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To: Senator Gerratana, Senator Somers, Representative Steinberg, and members of the Public Health Committee.

From: Sarah Diamond, Ph.D., Diamond Research Consulting LLC.

Date: February 10, 2017

Re: Public testimony in support of Proposed S.B. No. 126 AN ACT CONCERNING COMMUNITY HEALTH WORKERS.

As a research scientist specializing in evidence-based interventions to reduce racial and ethnic health disparities, I am pleased to support Senate Bill 126. A growing body of evidence supports the integration of CHW into the health care system as a means to improve health care outcomes for health disparity populations, while also lowering costs for payers. Community health workers (CHW) are trusted individuals from their communities, who have local knowledge, access, cultural and linguistic competency, and the training to assist other medical professionals with improving health for health disparity populations. Rigorous research has shown that CHW can deliver value and reduce costs for payers by: 1) educating and motivating individuals to adopt healthy behaviors so as to help prevent and/or manage chronic diseases, 2) assist patients with adherence to medical guidelines, 3) improving care coordination, and 4) strengthening communication between patients and providers, among other benefits.

CT is presently piloting CHW as part of the State Innovation Model under the PPACA. However, defining who is a CHW and establishing a mechanism for certification are essential steps to institute professional standards for CHW services and advance their integration into our health care system. This in turn will enable payers to establish more robust and sustainable payment structures for CHW towards the goal of improved health care value and reduced cost.

Evidence of the effectiveness of CHW programs is strong and continues to build as CHW models are being scaled up and expanded across the country. The literature demonstrating the effectiveness of CHW spans many different health areas including chronic disease management, oncology, maternal and child health, and occupational and environmental health. Taking diabetes as an example, several recent meta-analyses show CHW's effectiveness in assisting diabetic patients in lowering their A1c levels. A 2015 meta-analysis published in the *Journal of General Internal Medicine,*[1] identified thirteen randomized control studies of CHW interventions to improve glycemic control in people with diabetes. Eight of the nine studies that met the criteria for rigorous **research showed a reduction in A1c levels of 1.6 to 12 times for care with CHW when compared to care as usual**. Another study examining glucose (HbA1c)

[1] Palmas, W., March, D., Darakjy, S., Findley, S. E., Teresi, J., Carrasquillo, O., & Luchsinger, J. A. (2015). Community health worker interventions to improve glycemic control in people with diabetes: a systematic review and meta-analysis. *Journal of general internal medicine*, *30*(7), 1004-1012.

outcomes of CHW-delivered interventions for Latinos with type 2 diabetes, identified 12 randomized controlled trials that met the inclusion criteria. Of these, seven reported statistically significant improvements in HbA1c.2 for Latinos.

Research also points in the direction of cost savings when CHW are utilized. For example, findings from another recently published meta-analysis (2016) found evidence that CHW can reduce hospitalizations.[3] Of sixteen randomized controlled trials (RCT) that met the criteria for inclusion, 12 reported utilization outcomes. Out of these, 5 trials showed a statistically significant reduction ($p < 0.05$) in one or more of the following outcomes: ED visits, hospitalizations and/or urgent care visits. **Significant reductions reported in ED visits ranged from 23%–51% and in hospitalizations ranged from 21%–50%. Also, one trial showed a significant reduction in urgent care visits at 60%.** Like other behavioral health interventions, meta-analyses generally find the results of CHW trials are inconsistent, depending on how interventions are designed, delivered, and evaluated. Therefore, at the very least, it is important to have a mechanism for certification of CHWs to ensure that they have the requisite knowledge and skills to provide value and cost savings. Certification will also facilitate the advancement of best practices for integrating CHW into the health care system.

As this and other studies suggest, strategic investment in CHW can result in *short-term* health benefits and cost savings. However, even greater improvements are likely to be made by utilizing CHW for effective delivery of preventive care to improve population health over time. At a time when 1 in 4 US adults has multiple chronic conditions, accounting for an estimated 71 percent of all US health care spending,[4] cost-effective means of promoting prevention and chronic disease management within health care should be on the agenda of every state legislature. In the 'fee-for-service' or 'sick-care' model, providers are not reimbursed for CHW services; so even though they may know that CHW can help to improve patient outcomes and reduce costs, there has been insufficient financial incentive for them to invest in the expansion of CHW. With the exception of programs for heavy utilizers of services (e.g. individuals with co-occurring chronic illnesses), private payers also have been slow to fund CHWs due in part to pressures from shareholders to deliver the maximum profits on an annual basis. Hence, most CHW programs continue to be funded by philanthropy or government. Recent changes to CMMS regulations allow for states to provide compensation for CHW through Medicaid/Medicare, however for this to occur in CT there will need to be a means of certifying CHW. Thus, within our current health care system, state governments have an important role to play in spurring this system change forward through public policy that

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[2] Little, T. V., Wang, M. L., Castro, E. M., Jiménez, J., & Rosal, M. C. (2014). Community health worker interventions for Latinos with type 2 diabetes: a systematic review of randomized controlled trials. *Current diabetes reports*, *14*(12), 1-16.

[3] Jack, H. E., Arabadjis, S. D., Sun, L., Sullivan, E. E., & Phillips, R. S. (2016). Impact of Community Health Workers on Use of Healthcare Services in the United States: A Systematic Review. *Journal of General Internal Medicine*, 1-20.

[4] Centers for Disease Control. Chronic Disease Prevention and Health Promotion. https://www.cdc.gov/chronicdisease/about/multiple-chronic.htm.

establishes guidelines for CHW professionalization and incentives to include them in the health care workforce.[5]

The formal integration of CHW into CT's health care delivery and payment system will be a strong investment in improving health care for all. This integration will also support improved data collection and evidence to demonstrate that improvements in value and cost savings are being achieved. Last but not least, the professionalization of CHW has the potential to open up new job opportunities for individuals from health disparity populations, valuing their specialized cultural and linguistic knowledge and also allowing for avenues of professional advancement within the field of health care. The Bureau of Labor Statistics reports that there are more than 48,000 people employed as CHW nationally, with a mean annual wage of $40,000. More CHW jobs will be created in Connecticut once professional standards are established and stable payment mechanisms are in place. As economic inequality is a significant underlying driver of health disparities, this proposed legislation has ramifications for advancing health equity and the economic vitality of our state.

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