guide_chws.pdf)
- Emerging Practices Documents (CDC/ICF forthcoming documents)



## A Draft Driver Diagram for CHW engagement in interventions: DSME Example





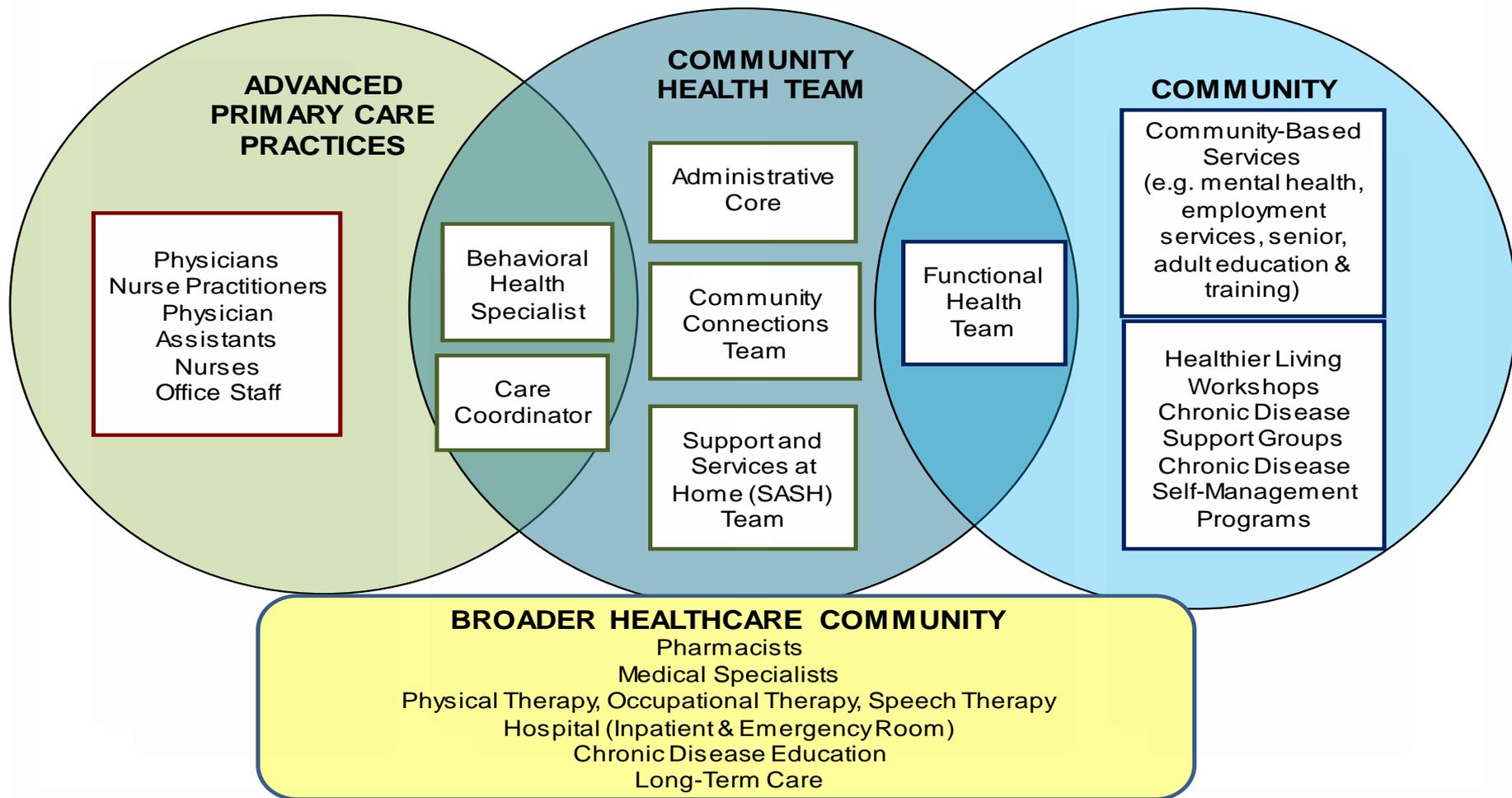
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Lessons Learned on How to Work Effectively with CHWs to  
Address Chronic Conditions

**PAMELA SMART, L.P.N., CHW**

# St. Johnsbury, VT Community Health Team





# Program Components

- Administrative Core
- Functional Health Team
- Community Connections Team
- Advanced Primary Care Practices
- Support and Services at Home (SASH)





# Factors Affecting Program Implementation

- Strength of relationships, communication and collaboration
- Physical location of Behavioral Health Specialists and Chronic Care Coordinators
- Behavioral health as part of the primary care practice health team
- Commitment to patients/clients
- Provider buy-in



