City of Chicago
Rahm Emanuel
Mayor

Department of Public Health
Bechara Choucair, M.D.
Commissioner

the policy prescription

June 17, 2011

Chicago Department of Public Health—Office of Policy and Planning—333 South State Street, Room 200—Chicago, Illinois 60604

Community Health Workers:
A Workforce that Impacts Health Disparities and Chronic Diseases

Introduction

Throughout the world, cadres of community members provide valuable health information on basic health care and prevention, as well as act as conduits to the larger health care system. These community members are often referred to as "Community Health Workers" or "Promotores de Salud." Community Health Workers (CHWs) have been an essential component of many developing countries' health systems as a way of providing basic care to rural communities and other areas where doctors are not available. In the U.S., Community Health Workers began to be recognized in the 1960s, with the passage of the Federal Migrant Health Act (1962) and the Economic Opportunity Act (1964), which both mandated outreach efforts in neighborhoods with high poverty levels.[1] In the past 20 years, CHWs are becoming more integrated in the U.S. health system, in part due to the growing immigrant communities, who are more familiar with this type of outreach, and a focus on chronic diseases and reducing health disparities.

CHW Definition

The American Public Health Association CHW section defines a CHW as"… 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."[2] This description applies to both individuals who are employed by an organization/institution and those who are volunteers.

Effectiveness

In a report for the Centers for Medicare and Medicaid Services (CMS) on cancer prevention and treatment, it was noted that CHWs "…can offer linguistic and cultural translation, while helping beneficiaries get coverage, develop continuous relationships with usual source of care…motivate them to engage in risk management…"[3] All these activities go far in improving individual and community health. Many programs that utilize CHWs have documented improved health care access, prenatal care, pregnancy and birth outcomes, client health status, health- and screening-related behaviors, along with reduced health care costs.[4] The American Public Health Association policy statement referred to studies that demonstrate how CHWs' interventions can not only improve health outcomes, but also can contribute to decreased health costs by strengthening the primary care medical home concept, thereby reducing emergency department visits and hospitalizations for chronic diseases.[5]

Additional research studies document the effectiveness of CHWs in chronic disease control and issues related to health disparities, including diabetes care and education efforts.[6] The Agency for Healthcare Research in Quality's literature review from 1980 to 2008 showed CHW interventions had the greatest effectiveness for asthma management, cervical cancer screening, and mammography screening outcomes.[7] In addition, the Institute of Medicine's (IOM) 2002 report, Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care found that CHWs offer promise in increasing minority access to health care.[8]

A CHW is a "…frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served."

Although the future potential of CHWs is lauded many researchers, many also caution that more rigorous research studies are needed to demonstrate explicit evidence of positive health outcomes and system changes. These researchers identify that more evidence of CHW impact is needed in the following areas: training methods and curriculum;[7,9] continu-

Proponents of certification believe it will help improve skills, competencies, and quality of care; however not all CHWs are in agreement.

ing education for CHWs;[3] CHW interventions and behavior change;[7] cost-effectiveness of CHW interventions;[7] comparative effectiveness evaluations of CHW interventions compared to interventions with nurses, social workers, and other community models;[7] and overall outcomes.[7, 10]

Governmental Support for CHWs

The Patient Protection and Affordable Care Act (ACA), passed in 2010, is an important milestone for CHWs. The ACA requires the CDC to award grants "to promote positive health behaviors and outcomes for populations in medically underserved communities through the use of CHWs." In addition, the ACA utilizes the CHW occupational classification and considers CHWs as "health professionals" and part of the "health care workforce."[10]

Prior to the ACA, the Patient Navigator Outreach and Chronic Disease Prevention Act of 2005 was enacted, which amended the Public Health Service Act to authorize the Secretary of Health and Human Services, acting through the Administrator of the Health Resources and Services Administration (HRSA), to make grants to eligible entities for the development and operation of demonstration programs to provide patient navigator services to improve health care outcomes.[11]

In April 2011, the Office of Minority Health (OMH) of the U.S. Department of Health and Human Services (HHS) formed a National Steering Committee for Promotores de Salud. This Committee, which in collaboration with the Federal Workgroup for Promotores de Salud/CHWs, will be responsible for providing leadership and guidance in the development and implementation of a newly established National Initiative for Promotores de Salud focused on Latino/Hispanic populations.

In addition, a few states have passed legislation that strengthens support for CHWs within the healthcare system. One of the most progressive states in their policies and support of CHWs is Minnesota, where CHW services are reimbursable under Medicaid and the state regulates CHW training, supervision, and billing policy.[12] Through support of their state public health agencies, Massachusetts integrated CHWs into the state health care reform efforts.[11]

Professional Developments

The number of CHWs in the U.S. in 2005 was estimated at approximately 120,000. However, policy makers need to obtain ongoing employment counts to better understand the scope of this workforce.[13] To do this, and also recognize the essential role CHWs serve in the health system, advocacy groups promoted and secured a unique occupational classification for Community Health Workers (SOC 21-1094) in the Office of Management and Budget's 2010 Standard Occupational Classifications. Workforce data from the 2010 census will be able to provide a more accurate estimate of the size of the CHW workforce now and in the future.

CHWs are becoming more organized, seen through the establishment of a national association in 2006 (American Association of CHWs) and many state and local networks. These networks work to support and grow CHWs through policy recommendations, linkages, and training. Locally, the Chicago Community Health Worker Local Network formed in 2003 with a mission to facilitate the empowerment of CHWs, the Network is addressing membership, advocacy, and key issues affecting CHWs.

