



Features

Interactives, stories, and collections that go beyond the data



COLLECTION

CareWorks: The Community Health Worker Project

Prevention, wellness, and management of chronic conditions are attracting policymakers' attention as solutions to the problems of growing costs and demands in US health care. Growing appreciation for how nonclinical services can help creates an important opportunity for community health workers (CHWs) to contribute and expand their numbers. CHWs are laypeople whose close connections with communities, health care knowledge, and interpersonal skills enable them to provide strategic education and other supports, especially in underserved communities. Effectively targeted CHWs can help people manage chronic conditions, coordinate services, and guide at-risk patients through the complexities of health services, including insurance enrollment. They can also help address social determinants of health at a neighborhood or community level, connecting clients to social and family services. In short, they create bridges between those in need and those who provide or pay for needed services, often going beyond clinical care. CHWs are also versatile. They can readily work with health care teams, other service providers, health insurers, or public health practitioners.

This project assessed how CHWs can help achieve better care, better health, and lower costs—the key goals of reform—and what action steps can further integrate CHWs into evolving health care and public health. This series of papers, funded by the Rockefeller Foundation in 2012, drew upon relevant literature and interviews of both experts and practitioners.

Case Studies:

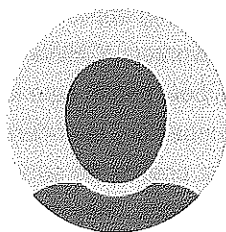
- *The Texas Community Health Worker Certification System.* Texas created the first state certification program for CHWs. This legislative success for CHWs showed the importance of advocates, employers, and payers in enacting, designing, and operating such credentialing. Yet growth in employment lagged. More recently, state leaders have reconsidered how to best support, educate, and oversee CHWs in the interests of educators, employers, patients, and CHWs themselves.
- *The Minnesota Community Health Worker Training Program.* Minnesota spent years compiling research evidence and stakeholder opinions before enacting legislation both to credential and to pay for CHW services. The effort was spearheaded by a partnership between the health services and education industries. Together, they helped achieve both state legislation and federal approval for some Medicaid payment for CHW services.
- *CHW Initiatives in Health Care and Public Health in Durham, North Carolina.* Duke Medicine is this region's largest health care employer and has integrated CHWs into many of its programs. Thought leaders see CHW services as important for caring for chronic conditions, high utilizers of hospital services, and underserved populations. They are also exploring community

outreach for prevention of important health conditions as identified by a community participatory process. The approach often emphasizes CHWs' ability to help offset their costs through savings from prevention and education, either for Medicaid managed care or, for Duke, as a safety net provider of free and reduced-fee services. Beyond that, Duke's integrated system seeks to learn how to thrive in a future that emphasizes accountability for whole populations. Duke is investigating ways to replicate its model in other communities.

- *The Pathways/Community HUB Model and Ohio Certification of CHWs.* The Community Health Access Project (CHAP) addresses community health through its pathway model of coordinated care. In this model, community hubs connect payers with CHW care managers, who educate at-risk clients and connect them with clinical, behavioral, or social services. Each pathway plan's success is measured by a patient-specific outcome, such as enrollment in an effective insurance plan or the healthy delivery of a baby, and CHWs earn more for good results. CHAP has had early successes, state leaders are supporting expansion to other regions, and there has been national interest as well. The CHAP model features in some projects funded by the federal Center for Medicare and Medicaid Innovation.

Experts

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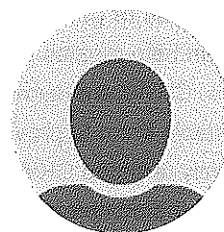
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