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**Testimony  
Regarding  
Proposed Bill No. 126 An Act Concerning Community Health Workers**

Public Health Committee  
February 10, 2017

Senator Gerratana, Senator Somers, Representative Steinberg and distinguished members of the Public Health Committee,

On behalf of Health Equity Solutions and as a West Hartford resident, I am pleased to submit testimony in support of Senate Bill 126. Health Equity Solutions (HES) is a non-profit organization in Connecticut focused on advancing health equity in the state through educational awareness and advocacy. Our mission is to promote policies, programs, and practices that result in every Connecticut resident experiencing equitable health care access, delivery, and outcomes regardless of race, ethnicity, or socioeconomic status.

HES strongly supports the full recognition, integration, and sustainability of Community Health Workers (CHWs). CHWs extend beyond the traditional four walls of health care institutions and work within communities to improve health and health outcomes. The American Public Health Association defines a CHW as "frontline public health workers who are trusted members of and/or have an unusually close understanding of the community served. This trusting relationship enables CHWs 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. CHWs also build 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" (APHA, 2009).

When employed as an integrated part of the health care team, CHWs are effective in achieving the triple aim - better overall health, improving quality and the overall patient experience, and reducing costs - while reducing health disparities. These community-based workers should be an integral part of the health care team, but all too often they are only employed when grant funds are available to support the work. Once the grant disappears, so does the CHW and the

potential for greater health improvement in communities and individuals, particularly in communities of color.

Numerous examples across the country demonstrate the return on investment of CHWs and their effectiveness in improving health (see Connecticut Health Foundation handout on effectiveness studies). There are several papers on the effectiveness of CHWs in our state (see SW AHEC assessments on CHWs). According to the Association of State Territorial and Health Officials (ASTHO), as of January 2017, 15 states either have a CHW training/certification program or laws/regulations establishing a CHW certification program; three additional states have statutes that create a CHW advisory board, taskforce, or workgroup to establish program requirements.<sup>1</sup>

HES believes it is critical to move forward with a pathway to full integration, recognition, and sustainability of CHWs in Connecticut. To do this, we urge the Public Health Committee support SB 126, as we believe the state should develop a statutory definition of CHWs and outline their roles. Furthermore, we believe there has been substantial evidence, research and work product produced on CHWs and respectfully submit that it is time to make a definitive plan toward certification of CHWs in Connecticut. Given this position, we would encourage building on the efforts and recommendations of various groups in the state and nationally – CT SIM CHW Advisory Group, Southwestern AHEC, and the Connecticut Association of Community Health Workers, among others – and ask the Department of Public Health to establish a plan to certify community health works within the current biennium. We believe this work should be done with a defined group of stakeholders, to include potential payers such as insurers and state Medicaid officials, health care providers, and current CHWs, to provide the most sustainable and effective path forward.

I thank you for our time and consideration of this important public health and health equity matter.

Respectfully submitted,  
Tekisha Dwan Everette, PhD  
Executive Director

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<sup>1</sup> Association of State and Territorial Health Officials, *State Community Health Worker Association Standards Map*, retrieved February 6, 2017, <http://www.astho.org/Public-Policy/Public-Health-Law/Scope-of-Practice/CHW-Certification-Standards-Map/>.

# HEALTH EQUITY SOLUTIONS

## F.A.Q. – Community Health Workers

### What are community health workers?

Community health workers (CHWs) are cost-effective, frontline public health workers who work in coordination with the health care system. As a best practice, they are trusted members of a community and have a deep understanding of the community they serve. Often, they have a shared lived experience, e.g. ethnicity, language, socioeconomic status, or similar health conditions. CHWs often work in disadvantaged or disenfranchised communities facing multiple barriers in accessing health care and improving health conditions, though this is not an exclusive way of utilizing the skills and talents of CHWs. Across the country, CHWs have assisted their community with culturally appropriate health education, counseling and chronic disease or condition management. (CT Health Foundation, 2015)

