

**Public Health Committee**  
**Public Hearing – February 10, 2017**  
**SB 125 An Act Concerning Community Health Workers**  
**Patricia J. Checko, Dr.Ph., M.P.H.**

Thank you for the opportunity to speak in favor of SB 125, a bill that would define the roles and responsibilities of community health workers (CHWs) in Connecticut. Much of my testimony is taken directly from a brief prepared by the Program Management Office charged with oversight of the State of Connecticut State Innovation Model (SIM) to transform health and health care in Connecticut.

“Community health workers are an integral part of many healthcare systems. Their roles vary and include both the socially oriented tasks of *natural helpers* and specific constrained tasks of *health extenders*. As natural helpers, community health workers play an important role in connecting public and primary care to the communities that they serve. As primary health care becomes more patient-centered and community-oriented, the natural helper roles that include trust, rapport, understanding, and the ability to communicate with the community take on an increased significance. Community health workers are effective and make the health care system more efficient. In some states, the community health worker has become a more formal member of the integrated primary health care team, and it is in this role that she or he provides structured linkages between the community, the patient, and the health care system. The effective community health workers are strongly embedded in the communities that they serve; they have clear supervision within the health care system; they have clearly defined roles in the health care system; and they are well trained and have a defined system of advancing their education and roles within the health care system.”<sup>1</sup>

The SIM Innovation Plan proposes the use of Community Health Workers (CHWs) in a wide array of primary care and prevention related services and activities. CHWs promote population health by bridging the health care, behavioral health, public health and social services systems to provide patients with the resources to access health care, and reduce racial, ethnic, and socioeconomic health disparities among vulnerable and underserved communities.<sup>2</sup> They contribute to the triple aim of the Affordable Care Act by improving access to care, improving

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<sup>1</sup>Herman AA.,Community Health Workers and Integrated Primary Health Care Teams in the 21st century, [J Ambul Care Manage.](#) 2011 Oct-Dec;34(4):354-61. doi: 10.1097/JAC.

<sup>2</sup>“Community Health Workers: Promoting a Vital Workforce”, Massachusetts Health and Human Services, Community Health Workers, <http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/primarycare-healthaccess/healthcare-workforce-center/comm-health-wkrs/>

quality and efficiency of care, and decreasing costs, by addressing the social determinants of health in coordination with the clinical care model.

CHWs link public health, social services and health care for vulnerable populations, and build relationships and trust in their communities. This is a key factor in promoting primary care and patient center medical homes – so that patients understand the value and need to build the same relationship and trust with their primary care provider.

Their value to these teams is their capacity to address the pervasive, persistent and expensive problem of health disparities. CHWs generally come from the communities they serve, and therefore, are more likely to understand the cultures of these communities and the challenges their residents face. This experience enables the CHW to be a bridge, an interpreter and advocate for a patient and her care team. CHWs can inspire familiarity and trust, and can be as instructive and supportive to caregivers as they are to patients.

CHWs will work primarily with vulnerable and/or economically disadvantaged residents, particularly in disparity communities that are generally in poorer health and have poorer health outcomes. Consumers who do not understand the healthcare system and in turn are not understood by it are more likely to use health services inefficiently, making providing services to them more expensive. A reliance on emergency departments for primary care exemplifies this problem, but it runs deeper. There are substantial savings to be had in assisting people who need a friendly and knowledgeable hand to help them use healthcare properly.

CHWs frequently have specialized skills, which are required for their jobs. Examples are assisting diabetics in accessing treatment and follow their therapeutic regimens; helping smokers to quit smoking; and serving as Community Dental Health Coordinators who work within dental practices to coordinate dental care, reduce dental anxiety, arrange transportation, and even help patients to enroll in Medicaid. More often than not, Connecticut's current CHWs assumed specific tasks and missions with soft funding that provided little structured instruction in fundamental skills and insights for how to be most effective as CHWs. Through funding from the Department of Labor, a number of CT Community Colleges have developed curricula for training individuals in the roles of CHWs.

Currently, 17 states have CHW training and/or certification standards in place. Seven states have laws or regulations establishing CHW certification standards, while an additional 9 states have established training/certification programs. Since CHWs have not been fully recognized as a single profession in CT, there is an urgent need to provide information about Who CHWs are in CT, What they do, and How they do it.

The Centers for Disease Control (CDC) developed a State Law Fact Sheet<sup>3</sup> which summarizes how states are looking at certification and development of the CHW workforce. With health

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<sup>3</sup>State Law Fact Sheet: A Summary of State Community Health Worker Laws, July 2013.  
[http://www.cdc.gov/dhdsp/pubs/docs/CHW\\_State\\_Laws.pdf](http://www.cdc.gov/dhdsp/pubs/docs/CHW_State_Laws.pdf)

reform and the Affordable Care Act, states are looking at developing comprehensive approaches to developing sustainable CHW programs

Connecticut can benefit from the experience of other states in developing their credentialing process for Community Health Workers. As the CHW workforce becomes identified, and CHWs have a “place at the table”, we have the opportunity to identify the best practices of CHW training, Certification and legislation. A Community Health Worker Advisory Board was established in 2016, which consist of CHWs, DPH, DSS, DHMAS, OHA, CBOs, Funders, Insurers, etc. The CHW Advisory Board is tasked with seeing that the recommendations for developing the CHW workforce and the credentialing process are comprehensive, inclusive, and, represent the best practices for CT. It is expected that this CHW Advisory Board will be permanent.

Connecticut is “primed” for developing a well-trained Community Health Worker workforce in primary and preventive care to meet the triple aim of health reform. This legislation would provide the first step in a strong and robust system of new health professionals that play a major role in development of patient centered models of health and health care. Integrating CHWs into multidisciplinary health teams has emerged as an effective strategy for improving the health and health outcomes of individuals involved in team-based care and coordination. It’s time to start that process now.

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