

# COMMUNITY HEALTH WORKERS IN THE U.S. AND IN FLORIDA: REDUCING COSTS, IMPROVING HEALTH OUTCOMES AND CREATING A PATHWAY TO WORK

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## Summary

Community health workers play a significant role in reducing and/or managing chronic illnesses, reducing healthcare costs and improving the overall health of the population. Evidence gathered over the years makes it clear that support for, and development of, a CHW workforce is a wise investment.

## Origins of community health workers

Community health workers (CHWs) have existed in myriad contexts around the world for hundreds of years. In the 17th century, Russian feldshers acted as middle-grade medicine practitioners whose main function was to aid medical doctors.<sup>1</sup> In later years, they were used as physician assistants, sometimes even substituting for physicians. In the latter half of the 20th century, China's "barefoot doctors" came into being as a response to the overwhelming need for services in remote areas.<sup>2</sup> Both models served as the inspiration for CHWs in different parts of the world, including the U.S.

## CHWs in the U.S.

It wasn't until the 1960s that a CHW workforce emerged in the U.S. The National Workforce Study estimates that in the year 2005 there were approximately 121,000 CHWs in the country,<sup>3</sup> including as many as 5,000 in Florida. That number is expected to grow as their acceptance as a legitimate part of the integrated healthcare delivery system gains ground.

Scholars emphasize the importance of employing CHWs to improve racial and ethnic disparities in healthcare.<sup>4</sup> And studies by the federal Health Resources and Services Administration recognize the positive impact of CHWs in the U.S., noting that between the years 2000 and 2006 a special focus was placed on developing public policy that officially recognizes the work of CHWs and includes them in the integrated healthcare delivery system.<sup>5</sup>



Recently, several states have considered, or have passed, CHW recognition and/or certification legislation.<sup>6, 7, 8, 9, 10</sup> At the national level, the Patient Navigator Outreach and Chronic Disease Prevention Act was signed into federal law in June 2005, the first national legislation passed that recognized CHWs as a workforce and provided grant funding.<sup>11</sup> In 2010, the U.S. Department of Labor included CHWs as part of its Standard Occupational Classification, effectively recognizing CHWs as part of the national workforce. For years, the American Public Health Association has maintained a special interest group within the association that advocates for CHWs to be recognized as health workers and properly compensated.

## Present context and opportunities

There are 4 million uninsured people in Florida, approximately 21.3 percent of the population. The state has an unemployment rate of 10.6 percent, notably higher than the national average of 9.2 percent.<sup>12</sup> Florida also ranks as the state with the nation's third-largest prison population.<sup>13</sup> These phenomena raise formidable challenges, but also great opportunities to promote novel approaches that will reduce costs, improve health outcomes and contribute to workforce development.

## CHWs in Florida

While a number of agencies in Florida employ CHWs (i.e., through community health centers, research institutions, and community-based organizations – rural and urban), until recently there had not been focused, statewide attention given to their work. In 2011, the Florida Department of Health, conferring with the statewide cancer council C-CRAB (Cancer Control and Research Advisory Council), received a federal grant from the Centers for Disease Control and Prevention (CDC) to develop and promote the work of CHWs in the state. Since then, the Department of Health has convened a state-wide task force — the Florida Community Health Worker Coalition — that includes four working groups: policy, curriculum development, networking/sustainability and research/grant writing. The Coalition has also developed a definition of CHWs based on their work in the state and across the country.

## According to the Coalition:

*"A Community Health Worker (CHW) is a front-line 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. Some activities performed by the CHW include providing information on available resources, providing social support and informal counseling, advocating for individuals and community health needs, and providing services such as first aid and blood pressure screening. They may also collect data to help identify community health needs."*

## Reducing costs and improving health outcomes

On a national scale, the U.S. healthcare system faces numerous challenges, including the high cost of medical care and the large number of people living with chronic diseases. Chronic diseases are the leading cause of mortality in the country and a driver behind rising healthcare costs. Managing and/or preventing chronic diseases is a challenge. A 2009 Urban Institute study estimates that the cost of health disparities and the chronic diseases typically arising from these disparities will cost about \$336 billion over the 10-year period between 2009 and 2018. Of this, as much as \$220 billion will be billed to Medicare.<sup>14</sup>

