ITUP
Insure the Uninsured Project

Fact Sheet

COMMUNITY HEALTH WORKERS
AND THE HEALTH CARE DELIVERY SYSTEM

DECEMBER 2021

WHO ARE CHWs AND WHO DO THEY SERVE?

"Community Health Worker" (CHW) is an umbrella term describing trusted intermediaries who connect members of their community to health and social services in a culturally competent manner. CHWs are uniquely situated to:

- **Reach underserved and vulnerable populations**
- **Reduce health disparities**
- **Increase equity** [1, 2]

The integration of CHWs into health care delivery teams has been valuable during the COVID-19 pandemic as CHWs are able to provide individualized services to heavily impacted communities. The Department of Health Care Services (DHCS) is in the process of making CHWs services a Medi-Cal benefit.*

Evidence for the Effectiveness of CHWs in Improving Health and Health Care

Patients who received support from CHWs:

2x

Were twice as likely to report that their care was high quality [3]

▽34%

Spent 34% less time in the hospital than those not under the care of a CHW [4]

-1.3% -1.7%

Showed improved health markers. For example, 1.3% decrease in systolic blood pressure and a 1.7% decrease in diastolic blood pressure [5]

▽ Rates

Had lower rates of 30-day readmissions [3]

▽50%

Among a group of formerly incarcerated patients, those with support from a CHW with lived experience reduced their time in the Emergency Department by 50% [6]

** The policy topics and considerations in this fact sheet should all be considered by DHCS to be inclusive of as many types of CHWs as possible.*

Key Policy Considerations and Decision Points

Flexible Workforce Definition

How can the CHW workforce be defined in policy in a way that allows the workforce to maintain its ability to provide many different services and adapt to community needs?

Training Requirements

What training, licensure, and experience requirements can be established for CHWs, while limiting entrance barriers and promoting health equity in the profession?

Value of CHW's Lived Experiences

How can CHW lived experience be balanced with formal training to maintain a trusted, community-centric workforce?

Sustainable Funding

How can funding be stabilized and made permanent for CHWs?

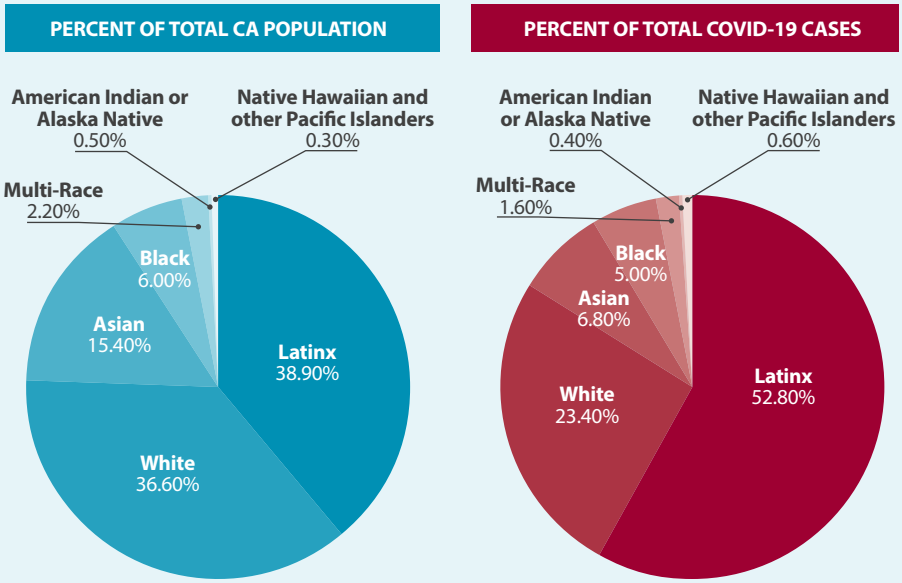
CHWs IN ACTION: EQUITY DURING THE COVID-19 PANDEMIC [7, 8, 9]

The COVID-19 pandemic has highlighted existing inequities in health, and partnerships harnessing the power of CHWs have proven to be essential in California's response to the pandemic. Below are examples of how CHWs have been able to adapt to the COVID-19 pandemic landscape and provide culturally competent services where they are needed most.

During the COVID-19 Pandemic, the Major Roles of CHWs Include:

- Combating COVID-19 and vaccine misinformation
- Building community trust in vaccines
- Staffing mobile COVID-19 prevention, testing, and vaccine sites
- Traveling to geographically hard-to-reach areas to provide support
- Assisting people in accessing telehealth
- Enrolling people in health care coverage
- Caring for homeless populations at isolation/quarantine sites on the streets
- Supporting vulnerable patients
- Overcoming patient language access barriers

COVID-19 Disproportionately Affects Some Racial and Ethnic Groups [10, 11, 12]



32% **Communities with a median annual income < $40,000 have a case rate 32% higher than the statewide case rate.**

The California Department of Public Health (CDPH) updates their data on a daily basis. This data accurately represents case rates as of November 5, 2021. Additionally, the data developed by CDPH is cumulative, beginning with the first case of COVID-19 being reported in January 2020. Case rate is defined as cumulative COVID-19 cases per 100,000 population.

