



EVENT

The Economic Case for Community Health Workers

June 23, 2023 | 10:00 am – 12:00 pm EDT

FEDERAL RESERVE BANK *of* NEW YORK

CHWs in the US: Role and Impact on Health and the Economy

Denise Octavia Smith, Executive Director, National
Association of Community Health Workers

SANKOFA

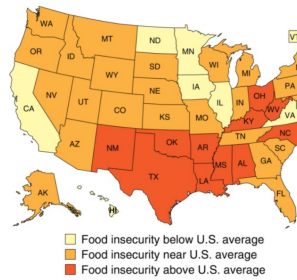
LEARN FROM THE PAST



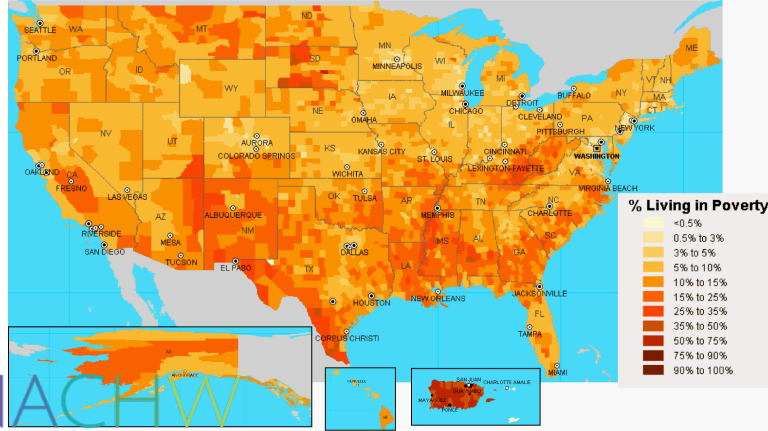
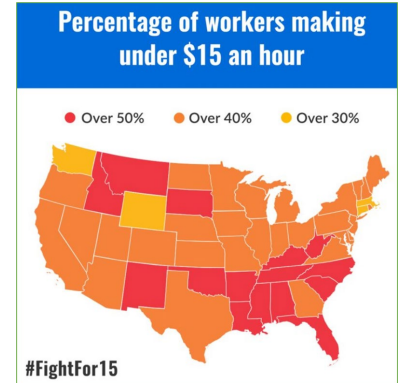
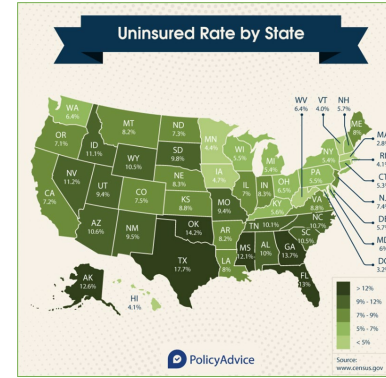
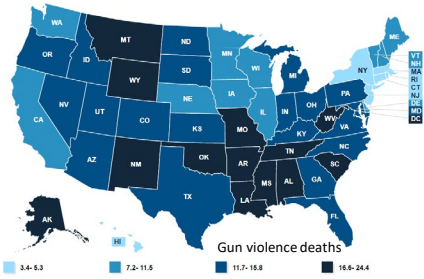
“You cannot understand the trust, commitment, expertise or authenticity of Community Health Workers without considering the populations and communities from which they originate –


those which have experienced historic and structural marginalization, othering, stigma, oppression and barriers to the social drivers of health and well-being.

Prevalence of food insecurity, average 2017-19



Source: USDA, Economic Research Service using data from the December 2017,





Is Andrew Jackson responsible for the deaths of 4,000 Cherokee people?

Trial of Andrew Jackson

The Trail of Tears



BE SOLD, on board
 Ship *Bance-Island*, on tuesday
 next, at *Afbley-Ferry*; a
 cargo of about 250 fine head
NEGROES,
 just arrived from the
 Windward & Rice Coast.
 —The utmost care has
 already been taken, and
 will be continued, to keep them free
 from the danger of being infected with
 the **YELLOW-FEVER**, no boat having
 returned from *Charles-Town* prevented
 from *Charles-Town* prevented
Austin, Laurens, & Ap
 Full one Half of the above Negroes have
 the **YELLOW-FEVER** in their own Country..

Jersey north to the Raritan river valley. The *Haverstraw* lived on the western west bank of the Hudson, and had kinship ties with the *Hackensack* and *Tappan* of New Jersey. The *Wenonah* lived on the east bank of the Hudson in the southern portion of the Bronx and Westchester, with ties to the *Siwanoy* on the north shore of Long Island Sound, including Pelham Bay. The *Nyack* lived on the east shore of the Narrows, with ties to the *Hackensack*. The *Massapequa*, *Merrick*, and *Rockaway* lived on western LI; the *Matinecock* lived on the north shore of Long Island from Queens to Suffolk County, and the *Canarsee* and *Marechkawieck* lived in what is now Brooklyn. The names have a familiar ring; look at a map of the New York City region and you will see



THE LONG ROAD TO EQUITY IN THE UNITED STATES...

W.E.B. DuBois' study of structural racism's impact on negro health status, income, alcohol use and employment.

1899
AFRICAN AMERICANS

Bill signed into law that led to Medicare and Medicaid for communities that experience vulnerability.

1965
UNDER-RESOURCED COMMUNITIES

2011
HEALTHCARE'S BLIND SIDE
PRIMARY CARE AND THE SDOH

Unmet social needs — like access to nutritious food, transportation assistance and housing assistance — are leading to worse health for all Americans

Early 1600s to today

INDIGENOUS NATIONS

Indigenous nations cede land in treaties in exchange for healthcare, yet these nations have lower life expectancy and higher rates of disease and death

1985
HEALTH DISPARITIES

Margaret Heckler's report provides strategies to accelerate a national assault on the persistent health disparities in Black and Minority Health.

Before a Global Pandemic
HEALTH INEQUITIES

27 million Americans have no health insurance and 38 million are underinsured (US Census, 2019).



**OUR VISION: Community Health Workers
united nationally to support communities in
achieving health, equity and social justice**

Six Pillars Of Community Health Workers



Pillar I

CHWS: A UNIQUE WORKFORCE

CHWs have a US Dept of Labor workforce classification. They are recognized by the ACA as health professionals. CHWs have developed their own professional Core Competencies and were classified as essential, critical, infrastructure workers by the US Dept of Homeland Security in March 2020 when the COVID-19 pandemic began.

With NACHW leadership, CHWs, CHW Networks and Allies developed a National CHW Policy Platform with recommendations for public and private institutions to respect, protect and authentically partner with us.

In alignment with over two decades of policy from the American Public Health Association, our unique workforce must lead discussions of state and federal workforce development, policy, funding. Nothing About Us – Without Us!



Pillar II

CHWS: A COMMUNITY-BASED WORKFORCE

The heart of CHW work is grounded in and committed to community advocacy, capacity building and relationship. Trust, respect and dignity for all human beings is at the center of who we are and what we do.

Our compassion and commitment to families and communities where we live and serve is largely due to our shared life experience – we look like, live like and are often survivors of or dealing with the same chronic diseases and structural barriers to health and wellbeing as they are.

CHWs are leaders within and leaders of community-based organizations and nonprofits and are central to all efforts that seek to address clinical and community integration and the social determinants of health.



Pillar III

CHWS: A DIVERSE AND HISTORIC WORKFORCE

The origins of our workforce in the United States goes back hundreds of years and is informed by many countries. Our strength is our diversity across language, culture, faith, race, gender and experience as

- healers and advocates in African American communities during slavery and reconstruction
- as community health representatives, preserving sovereignty, well-being, language and culture on US tribal nations
- as promotores, aunties, outreach workers, peers and dozens of other work titles-
- among immigrant and refugee communities across Latino, Asian American, Pacific Islander, native Hawaiian and Alaska Native communities.



Pillar IV

CHWS: A CROSS SECTOR WORKFORCE

CHWs do the work of reducing barriers and building capacity for people to achieve whole health and wellbeing. This requires integration of and attention to the social determinants of health. CHWs play a critical role in addressing the SDOH. CHWs work with other CHWs who are working within different sectors to integrate the needs of individuals.

CHWs serve in faith-based institutions and ministries, homeless shelters, food pantries, cancer navigation programs, HIV and substance abuse, advocacy and support groups, as well as education, mental health, housing, workforce development, immigration and voting rights, and across health sectors and conditions that are prevalent in marginalized communities.



Pillar v

CHWS: A PROVEN WORKFORCE

With over 60 years of effectiveness evidence in maternal and child health, behavioral health and recovery, chronic disease and community violence interventions, immunization, oral health, and other areas as confirmed in a number of randomized control trials, systematic reviews, and ROI studies of CHW interventions.

CHWs are also increasingly recognized for our contributions to addressing racial equity and the social determinants of health - by connecting individuals to basic needs and by organizing communities to address inequitable social conditions.



Pillar VI

CHWS: A PRECARIOUS WORKFORCE

CHWS' VALUE TO THE ECONOMY

Core CHW Roles	
1.	Cultural Mediators Among Individuals, Communities, and Health and Social Service Systems
2.	Providing Culturally Appropriate Health Education and Information
3.	Case Coordination, Case Management, and System Navigation
4.	Providing Coaching and Social Support
5.	Advocating for Individuals and Communities
6.	Building Individual and Community Capacity
7.	Providing Direct Service
8.	Implementing Individual and Community Assessments
9.	Conducting Outreach
10.	Participating in Evaluation and Research

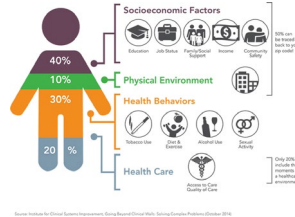
COMMUNITY HEALTH WORKERS AND COVID-19

BACKGROUND
Community health workers (CHWs) are trusted members of their communities who have lived experience with the health care system. They are often the first point of contact for many people, especially those who are underserved and underserved. CHWs are trained to provide culturally appropriate health education, information, and support to their communities. They are also trained to identify and address social and behavioral determinants of health. CHWs are essential to the health care system, especially during times of crisis like the COVID-19 pandemic.

Data Disparities
The National Association of Community Health Workers (NACHW) has found that CHWs are more likely to be employed in underserved and underserved communities. CHWs are also more likely to be employed in underserved and underserved communities. CHWs are also more likely to be employed in underserved and underserved communities.

Language Barriers
The COVID-19 pandemic has highlighted the importance of language access in health care. CHWs are trained to provide language assistance to patients who do not speak English. CHWs are also trained to provide language assistance to patients who do not speak English. CHWs are also trained to provide language assistance to patients who do not speak English.

Health Disparities
The COVID-19 pandemic has highlighted the importance of addressing health disparities. CHWs are trained to identify and address social and behavioral determinants of health. CHWs are also trained to identify and address social and behavioral determinants of health. CHWs are also trained to identify and address social and behavioral determinants of health.



astho NACHW Community Health Workers: Evidence of Their Effectiveness

Community health workers (CHWs) are critical to improving individual and community health through their ability to build trust and relationships and deeper communication between patients and providers. CHWs have a deep understanding of their communities through lived experience, which makes them uniquely qualified to address social and behavioral determinants of health.

An equity advance refers to equated financing for and use of this workforce. It will be critical to make an evidence-based business case for policymakers and providers. Existing studies on CHWs focus on assessing their effectiveness in improving health outcomes, reducing healthcare costs, and bridging the gap in health disparities. The number of research articles on the impact of CHW-led interventions and programs has increased dramatically over the past fifty years, and the scientific rigor of study designs has improved notably.

Figure 1. Number of studies on community health workers.



Joint Statement On Ensuring Racial Equity In The Development And Distribution Of A COVID-19 Vaccine



**10 CORE
CONSENSUS
ROLES AND
COMPETENCIES**

**ADDRESSING
HATE AND
COMMUNITY
VIOLENCE**

**SOCIAL
DETERMINANT
S OF HEALTH
SERVICES**

**CHRONIC
DISEASE,
MENTAL
HEALTH
INTERVENTION
S AND
SUPPORTS**

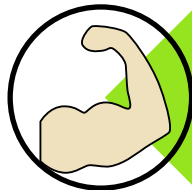
**COMBATTING
MISINFORMATIO
N & BUILDING
AN EQUITABLE
VACCINE
INFRASTRUCTUR
E**

COMMUNITY HEALTH WORKERS!