Beyond their valuable role as connectors to care, CHWs play a critical role in helping to prevent or manage chronic illness. The evidence that CHWs improve health outcomes for patients suffering from chronic diseases is well documented.<sup>15, 16, 17, 18, 19</sup> And, while some studies suggest mixed results depending on the intervention,<sup>20</sup> there is sufficient evidence to make the case that CHWs play a significant role in reducing health disparities and in translating research into practice through new interventions. Some studies have also demonstrated that CHWs can produce cost savings if employed in case management and/or disease management capacities.<sup>21, 22, 23</sup>

On a national scale, through the Patient Protection and Affordable Care Act and the possibilities it presents for redesigning healthcare delivery – including Accountable Care Organizations (ACOs), Primary Care Medical Homes (PCMH) – and through attention to community-based prevention and management efforts, clear pathways exist for CHWs to provide information on preventive healthcare practices and to guide people through the primary healthcare system. Both ACOs and PCMHs require extraordinary levels of patient-provider communication and continuity of contact, which may be challenging (if not impossible) without the support of CHWs as part of the care team. Moreover, ACOs, PCMHs, and community-based prevention place a premium on the value of quality care and cost containment as well as prevention. As such, the associated payment models are focused on value, not volume.

Florida's Medicaid reform – in whatever shape it is implemented – may be aided through the employment of CHWs who can inform hard-to-reach people and ensure preventive care is provided, the keys to reducing costs related to chronic diseases.

## Workforce development

People with limited formal education or limited work experience can become CHWs. In fact, the life experiences of CHWs are key assets in their employment as these may resonate with communities and be of service as CHWs help people navigate systems of care.

The development of a standard training for CHWs may offer a viable pathway to work – one that provides a critical service to communities and health care systems by reducing both disease and costs. Because training and certification programs are progressing across the country, as in Florida,<sup>24</sup> CHWs can work toward a possible career path, if they wish to do so.

What is needed is a state-sponsored certification program that will formalize this process. In doing so, Florida will create a fully trained workforce that is certified in preventive care practices, provides information and guidance, connects people to health and social services, and contributes to a reduction of chronic diseases and cost-savings.

## Benefits To Including CHWs As Part Of Health Care Delivery Teams

- Connect people to vital health and social services
- Help prevent and/or manage chronic diseases
- Improve health outcomes
- Provide information about preventative healthcare
- Reduce costs to the healthcare system
- Provide a pathway to work

