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## Community Health Workers in Connecticut

### AN ASSESSMENT

for Southwestern AHEC, Inc.  
funded by The Connecticut Health Foundation

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## Executive Summary

According to the American Public Health Association, a Community Health Worker is 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 Community Health Worker 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 Community Health Worker 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.

Community Health Workers are distinguished by this close, trusting relationship within the communities they serve which allows them to bridge cultural and language barriers in underserved communities. This connection makes them an indispensable part of healthcare provider teams that are working to address health disparities, to provide individualized post acute care and follow up, and to improve health knowledge and healthy lifestyles in their client population.

Connecticut is defining its healthcare landscape through work on the State Innovation Plan. Each element of the plan is geared toward addressing the triple aim articulated in the Patient Protection and Affordable Care Act: 1) improving the individual experience of care; 2) improving the health of populations; and 3) reducing the per capita costs of care for populations. Research performed right here in Connecticut as well as across the country shows that the work of Community Health Workers is proven to address each of these aims.

As the details of State Innovation Plan are fleshed out, Community Health Workers should be brought to the table as part of the discussion. Community Health Workers should be recognized as important allies in providing individualized care that improves short-term and long-term health outcomes through their attention to how social determinants affect health and healthcare choices. Their work should be integrated into the healthcare teams as full, valued partners.

Community Health Workers Association of Connecticut should continue efforts to form the Connecticut Community Health Worker Association. Through this body, they can speak with a unified voice and lead efforts to clarify scope of practice, integration into workflow, and training and certification standards. The Association can also provide a forum for outreach to healthcare providers and policymakers to ensure that they understand the role and importance of Community Health Workers in Connecticut's healthcare system.

## Introduction



Picture by Joe Houghton

Connecticut is in the process of redefining and better coordinating its healthcare landscape. In the words of Lieutenant Governor Nancy Wyman, Connecticut is articulating “an ambitious framework for making Connecticut a healthier state through a more efficient healthcare system that is whole-person centered, and targets the elimination of longstanding and persistent health disparities.”<sup>1</sup> Key to this plan is the integration of Community Health Workers into the team-based, coordinated care model, with the express understanding that when consumers take an

active role in their healthcare, they are more successful in pursuing healthier lifestyles and effectively managing chronic conditions.<sup>2</sup> This is precisely what Community Health Workers do. Connecticut’s Community Health Workers are working within their own communities as trusted liaisons between community members and the healthcare and social service systems. Because they are part of the communities themselves, they are uniquely able to bridge cultural, language and other barriers to healthcare access to help clients take charge of their health, better manage chronic conditions and better access lifesaving and money-saving preventive care.

This white paper is an assessment of the Community Health Worker movement in Connecticut, commissioned by the Southwestern Area Health Education Center, Inc. in Shelton, Connecticut (Southwestern AHEC) with funding from the Connecticut Health Foundation. The focus is to gather information from across the state about who Community Health Workers are, what they are doing, where they are going as a profession and to make recommendation on how to strengthen the profession and its impact. It will touch on efforts to capitalize on the work of Community Health Workers in Connecticut’s changing healthcare landscape. It summarizes studies performed in Connecticut that show how Community Health Workers benefit clients and their families, communities, health providers and the overall healthcare system.

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<sup>1</sup> State of Connecticut Health Care Cabinet, State Innovation Model Grant. (2013, December). *Connecticut Healthcare Innovation Plan*. Letter from the Lieutenant Governor.

<sup>2</sup> State of Connecticut Health Care Cabinet, State Innovation Model Grant. (2013, December). *Connecticut Healthcare Innovation Plan*. p. 61, 63, 71 (also 9, 14, 35, 49, 72, 74, 75, 85, 110, 113, 114, 123, 150, 151, 156, 189)

Community Health Workers are proven to help their clients improve health and health outcomes, engender more trusting relationships with healthcare providers and to create tangible healthcare savings for the individuals, providers and the healthcare system itself.<sup>3,4,5,6,7,8,9</sup> These benefits are most pronounced in underserved populations where health disparities are particularly longstanding and persistent, but their advantages are not exclusively targeted to this population. Connecticut's Community Health Workers also help clients understand complex medication regimens and medical procedure follow up care, work that reaches people of all ages and walks of life.

As state leaders are working to integrate Community Health Workers into the coordinated care model, Connecticut's Community Health Worker workforce is beginning efforts to organize and define itself as a profession. A Community Health Worker Advisory Council has convened with the intent of forming the Connecticut Community Health Worker Association. With their leadership and with leadership from the Southwestern AHEC, workgroups with stakeholder membership from across the state and across multiple healthcare and educational professions are in the process of defining Community Health Workers' role and scope as well as a certification process that includes the designation of core competencies and a delineated career ladder. Research into current and potential payment models for Community Health Workers is also underway.

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<sup>3</sup> Perez, et al. (2012). Community Health Workers as Drivers of a Successful Community-Based Disease Management Initiative. *American Journal of Public Health*, 102( 8), 1443-1446.

<sup>4</sup> Babamoto, et al. (2009) Improving diabetes care and health measures among Hispanics using community health workers: results from a randomized, controlled trial. *Health EducationBehavior*. 36, 113-126.

<sup>5</sup> Brownstein, et al. (2005). Community health workers as interventionists in the prevention and control of heart disease and stroke. *American Journal of Preventive Medicine*. 29(5S1), 128-133.

<sup>6</sup> Brownstein, et al. (2007). Effectiveness of community health workers in the care of people with hypertension. *American Journal of Preventive Medicine*. 32, 435-477.