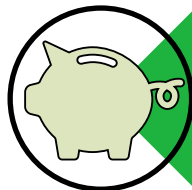
#theworkforceneedfortheworldwewant



Advance the **NACHW National Policy Platform** policies to respect, protect, partner and sustain a diverse and autonomous CHW workforce



Use the Community Based Workforce Alliance Playbook to ensure equitable integration of CHWs as employees



Center CHW and community lived experience in the development and evaluation of prevention and well-being innovations.



Apply "Raising the Bar" foundational principles to



Six Pillars:

RESOURCES TO LEARN MORE

APHA POLICY WITH DEFINITION: <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%C2%A0>

NACHW National CHW Policy Platform: <https://nachw.org/wp-content/uploads/2021/03/NACHW-National-Policy-Platform-2021.pdf>

ACA Opportunities for Community Health Workers: <https://chlpi.org/wp-content/uploads/2013/12/ACA-Opportunities-for-CHWsFINAL-8-12.pdf>

https://visionycompromiso.org/wp_new/wp-content/uploads/2017/03/workforce_report_web.pdf



Six Pillars: RESOURCES TO LEARN MORE

<https://www.nachr.net/>

Learn about the history of the CHR programs; <https://www.ihs.gov/ihtm/pc/part-3/p3c16/#:~:text=The%20CHR%20Program%20was%20established,specific%20tribal%20health%20care%20needs.>

<https://nachw.org/2023/01/25/new-apha-policy-community-health-workers-advancing-equity-violence-prevention/>

[Community Health Workers: Evidence of Their Effectiveness \(astho.org\)](#)

[Clinical and community linkages with CHWs in the U.S.: A scoping Review](#)



Six Pillars: RESOURCES TO LEARN MORE

<https://nachw.org/2023/01/25/new-apha-policy-community-health-workers-advancing-equity-violence-prevention/>

https://visionycompromiso.org/wp_new/wp-content/uploads/2016/02/Highlights_Promotores-TCE.pdf

https://nachw.org/chw_resources/a-summary-of-the-community-health-advisor-study/

[Report of the Community Health Worker Core Consensus Project](#)

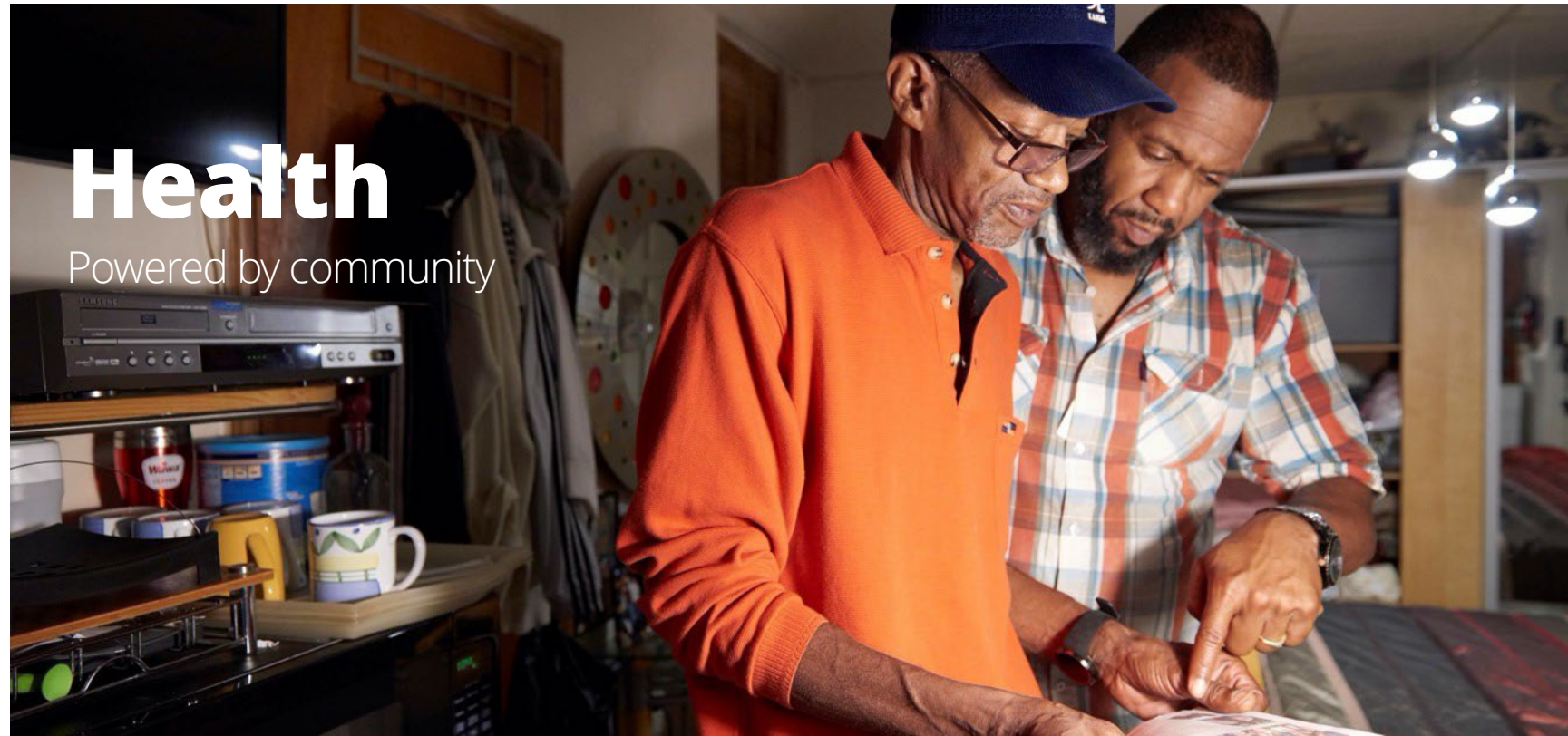
[The Evolution, Expansion, and Effectiveness of Community Health Workers](#)

The Evidence That Supports Community Health Worker Programs

Dr. Shreya Kangovi, Professor, Perelman School
of Medicine, University of Pennsylvania

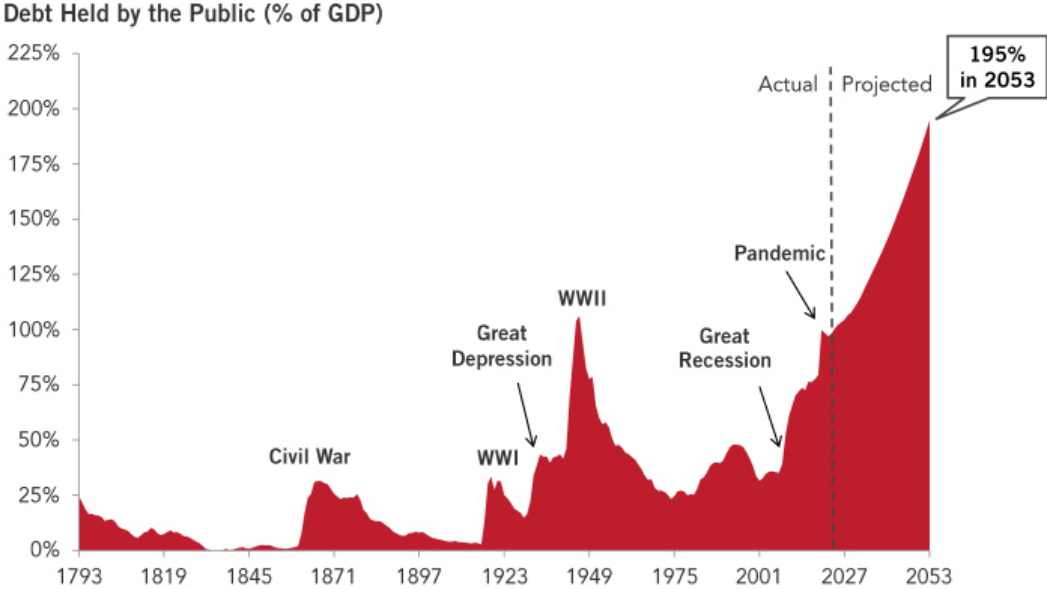
Health

Powered by community



We need to keep an aging, poorer America healthy at lower cost.

PETER G. PETERSON FOUNDATION Federal debt is on an unsustainable path



SOURCES: Congressional Budget Office, *The Budget and Economic Outlook: 2023 to 2033*, February 2023; and *The Budget and Economic Outlook: 2020 to 2030*, January 2020.

© 2023 Peter G. Peterson Foundation

PGPF.ORG

The biggest opportunity in healthcare is the push into community.

The New York Times

CVS Makes \$8 Billion Bet on the Return of the House Call

The deal for Signify Health, which has a network of doctors who make home visits, would cement the drugstore chain's move away from its traditional roots.

Give this article



Forbes

Walmart And UnitedHealth Group Launch Medicare Advantage Partnership

Bruce Japsen Senior Contributor
I write about healthcare business and policy

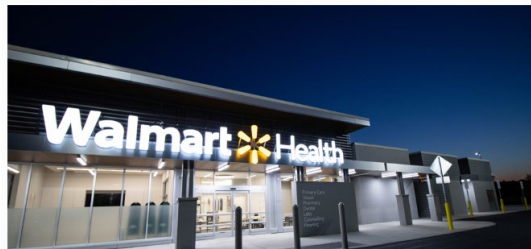
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Sep 7, 2022, 06:30am EDT

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Listen to article 4 minutes



The New York Times

Amazon to acquire One Medical clinics in latest push into health care.

The \$3.9 billion deal is Amazon's latest acquisition in the health care industry. In 2018, it acquired PillPack, an online pharmacy.

Give this article



This article is part of our [Daily Business Briefing](#)



CHWs are the new American health workforce.



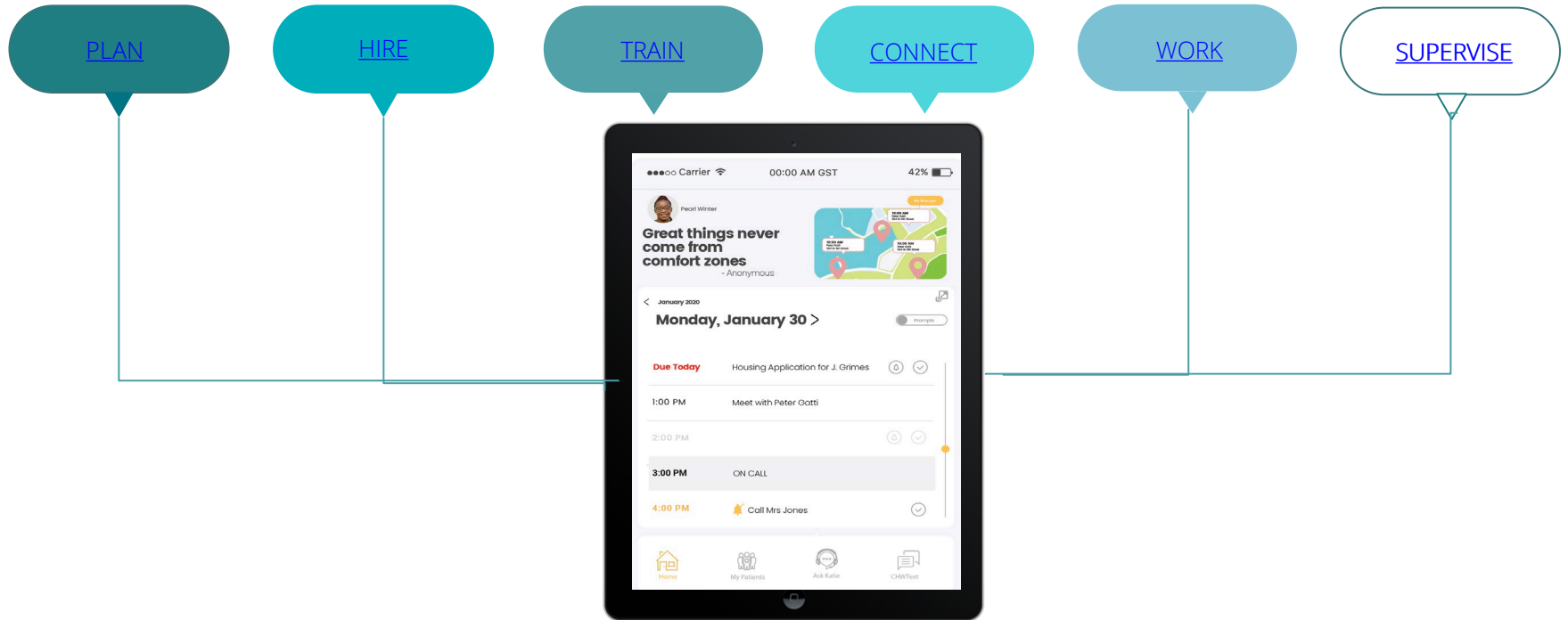
There is strong evidence to suggest that CHWs can improve the triple aim.