# Factors Affecting Program Implementation

- Navigating the EHR system for communication with other team members
- Time and workload
- Individual readiness to change
- Funding silos in community resources
- Lack of clarity in the chronic care coordinator and behavioral health specialists roles





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Q&A



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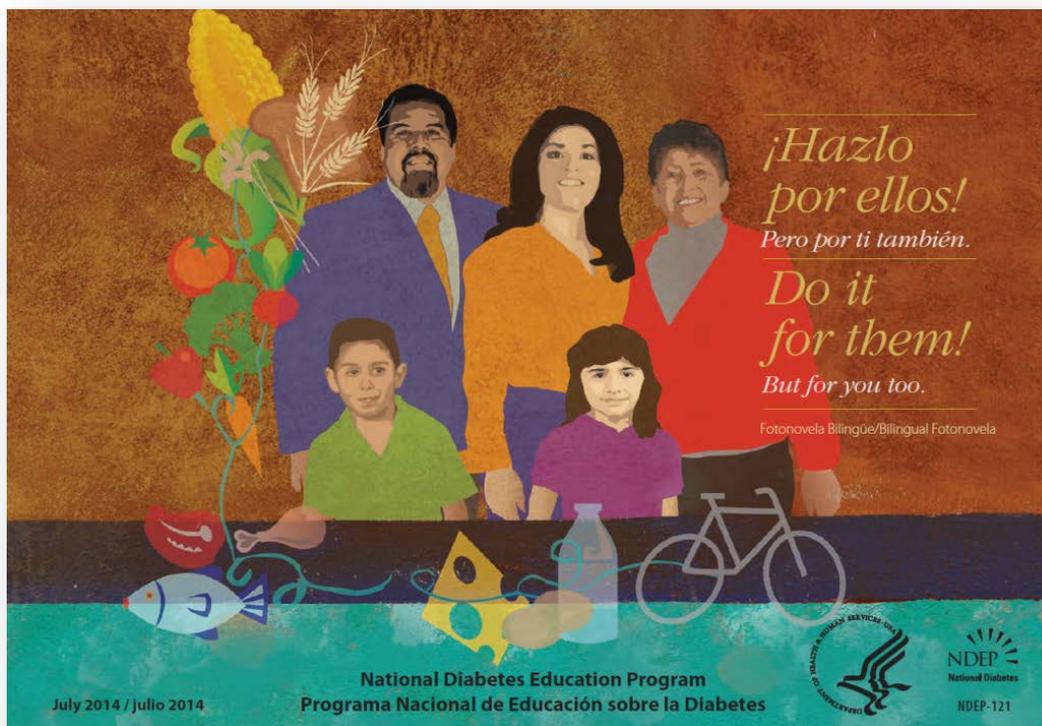
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Check out and order or download these NDEP

# **RESOURCES**

## FOTONOVELA

**¡HAZLO POR ELLOS! PERO POR TI TAMBIÉN.  
DO IT FOR THEM! BUT FOR YOU TOO.**

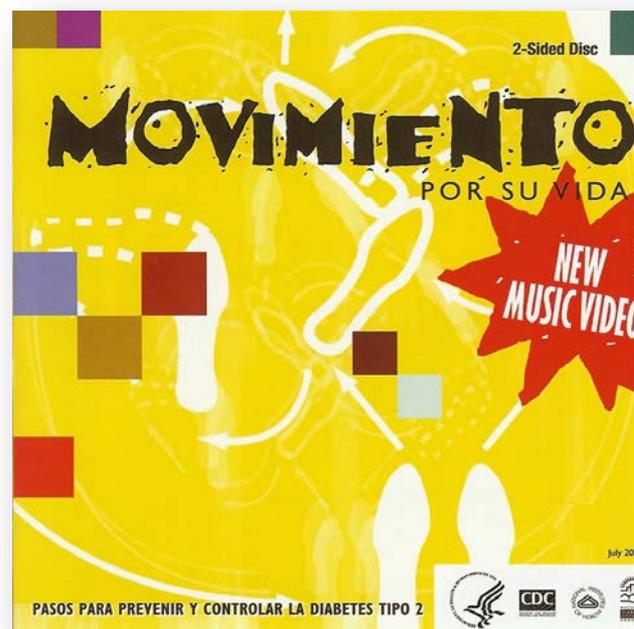
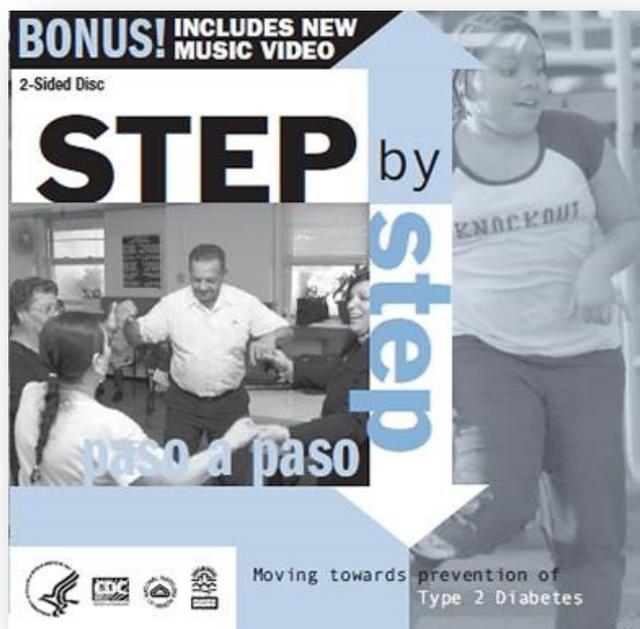