<sup>7</sup> Gary, et al. (2003). Project Sugar 1: A randomized controlled trial of behavioral interventions to improve metabolic control in urban African Americans with type 2 diabetes. *Preventive Medicine*. 36.

<sup>8</sup> Fedder, et al. (2003). The effectiveness of a community health worker outreach program on healthcare utilization of west Baltimore City Medicaid patients with diabetes, with or without hypertension. *Ethnicity & Disease*. 13, 22-27.

<sup>9</sup> Flores, et al. (2005). A randomized, controlled trial of the effectiveness of community-based case management in insuring uninsured Latino children. *Pediatrics*. 116, 1433-1441.

## Who are Connecticut's Community Health Workers?



The Community Health Worker movement began as a grassroots effort of community leaders working as intermediaries to help their families and neighbors access a healthcare system that does not always recognize cultural barriers to care. Recognition of the importance of Community Health Workers is growing as more and more studies demonstrate the value of Community Health Workers in promoting improved health outcomes and reduced cost of care for chronic disease management. As this recognition is growing, groups like the American Public Health Association, the U.S. Department of Labor, the U. S. Department of Health and Human Services Health Resources and Service Administration, individual states, and others who wish to acknowledge Community Health Workers and employ their services, have attempted to define the term Community Health Worker. These definitions are varied and reflect the lenses through which each organization intersects with Community Health Workers (see appendix).

The Connecticut Community Health Worker Advisory Council has officially adopted the American Public Health Association definition<sup>10</sup>, which reads:

### **Community Health Worker:**

*A Community Health Worker (CHW) is 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.*

The profession of the Community Health Worker encompasses a variety of job titles, including patient navigators, healthcare liaisons, promotora, lay health advocates, outreach educators, community health representatives, and peer health promoters. Each plays an important role in what the

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<sup>10</sup> American Public Health Association (2009). 2009 American Public Health Association Policy Statement on Community Health Workers. Retrieved from: (<http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1393>).

Connecticut Department of Public Health (DPH) defines as “a broad range of responsibilities that facilitate access to health care services and that support patients achieve goals in their care plans.”<sup>11</sup> In their 2013 report, the Connecticut DPH included the following Community Health Worker responsibilities:

**Community Health Worker Responsibilities**

- Outreach and community mobilization
- Health care and social service system navigation
- Community and cultural liaison services
- Facilitation of participatory research
- Case management and care coordination
- Home-based support service delivery
- Health promotion and coaching

As a complementing member of a healthcare coordination team, Community Health Workers do their work in the community. Their goals include helping people to:

**Community Health Workers Help People to:**

- Develop stronger trust and deeper value in primary care provider relationships
- Improve short-term and long-term health outcomes
- Decrease costly emergency room visits and hospitalizations
- Engage personally in managing their health and healthcare
- Reduce costs to themselves, providers and the healthcare system

Community Health Workers provide outreach and education in the home or community center, face to face, over time and their deep knowledge of the communities that they serve allow them to achieve their goals in a culturally appropriate and sensitive manner. They strive for holistic care that not only addresses the healthcare issue at hand, but the services, lifestyles, social determinants and education necessary to maintain health long term.

Though the work of Community Health Workers is varied, studies of their work in Connecticut share an important, irreplaceable common thread. The Community Health Worker has an intimate

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<sup>11</sup> Connecticut Department of Public Health. (2013) *Community Health Workers: Connecticut*.

knowledge of and connection to the community and the individuals served that allows for the Community Health Worker to be a valuable part of an integrated healthcare team. Community Health Workers in Connecticut are engaging communities through care coordination, health education and chronic disease management. Fortunately, there is research conducted right here in Connecticut that demonstrates how providing these services using Community Health Workers achieves the triple aim articulated in the Patient Protection and Affordable Care Act of 1) improving the individual experience of care; 2) improving the health of populations; and 3) reducing the per capita costs of care for populations.



## Connecticut Programs and Their Outcomes

Following are examples of Connecticut programs that are using or have used Community Health Workers accompanied by the outcomes they achieved for their clients.

### Project Access-New Haven: an integrated care model<sup>12</sup>

Poor access to specialty care among uninsured adults and adults in the Medicaid population is an indicator for misuse or overuse of emergency departments and hospitals. Extensive wait times for specialty care can run 6-12 months in these populations in the New Haven area, leading to delayed presentation of diseases and complications of chronic diseases. In acknowledgement of these challenges, Project Access-New Haven is engaging over 200 volunteer clinicians to provide specialty care for uninsured adults in order to improve access and timeliness of this specialty care. “At the core of the program are patient navigators who assist patients by scheduling medical appointments and ancillary services, accessing free prescription medications, and coordinating health-related services such as transportation and language interpretation. Patient navigators help patients negotiate cultural barriers and facilitate communication between referring providers and a cadre of specialty physicians who donate care.”

Results show that using this integrated model, more physicians are engaged with treatment of this population and wait times for Project Access-New Haven participants to see a specialist average 17 days, as opposed to 6-12 months. The success of this program hinges on the use of Community Health Workers who ensure that patients are educated on the importance of the procedure and how it works, have transportation to the place of procedure, arrive on time and are properly prepped for the procedure and that follow up care is understood and completed.

