



COMMUNITY HEALTH WORKERS 101

Understanding the CHW

What is a community health worker?

A Community Health Worker (CHW) is 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.

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 (American Public Health Association, 2009).

Other names for CHWs²

Community Health Outreach Worker
Advocate
Health Navigator/ Patient Navigator
Community Outreach Worker
Certified Peer Support Specialist
Outreach and Enrollment Worker
Medical Case Manager/ Case Manager
Health Coach
Maternal Child Health Worker
Promotore/a

Michigan is estimated to have 1,780 CHWs¹, and over 85% of Michigan programs employ an average of 10 full-time CHWs.² Current estimates range from 500-1,500 CHWs employed statewide. Estimates increase when including CHWs under other titles that work in specialized fields, such as Certified Peer Support Specialists and HIV peer outreach workers. MiCHWA considers both roles to fall under the CHW umbrella.

What do CHWs do?³

- Cultural mediation
- Providing appropriate education/information
- Care coordination/ system navigation
- Providing coaching and social support
- Advocating for individuals and communities
- Building individual and community capacity
- Providing direct services
- Implementing individual/ community assessments
- Conducting outreach

Patient Protection & Affordable Care Act (PPACA) of 2010⁴

- §5101 - Establishes CHWs as health professionals and members of the “healthcare workforce.”
- §5313 - The CDC “awards grants to eligible entities that promote positive health behaviors and outcomes for populations in medically underserved communities through the use of community health workers.”
- §5403 The Secretary of the Department of Health and Human Services shall award grants to Area Health Education Centers to conduct and participate in trainings that involves CHWs and other healthcare practitioners.



Assessment of CHW Policy Components⁵

Policy components are discrete activities that could be part of public health policy. The Centers for Disease Control and Prevention (CDC) identified 14 CHW policy components to assess using the Quality and Impact Component (QuIC) Evidence Assessment method, which categorizes policies on a continuum of Emerging, Promising Impact, Promising Quality, and Best. Of the 14 policies CDC assessed, eight were categorized as “Best” (see Table 1).

Table 1: CHW Policy Component Evidence Quality and Evidence of Public Health Impact Assessment Results⁵

Evidence-based policy component (<i>short description</i>)	Quality Score ^a	Impact Score ^b	Evidence Category ^c
CHWs provide chronic disease care services (<i>Chronic Care</i>)	40	40	Best
Inclusion of CHWs in team-based care model (<i>Team-based Care</i>)	33	33	Best
Core competency CHW certification (<i>Core Certification</i>)	29	28	Best
CHWs supervised by health care professionals (<i>Supervision</i>)	28	26	Best
Standardized core CHW curriculum (<i>Standard Core Curriculum</i>)	26	28	Best
Medicaid payment for CHW services (<i>Medicaid</i>)	25	22	Best
Specialty area CHW certification (<i>Specialty Certification</i>)	21	28	Best
Inclusion of CHWs in development of their certification requirements (<i>Certification Development</i>)	21	24	Best

^a The Quality Score assesses the level of evidence quality for the overall evidence base. This score ranges from 1-40, with 40 being the highest level of quality.

^b The Impact Score assesses the level of evidence of public health impact related to the use of the component, as suggested by the overall evidence base. This score ranges from 1-40, with 40 being the highest level of impact.

^c Component evidence categories include: Best, whose components have higher levels (a score greater than 20) of both quality and impact; Promising Quality, whose components have higher levels of quality but lower levels of impact; Promising Impact, whose components have higher levels of impact but lower levels of quality; and Emerging, whose components have lower levels of both quality and impact.

Return on Investment

Michigan-based programs continue to produce results that point to CHW program return on investment.

Core Health Program: Spectrum Health, Grand Rapids, MI⁶

- CHWs worked with diabetes and heart failure patients in year-long program
- Core Health ROI over 3 years: “\$2.37 in savings for every \$1.00 of cost”

Health Project: A Community Benefit Ministry of Mercy Health, Muskegon, MI⁷

- Program enrollment and home visits impacted health outcomes for diabetes patients
- CHWs collaborated with financial counselors to increase enrollment in financial assistance plans by 270%, recovering \$350,000 in costs via Medicaid enrollment

Michigan Pathways to Better Health, Saginaw, MI⁸

- CHWs partner with local EMS providers to identify and enroll patients who would benefit from the Pathways to Better Health program
- Reduction of 153 of transports since 2013, approximately \$100,000 in cost savings

SOURCES

¹ May 2015 State Occupational Employment and Wage Estimates: Michigan. Bureau of Labor Statistics, United States Department of Labor Website. http://www.bls.gov/oes/current/oes_mi.htm Published May 2015. Updated March 30, 2016. Accessed November 20, 2016.

² Michigan Community Health Worker Employer Survey 2016: Final Evaluation Report for Public Use. Ann Arbor, Michigan: Michigan Community Health Worker Alliance (MiCHWA); June 30, 2016. Results available at <http://www.michwa.org/about/evaluation/program-survey/>.

³ Understanding Scope and Competencies: A Contemporary Look at the United States Community Health Worker Field – Progress Report of the Community Health Worker (CHW) Core Consensus (C3) Project: Building National Consensus on CHW Core Roles, Skills, and Qualities. <http://c3report.chwsurvey.com>. Published 2016. Accessed November 20, 2016.

⁴ Patient Protection and Affordable Care Act, 42 USCA §18001 (2010).

⁵ Centers for Disease Control and Prevention. Policy Evidence Assessment Report: Community Health Worker Policy Components. http://www.cdc.gov/dhbsp/pubs/docs/chw_evidence_assessment_report.pdf. Published 2014. Accessed November 20, 2016.

⁶ Lubberts M, Reyna J. Core Health: An Effective Chronic Disease Management Program with Impressive Triple Aim Results. Presented at: Unity 2014 Conference, *Community Health Workers: Innovative Solution to Addressing the Triple Aim*; May 21, 2014; Baltimore, MD.

⁷ Cline G, Sartorius PJ, Rankin E. Controlling Hospital Admissions through Prevention Education: The Role of Community Health Workers. Presented at: Premier Public Health Conference; October 14, 2011; Grand Rapids, MI.

⁸ Agency for Healthcare Research and Quality. Community Health Worker Agencies Partner with Emergency Medical Service Providers to Identify Frequent Callers and Connect them to Community-Based Services, Leading to Fewer 911 Calls. <https://innovations.ahrq.gov/profiles/community-health-worker-agencies-partner-emergency-medical-service-providers-identify>. Published 2015. Accessed November 20, 2016.