## References

- <sup>1</sup> A review prepared by the Ministry of Health of the USSR for the World Health Organization, "The Training and Utilization of Feldschers in the USSR," Geneva, 1974.
- <sup>2</sup> Dang, Zhang and Paul U. Unschuld, "China's barefoot doctor: past, present and future," *The Lancet*, V. 972, 1., 9653, pp.1865-1867, 29 November, 2008.
- <sup>3</sup> Chapter 1, Health Resources and Services Administration, "Community health worker national workforce study," U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, March 2007. Available at: <http://bhpr.hrsa.gov/healthworkforce/reports/chwstudy2007.pdf>. Accessed August 22, 2011.
- <sup>4</sup> Smedley B.D. Stith A.Y., Nelson A.R., Institute of Medicine (U.S.), Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care. *Unequal treatment: Confronting racial and ethnic disparities*. Washington D.C.: National Academies Press, 2003.
- <sup>5</sup> "Community health worker national workforce study," Op. cit.
- <sup>6</sup> California Legislature 2011-12 Regular Session, Assembly Bill No. 916. Introduced by Assembly Member V. Manuel Perez, February 28, 2011.
- <sup>7</sup> 50th Legislature State of New Mexico, First Session, 2011, Senate Joint Memorial 12, Introduced by Phil A. Griego.
- <sup>8</sup> 76th Oregon Legislative Assembly, 2011 Regular Session, A-Engrossed House Bill 3650, Sponsored by Joint Special Committee on Health Care Transformation.
- <sup>9</sup> The General Assembly of Pennsylvania, Session of 2011, House Bill No. 342. Introduced by Baker, Gingrich, Cutler Micozzie, Callagione, Causar, Clymer, J. Evans, Frankel, George, Goodman, Harhart, Hennessey, Hutchinson, Josephs, M.K. Keller, Payton, Pickett, Rapp, Readshaw, Reichly, Scavello, K. Smith, Vulakovich, and Wagner, January 31, 2011.
- <sup>10</sup> Texas Legislature, House Bill 2610, Act takes effect on September 1, 2011.
- <sup>11</sup> Available at: <http://www.gpo.gov/fdsys/pkg/PLAW-109publ18/pdf/PLAW-109publ18.pdf>. Accessed August 1, 2011.
- <sup>12</sup> Available at: <http://www.bls.gov/lau/> and <http://data.bls.gov/timeseries/LNS14000000>. Accessed JAUGUST 3, 2011.
- <sup>13</sup> Available at: <http://www.dc.state.fl.us/about.html>. Accessed July 29, 2011.
- <sup>14</sup> Waidmann, T., "Estimating the Cost of Racial and Ethnic Health Disparities," Urban Institute, September, 2009. Available at: [http://www.urban.org/uploadedpdf/411962\\_health\\_disparities.pdf](http://www.urban.org/uploadedpdf/411962_health_disparities.pdf). Accessed July 27, 2011.
- <sup>15</sup> Haines, A., Sanders, D., Lehman, U., et al, "Achieving Child Survival Goals: Potential Contribution of Community Health Workers," *The Lancet*, Vol. 369, Issue 9579, pp. 2021-2031, June 23, 2007.
- <sup>16</sup> Wells, K.J., Luque, J.S., and Miladinovic, B., et al, "Do Community Health Worker Interventions Improve Rates of Screening Mammography in the United States? A Systematic Review," *Cancer Epidemiology, Biomarkers & Prevention*, June 8, 2011. Available at: <http://cebp.aacrjournals.org/content/20/8/1580>. Accessed August 12, 2011.
- <sup>17</sup> Brownstein J.N., Norris S.L., Chowdhury, F.M., Armour T., Jack L., Zheng X., and Satterfield D. Effectiveness of community health workers in the care of persons with hypertension. *Am J Prev Med*. 2007;32:435-447.
- <sup>18</sup> Viswanathan, M., Kraschnewski, J., Nishikawa, B. et al, "Outcome of Community Health Workers Interventions," Evidence Report/Technological Assessment, No. 181, Agency for Healthcare Research and Quality, U.S. Department for Health and Human Services, 2009.
- <sup>19</sup> Ingram M., Torres E., Redondo F., Bradford G., Wang C., and O'Toole M. The impact of promotoras on social support and glycemic control among members of a farmworker community on the US-Mexico border. *The Diabetes Educator*. 2007;33(6):S6:172S-178S.
- <sup>20</sup> Viswanathan, M., Kraschnewski, J., Nishikawa, B. et al Op. cit.
- <sup>21</sup> Whitley, E., Everhart, R., and Wright, R., "Measuring Return on Investment of Outreach by Community Health Workers," *Journal of Health Care for the Poor and Underserved*, 17 (1): February, 2006.
- <sup>22</sup> Goodwin, K. and Tobler, L. "Community Health Workers: Expanding the Scope of the Health Care Delivery System," National Conferences on State Legislators, April, 2008.
- <sup>23</sup> Felix, H., Mays, G.P., Stewart, K., Cottoms, N., and Olson, M. "Medicaid Savings Resulted When Community Health Workers Matched Those with Needs to Home and Community Care," *Health Affairs*, 30 (7): July, 2011.
- <sup>24</sup> Collins Center for Public Policy available at: [http://www.collinscenter.org/page/healthcare\\_chwtrain](http://www.collinscenter.org/page/healthcare_chwtrain). Accessed August 3, 2011; St Petersburg College, available at: <http://www.spcollege.edu/courses/program/MCHL-ATD>. Accessed August 12, 2011; University of Florida available at: [www.floridachwn.cop.ufl.edu/edu-training/chw-train-inst/](http://www.floridachwn.cop.ufl.edu/edu-training/chw-train-inst/). Accessed August 3, 2001.



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For more information contact:

Leda M. Perez, Vice President, Health Initiatives, Collins Center for Public Policy, [lperez@collinscenter.org](mailto:lperez@collinscenter.org). | (305)-767-4632