### Peer Counseling Effects on Breastfeeding in a Latina, Low-Income Community<sup>13</sup>

The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months of a child’s life in order to improve both short- and long-term health outcomes. However, in low-income groups, which are over-represented by minority communities in the United States, breastfeeding incidence, duration and exclusivity are low. In a collaboration between the University of Connecticut, the Hispanic Health Council and Hartford Hospital, a theory that peer counseling could improve the incidence, duration and exclusivity of breastfeeding in Latina, low-income women in the Greater Hartford area was tested.

Peer counselors from the Greater Hartford area were hired and trained by international board-

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<sup>12</sup> Spatz et al, (2011) Project Access-New Haven: Improving Access to Specialty Care for Patients without Insurance. *Connecticut Medicine*. June/July, 350-354.

<sup>13</sup> Anderson et al, (2005). A Randomized Trial Assessing the Efficacy of Peer Counseling on Exclusive Breastfeeding in a Predominantly Latina Low-Income Community. *Archives of Pediatrics and Adolescent Medicine*. 159.

certified lactation consultants. Women assigned to the peer-counseling group received three prenatal home visits, daily in-hospital postpartum visits and nine at-home postpartum visits from the peer counselors. The results showed that 91% of the women with a peer counselor initiated breastfeeding before leaving the hospital, compared to 76% of those not receiving peer counseling. At three months of age, 99% of the breastfeeding was exclusive in the population that received peer counseling, compared to 79% in the control group who did not receive peer counseling. And the infants who were in the peer-counseling group were half as likely to have diarrhea. Thus, the peer counseling significantly increased incidence, duration and exclusivity of breastfeeding in this population and simultaneously improved infant health.

Health Outreach for Medical Equity (H.O.M.E.)<sup>14</sup>

In November 2012, the Child Health and Development Institute of Connecticut published results from a three year effort to employ care coordination to improve health outcomes in Hartford's children insured through HUSKY A (Healthcare for Uninsured Kids and Youth), Connecticut's Medicaid program for low income children. They responded to the a 2003 assessment of this population that uncovered a lack of timely outreach, allowing children to fall behind in preventive care, difficulties connecting healthcare service needs and outreach to provider sites, and inadequate outreach to assist with barriers to accessing care such as transportation and scheduling needs. The Primary Care Center Providers (Charter Oak Health Center at Connecticut Children's Medical Center) referred at-risk children to Community Health Workers in the H.O.M.E. program (provided through a partnership between the Hispanic Health Council and Connecticut Children's Medical Center) for a variety of reasons including: subspecialist referral; well-child visits not up to date; follow up appointment assistance; referral to early intervention; help with the education system; basic needs (food, housing) not being met; behavioral health services requirement. H.O.M.E. coordinators performed standardized intake assessments, developed care plans with families, linked children and families to needed services and facilitated communication between families and providers. Community Health Workers performed these services either in the Primary Care Center, via phone or at home visits or through a combination of these methods.

Utilization of the H.O.M.E. model of care coordination and outreach to Hartford's low income children improved care coordination for both the families of the children as well as for the Primary Care Center healthcare providers. Among the positive results of the effort, they found that 93% of the participating providers who referred patients to the H.O.M.E. program reported that it was a valuable service that contributed to providers' ability to provide comprehensive care to patients. In addition, Community Health Workers were able to successfully schedule well care visits for 82% of the children who were behind on well-child services. They also effectuated a significant increase in the utilization of preventive dental services and in all age groups a significant increase in mental health service utilization.

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<sup>14</sup> Child Health and Development Institute of Connecticut (2012, November). *IMPACT*.

### Access Health Connecticut Navigators and Assisters

Community Health Workers were key to the success of connecting 197,878 people to Connecticut's health insurance marketplace. Access Health CT is Connecticut's official health insurance marketplace created to satisfy requirements of the Patient Protection and Affordable Care Act. In order to assist Connecticut's residents in signing up for healthcare plans through the marketplace, Access Health CT partnered with the State of Connecticut's Office of the Healthcare Advocate to create the Navigator and Assister Outreach Program. In six regions across Connecticut, Navigator organizations were chosen to provide strategic, cultural and linguistic, and technical and promotional help to Assisters. Assisters are Community Health Workers working in community organizations who performed direct outreach to underserved populations to help them sign up for health insurance through the marketplace.

## Connecticut's Recognition of Community Health Workers in a Statewide Healthcare Model

Taking advantage of a \$2.8 million planning grant from the Center for Medicare and Medicaid Innovation, Connecticut is designing a State Innovation Plan<sup>15</sup> which is an innovative statewide healthcare system focusing on value based payments for healthcare delivery with the aim of serving at least 80% of Connecticut's population within the next five years. In it, Community Health Workers are referenced over 25 times as partners in a model of comprehensive care that strives to promote the triple aim of "better health while eliminating health disparities, improved healthcare quality and experience, and reduction of growth in healthcare costs." Along with this acknowledgement and support, the document also sites some challenges that must be addressed in order to engage the full potential of Community Health Workers in Connecticut. Some of these include, mechanisms for integration into workflow, reimbursement for services, identification of core competencies, training and certification.

### *Community Health Workers as an Integral Part of the Team*

Community Health Workers are an indispensable part of healthcare teams that wish to ensure better short-term and long-term health outcomes in the people they serve. Because Community Health Workers are part of their communities, they have the respect and trust of their clients, which is integral to their success. They work within the communities themselves, visiting homes or offering educational opportunities at community centers. This outreach allows them access to difficult to reach populations. Thus their work complements and enhances the roles of primary care providers, social workers and nurses. Through care coordination, health education and chronic disease management, they are able to assist healthcare teams to achieve the triple aim.