<http://www.cdc.gov/features/Fotonovela>

CD/DVD

**STEP BY STEP**

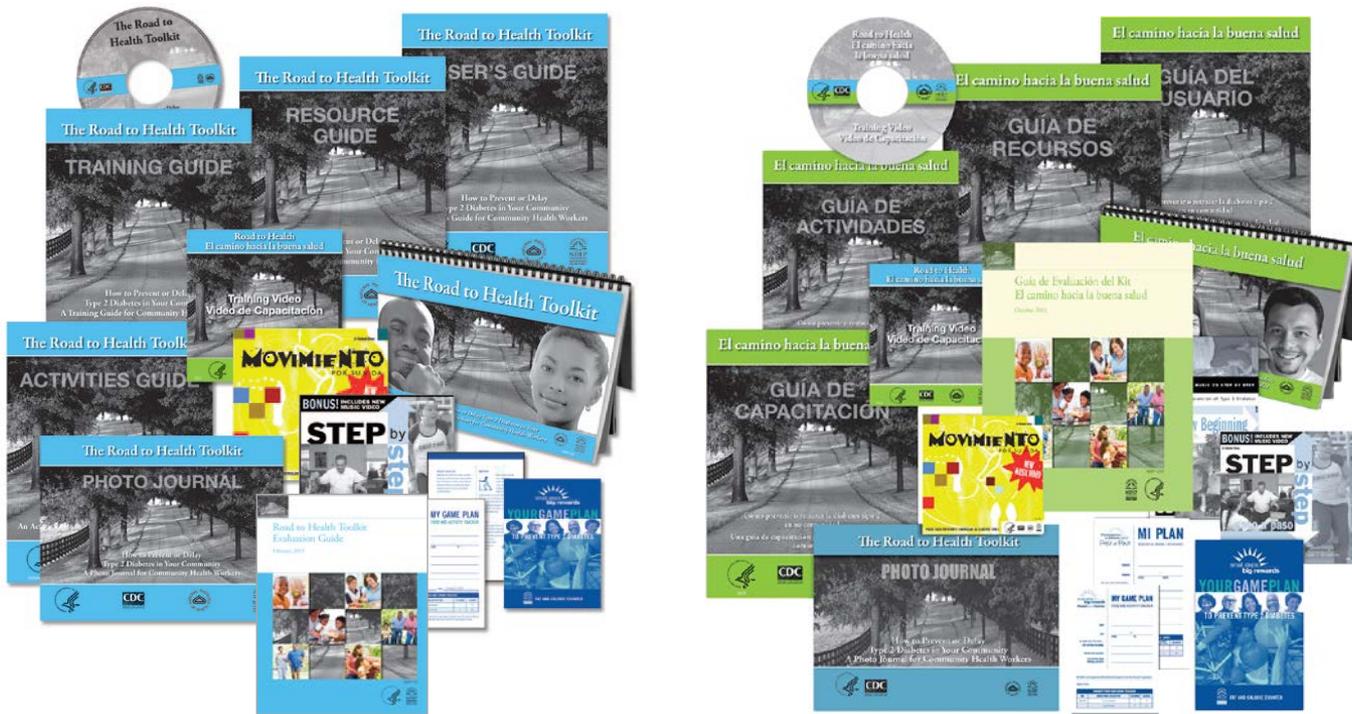
**MOVIMIENTO POR SU VIDA**



# TOOLKITS

## THE ROAD TO HEALTH TOOLKIT

## KIT EL CAMINO HACIA LA BUENA SALUD





## Additional comments or questions?

**Please contact:**

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# Learn more from the National Diabetes Education Program

## National Diabetes Education Program

Call 1-800-CDC-INFO (800-232-4636)

TTY 1-(888)-232-6348 or visit [www.cdc.gov/info](http://www.cdc.gov/info)

To order resources, visit [www.cdc.gov/diabetes/ndep](http://www.cdc.gov/diabetes/ndep)



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