For further professional development and recognition within the health system, both national and local CHW associations are working on issues of training and certification. Proponents of certification believe it will help improve skills, competencies, and quality of care. Job stability and establishment of stable reimbursement methods through state Medicaid programs may also be positive outgrowths of certification. However, not all CHWs are in agreement with certification. Concerns include barriers to training, including tuition fees, language and literacy skills, and immigration status. In addition, many CHWs' philosophy of their work is based more on social justice and community development, which may not always fit well within the established health care system.

Currently only three states (Alaska, Indiana, and Texas) operate state certification programs.[14] Many other states and associations are investigating certification. To ensure inclusivity, the Chicago CHW Local Network developed a certification and training consensus statement that identifies core training values, including welcoming all persons who identify as CHWs and encouraging community-based training that is culturally and linguistically accessible and appropriate.[15] The Network continues to hold monthly meetings to work on certification and training issues, including recommended curriculum.

Local Activities

CHWs have worked in Illinois and Chicago for many decades and continue to provide valued services at many different types of organizations (e.g., health centers, hospitals, social service agencies, and community organizations) and for many different issues, including chronic diseases (e.g., diabetes, asthma, cancer). Currently the Chicago CHW Network is networking with all these organizations and CHWs. Training and professional development is also provided by other agencies, including the University of Illinois at Chicago Center of Excellence for Eliminating Disparities (CEED) and the Chicago Hispanic Health Coalition.

Current areas of policy development for CHW were discussed at the March 2011 forum, hosted by the Health & Medicine Policy Research Group, and included: training, certification, workforce development, and funding.[16] In addition, a pilot project is currently underway to survey and map CHWs in one Chicago community, as a way to obtain baseline information on the CHW workforce. This project, the CHW Survey & Mapping Project, is a result of a collaboration comprising of over 25 partner organizations, including: CHW Network, HealthConnect One, the Chicago Department of Public Health, the Chicago Metropolitan Agency for Planning, Chicago State University, and Rush University Medical Center.[17] Funding for the community-based participatory research analysis is being funded through the Alliance for Research in Chicagoland Communities (ARCC), Community-Engaged Research Center, Northwestern University Clinical and Translational Sciences Institute.

---

[1] http://www.nmchwa.com/history.htm

[2] American Public Health Association, Policy Brief# 20091 *Support for Community Health Workers to Increase Health Access and to Reduce Health Inequities*, 11/10/2009 http://www.apha.org/membergroups/sections/aphasections/chw/

[3] Brandeis University. *Evidence Report and Evidence-based Recommendations: Cancer Prevention and Treatment Demonstration for Ethnic and Racial Minorities:* Brandeis University; 2003

[4] Brownstein JN, Rosenthal EL. (1998). *The challenge of evaluating CHA services*. Chapter 4 (pp. 50-74). In: Rosenthal EL, Wiggins N, Brownstein JN, Meister J, Rael R, de Zapien G, et al., editors. Report of the National Community Health Advisor Study. Tucson, Arizona: Mel and Enid Zuckerman Arizona College of Public Health

[5] http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1393

[6] Centers for Disease Control and Prevention. *Community Health Workers/Promotores de Salud: Critical Connections in Communities*. http://www.cdc.gov/diabetes/projects/comm.htm

[7] Viswanathan M, Kraschnewski J, Nishikawa B, Morgan LC, Thieda P, Honeycutt A, Lohr KN, Jonas D. *Outcomes of Community Health Worker Interventions*. Evidence Report/Technology Assessment No. 181 (Prepared by the RTI International–University of North Carolina Evidence-based Practice Center under Contract No. 290 2007 10056 I.) AHRQ Publication No. 09-E014. Rockville, MD: Agency for Healthcare Research and Quality. June 2009.

[8] Smedley, B.D., Stith, A.Y., & Nelson, A.R. (2002). *Unequal treatment: Confronting racial and ethnic disparities in health care. Institute of Medicine Report.* Washington, D.C.: National Academy Press.

[9] Lewin SA, Dick J, Pond P, Zwarenstein M, Aja G, van Wyk B, Bosch-Capblanch X, Patrick M. *Lay health workers in primary and community health care*. Cochrane Database Syst Rev. 2005 Jan 25;(1):CD004015.

[10] http://prevention-research.med.nyu.edu/dissemination/policy-advocacy/community-health-worker-policy

[11] http://www.govtrack.us/congress/bill.xpd?bill=h109-1812

[12] Rosenthal EL, Brownstein JN, Rush CH, et al. *Community Health Workers: Part of the Solution*, Health Affairs 2010;29(7):1338–1342

[13] U.S. Health Resources and Services Administration, Health Resources and Services Administration, Bureau of Health Professions, *Community Health Workers National Workforce Study*, (Rockville, Md.: HRSA, March 2007). http://bhpr.hrsa.gov/healthworkforce/chw/

[14] May, M., Kash, B., and Contreras, R. (May 2005). *Community Health Worker (CHW) Certification and Training: A National Survey of Regionally and State-Based Programs*. Final report to the Office of Rural Health Policy. College Station, TX: The Texas A&M Health Science Center School of Rural Public Health, Southwest Rural Health Research Center.

[15] http://www.healthconnectone.org/filebin/pdf/CHW_Training_Consensus_Statement_Chicago_Area.pdf

[16] http://hmprg.org/2011/04/11/materials-from-march-29th-chw-policy-forum-now-available/

[17] http://www.healthconnectone.org/pages/chicago_chw_promotor_survey___mapping_project/102.php