KEY CHALLENGES OF INTEGRATING CHWs INTO THE HEALTH CARE SYSTEM [13]

Financial Sustainability and Permanence: Programs and services incorporating CHWs typically are time-limited (vs. permanent) and require combining, or braiding, multiple private and public funding sources, such as:

- Community Resources
- Philanthropic and Government Grants
- Medi-Cal
- Private Insurance
- Indian Health Service
- State or County Funds

CALIFORNIA COMMUNITIES WHERE CHWs ARE VALUABLE TO CLOSING EQUITY GAPS [14]

- Racial & Ethnic Minorities
- Birthing Parents, Children, & Elderly
- Underinsured & Uninsured
- Chronically Ill & Disabled
- LGBTQ+ Community
- Low-Income Households
- Unhoused

ROLES AND SERVICES PROVIDED BY CHWS [1, 2, 13]

Roles of CHWs are defined by the services provided by the program of which the CHW is a part of, and specific CHW's skills and background experiences. Therefore, there are a range of roles and responsibilities a CHW can occupy. Their close ties to the communities they live in and serve **create strong bonds of shared experiences and trust**, casting them as the bridge between the communities they serve and the health care system.

The table below attempts to capture the possible distinctions between types of CHWs. However, these distinctions are not concrete because the roles a CHW occupies is largely dependent on their community's needs. Therefore, the roles and responsibilities can be merged or adapted to adequately service community needs.

CHW TITLE	CHW ROLE DISTINCTIONS
PROMOTORES	• Primarily serve Spanish-speaking communities • Provide culturally appropriate services • Patient advocate, educator, mentor, outreach worker, translator
DOULAS [15, 16]	• Provide culturally sensitive pregnancy, childbirth, and parenting education
HOME VISITORS [17]	• Provide services for community members at the member's residence • CHW training and education level, and type of of home-based care support will vary by location, available resources, and CHW organization
CARE DELIVERY TEAM MEMBER	• Engage in care coordination with health care providers • Makeup of care delivery team will determine the range of duties
NAVIGATORS	• Help navigate complex health and social service systems • Develop care management plans with patients
SCREENING & HEALTH EDUCATION PROVIDERS	• Deliver health screenings • Collect and provide health information to a community • Can inform health care providers on community needs
OUTREACH & ENROLLMENT FACILITATORS	• Link community members to available services • Assist those who are eligible for health and social programs, but experience barriers to enrolling
COMMUNITY ORGANIZERS	• Advocate for community members • Promote community development
PREVENTIVE SERVICES PROVIDERS	• Draw on life experiences to support communities in maintaining community health

The education and training requirements for each of the CHW titles vary. The specific services a CHW provides determines the required level of education, training, and certification. There is no set standard. [18]

DEFINITIONS OF KEY TERMS:

Community Health Workers (CHWs): CHWs are trusted community members who connect members of their community to health and social services. By acting as the bridge between multiple spheres, CHWs increase access to and improve the quality of services provided. [1, 2]

Care Delivery Team: A care delivery team consists of individuals and organizations that are a part of the health care system collaborating to provide patients and their caregivers with a wide range of services. These services are provided across different settings and with the goal of providing high-quality coordinated care. Care delivery teams increase access to health care and provide additional services outside of traditional health care, which can include social services and behavioral health services. [19, 20]

Culturally Competent Care: Culturally competent care is the ability of care providers and organizations to effectively administer care and services that meet the social, cultural, and linguistic needs of their patients in cross-cultural situations. Cultural competence increases the quality of services provided, which can improve health outcomes. [21, 22]

Social Determinants of Health (SDoH): SDoH are conditions in which people are born, grow, live, work, and age. These conditions include factors such as socioeconomic status, neighborhood and physical environment, education access and quality, employment, social support networks, digital access and literacy, and health care access and quality. Addressing the SDOH can improve health outcomes. [23, 24]

Underserved Communities: Underserved communities are areas where residents have a shortage of primary care, specialist, dental, or mental health providers. Community members often face economic, linguistic, or cultural barriers to adequate health care. [25, 26]

Vulnerable Populations: Vulnerable populations often have health conditions that are magnified by unnecessarily inadequate health care. [14]