Though the literature clearly shows the value of the Community Health Worker as a part of the healthcare team in achieving these goals, healthcare providers and private payers in Connecticut are not as familiar with how Community Health Workers can be integrated into their workflow and practices. In Connecticut, Community Health Workers that are already part of comprehensive healthcare teams can be used as examples to expand their impact and educate potential employers. Community Health Workers are following up with patients over the phone or in their homes with post-acute care needs, ensuring that the care plans they received during their primary or specialty care visit are understood and followed. They help patients to access community resources to wrap around their health services in order to maximize their success, such as ways to find and prepare fresh produce for weight loss as well as general health. They help them to find transportation for follow up visits and resources for purchase of medication. They help clients organize which

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<sup>15</sup> State of Connecticut Health Care Cabinet, State Innovation Model Grant. (2013, December). *Connecticut Healthcare Innovation Plan*. p. 61, 63, 71 (also 9, 14, 35, 49, 72, 74, 75, 85, 110, 113, 114, 123, 150, 151, 156, 189)

medications need refrigeration or help them to develop a medication routine when patients need multiple medications. They help patients learn about culturally relevant healthy lifestyles such as ways to cook traditional meals in healthier ways. They are also invaluable in teams that are serving patients with chronic diseases who need ongoing education and follow up for disease management techniques that go beyond an office visit. They are working with government and insurance agencies to reach into difficult to reach populations, crossing language and cultural barriers to get them signed up for health insurance. These are just a few examples of how Community Health Workers are already a part of comprehensive healthcare teams in Connecticut and how private practices, hospitals, Federally Qualified Health Centers, government agencies and researchers can utilize their services to the advantage of the patients and their families, the health service providers and to the overall healthcare system.

### *Community Health Worker Payment*

Due to the relatively recent acknowledgement of Community Health Workers as a profession, mechanisms for Community Health Worker payment vary widely in different communities and in different states. A study in 2012<sup>16</sup> showed most Community Health Workers in Connecticut were being paid via grant funding. This is not a sustainable model of payment for long-term positive outcomes in the populations they are serving. A study was recently conducted through a cooperative effort with Yale University School of Public Health students and the Southwestern Area Health Education Center to compile information on how Connecticut and other states are integrating and paying Community Health Workers.<sup>17</sup>

Results of this work tell us that in Connecticut lack of centralization and sustainable funding mechanisms lead to high attrition rates and missed opportunities for full-time employment for Community Health Workers. The researchers interviewed key informants from the Medicaid sector: 1.) Individuals involved in developing the State Innovation Model in Connecticut; 2.) Individuals working for a private state payer; and 3.) Individuals working for a private national payer. The methods to create sustainable payment methods for Community Health Workers showing most interest from these interviews fell into the categories of values-based payment, which is consistent with developments in Connecticut's State Innovation Model. They spoke of incorporating Community Health Workers using Pay-for-Performance, Patient Centered Medical Home and Accountable Care Organizations. Other states are ahead of Connecticut in reimbursing Community Health Workers as part of value-based teams. Often these state are using a bundled payment in which providers receive a set payment for a healthcare episode. Providers are then utilizing Community Health Workers in their capacity to improve health outcomes, thus lowering overall episodic costs of care.

A recent opinion from the Center for Medicare and Medicaid Services allows for Medicaid payments to non-clinical members of healthcare teams. However, merely setting up a system whereby the cost

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<sup>16</sup> Alvaisurez, et al. (2012). *Community Health Workers; Connecticut*. Southwestern Area Health Education Center.

<sup>17</sup> Grasso, et al. (2014). *Recommended Sustainable Payment Methods for Community Health Workers that Align with PPACA and SIM-CT*. Community Health Planning Practicum, Yale University School of Public Health.

of Community Health Workers can be covered as an embedded service is not sufficient to truly take advantage of their work. To help providers and payers understand how they can utilize Community Health Workers to address health disparities, address social factors that affect healthcare, and improve health outcomes, the use of Community Health Workers in a team model should be incentivized. This can be achieved through the State Innovation Model as value and outcome based funding mechanisms for Patient Centered Medical Home are clarified. Increased capitation rates or preferential rating in contracts are possible mechanisms to explore for incentivizing use of Community Health Workers, though there must be assurances that these incentives directly support Community Health Worker services.

### *Training*

To recognize Community Health Workers as the professionals that they are and to enable healthcare teams to integrate their services, states are creating training programs and certification based on defined Community Health Worker core competencies.

In Connecticut, there are multiple and varied avenues for Community Health Worker to be trained yet few are formalized. Most Community Health Workers in Connecticut are trained on the job to address the specialized area in which they are hired, such as diabetes care or smoking cessation. Some employers, like Project Access-New Haven, have found out-of-state programs to train their Community Health Workers.

In 2000 Meredith Ferraro, Executive Director of the Southwest AHEC, was a dissemination partner in a Funding for the Improvement of Postsecondary Education grant from the federal government to identify Community Health Worker Core Competencies and to devise and offer training courses based on a training model developed at Community Health Works in San Francisco, a project of San Francisco State University and the City College of San Francisco. Over 100 Community Health Workers were trained and are now serving clients across Connecticut. The core competencies defined by this training course fall into five major categories.