- Health
 - HbA1c, lipids, blood pressure, viral load, asthma, birthweight, breast-feeding, smoking
- Quality
 - Screening for breast, cervical, colorectal cancer, access to primary care, post-hospital care, quality of outpatient and discharge communication, satisfaction
- Cost
 - \$2.47: 1 annual ROI within fiscal year; HCIA eval: 3/6 sites with lower Medi/Medi claims
 - Significant heterogeneity and regression to the mean

A decade ago, we designed IMPaCT with end users and lessons from history.

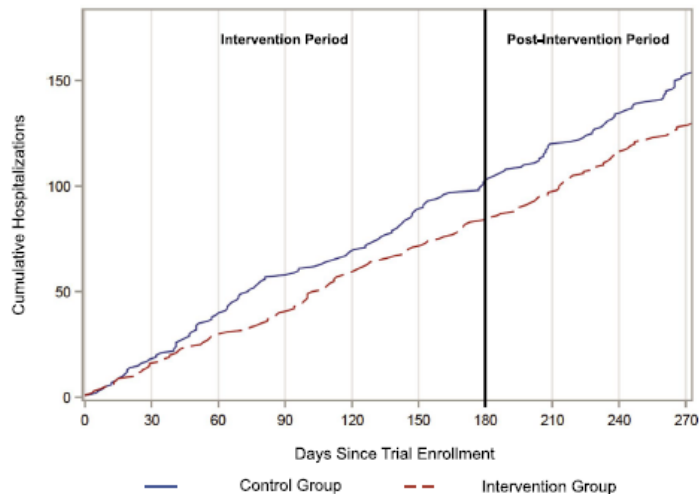


We took a centuries-old workforce and solved for magic with consistency.



IMPACT is the most evidence-based and widely used CHW program in the U.S.

9,398 patient-months studied. ROI within the fiscal year. Persistence of effect.



- \$2.47:1 ROI
\$2,500 savings per person per year

- 70% PATIENT ENGAGEMENT
91% completion of 6-month program

- 66% of Total Hospital Days Compared with matched controls

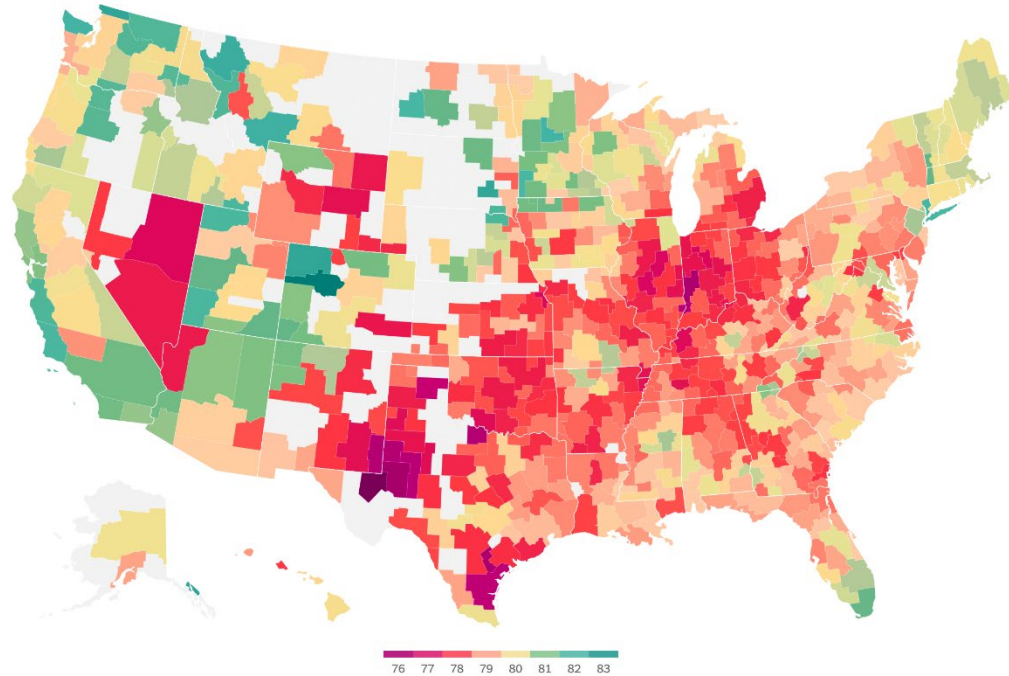
- HIGHER QUALITY CAHPS/HCAHPS
Primary Care Access

- 94% NET PROMOTER

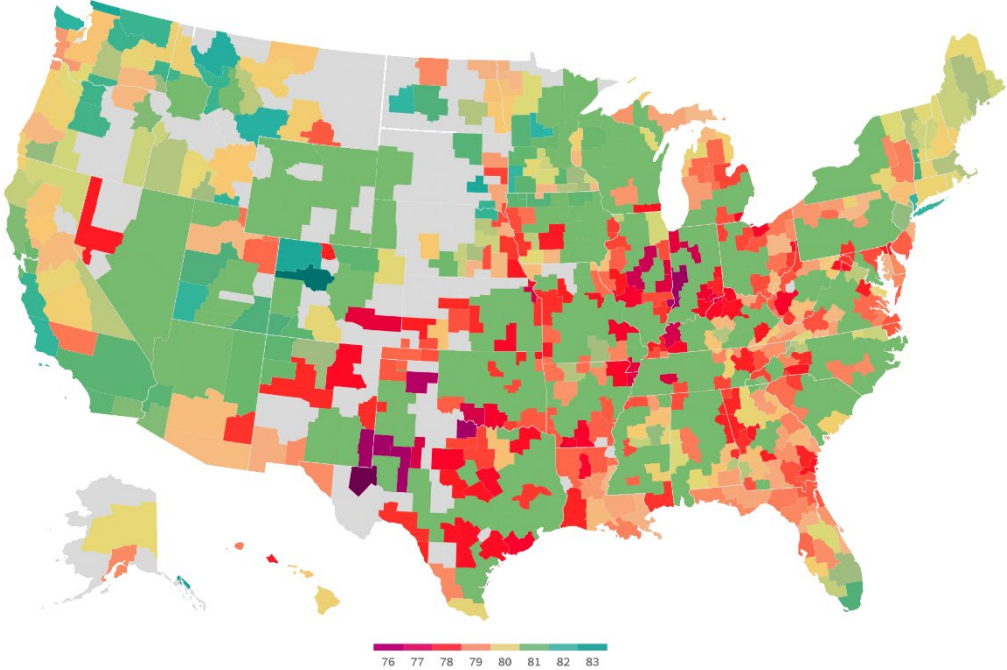
- Improved Chronic Disease and Mental Health

Patient population: adult Medicaid or duals, live in high poverty ZIP code, with at least one hospitalization in past year or ≥ 2 chronic conditions (e.g. smoking, obesity, DM, HTN)

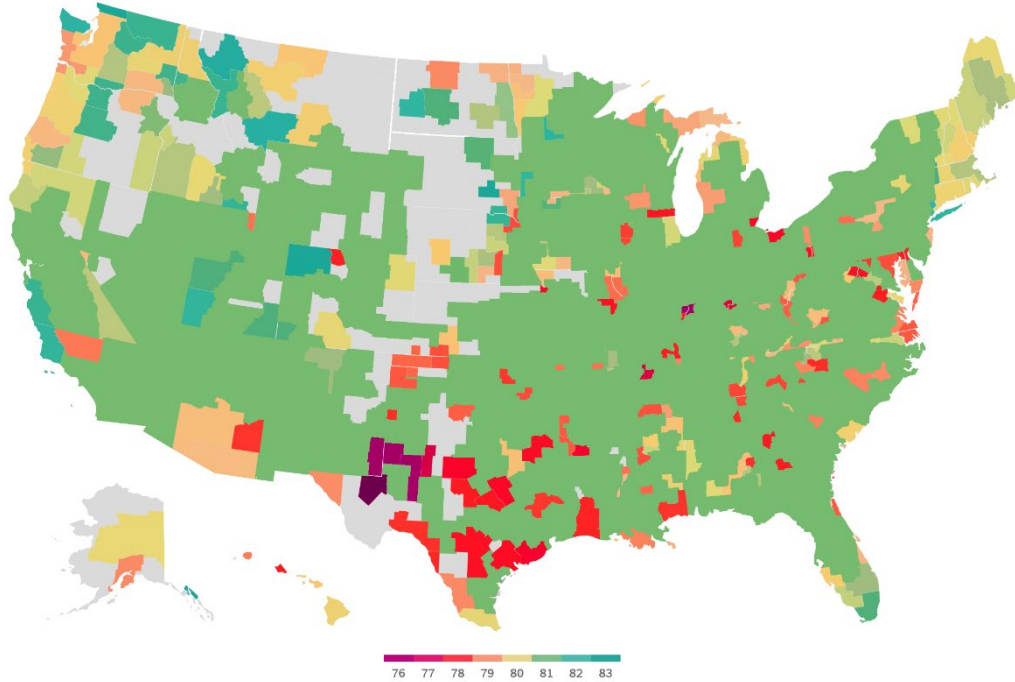
In America, where you live determines how long you live.



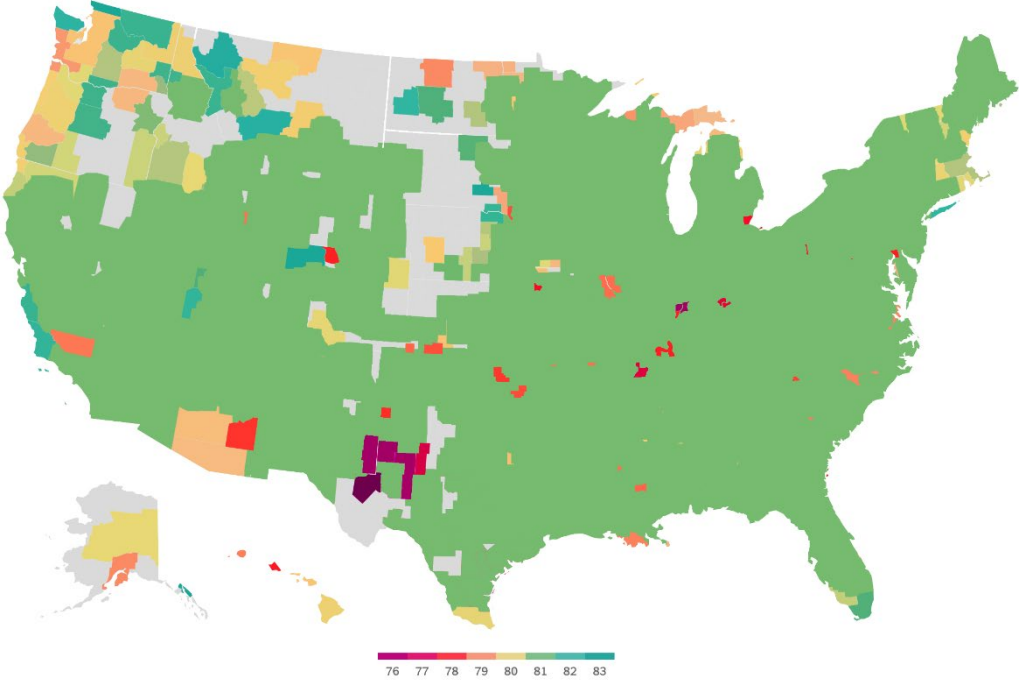
CHWs are going to change that map.