### What work do community health workers perform?

CHWs work to improve health and health care beyond the four walls of a doctor’s office or hospital. They serve as the liaison between health and social services entities, and the community to facilitate access to services and improve the quality and cultural competence of service delivery. (APHA, 2009) CHWs build capacity within a community and among individuals by increasing health knowledge and self-sufficiency through outreach, community education, informal counseling, social support, and advocacy (among other activities). Beyond physical health, CHWs effectively assist with behavioral and mental health conditions as well (Wennerstrom, et al., 2011<sup>i</sup>; CT Health Foundation, 2015)

### What are the predominant funding mechanisms behind CHWs?

Up until recently, CHWs were predominantly grant-funded fostering challenges of mid to long-term viability. (Alvisurez, et al., 2013)<sup>ii</sup> However, recent changes adopted by CMS permit states to finance preventive services recommended by physicians through Medicaid programs. (CT Health Foundation, 2015) CHWs are an eligible, cost-effective means of providing low-cost, preventive services in accordance with a variety of innovative payment models under Connecticut’s Medicaid State Plan.

### What are the various names for community health workers?

There are hundreds of names used for community health workers, such as lay health advisors, health navigators, promotoras, community health advocate, and peer educator, to name a few. The California CHW Initiative found 124 job titles for community health workers in the United States.

### **What have other states done to recognize and integrate CHWs into the health care system?**

As of 2015, 20 states in the US have started or moved toward starting a CHW certification and/or training process. (ASHTO, 2017: <http://www.astho.org/Public-Policy/Public-Health-Law/Scope-of-Practice/CHW-Certification-Standards-Map/>)

States have used a variety of methods to promote the recognition and integration of CHWs including legislative efforts, Medicaid state plan amendments, and Medicaid state waivers. Most of the 20 states who are moving forward with full integration of CHWs have used legislative authority to establish a board or workgroup to determine the specifics related to certification. Four states have required certification to receive public payment from payers such as Medicaid. (CT Health, 2015: <http://bit.ly/2kHP9wN>; Community Catalyst: <http://bit.ly/2kHrAUG>)

### **How can CHWs improve health outcomes, decrease health disparities, and advance health equity?**

CHWs are effective in improving health outcomes, decreasing health disparities, and advancing health equity because among their many roles, they work to address the social determinants of health (e.g. housing, education, employment, social support etc). In doing so, CHWs address the barriers that exist in reaching optimal health that are often not addressed in the traditional health care setting. Fully integrating CHWs into an underserved community is a cost-effective method to advance health equity as it increases the ability for our most marginalized residents to achieve equitable health care access, quality, and outcomes.

### **What does the future of a comprehensive CHW program in Connecticut look like?**

Borrowing from successful models in other states, the near \$1 million of the \$45 million CTSIM initiative earmarked for the development of Connecticut's CHW program could help fund a credible certification and evaluation process. Further, ongoing quality improvement research conducted to increase efficiency of CHW programs across the country could be adapted to fit the specific needs of Connecticut. (CT Health Foundation, 2015)

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<sup>i</sup> Wennerstrom A, Vannoy SD, Allen CE, et al. Community-Based Participatory Development of a Community Health Worker Mental Health Outreach Role to Extend Collaborative Care in Post-Katrina New Orleans. *Ethnicity & disease*. 2011;21(3 0 1):S1-45-51.

<sup>ii</sup> Alvisurez, J., & Clopper, B. (2013). Funding Community Health Workers: Best Practices and the Way Forward. Retrieved February 8, 2017, from HealthreformCT, [http://www.healthreform.ct.gov/ohri/lib/ohri/sim/care\\_delivery\\_work\\_group/funding\\_chw\\_best\\_practices.pdf](http://www.healthreform.ct.gov/ohri/lib/ohri/sim/care_delivery_work_group/funding_chw_best_practices.pdf)