- Primary Health Care and Human Services: The CHW is able to describe primary health care delivery, principles of health promotion and disease prevention, basic human service needs, and how to assess these needs in a community
- Communication: The CHW is able to network effectively to research and obtain primary health care and human services information and impart this information orally and in writing to the members of the community being served.
- Advocacy: The CHW is able to serve in an advocacy role to address individual and community needs, bridging cultural differences between clients and systems, empowering capacity building within the community served, encouraging teamwork, creating and using support materials, and educating community members about health care and social service systems to get the services they need.
- Community Health Education: The CHW is able to provide culturally appropriate information and make health education, health promotion, and disease prevention accessible to a community through the distribution of pamphlets, through facilitation of on-going health education classes, community health education events, health fairs, home visits, and community meetings.

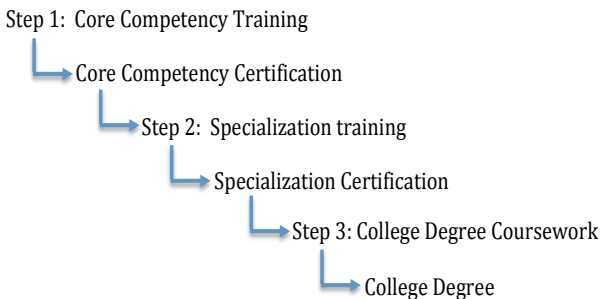
- Capacity Building: The CHW is able to develop and use networks and coalitions to help communities build their capacity to care for themselves, and to use informal counseling and social support to improve the health of the community.
- Services Skills and Responsibilities: The CHW exhibits interpersonal qualities and skills necessary to promote teamwork, respect for diversity, individual self-esteem, and community mobilization; exhibits an ability to cope with stress; exhibits organizational skills necessary to solve problems; and exhibits professional work habits, including an awareness of the appropriate roles and responsibilities of a CHW; skilled in vital sign assessment and First Aid/CPR.

The Southwestern Area Health Education Center is planning to offer core competency training again this summer or fall.

In addition, a cooperative effort is currently underway between Housatonic Community College, Capitol Community College, Gateway Community College and Charter Oak State College, supported by various Department of Labor grants, to define curricula and a career ladder for Community Health Workers.

These combined efforts have positioned Connecticut to develop a multi-step model for Community Health Worker training. As a first step, the Connecticut AHEC Network could once again offer the core competency training, resulting in Community Health Worker core competency certification and recognition. As a second step, Community Colleges, the Hispanic Health Council and others can then offer trainings specific to the particular field in which the Community Health Worker will work, thus receiving a specialization certification in areas like asthma, diabetes, cardio-vascular, etc. Third and subsequent steps could involve more formalized degrees that Community Health Workers could obtain through continued coursework at the Community Colleges. In this model, each step in Community Health Worker certification is voluntary and would be seen as enhancing their marketability as members of healthcare teams and their ability to be reimbursed for their services. Since many Community Health Workers are volunteer, grassroots workers, it is important that Connecticut not close the door on their work by requiring formalized training and certification in order to practice their trade.

### Multi-step Community Health Worker Training Model



## Recommendations

- 1.) Support Community Health Workers to organize**
- 2.) Formally Participate in Clarification of the Community Health Worker's Role in the State Innovation Model**
- 3.) Study Other States**
- 4.) Train and Credential Community Health Workers**
- 5.) Reach out to Potential Employers**
- 6.) Reach out to Lawmakers**

### **1.) Support Community Health Workers to organize**

Overcoming barriers to the utilization of Community Health Workers in healthcare teams such as training and credentialing, integration into workflow and educating payers and employers requires the voices of Connecticut's Community Health Workers. As individuals, they are strong advocates and indispensable allies that link people in the community with the healthcare system and supportive services. As a group, these individual voices will be much stronger. Connecticut needs a Community Health Worker Association to which it can turn for guidance and clarification when drafting healthcare policy. Community Health Workers need an association to which they can turn to network and organize. They need to be able to speak with a common voice to clearly define areas that currently hold Connecticut in question such as scope of practice and credentialing. The organization can be work with partners to sponsor educational opportunities for potential employers, payers and lawmakers so that they can better understand the role of the Community Health Worker and their importance in achieving better health outcomes, greater patient satisfaction and trust, and lowering healthcare costs. Community Health Workers need to take their individual voices and speak as one to ensure that Connecticut understands that they are the frontline workers in addressing health disparities. Not only are they critical to the people they serve, but they are indispensable experts when it comes to drafting policy and practice for at risk populations.

As mentioned earlier, the Community Health Worker Advisory Council is in the process of creating just such an organization. With support from the Southwestern AHEC and funding from the Connecticut Health Foundation, this dedicated group of Community Health Workers is working with Sergio Matos, Executive Director of the Community Health Worker Network of New York. The Connecticut Public Health Association has reached out to this group in partnership as well.



Early priorities should be to formalize the organizational structure, define vision and goals and to formally contact groups working on issues integral to Community Health Workers such as those working on the State Innovation Model and those working on training and credentialing.

Ongoing work should focus on educational opportunities for payers, employers and lawmakers. The New England Regional Health Equity Council (RHEC) may be a resource to explore these activities. They have ongoing voluntary efforts whose objectives are to leverage Community Health Worker organizing efforts in New England, including training and credentialing, by assisting in development and dissemination of materials detailing the role of Community Health Workers in achieving health equity and reducing health disparities. They have also declared work to help support the Community Health Worker workforce development sustainability efforts in each state in New England. They have indicated an interest in sponsoring or co-sponsoring events to move Connecticut Community Health Workers toward these goals.

An additional resource is the New England Community Health Worker Coalition. This group organizes a bi-monthly conference call to network and share resources from Community Health Workers across New England.