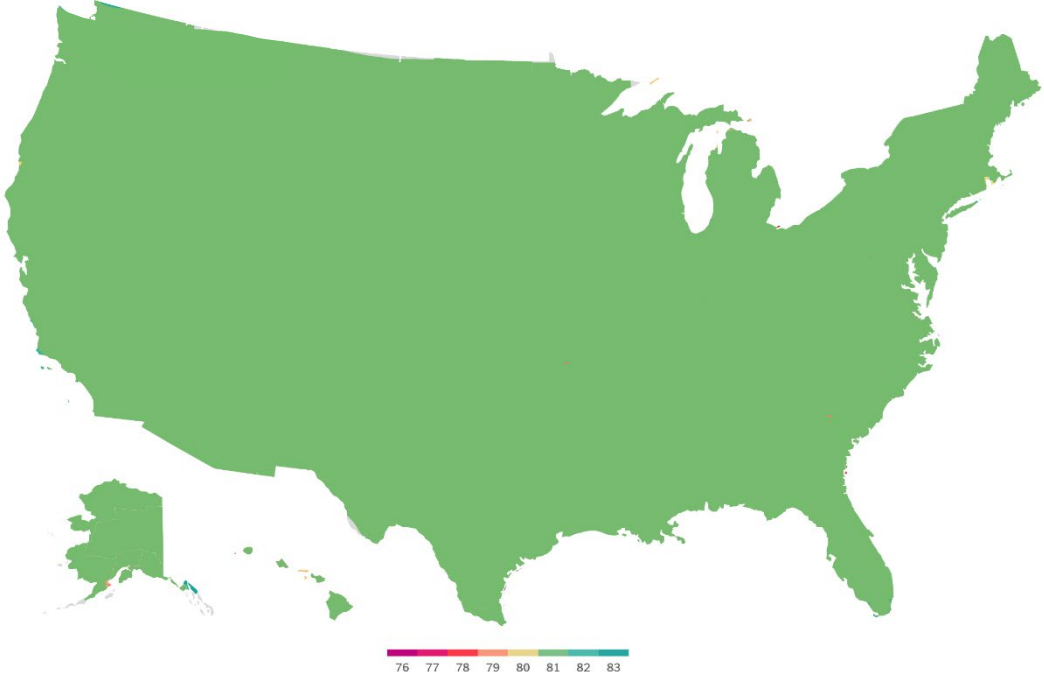
CHWs are going to change that map.



CHWs are going to change that map.



CHWs are going to change that map.



A photograph of a man and a woman standing outdoors in a community setting. The woman, on the left, is wearing a bright green t-shirt and has her hand on the man's shoulder. The man, on the right, is wearing a white t-shirt with the text 'PROPERTY OF' and 'US' visible, and a lanyard with an ID badge. They are both smiling and looking at each other. The background shows a street with buildings, including one with a sign that says 'NEWITT', and a white car parked on the right. The overall atmosphere is positive and community-oriented.

We can help our communities power the new health.

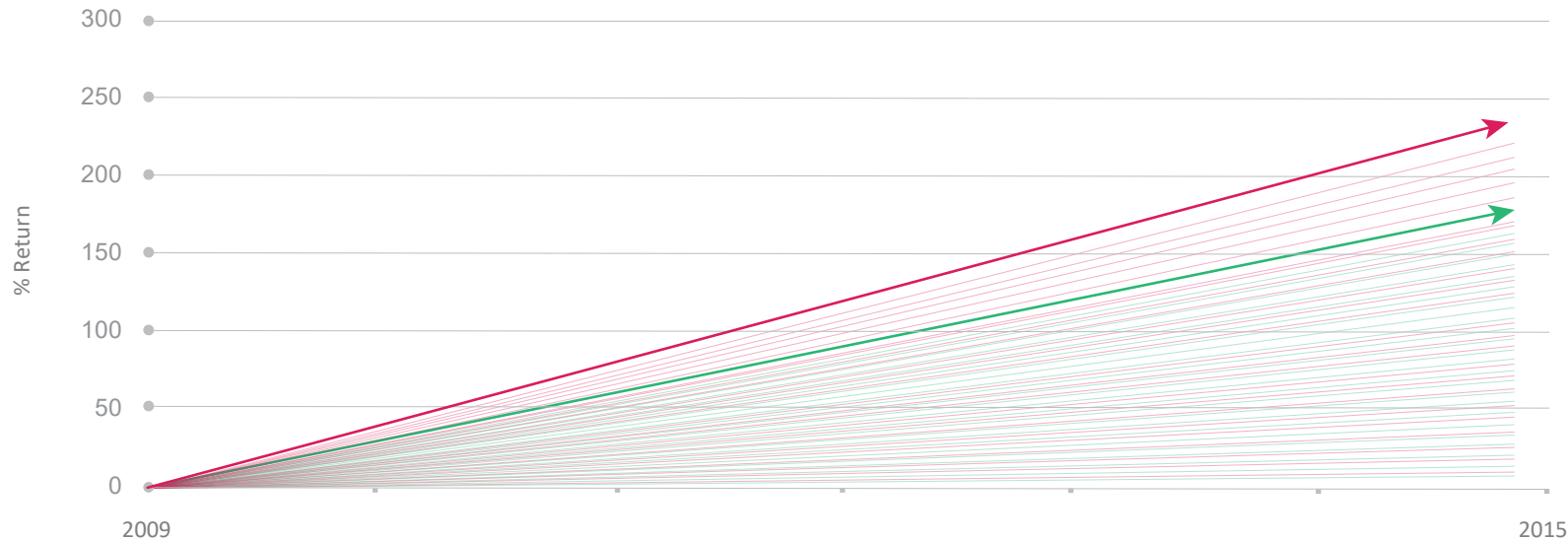
Thank you

Shreya.Kangovi@penmedicine.upenn.edu
Twitter @shreyakangovi

The Economics of Health Equity in the Workplace

Karen Moseley, President and CEO, Health
Enhancement Research Organization (HERO)

Appreciation of HERO Scorecard High-scorers Compared to S&P 500 Index Companies

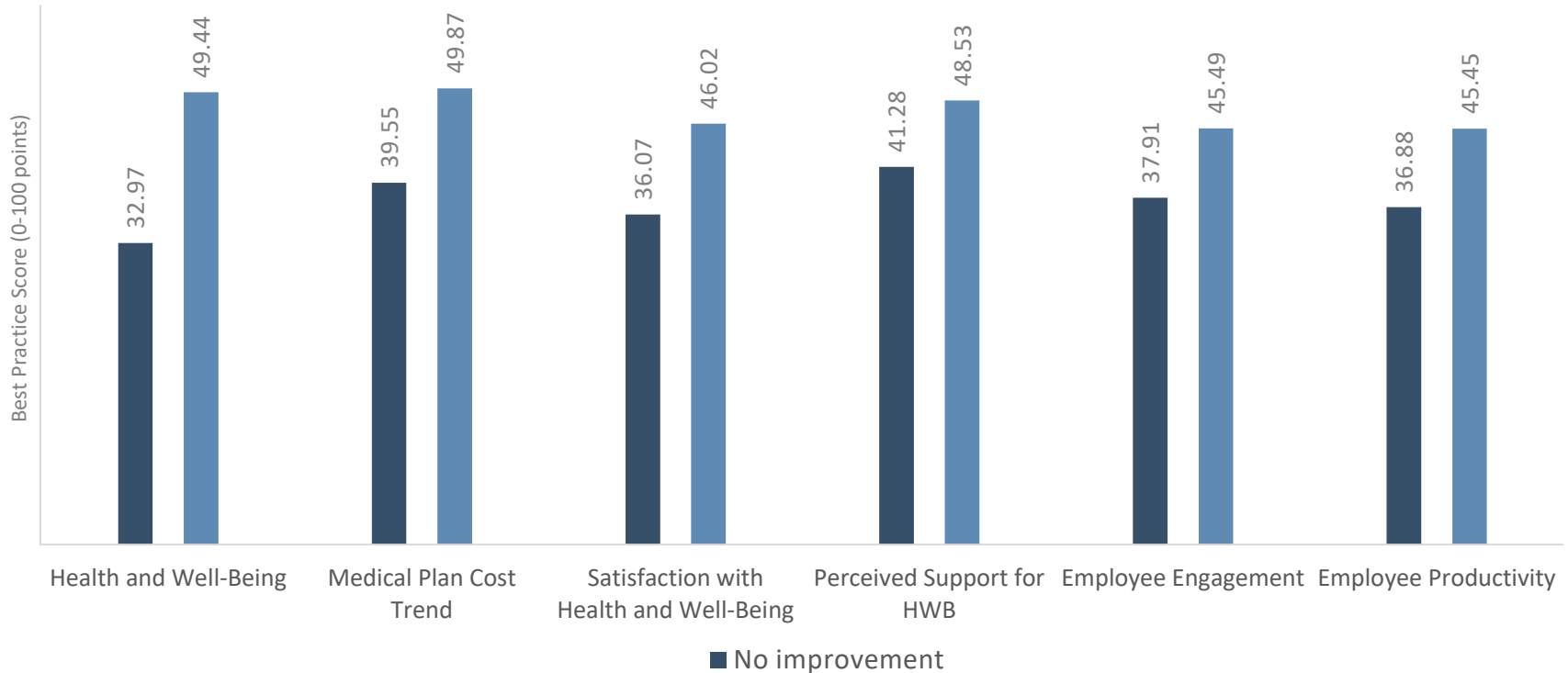


Appreciated **235%** compared to **159%** for the S&P 500

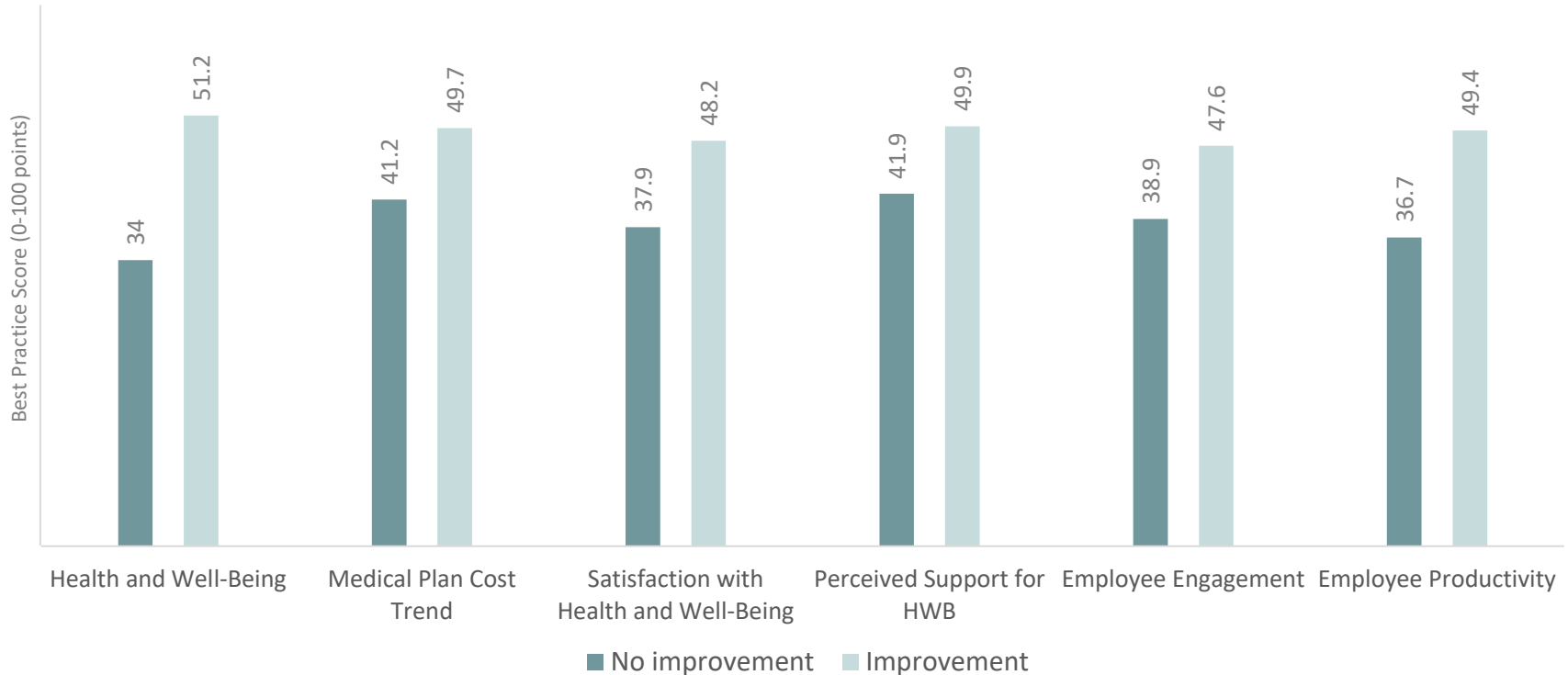
● HERO Scorecard companies

● S&P 500 companies

Improvements in Business Outcomes Relate to Social Determinants of Health Best Practice Score



Improvements in Business Outcomes Relate to Diversity, Equity, and Inclusion Best Practice Score

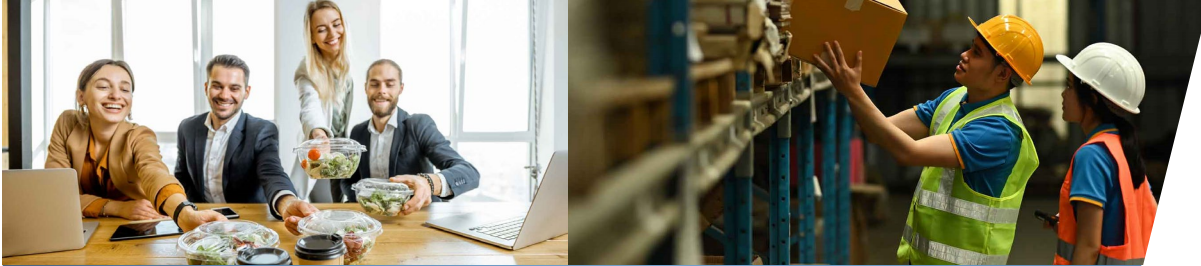


VISION

All employers value health and well-being as a business imperative.

