

Integrating Community Health Workers as a Part of the Health Care Team

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Community health workers (CHWs) are increasingly incorporated as integral members of the health care team.

In Ohio, the number of CHWs increased from 850 to more than 1,200 from 2018 to 2022, with many employed in community-based organizations, local health departments, hospitals, and federally qualified health centers (FQHCs).¹ This increase may be attributed to the various formal and informal training programs offered at various institutions/organizations, with the option to receive certification, for example, through the Ohio Board of Nursing (OBN).

CHWs serve as liaisons and advocates, connecting individuals and the community to social services, preventive and primary services, health education, chronic disease management, and referrals to community outreach.² In addition, they focus on addressing social determinants of health (SDOH) to improve quality of life and health outcomes and advance health equity, particularly in diverse and under-resourced communities.^{2,3} They are also trusted community members who possess a deep understanding of the neighborhoods in which they live and serve.⁴



CHW Roles and Responsibilities

Community health workers provide a wide variety of services, including culturally competent care for complex and chronic diseases.¹ They educate individuals about health conditions such as CVD, hypertension, diabetes, and related risk factors. They also conduct screenings, promote lifestyle modifications (e.g., healthy eating, physical activity, stress management, and smoking), ensure medication adherence, and facilitate care coordination.⁵ For example, CHWs may raise awareness about CVD risk factors and provide outreach and preventive screening (e.g., blood pressure measurement and glucose testing), referring individuals with early signs of cardiovascular disease to health care providers for further evaluation and treatment.^{1,6-8}

Evidence of Impact on Health Outcomes

Growing evidence has recognized the efforts of CHWs and their impact on improved health behaviors and CVD outcomes.^{4,5} Specific to CVD risk reduction, evidence supports the integration of CHWs for positive effects on health outcomes, such as 16% to 36% increase in blood pressure control rates,^{6,7} 0.5% to 0.8% A1c reduction,^{9,10} 40% decline in emergency department visits,¹¹ and 30% decline in hospitalization, and reduction in health care costs (e.g., 39% cost reduction, \$3 for every \$1 dollar invested in CHW, a net savings of \$1,100 per patient).^{4,12}

CHWs advance health equity in CVD care coordination and provide under-resourced patients with greater access to health care.⁶

Their unique position affords them the opportunity to communicate with and support patients/families, the community, and health care professionals in the following ways:

- Provide culturally appropriate community health education through community outreach, health fairs, and educational workshops.
- Promote awareness and understanding of health care disparities.
- Identify social barriers to patients achieving their health goals and potential community resources to overcome them.
- Advocate for the patients in the health care system.
- Educate health care providers about the community's health needs and the cultural relevancy of interventions.
- Improve cultural competency within the health care system.
- Strengthen communication skills of providers and health care system administrators.

Integrating CHWs into Health Care

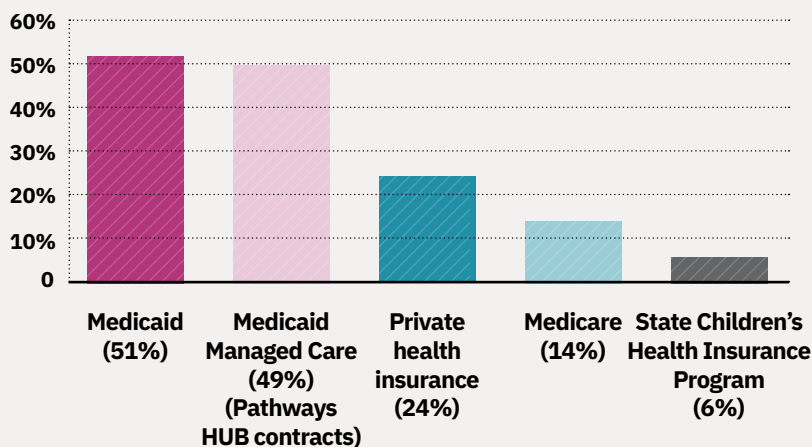
Several expert groups, including the Ohio Department of Health (ODH), provide recommendations for integrating CHWs into health systems to enhance care delivery for individuals with CVD.^{1,2,13-17}