## ***2.) Formally Participate in Clarification of the Community Health Worker's Role in the State Innovation Model***

Work on the State Innovation Model is ongoing and evolving. Over time, the plan will gain details and clarification as to how Connecticut will specifically implement the goals they have put forward in the plan. Community Health Workers should serve on the workgroups that will be creating this framework, which will include integration of Community Health Workers into workflow, payment options and credentialing. It would be in these settings that Community Health Workers can advocate for encouraging the use of Community Health Workers in the coordinated care team model through value-based payment incentives. Including measurements and metrics to identify the impact of community health workers on the healthcare practices and on the healthcare system will be vital.

The State Innovation Plan articulates four major goals for the state with regard to healthcare.

- 1) **Better Health:** Decrease the statewide rates of diabetes, obesity, tobacco use, asthma and falls.
- 2) **Alleviating and eventually eliminating health disparities:** Close the gap between the highest and lowest achieving populations for each target measure impacted by health inequities.
- 3) **Better quality of care and consumer experience:** Achieve top-quintile performance among all states for key measures of quality of care, increase preventive care and consumer experience and increase the proportion of providers meeting quality scorecard targets.
- 4) **Lower costs:** Achieve a rate of healthcare expenditure growth no greater than the increase in gross state product per capita, which corresponds to a 1-2% reduction in the annual rate of healthcare growth.

Fortunately for Connecticut, Community Health Workers are already successfully working toward each of these goals. It will be up to Connecticut's Community Health Workers to make sure that those working on the project know this and know how their work can be leveraged to help address these goals comprehensively.

Connecticut's Community Health Workers can help address the State Innovation Model Plan goals in the following ways:

Better Health: Community Health Workers in Connecticut are already successfully engaging in projects to help clients better manage chronic diseases like diabetes. At the time of this publication, the Hispanic Health Council is engaged in a study in cooperation with the University of Connecticut and Hartford Hospital in which they have paired low-income, diabetic Latinos with peer counselors to help them better manage their condition.<sup>18</sup> Peer counselors provided in-home education about nutrition, grocery shopping, exercise and diabetes management to help them better adhere to clinical guidance. Each regimen was tailored to the individual's needs and abilities. Preliminary results are showing that clients with peer support are managing their Type 2 diabetes significantly better than control clients without peer support. Other Community Health Workers in Connecticut are working with clients in their homes to educate them in healthy eating to help control obesity. They engage in discussion on appropriate food portioning and how to cook traditional, cultural meals in healthier ways. Thus, Community Health Workers are uniquely qualified to address this goal. Integration of efforts like these into coordinated care teams will help Connecticut succeed in reaching the goal of Better Health.

Alleviating and eventually eliminating health disparities: Day-in and day-out, Community Health Workers across Connecticut are using their skills and expertise in underserved communities to better connect clients to preventive services and to help them manage chronic diseases. Their unique connection with the communities they serve help them to bridge cultural and language barriers and help clients take charge of their own healthcare in positive and powerful ways. Community Health Workers are a key part of any team that is striving to address health disparities.

Better quality of care and consumer experience: Community Health Workers are already engaged in follow up care and care coordination with patients after they visit their primary or specialty care providers. They help clients to fully implement care plans in ways that are culturally relevant and feasible within an individual's needs and abilities. These activities improve health outcomes in both the short term and the long term, which will reflect positively on this goal to achieve top-quintile performance in quality of care. Community Health Workers are already working in difficult to reach populations, connecting them to resources to receive preventive care and helping to improve clients' experiences in the healthcare system, thus helping them build critical trust relationships with their primary care providers. Integrating Community Health Workers into coordinated care teams will help providers reach the goals of quality care and performance.

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<sup>18</sup> Hispanic Health Council (2014). *Diabetes Peer Counselors Help Latinos Control Blood Sugar*. Retrieved from: (<http://www.hispanichealth.com/hhc/diabetes>).

Lower Costs: By helping clients to engender trusting relationships with primary care providers and helping them find preventive care resources, clients of Community Health Workers have a lower use of emergency care visits for routine care, thus saving the healthcare system money. By helping clients to better follow care plans and manage chronic conditions, clients of Community Health Workers require fewer emergency care visits for crisis care, thus saving the healthcare system money. When Community Health Workers work individually with clients to ensure that they understand and follow their care plans once they leave the office visit with their primary care provider or specialty care provider, there may be a speedier resolution of a specific episode of care. Essentially, Community Health Workers leverage clients' ability to take charge of their health and healthcare not only to improve their health outcomes, but also to save them, providers and the overall healthcare system money.

Community Health Workers are a part of the State Innovation Model's drivers of innovation in every way. They should be integrated as part of the primary care practice transformation. They are already working to improve community health and can be leveraged to great effect if properly integrated into the overall plan. Community Health Workers' greatest skills are focused on consumer empowerment. It will now be up to Community Health Workers in Connecticut to ensure that these points are well known and that drivers of the State Innovation Model integrate their work to the best effect.

### ***3.) Study Other States***

It would be of benefit to have a comprehensive study of how other states are integrating, paying and credentialing community health workers. This assessment should encompass how they are being used now and what plans the states have for the future and should begin with the six states receiving Centers for Medicare and Medicaid Services State Innovation Model Testing Awards (Arkansas, Massachusetts, Minnesota, Maine, Oregon, Vermont) and the three states receiving State Innovation Model Pre-Testing Awards (Colorado, New York, Washington).