PURPOSE

HERO connects science and practice to demonstrate the value of a health and well-being employer ecosystem.



THANK YOU

Karen Moseley
HERO President & CEO

Karen.Moseley@hero-health.org
984-257-2127 direct



[hero-health.org](https://www.hero-health.org)

Employer Perspective

Dr. Steven Serra, Executive Director,
Physician Consulting, Aetna

The Economic Case for Community Health Workers

The Federal Reserve Bank of New York,
Oregon Health Sciences University,
& Familias en Accion

June 23, 2023

Steven Serra, MD, MPH, MSc, FACOEM
National Medical Director, Aetna Commercial
Plan Sponsor Insights & Health Equity Solutions



Five key actions will drive improvements for our Commercial members



Eliminate Barriers to Care

Address social needs through innovative supplemental benefit design, social risk stratification and connection to community resources



Make our Care Accessible

Reach and serve underserved communities using our CVS Health footprint, and digital and enterprise assets



Build Culturally Responsive Programs and Services

Expand delivery of culturally competent care to meet the diverse needs of our members, patients and customers



Empower Our Providers

Enhance provider support and incentives to improve screening, referral and treatment



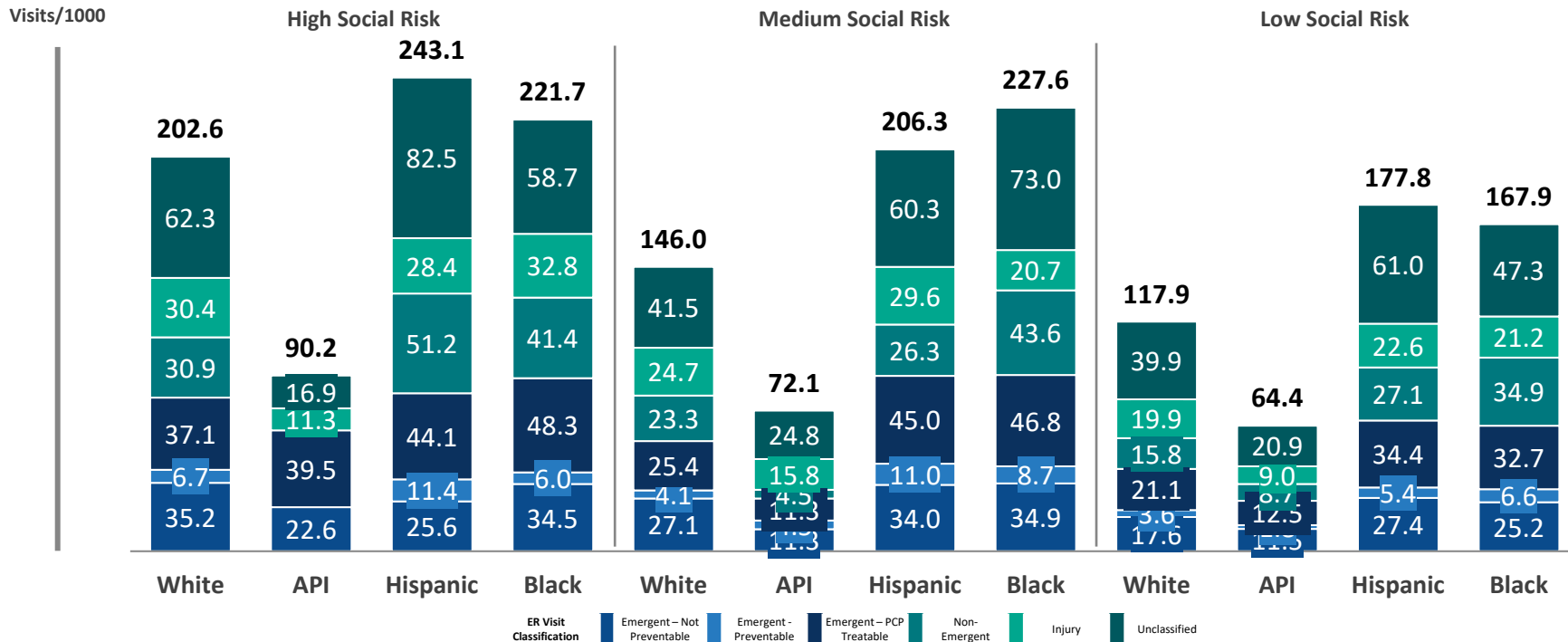
Mobilize Partnerships to Accelerate Health Equity

Harness the power of our community-based partners to improve community and employee health

Future population health analytics (at Aetna)

Emergency room (ER) utilization example

People face different challenges | Reason for ER use varies | Structural barriers must also be addressed



Addressing social determinants can help reduce medical costs

Study of Commercially-insured members*

Unaddressed social determinants add 4.6% (for large employers; self-insured) to 5.9% (for smaller employers; fully-insured) to total plan costs

Primary drivers:

- greater chronic illness burden
- greater use of hospital inpatient care (for longer stays with higher readmission rates)
- lower preventive screening rates (leading to later diagnosis and delayed treatment)
- lower use of outpatient physical therapy and mental health services, among others

*FOR COMMERCIALY-INSURED MEMBER DATA: Aetna study of 440 million commercially insured members months.

Study of Medicaid and Medicare members*

Addressing unmet social needs resulted in 10% lower average health care spending compared with a similar group whose social needs were not addressed

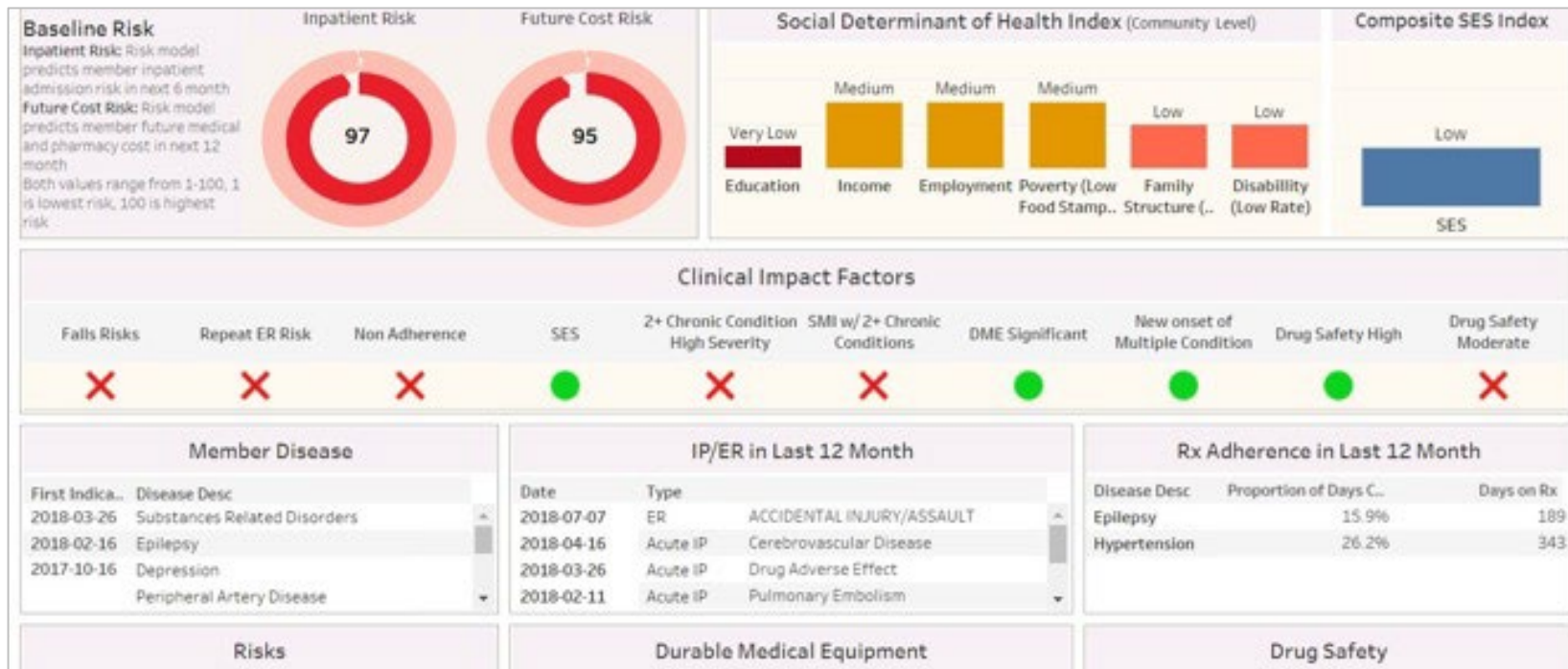
Primary drivers:

- reductions in spending for inpatient care
- outpatient services and prescription drug spend

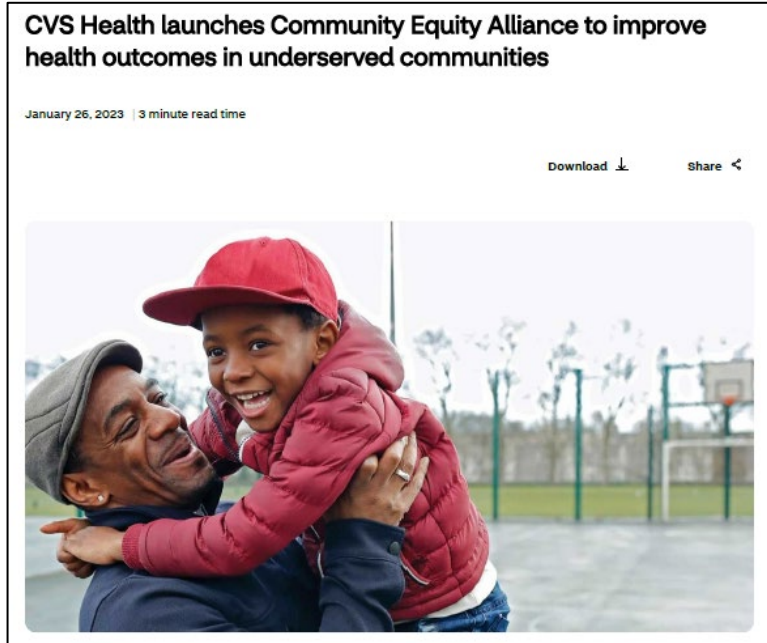
These drivers were compared to the control group and adjusted for known demographics and illness burden

*FOR MEDICAID AND MEDICARE MEMBER DATA: Pruitt Z, Emechebe N, Quast T, et al. **Expenditure Reductions Associated with a Social Service Referral Program.** NIH. December 2018.

