



Community Health Workers

By Melissa Hansen and Laura Tobler

Community health workers can help reduce barriers to health care.

Community health workers serve as facilitators, educators and advocates.

Community health worker programs can save money.

Legislators continue to search for ways to provide access to health care for those who may find it difficult to obtain care. Although no single solution has been identified, one promising strategy is to use community health workers (CHWs).

Community health workers is a generic term for a growing field of nonclinical public health workers who serve as liaisons between health care providers and patients who traditionally lack access to adequate care, such as such as poor people, those in rural communities and recent immigrants.

Community health workers live in the same neighborhoods and share the same cultural experiences as the people they serve. Because they generally do not hold professional licenses, they do not provide direct medical care. Their expertise lies in knowing their communities and serving as facilitators, educators and advocates, helping people not only to obtain care but also to prevent and manage chronic diseases. Studies have shown that such workers increase the use of chronic disease management tools, teach basic health practices, and improve health among their patients. Through their first-hand experience and understanding, they can help tackle the socioeconomic and cultural differences that often result in disparities in health care.

Community health worker programs have the potential not only to reduce health disparities, but also to save money. Savings can occur through fewer hospitalizations and emergency room visits; healthier behaviors and better management of chronic diseases; and improved prenatal care that leads to successful pregnancies and births.

Community Public Health Workers May Be Known As:

- Community health advocates
- Lay health educators
- Community health representatives
- Peer health promoters
- Community health outreach workers
- Promotores de salud (Spanish)

Barriers to Health Care for Low-Income, Minority, Immigrant and Rural Populations

- Inadequate supply of primary care providers and specialists in low-income or rural communities.
- Inadequate safety net resources (such as community clinics).
- Insufficient access to employer-provided or otherwise affordable health insurance coverage.
- Limited means to pay for out-of-pocket health care costs, including copayments.
- Cultural and language differences with providers.
- Transportation difficulties.
- Lack of child care.

State Action Although interest in standardized training for community health workers is growing, uniform programs are rare. Only Minnesota, Ohio, Texas and Washington have laws that establish educational requirements. Such training can be formal or informal, in an educational setting or on the job. According to the Community Health Worker National Workforce Study, about half the job offerings for community health workers had educational requirements that ranged from a GED to a bachelor's degree. Variance also existed in the hours of training provided by community health workers' employers, ranging from nine to 100 hours for new employees. This varied and disparate preparation may produce mistrust of community health workers among other health professionals who must comply with more rigid professional standards.

Uniform community health worker training is rare.

Community health worker programs are organized within a wide variety of public, nonprofit and corporate organizations. Many early programs were volunteer. As need increased, community health programs were compensated for their services by federal and state governments. Approximately 25 percent of community health worker programs report that their positions are funded at least partially by a U.S. Department of Health and Human Services grant. Private organizations, local governments and foundations also provide funding. Some states now are considering use of Medicaid funds to sustain community health programs. To expand these programs, public and private stakeholders will need to increase their funding or identify new longer-term streams of funding.

Some community health worker programs use federal funding.

A Program That Works. QueensCare Family Clinics in central Los Angeles are Federally Qualified Health Centers and are part of the largest private community clinic network in Los Angeles County. They serve the uninsured and those whose incomes fall below 200 percent of the federal poverty guideline.

In 2002, the clinics started Amigos en Salud (Friends in Health). Supported by Pfizer Health Solutions and the Charles R. Drew University School of Medicine and Science, the program offers outreach and patient education for Hispanics with diabetes through a combination of peer education, behavior modification and diabetes self-management. Community health workers provide health education and counseling and help maintain continuity of care by serving as liaisons for patients and providers. Workers receive specialized and ongoing training throughout their tenure.

Compared to patients who are not enrolled in the program, participants are five times more likely to rate their overall health as "good" or "excellent" and are more likely to report eating fresh fruit and vegetables daily, less likely to eat fatty foods, and more likely to exercise three or more times each week. Participants in the community health worker group experienced statistically significant results—measured by lipid profiles and LDL cholesterol levels—resulting in an overall reduction in cardiovascular risk.

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