

Senate Bill 126 - An Act Concerning Community Health Workers

Senator Gerratana, Senator Somers, Representative Steinberg, and members of the Public Health Committee. I am pleased to submit this testimony as a current employee of Southwestern Area Health Education Center (AHEC), Inc., and a resident of Fairfield. I endorse Senate Bill 126, which would define the roles and responsibilities of Community Health Workers (CHWs) to provide recognition for this important, emerging workforce in CT. Southwestern AHEC is one of 4 AHEC centers in the CT AHEC Program, based at UCONN Health at the School of Medicine. We work together to “connect students to careers, professionals to communities, and communities to better health.” Southwestern AHEC leads the CHW efforts for the regional CT AHEC Network. Southwestern AHEC’s mission is to promote “Opening doors for better health in underserved communities through education, outreach and careers.”

Since 1999, we have completed two assessments of the status of CHWs in CT (the first in 1999 and the second in 2013). In both assessments, CHWs were found to be *funded on soft money* and grants, which provide no job security due to lack of sustainable funding. Jobs were based on the funding stream, such as HIV, diabetes, SNAP, insurance enrollment, breast cancer, asthma, housing, and substance abuse, to name a few. In our assessments we found a desire for more training opportunities existed, both among employers and CHWs. The CHWs were called by many different titles: outreach workers, peer advisors, community care coordinator, patient navigator, community specialist, case manager, community worker, and lay health worker to name a few. The tasks and responsibilities most often mentioned were: basic needs assistance, insurance, housing-related assistance, women’s health, diabetes, and cancer, among many others.¹ As front-line health workers, CHWs play an integral role in the promotion of health and well-being, given their connection and status within the communities and people they serve. They serve as a community’s liaison to healthcare access and health related resources,

¹ Alvisurez, J, Clopper, B, Davis, B, Felix, C, Ferraro M, Gibson, c, Harpe, J. Community Health Workers: Connecticut, in conjunction with Yale School of Public Health, 2013.
http://www.healthreform.ct.gov/ohri/lib/ohri/SWAHEC_Survey_report_6_17.pdf

which is critical to the population health of vulnerable communities.² This information and more, provide a backdrop of what is needed to move forward with developing the CHW workforce in CT.

A white paper on Community Health Workers in CT was developed in May 2014 by Deb Heinrich, former State Representative from District 101. The brief excerpt from the report is as follows:

Connecticut's Community Health Workers are trusted members of their communities who cross cultural barriers to help their clients to access healthcare services that help prevent and manage disease as well as to educate them on healthy lifestyles that fit their needs and abilities as individuals. They work in the community itself and understand the challenges their clients face. Community Health Workers advise and counsel people, connecting them to social resources that complement their healthcare. Their work is proven to produce better health outcomes for their clients and to help them build stronger, trusting relationships with primary and specialty care providers. In addition to these invaluable outcomes for the people of Connecticut, the work of Community Health Workers has been shown to save individuals, practices and the healthcare system money and resources. Integrating their work in to a statewide team--based healthcare model will benefit patients, the practices that employ them and the overall community health of the state.³

Ms. Heinrich has provided a wonderful summary of the status of CHWs in CT at that time, with much of the information still pertinent today.

Working closely with the CT Department of Public Health (DPH), the "Business Case for Community Health Workers"⁴ was developed in the Fall of 2014. This provides documentation of successful, evidence-based CHW programs in Connecticut, as well as documentation of CHWs with a Return on Investment in the literature. It provides recommendations for use of CHWs as a "distinct opportunity to reduce racial and ethnic health disparities. CHWs sharpen the health care delivery system's focus on population health. CHWs help at-risk patients mitigate social and environmental determinants of health through grassroots, community-based, and culturally competent services."⁵

Southwestern AHEC has been providing core competency training and fieldwork support for CHWs since 2002. Many of the CHWs we trained early on, are still passionate CHWs who are providing services across the state. One noteworthy example of our work to support CHWs,

² Health Resources and Services Administration, Bureau of Health Professions (HRSA). 2007. Community Health Workers National Workforce Study. Rockville, MD:U.S. Department of Health and Human Services.

³ Heinrich, Deb, Community Health Workers in CT: An Assessment. Heinrich Consulting, May 2014. http://www.healthreform.ct.gov/ohri/lib/ohri/Heinrich_Consulting_CHW_White_paper_10-14.pdf

⁴ "The Business Case for Community Health Workers in CT, http://www.healthreform.ct.gov/ohri/lib/ohri/CHW_Business_Case_2014_with_Task_Force_Final.pdf

⁵ Ibid., pg. 8.

was a collaboration with The Witness Project, with now Senator Marilyn Moore. We collaborated to develop a “Breast Cancer 101” course for the lay health workers who were part of the Witness Project. We trained and assessed CHWs in partnership with the Community Health Center Association of CT for their Children’s Health Insurance Program Reinvestment Act (CHI PRA) grant, to enroll children and families for health insurance. Currently we are working with DPH on two programs: CT Early Detection and Prevention Program and the Oral Health Program, where we have and will train CHWs in prevention and health and wellness in breast and cervical cancer, cardiovascular disease in support of WISEWOMAN, and oral health. With both programs we are providing training and assessments of the CHWs, their learning, and the results of their work in their communities. We are also working with the CT AHEC Program office as part of the State Innovation Model (SIM) grant’s CHW Initiative. We are currently working with the CHW Advisory Committee as part of the SIM Core Team, and developing technical assistance modules for integrating CHWs into clinical practice.

Southwestern AHEC participates in a national “Common Core Indicators” project which is focusing on identifying measures and developing metrics to assess the impact of CHWs working in the community and providing services to assist with the social determinants of health and population health. Members contributing to this national project are key players in the CHW national movement and in academic research. Initial recommendations are expected to come out later this year.

Connecticut’s State Innovation Model grant is utilizing CHWs in its Community Clinical Integration Program (CCIP), and Medicaid supporting the use of CHWs with their Patient Centered Medical Home Plus (PCMH Plus) program. The recognition of using CHWs for better health outcomes, improved access to care and decreased cost of health care (ACA Triple Aim), behooves the State of CT to support the recognition of CHWs through Senate Bill 126 to develop the infrastructure of this important health care workforce.

Thank you for your consideration of my testimony. Below is my contact information for your convenience.

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