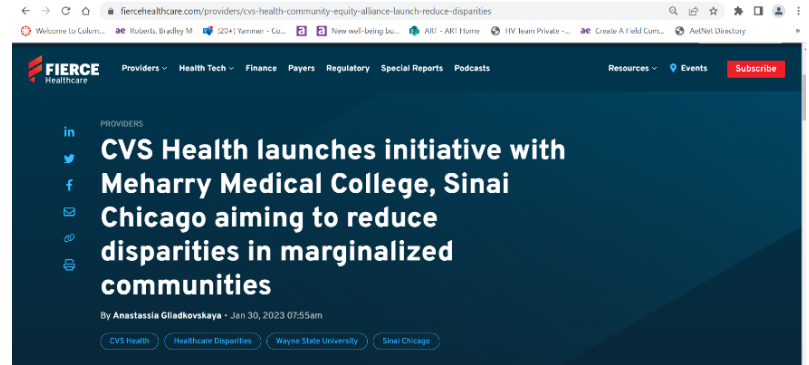
Identifying priorities and creating meaningful interactions



CVS Health created the Community Equity Alliance



CVS Health January 26, 2023, press release - <https://www.cvshealth.com/news/health-equity/cvs-health-launches-community-equity-alliance-to-improve-health-outcomes.html>



Featured in FIERCE Healthcare - fiercehealthcare.com/providers/cvs-health-community-equity-alliance-launch-reduce-disparities. January 30, 2023

Specialty advocates* for your diverse employee population



Personal health advocate

Supports integrated care and engages members in their health care benefits, including member referrals to specialty programs, such as transgender, neonatal intensive care unit (NICU), fertility and mental well-being



Fertility advocate and doula

Offers emotional and clinical support to members starting or continuing their journey to have a child



Neonatal intensive care unit (NICU) advocate

Provides emotional and case management support to members whose baby is experiencing an admission or readmission into the NICU



Mental well-being advocate**

Helps members identify appropriate routes for their care needs and supports provider identification and scheduling



Transgender advocate

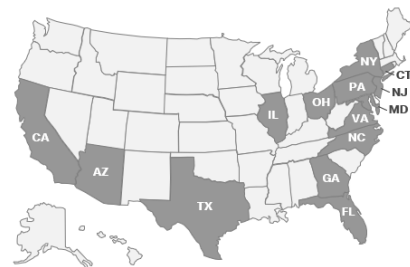
Supports transgender and non-binary members with personalized support and guidance, including education and help securing critical clinical services, such as mental health services, hormone replacement therapy and gender affirmation surgery

*While only your doctor can diagnose, prescribe or give medical advice, these advocates can provide information on various health topics.

**Not available for insured clients.



Convenient care that provides added mental health support in your local community



Destination behavioral health

Mental health counseling services provided by a MinuteClinic® licensed therapist within a CVS HealthHUB location, in-person and virtually

Depression screenings

Our CVS pharmacists are trained to conduct depression screenings and connect members to onsite or in-network providers.

Pharmacist panel

Our CVS pharmacists engage with members to identify high-risk, address changes in behavior, encourage medication adherence and advance to high levels of support when needed

Evening and weekend availability in all markets (typically 7:00 AM – 7:30 PM)

In-network for major health plans and EAP benefits. Also available at transparent private cash pay rates

For additional details and self-scheduling: visit: www.CVS.com/MentalHealth or call: 1-855-417-2486

72%*

of new patients were able to see a therapist within the same day or week

~60%**

still want virtual appointments

82%***

of patients report a reduction in depression symptoms within 3-6 weeks

48 *CVS 2019 net patient visit data on average
**CVS historical visit data
***PHQ-9 score for patients who completed more than one visit and reported having at least mild depressive symptoms in their initial visit.



Connecting the community and health system through trust brokers

**Community
Information Resource
Dashboard/CIE**



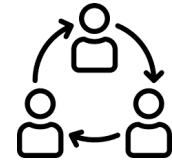
**Local/onsite/near-site
resources**



**Vendor partners with
local footprint**



**Collaboration with
ESG/Community Affairs**





Thank
you

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).



Expanding the Reach and Potential of CHWs

- ❖ **Otho Kerr**, Director of Strategic Partnerships and Community Impact Investing, Federal Reserve Bank of New York
- ❖ **Dr. Morgan McDonald**, Director of Population Health and Health Equity Leadership, Milbank Memorial Fund
- ❖ **Doug Wirth**, President and CEO, Amida Care
- ❖ **Dr. Creshelle Nash**, Medical Director for Health Equity, Blue Cross Blue Shield of Arkansas
- ❖ **Dr. Gia Rutledge**, Associate Director of Health Equity, Centers for Disease Control and Prevention, Division of Diabetes Translation

Expanding the Reach and Potential of Community Health Workers

Morgan McDonald, MD

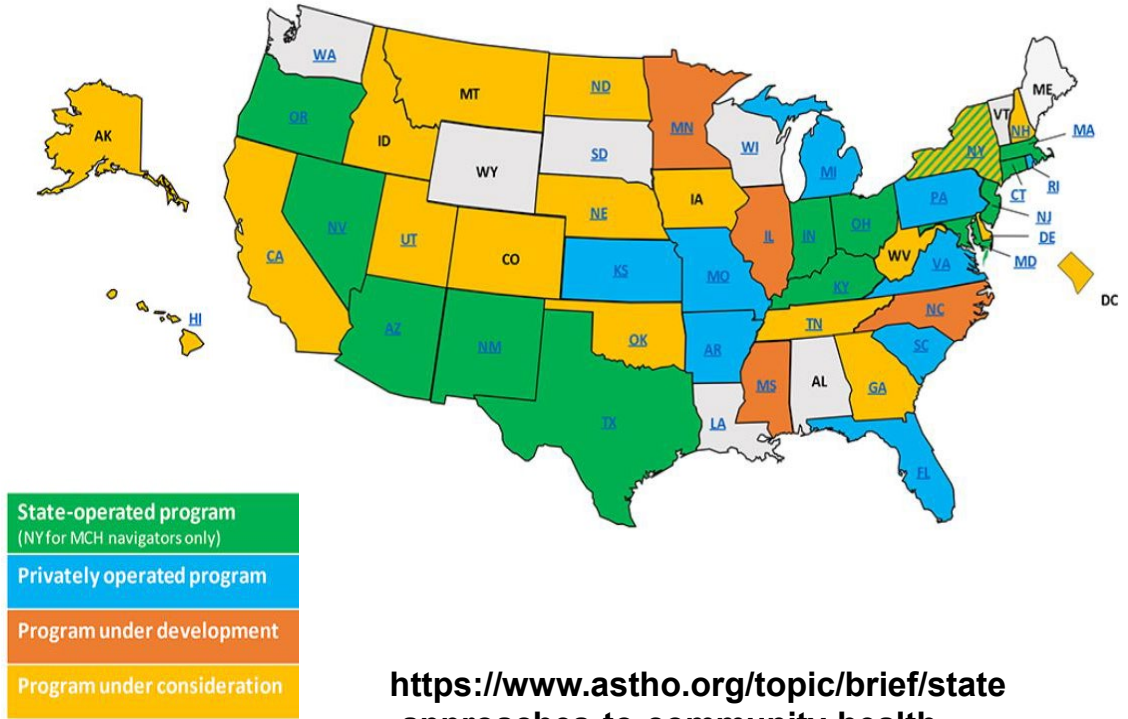
National Director for Population Health and
Health Equity Leadership



*Improving population health and health
equity by connecting leaders with
experience and sound evidence.*

Current Status

- Over 1000 studies evaluating effectiveness and best practice
- C3 Core Competency Standards
- Federal support for CHW training, inter-state learning
- State based approaches to certification, training, deployment
- Payment model and practice model innovation
- Cross Sector collaboration



<https://www.astho.org/topic/brief/state-approaches-to-community-health-worker-certification/>

Employers as Beneficiaries of CHWs



- Healthier, more engaged workforce
- Recruitment and retention via an expanded benefit for employees
- Builds trust by meeting employees where they are
- Equips employees with additional resources and capacity – a health equity centered approach
- Builds resources within the community
- CHWs are often an untapped workforce pipeline

Employers as catalysts of CHW related work



- Creating demand for CHWs in health plan negotiation
- Creating demand for CHWs by direct engagement with community organizations and other CHW-employing organizations
- Demonstrating ROI
- Partnering with state health departments and legislatures to enable legislation, training, and funding for CHWs



We are the experts in HIV
and gender-affirming care.

Largest Medicaid HIV-Special Needs Health Plan (SNP)

- ★ **9,000 members in NYC**
- ★ **Safety-net health plan** founded and governed by **7 NYC community-based healthcare providers**
- ★ **Innovative, effective approach** to serving people living with HIV as well as people placed at highest risk for HIV: people experiencing homelessness and transgender communities

Our members:

- 2,800 of trans experience: Representing 30% of our membership
- 40% experienced homelessness 1+ times since HIV diagnosis
- 90% have a history of substance use
- 60% reported same gender sexual experience



The Community Health Workers (CHWs)

**Workforce
Empowerment**



**Our Visionary
Model of Care**

**Identify and
reconnect
members out of
care to routine
primary medical
or behavioral
health care**

**Treatment
adherence
supports,
education and
health promotion**

**Health navigation
including escorts
to medical or
behavioral health
appointments**

**Follow-up care
after inpatient,
hospital, or
facility care**

CHWs Improve Health Outcomes and Lower Costs:

Between 2008 and 2020:

- ✓ **94%** in regular outpatient care
- ✓ **63%** reduction in emergency room visits
- ✓ **74%** reduction in admission per 1,000 members
- ✓ **34%** decrease in average length of stay
- ✓ **90%** refilling essential medications
- ✓ **1,200** cured of Hep C
- ✓ **25%** of HIV-negative members access PrEP
- ✓ Increased viral load suppression from 60% to **80%**
- ✓ **Over \$175M saved** in avoidable costs



Thank you.

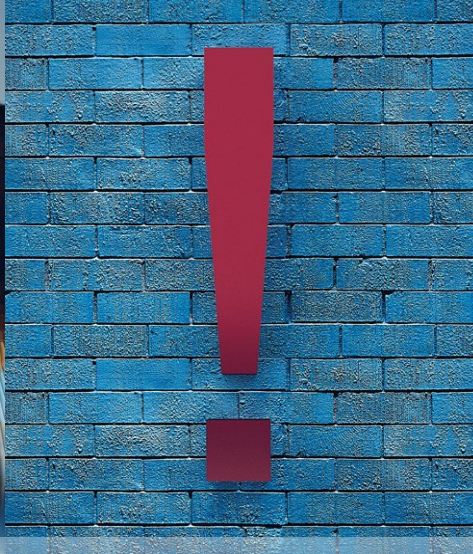
Doug Wirth

President and CEO

(646) 757-7000 /

dwirth@amidacareny.org





Expanding the Reach and Potential of Community Health Workers

June 23, 2023 | Dr. Gia E. Rutledge, DPPD, MPH

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Diabetes Translation



Centers for Disease Control and Prevention Division of Diabetes Translation

- **Vision:** A world free of the devastation of diabetes.
- **Mission:** To reduce the preventable burden of diabetes through public health leadership, partnership, research, programs, and policies that translate science into practice.