Broadly, it is recommended that organizations expand the CHW workforce by first identifying barriers and facilitators to implementing the CHW delivery care model.¹

Other considerations for integrating CHWs into health care organizations include using a team-based and systematic approach that includes

an understanding of role, scope of practice, and training, along with aspects of CHWs' clinical workloads. A sustainable infrastructure for CHWs should be considered, including reimbursement and funding mechanisms (Figure 1).

Figure 1. Insurance Payer Mix for CHW Services¹



Specifically, the state of Ohio biennial budget for fiscal years 2024-2025 has appropriated \$5 million to support the connection of statewide initiatives (Pathway Hubs) through the CHW Center for Excellence.^{1,18}

Addressing Barriers to CHW Integration

Complex care programs integrating CHWs into health care systems must address potential barriers and factors that impede CHWs' successful integration and effectiveness. Growing research has suggested that there are opportunities to align integration with evidence-based and informed best practices.^{4,19,20} Practical recommendations include:

- **Identify elements of successful CHW programs.** The existing models of successful CHW integration show evidence of effectiveness in reducing inequities and excesses and improving CVD health by using clinic-community linkage or team-based care models (e.g., programs that included program sustainability, health and social care team integrations, scope of work, support, and program sustainability).^{4,6}
- **Provide opportunities for professional growth.** With several avenues for training for certified and non-certified CHWs, emphasis should be placed on continuing education through partnerships with organizations such as the Ohio Board of Nursing, approved training programs, employer training programs, and other programs throughout Ohio.¹

- **Effectively integrate CHWs into care teams.** Identify the CHW's role(s) and educate the health care team about the role(s). Implement training for the team, including the CHW, that correlates with the type of health care organization, patient population, and anticipated workload.
- **Expand sustainable financing opportunities.** To support the recruitment and retention of CHWs, adequate infrastructure that has identified sustainable financial support and funding is warranted.

As a part of the health care team, CHWs can support care coordination, address barriers to accessing necessary cardiovascular health services, and ensure patients understand and follow their treatment plans effectively.^{14,19}

Table 1. Integrating CHWs into Clinical Care: Resources for Providers and CHWs

Resource	Providers	CHWs
Best Practices Guide for Cardiovascular Disease Prevention 618resources.chcs.org/wp-content/uploads/2018/06/Cardiovascular-Disease-Prevention-Best-Practices-Guide.pdf	✓	✓
Heart Disease and Stroke Prevention: Interventions Engaging CHWs thecommunityguide.org/findings/heart-disease-stroke-prevention-interventions-engaging-community-health-workers.html	✓	
Public Health Guidance for Community Health Workers cdc.gov/chronic-disease/php/community-health-worker-resources	✓	✓
Technical Assistance Guide: States Implementing Community Health Worker Strategies chronicdisease.org/resource/resmgr/1305/domain3/docs/chwstatestrategies.pdf	✓	
Addressing Chronic Disease through Community Health Workers stacks.cdc.gov/view/cdc/30816	✓	✓
Ohio Pathways Community HUBs: Understanding the Benefits for Patients with Diabetes cardi-oh.org/resources/ohio-pathways-community-hubs-understanding-the-benefits-for-patients-with-diabetes	✓	✓
Implementation Guide: The St. Johnsbury Community Health Team Model stacks.cdc.gov/view/cdc/136561	✓	
Community Health Workers and Million Hearts® millionhearts.hhs.gov/files/MH_CommHealthWorker_Factsheet_English.pdf	✓	✓
Million Hearts® in Municipalities Tool Kit (for Providers) millionhearts.hhs.gov/tools-protocols/tools/municipalities.html	✓	

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