### ***4.) Train and Credential Community Health Workers***

Disparities in training and lack of a clearly defined training program are barriers to full utilization of Community Health Workers noted by State Innovation Model representatives, payers and potential employers in Connecticut. Addressing these concerns requires the voices of Community Health Workers. Fortunately, Connecticut has the building blocks in place to train and credential Community Health Workers. The core competencies have been defined and curricula were developed. The next step will be to formalize these efforts into a credentialing opportunity. Connecticut can take the pieces already in place and knit them together, creating a three step training system that begins with credentialing for core competencies and continues with specified training followed by a more

formalized career ladder. It is important that Connecticut avoid requiring this training, as much of the work of Community Health Workers is grassroots. Instead, Connecticut should see the training and credentialing process as a way to clearly define Community Health Worker roles and responsibilities and to enhance an individual Community Health Workers skills and marketability.

Fortunately, there are many efforts underway toward this end. Unfortunately, these efforts are not currently coordinated. A formal body of stakeholders should meet regularly under the auspices of the Community Health Workers Association of Connecticut to organize and coordinate these efforts. In addition to Community Health Workers, stakeholders include representatives from Gateway Community College, Housatonic Community College, Capitol Community College, Charter Oak State College, the Hispanic Health Council and The Southwestern AHEC. This group should begin with defining the steps of training and credentialing. If the Community Health Worker Association of Connecticut does not wish to run training and certification programs themselves, then the group should decide which organizations will be responsible for developing and overseeing training and certification. When developing the certification process, the group should also seek input from representatives of the State Innovation Model and the Connecticut Departments of Public Health and Social Services. It would be helpful if the Connecticut Department of Health recognizes and endorses the final certification process.

### ***5.) Reach out to Potential Employers***

Community Health Workers in Connecticut are working in diverse settings integrated into a variety of healthcare team models. Employers who currently use Community Health Workers and who recognize their value and importance can be leveraged to do outreach to other potential employers. Their voices of success and support can be utilized to make the case to others who may not yet realize the benefits of employing Community Health Workers as a part of their teams. Federally Qualified Health Centers, hospitals, private practices and supportive payers who are using the services of Community Health Workers can be gathered for a conference to help educate future potential employers. They can share how they have already integrated Community Health Workers into their team models and work flow. They can talk about funding mechanisms that they are using now and what future models might be of benefit to them if made available. Community Health Workers can present what they do now and how they do it, share current research about return on investment and talk about their paths for the future. Inviting lawmakers and representatives from the Connecticut Departments of Public Health and Social Services to participate would also be of benefit.

### ***6.) Reach out to Lawmakers***

Looking to the future of Community Health Workers as a profession, it will be important for them to be a part of discussion when healthcare models are contemplated and plans are made to address healthcare disparities. In order for them to be a part of the discussion, lawmakers must know who they are, what they do and their benefit to the healthcare team. This is an ongoing educational process.

Individual Community Health Workers should approach their State Representatives and State Senators and schedule a 15-minute meeting to introduce themselves and their profession. They should emphasize how Community Health Workers address the triple aim and make a very specific “ask”.

The ask:

- Please call on me/Community Health Workers when engaging in discussion about healthcare models in Connecticut, including when reviewing the State Innovation Model, and when discussing how Connecticut will address healthcare disparities.
- Please support integration of Community Health Workers into Connecticut’s coordinated healthcare team models in order to assist Connecticut in achieving the triple aim of helping clients improve health and health outcomes, engendering more trusting relationships with healthcare providers and creating tangible healthcare savings for the individuals, providers and the healthcare system as a whole.

In addition, the Community Health Worker Association of Connecticut should approach each member of the Social Services and Public Health Committees individually. In a short meeting, ensure that they understand the role of Community Health Workers and make the same ask above. Ideally, the association would like to have a seat at the table for discussions regarding Connecticut’s healthcare coordinated team models and how Connecticut will address health disparities.

It is through this type of education and outreach that Community Health Workers will be better recognized in Connecticut for the excellent and critical work that they do for their communities and clients.

## Conclusion

Connecticut's Community Health Workers are trusted members of their communities who cross cultural barriers to help their clients to access healthcare services that help prevent and manage disease as well as to educate them on healthy lifestyles that fit their needs and abilities as individuals. They work in the community itself and understand the challenges their clients face. Community Health Workers advise and counsel people, connecting them to social resources that complement their healthcare. Their work is proven to produce better health outcomes for their clients and to help them build stronger, trusting relationships with primary and specialty care providers. In addition to these invaluable outcomes for the people of Connecticut, the work of Community Health Workers has been shown to save individuals, practices and the healthcare system money and resources. Integrating their work in to a statewide team-based healthcare model will benefit patients, the practices that employ them and the overall community health of the state.

The future of the Community Health Workers in Connecticut is in the hands of the Community Health Workers themselves. Efforts to create the Community Health Worker Association of Connecticut are underway which will be a critical point of organization for discussions surrounding clarity on questions with regard to scope of practice, training, credentialing, and education. The confluence of

Community Health Worker organization and Connecticut's articulation of a new team-based model of healthcare places some urgency on these efforts to identify, coordinate and define. Policymakers and lawmakers can assist in these efforts, but will require information and education. Together with their supportive partners, Community Health Workers in Connecticut are ready to move into the next phase of action, speaking with a unified voice and advocating for their clients in a larger arena by establishing their credentials as a profession indispensable to comprehensive healthcare teams.