CDC Division of Diabetes Translation: Investments that Include Work with CHWs

1305

State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health

1422

State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke

1705

Scaling the National Diabetes Prevention Program (National DPP) in Underserved Areas

1815

Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke

2320

A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes

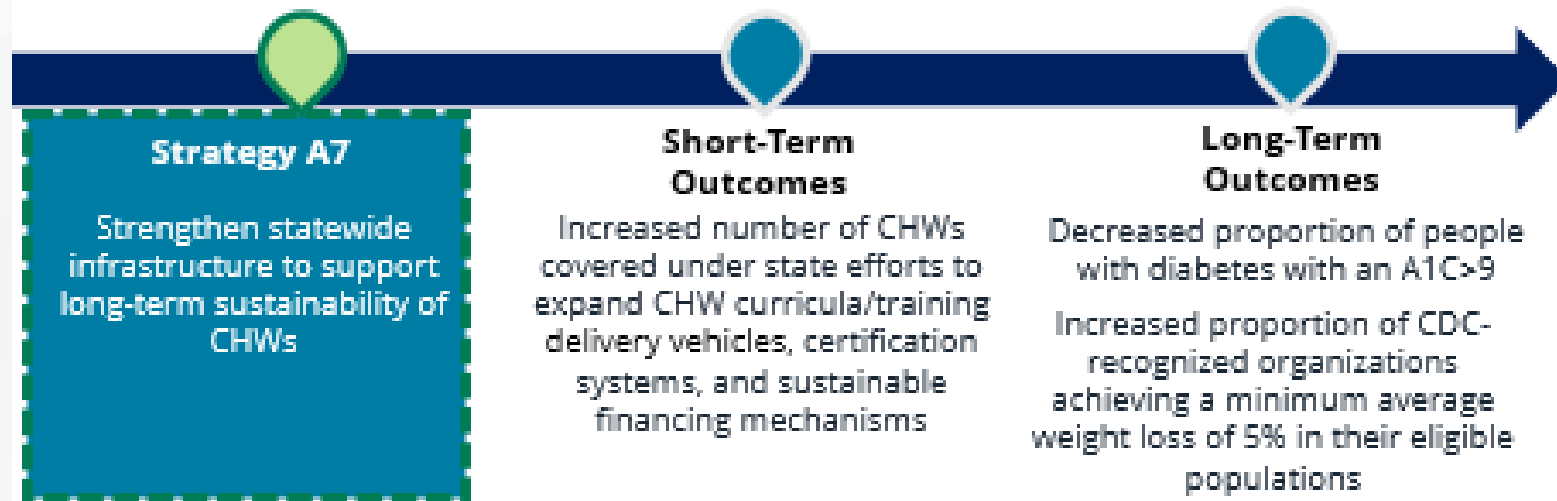


DP18-1815 Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke

- ★ Recipients implemented activities to **strengthen statewide infrastructure to promote long-term sustainability and reimbursement for community health workers (CHWs)** to establish or expand their engagement in the National DPP lifestyle change program for type 2 diabetes prevention and/or recognized/accredited diabetes self-management education and support (DSMES) services for diabetes management.

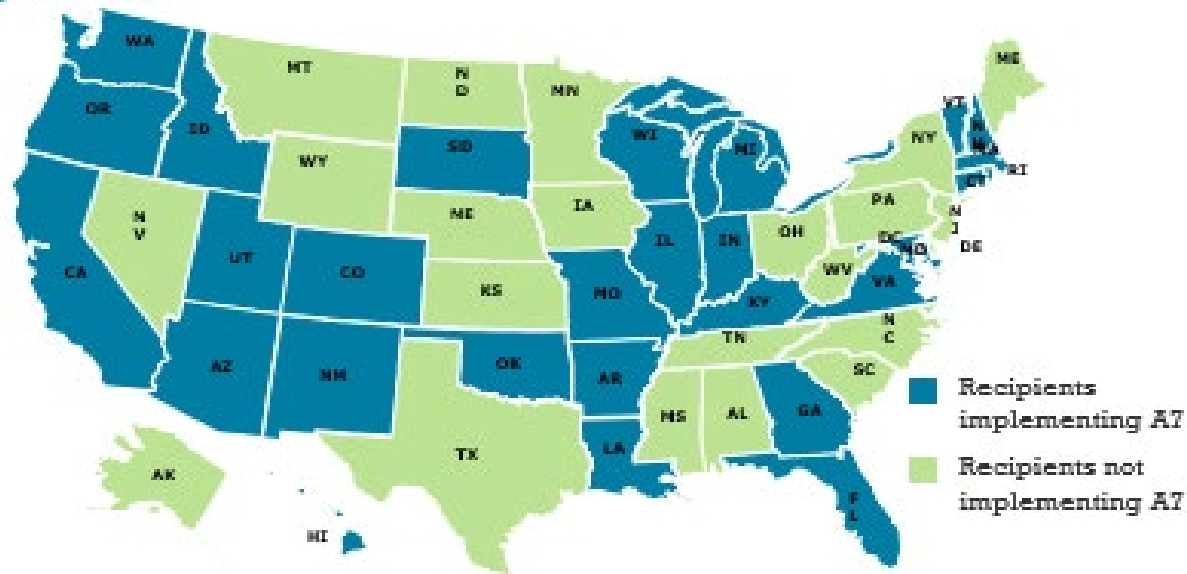


DP18-1815: Strengthen Statewide Infrastructure to Promote Long-term Sustainability and Reimbursement for Community Health Workers (CHWs) - Logic Model

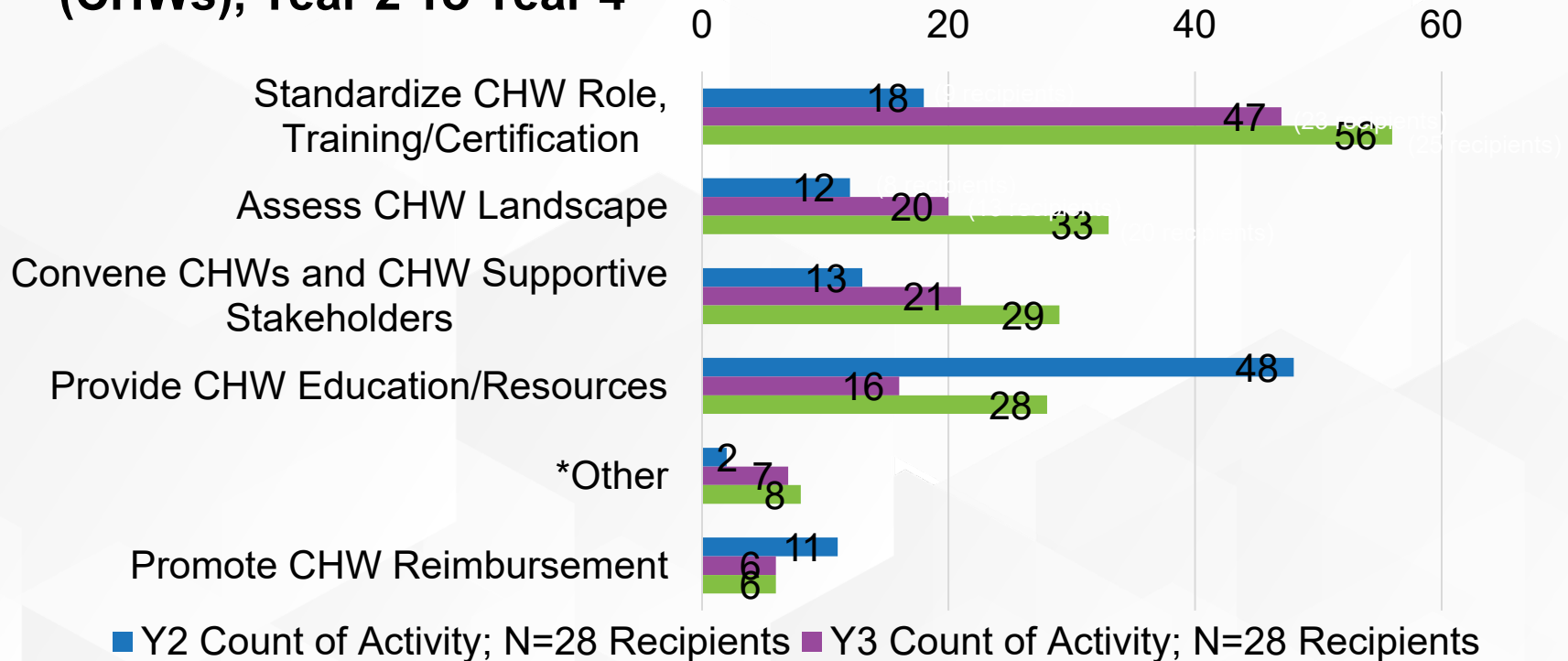


DP18-1815: Strengthen Statewide Infrastructure to Promote Long-term Sustainability and Reimbursement for Community Health Workers (CHWs)

28 recipients are strengthening statewide infrastructure to support long-term sustainability of CHWs



Activities Implemented by DP18-1815 Recipients to Promote Long-term Sustainability for Community Health Workers (CHWs), Year 2 To Year 4



■ Y2 Count of Activity; N=28 Recipients ■ Y3 Count of Activity; N=28 Recipients

■ Y4 Count of Activity; N=28 Recipients

DP18-1815: Strengthen Statewide Infrastructure to Promote Long-term Sustainability and Reimbursement for Community Health Workers (CHWs)

SHORT-TERM OUTCOMES

2,740

*CHWs have received certification in year 4
(n** = 20 recipients)*

4,269

*CHWs have received core competency training in year 4
(n** = 25 recipients)*

78

*Academic and other institutions offer CHW core competency training in year 4
(n** = 24 recipients)*



1,597

*CHWs are paid from sustainable payment mechanisms in year 4
(n** = 17 recipients)*

Strengthen Statewide Infrastructure to Promote Long-term Sustainability and Reimbursement for Community Health Workers (CHWs): Challenges & Success Reported

Successes

- Improved CHW certification process and developed training curricula which assisted organizations in delivering programs
- Provided education on CHW role and benefits to healthcare providers, insurance plans, and organizations
- Leveraged partnerships to support sustainable financing options for CHWs

Challenges

- COVID-19 pandemic impacted staff capacity and program activities
- Staff turnover and administrative processes (e.g., reimbursement, contract renewal)

DDT DP23-2320 CHW Activities

Increase Awareness

Increase
Availability

Increase Workforce
Development

Establish Policy
Change

Support CHW
Networks

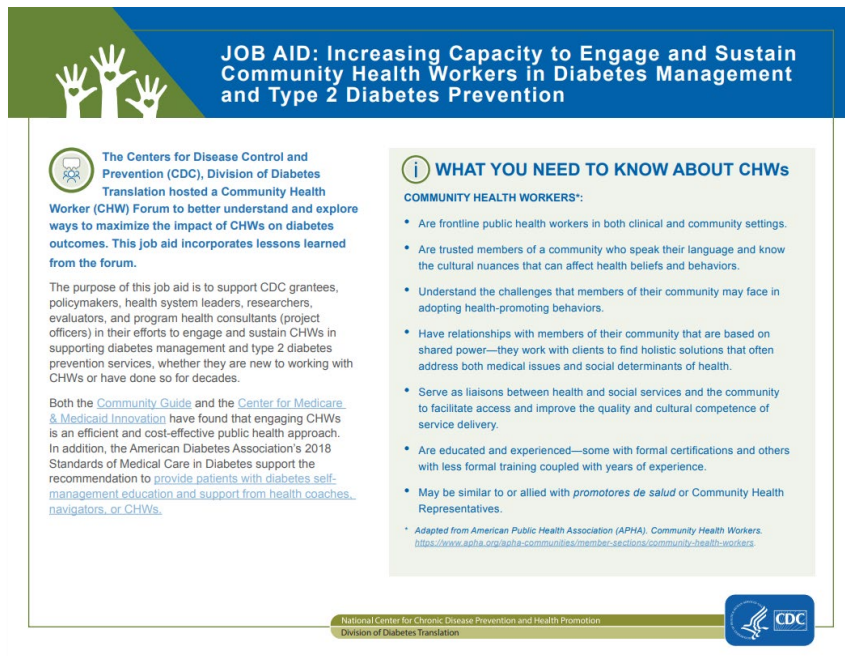
Support Data
Collection

CHW RESOURCES


Job Aid for Engaging CHWs

- CDC developed a job aid to support CHW engagement sustain their work in diabetes management and type 2 diabetes prevention

https://www.cdc.gov/diabetes/pdfs/programs/stateandlocal/CHW_Job_Aid_508.pdf



JOB AID: Increasing Capacity to Engage and Sustain Community Health Workers in Diabetes Management and Type 2 Diabetes Prevention

 The Centers for Disease Control and Prevention (CDC), Division of Diabetes Translation hosted a Community Health Worker (CHW) Forum to better understand and explore ways to maximize the impact of CHWs on diabetes outcomes. This job aid incorporates lessons learned from the forum.

The purpose of this job aid is to support CDC grantees, policymakers, health system leaders, researchers, evaluators, and program health consultants (project officers) in their efforts to engage and sustain CHWs in supporting diabetes management and type 2 diabetes prevention services, whether they are new to working with CHWs or have done so for decades.