ENDNOTES

1. California CHW Community of Practice. APHA-Community Health Worker Section Definition. Accessed December 8,2021.
2. Advancing California's Community Health Worker and Promotor Workforce in Medi-Cal. *Center for Health Care Strategies, California Health Care Foundation.* October 2021. Accessed: November 5, 2021.
3. Shreya Kangovi, et al. Effect of Community Health Worker Support on Clinical Outcomes of Low-Income Patients Across Primary Care Facilities: A Randomized Clinical Trial. *JAMA Internal Medicine.* December 2018. Accessed: November 12, 2021.
4. Aditi Vasan, et al. Effects of a standardized community health worker intervention on hospitalization among disadvantaged patients with multiple chronic conditions: A pooled analysis of three clinical trials. *Health Services Research.* July 8, 2020. Accessed: November 12, 2021.
5. Integrating Community Health Workers on Clinical Care Teams and in the Community. *Centers for Disease Control and Prevention.* June 25, 2020. Accessed: November 12, 2021.
6. Community Health Workers in the TNC. *Transitions Clinic.* Accessed: November 12, 2021.
7. Amanda Clarke, Megan Renfew, and Zoe So. Community Health Workers and Peers are Essential to Counties' COVID-19 Response. *California Association of Public Hospitals and Health Systems.* February 2, 2021. Accessed: September 2, 2021.
8. ITUP Regional Workgroups. *Insure the Uninsured Project.* 2020.
9. Kyounghae Kim, et al. Effects of Community-Based Health Worker Interventions to Improve Chronic Disease Management and Care Among Vulnerable Populations: A Systemic Review. *American Journal of Public Health.* April 2016. Accessed: November 5, 2021.
10. California's Commitment to Health Equity. California for All, State of California. November 3,2021. Accessed: November 5, 2021.
11. Tracking COVID-19 in California: Cases and Deaths by Ethnicity, Gender, and Age. *California for All*, State of California. November 5, 2021. Accessed: November 5, 2021.
12. COVID-19 Race and Ethnicity Data. *California Department of Public Health.* November 3, 2021. Accessed: November 5, 2021.
13. Rachel Davis, Jim Lloyd, and Kathy Moses. Recognizing and Sustaining the Value of Community Health Workers and Promotores. *Center for Health Care Strategies.* January 2020. Accessed: September 2, 2021.
14. Laura Joszt. 5 Vulnerable Populations in Healthcare. *The American Journal of Managed Care.* July 20, 2018. Accessed: September 2, 2021.
15. Chloe Bakst, et al. Community Based Maternal Support Services: The Role of Doulas and Community Health Workers in Medicaid. *Institute for Medicaid Innovation.* May 27, 2020. Accessed: November 12, 2021.
16. Community-Based Doula Program. *HealthConnect One.* Accessed: November 12, 2021.
17. Engaging Community Health Workers to Support Home-based Care for People with COVID-19 in Low-Resource Non-U.S. Settings. *Centers for Disease Control and Prevention.* August 11, 2021. Accessed: November 12, 2021.
18. Jim Lloyd, Kathy Moses, and Rachel Davis. Training and Supporting Community Health Workers and Promotores: Lessons for California and Other States. *Center for Health Care Strategies.* August 2020. Accessed: September 2, 2021.
19. Promoting Patient-Centered Team-Based Health Care. *American Nurses Association.* 2016. Accessed: September 2, 2021.
20. Amir Babiker, et al. Health care professional development: Working as a team to improve patient care. *Sudanese Journal of Pediatrics*, National Center for Biotechnology Information, U.S. National Library of Medicine. 2014. Accessed: September 2, 2021.
21. Cultural Competence in Health Care: Is it important for people with chronic conditions? *Health Policy Institute,* McCourt School of Public Policy, Georgetown University. Accessed: September 2, 2021.
22. Cultural Competence in Health and Human Services. *National Prevention Information Network,* Centers for Disease Control and Prevention. October 21, 2020. Accessed: September 2, 2021.
23. Social Determinants of Health. *Healthy People 2030,* Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. Accessed: September 2, 2021.
24. Samantha Artiga and Elizabeth Hinton. Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity. *Kaiser Family Foundation.* May 10, 2018. Accessed: September 2, 2021.
25. Underserved populations. 34 USC §12291(a)(39). Accessed: November 12, 2021.
26. Aaron M. Orkin, et al. Emergency Care with lay responders in underserved populations: a systemic review. *Bulletin of the World Health Organization.* April 29, 2021. Accessed: November 12, 2021.

About ITUP

ITUP is an independent, nonprofit, health policy institute that has been a central voice in the California health policy landscape for more than two decades. ITUP serves as a trusted expert, grounded in statewide and regional connections with a network of policymakers, health care leaders, and stakeholders. The mission of ITUP is to promote innovative and workable policy solutions that expand health care access and improve the health of all Californians.

ITUP is generously supported by the following funders:

- California Community Foundation
- California Health Care Foundation
- The California Endowment
- The California Wellness Foundation

@ITUP

@InsuretheUninsuredProject

@InsuretheUninsuredProject

www.itup.org