## Appendix: Definitions of Community Health Workers

### American Public Health Association<sup>19</sup>

(Adopted by the Connecticut Community Health Worker Advisory Board in 2014)

(Adopted by the Community Health Worker Network of New York City)

#### **Community Health Worker:**

*A Community Health Worker (CHW) is 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.*

### U. S. Department of Health and Human Services Health Resources and Service Administration<sup>20</sup>

#### **Community Health Worker:**

*Community Health Workers are lay members of communities who work either for pay or as volunteers in association with the local health care system in both urban and rural environments and usually share ethnicity, language, socioeconomic status and life experiences with the community members they serve. They have been identified by many titles such as community health advisors, lay health advocates, promotores(as), outreach educators, community health representatives, peer health promoters, and peer health educators. CHWs offer interpretation and translation services, provide culturally appropriate health education and information, assist people in receiving the care they need, give informal counseling and guidance on health behaviors, advocate for individual and community health needs, and provide some direct services such as first aid and blood pressure screening.*

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<sup>19</sup> American Public Health Association (2009). 2009 American Public Health Association Policy Statement on Community Health Workers. Retrieved from:

(<http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1393>).

<sup>20</sup> U.S. Department of Health and Human Services Health Resources and Service Administration (2007, March). *Community Health Worker National Workforce Study*. p. 2.

## U.S. Department of Labor

(Standard Occupational Classification 21-1094 Community Health Workers)

### **Community Health Workers:**

- Assist individuals and communities to adopt healthy behaviors.
- Conduct outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health.
- May provide information on available resources, provide social support and informal counseling, advocate for individuals and community health needs, and provide services such as first aid and blood pressure screening.
- May collect data to help identify community health needs.
- Excludes "Health Educators" (21-1091).

## Massachusetts State Department of Public Health<sup>21</sup>

### **Community Health Worker:**

A Community Health Worker is a public health outreach professional who applies his or her unique understanding of the experience, language and/or culture of the populations he or she serves in order to carry out one or more of the following roles:

- Providing culturally appropriate health education, information and outreach in community-based settings, such as homes, schools, clinics, shelters, local businesses, and community centers;
- Bridging/culturally mediating between individuals, communities, and HHS, including actively building individual and community capacity;
- Assuring that people access the services they need;
- Providing direct services, such as informal counseling, social support, care coordination and health screenings; and
- Advocating for individual and community needs.

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<sup>21</sup> Massachusetts Department of Health and Human Services. *Who Are Community Health Workers?* Retrieved from

<http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/primarycare-healthaccess/healthcare-workforce-center/comm-health-wkrs/who-are-community-health-workers.html>



## Massachusetts Association of Community Health Workers<sup>22</sup>

### **Community Health Worker:**

*A community health worker is a public health professional who promotes full and equal access to necessary health and social services by applying his or her unique understanding of the experiences, language, and culture of the communities he or she serves.*

## Community Health Worker Association of Rhode Island

### **Community Health Worker:**

*Community Health Worker is an umbrella term inclusive of many job titles, such as community health advisors, lay health advocates, promotores (promoters de salud), outreach educators, community health representatives, and peer health promoters among other titles. Community Health Workers are generally employed as front line public health workers and are trusted members of the community they serve. This relationship enables these workers to bridge social and cultural barriers between community, health and social service institutions. They often engage in community advocacy for improved access to better quality resources for a streamlined, comprehensive, health care and public health infrastructure. While their role is critical, they are often underutilized and lack access to the kind of training and support that allows them to more effectively articulate their needs as individual, family and community resources, liaisons, and advocates. Community Health Workers are a workforce proven to be effective at improving the health and wellbeing of communities and vulnerable populations.*

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<sup>22</sup> Massachusetts Association of Community Health Workers. *Who Are CHWs?* Retrieved from [http://www.machw.org/index.php?option=com\\_content&view=article&id=25&Itemid=131](http://www.machw.org/index.php?option=com_content&view=article&id=25&Itemid=131)

## August 2014 Addendum

### Community Health Worker Association of Connecticut

The Community Health Worker Advisory Council has formed the Community Health Worker Association of Connecticut. They have proposed the following definition of Community Health Workers, which is slightly altered from the American Public Health Association definition. It reads:

#### **Community Health Worker**

*Definition for Connecticut (proposed)*

*A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of, and ability to communicate with the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary among the community, health and social services to facilitate access to resources 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.*

### Khmer Health Advocates – An Integrated CHW Model in CT

Khmer Health Advocates is the National Cambodian American health organization for survivors of war, torture and genocide from Cambodia. It was founded in 1982 by Theanvy Kuoch, a survivor who began her career in health care as a community health worker in refugee camps. KHA provides torture treatment services which are essentially similar to a behavioral health home in Connecticut and Western Massachusetts. In addition, KHA operates national health promotion programs with community based organizations across the United States, engages in research and actively advocates for victims of trauma and torture.

Community Health Workers are members of KHA's multidisciplinary cross-cultural teams which provide mental health assessments and therapy, health care coordination, social services and Medication Therapy Management (MTM). Each member of the team has a distinct area of expertise and function as supportive peers. This allows each team member to work at the "top of their license" while developing and maintaining relationships with their patients.

Community Health Workers in this model focus on language, culture and other social determinants of health described in the CARES model which is the primary domain of the CHW. CARES stands for Communications, Access, Resource identification and development, Education (health promotion) and Strategy development (for health). CHW's are trained to collect data, use telemedicine technology and to participate in community based participatory research. CHW's played a major role in a project that produced the first data on Cambodians and chronic disease.