Both the [Community Guide](#) and the [Center for Medicare & Medicaid Innovation](#) have found that engaging CHWs is an efficient and cost-effective public health approach. In addition, the American Diabetes Association's 2018 Standards of Medical Care in Diabetes support the recommendation to [provide patients with diabetes self-management education and support from health coaches, navigators, or CHWs](#).


WHAT YOU NEED TO KNOW ABOUT CHWs

COMMUNITY HEALTH WORKERS*:

- Are frontline public health workers in both clinical and community settings.
- Are trusted members of a community who speak their language and know the cultural nuances that can affect health beliefs and behaviors.
- Understand the challenges that members of their community may face in adopting health-promoting behaviors.
- Have relationships with members of their community that are based on shared power—they work with clients to find holistic solutions that often address both medical issues and social determinants of health.
- Serve as liaisons between health and social services and the community to facilitate access and improve the quality and cultural competence of service delivery.
- Are educated and experienced—some with formal certifications and others with less formal training coupled with years of experience.
- May be similar to or allied with *promotores de salud* or Community Health Representatives.

* Adapted from American Public Health Association (APHA). *Community Health Workers*. <https://www.apha.org/apha-communities/member-sections/community-health-workers>

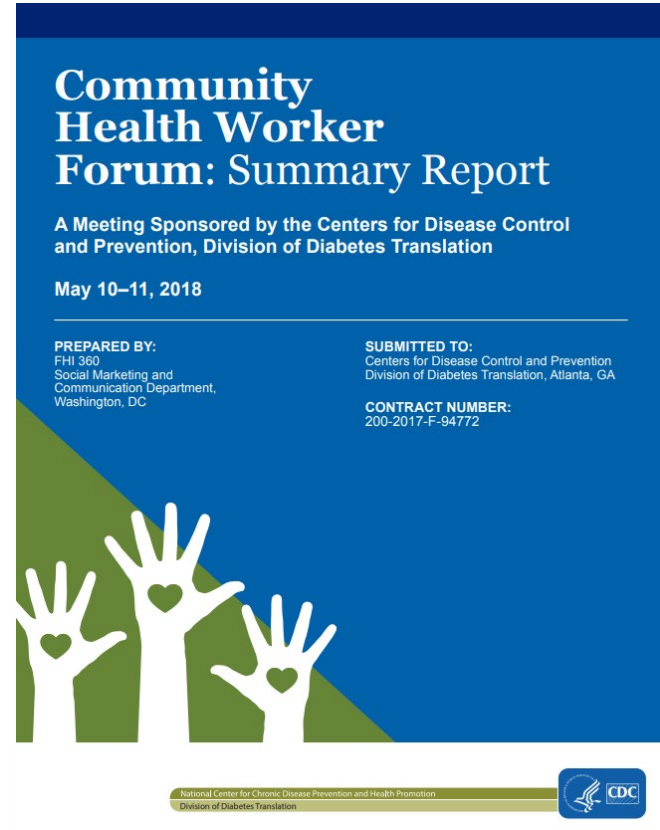
National Center for Chronic Disease Prevention and Health Promotion
Division of Diabetes Translation



Forum Summary Report

- See the forum summary report for more detailed discussion of key learnings

https://www.cdc.gov/diabetes/pdfs/programs/stateandlocal/CHW_ForumSummary_508.pdf



CHW Financing Webinar

The screenshot displays a webinar interface. The main content area shows a slide deck titled "COMMUNITY HEALTH WORKER (CHW) FINANCING WEBINAR" dated "JULY 17, 2018". The slide features the CDC logo and the text "NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION" and "Division of Diabetes Translation". A video player at the bottom shows a "Play (k)" button and a progress bar at "0:07 / 1:26:59".

The right-hand panel contains a list of attendees (20) categorized into Hosts (2) and Presenters (8). The chat window shows messages from participants, including instructions on muting and audio settings. A table of handouts is also visible.

Attendees (20)	
Active Speakers	
Hosts (2)	
FH 360	
Kaly Moot, FH 360	
Presenters (8)	
Betsy Rodriguez	
Carl Rush	
Charlie Altero	
David Ojeda	
Deirdra Stockmann	

Chat (Everyone)

mute your speakers on Adobe Connect to reduce feedback.

Kaly Moot, FH 360: Click the green speaker on the top bar of Adobe in order to mute your speakers. The icon will be grey once it's muted.

Bethany Hamilton: Just FYI, adobe connect did provide me with audio via the computer.

Kaly Moot, FH 360: Yes, you'll be able to hear through your computer but to speak you'll need to dial into the phone.

Handouts	
Name	Size
Speaker Bios- CHW Financing Webinar - 1	502 KB
Carl Rush- May 10 (Forum) slides.pdf	968 KB
Agenda- CHW Financing Webinar - FINAL	520 KB
CMS Resources- CHW Financing Webinar	399 KB
Paying_for_Pop_Health_Case_Studies_Fu	284 KB

View the webinar at <https://www.youtube.com/watch?v=pUKTsh0XuM0>



QUESTIONS



Spotlight – Community Health Worker Project in Oregon

- ❖ **Dr. Brian Frank**, Assistant Professor, Oregon Health and Science University
- ❖ **Jaeme Miranda**, Director of Community Health Worker Services



Community Health Workers

A benefit designed by and for employees
(Pilot program)

JUNE 2023. PRESENTED BY: BRIAN FRANK, M.D., ASSISTANT PROFESSOR, DEPARTMENT OF MEDICINE, OHSU SCHOOL OF MEDICINE

Meet Johanna

Social determinants of health:

- Single mother of three
- Lives with elderly mother
- Works in food services
(2 years in current job)



GROCERY COSTS
↑ 15%



MEDICATION
\$100/mo

RENT
↑ \$200/mo


DEPENDENTS
Mother w/diabetes,
youngest son is 7



Let's imagine a benefit that:

- Provides rental assistance
- Lowers the cost of medications
- Offers food support and healthy cooking on a budget
- Guides with chronic disease management
- Individual plans





Now, what if this benefit offered all of those things **AND** was delivered by a trusted community member with shared lived experience?



Familias
en Acción



Employer-based community health workers

- Expert navigation
- Culturally-specific
- Trusted
- Empowering
- Tailored to individual



Model Development

- Phase 1: Needs assessment
- Phase 2: Focus groups
- Phase 3: Stakeholder engagement

The pilot

- 6 months
- 1,500 front-line employees
- 2 CHWs
- Partnership with CBO



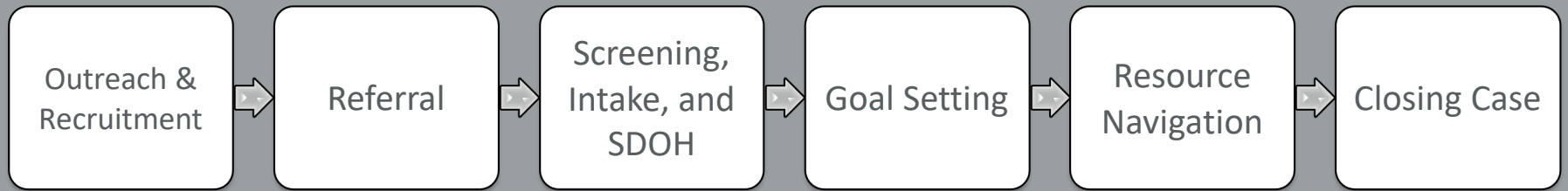


CHW Expertise

- Cultural mediation between communities and systems
- Informal counseling and support
- Direct services and referrals
- Culturally/Linguistically appropriate education
- Advocate for individual & community needs



Employee Workflow



Benefits to Community Partners

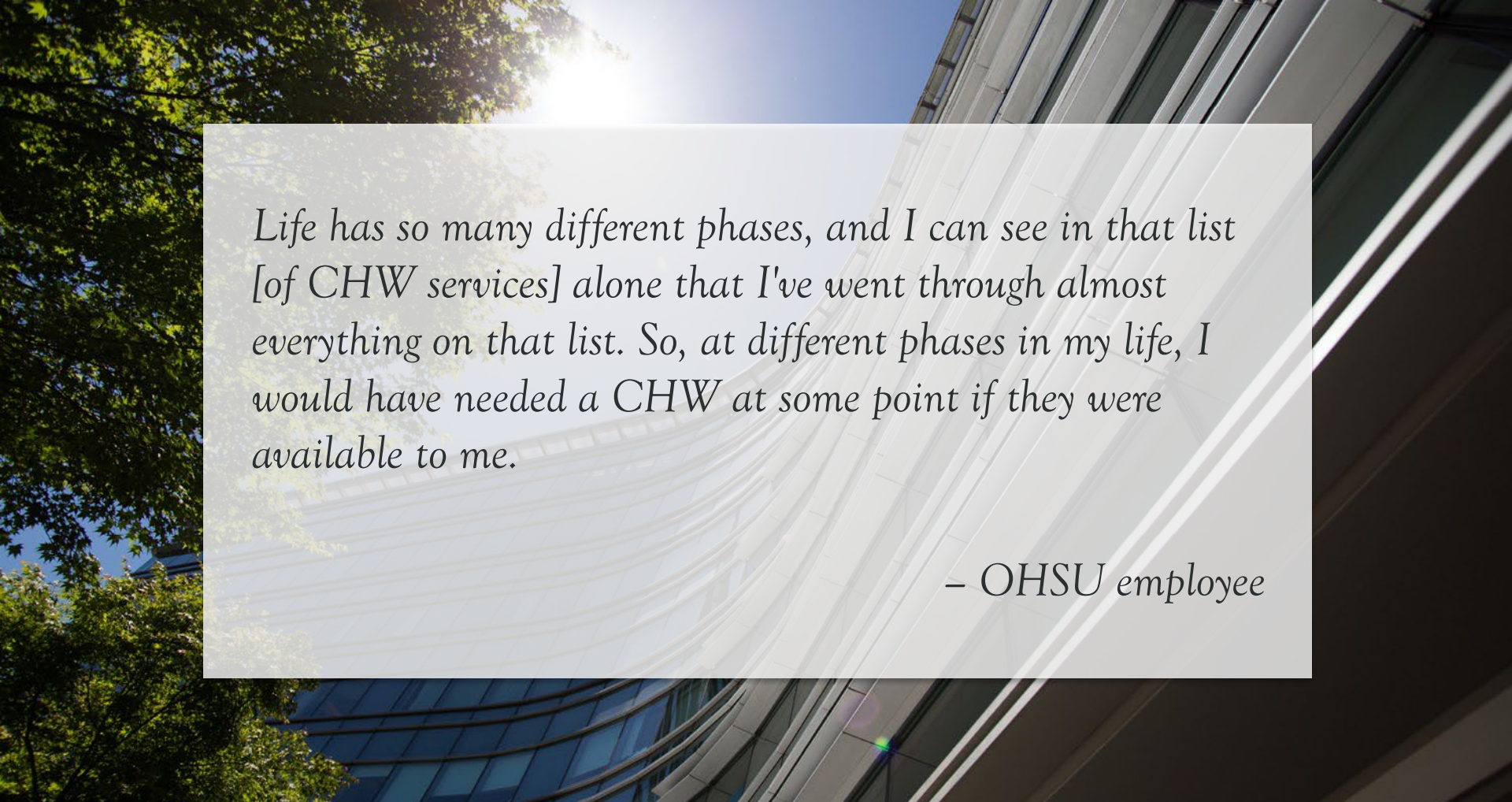
- Leverage organizational knowledge
- Co-design of model
- Improved quality of living for target population



Intended outcomes

- Meet employees' basic needs
- Improve employee health and wellbeing
- Empower employee self-reliance
- Increase employee productivity
- Strengthen employee retention





Life has so many different phases, and I can see in that list [of CHW services] alone that I've went through almost everything on that list. So, at different phases in my life, I would have needed a CHW at some point if they were available to me.

– OHSU employee

Thank you to our funders

- Cambia Health Foundation
- Oregon Health Authority Office of Health Promotion and Chronic Disease Prevention
- Community Health Acceleration Partnership
- Dr. Danny Jacobs



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en Acción



Thank You



EVENT

The Economic Case for Community Health Workers

June 23, 2023 | 10:00 am – 12:00 pm EDT

FEDERAL RESERVE BANK *of* NEW YORK