



Understanding Community Health Workers:

Who they are and
why they matter
for Connecticut



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Milagrosa Seguinot's phone rings when people need help.

They call because they have an issue and figure she'll know how to help, or just to update her on how they're doing. Her trusted role in the community is the result of the years she has spent working in health programs in and around Bridgeport – encouraging parents to get their children vaccinated, helping people sign up for health insurance, connecting clients at food pantries with medical providers. She helps to address the many non-medical issues that can influence people's health (Is their housing stable? Do they have access to transportation? Are they at risk of having their electricity shut off?).

Unofficially, Seguinot's role is to build relationships and ensure that people in her community have someone they can turn to for help, someone who can connect them to the resources and systems that can be vital to their health and well-being.

Officially, she's known as a community health worker – a job that research indicates can help improve health outcomes,¹ lower health care costs,² and reduce the wide health disparities³ that exist between people of color and their white counterparts.

Community health workers like Seguinot have the potential to reach people who are underserved or falling through the cracks of the health care system. They are sometimes referred to as “natural helpers,”⁴ people who are in the best position to ensure that those in their communities receive health information and services – and who can help health care providers understand how to best serve patients who might mistrust the health care system.

Yet despite its promise as a vital part of the health care system, the role of community health worker is not widely understood – in part because those doing the work are often referred to by other titles, such as outreach workers, patient navigators, and health coaches.

The field faces other challenges as well. Much of community health workers' work is funded by short-term sources such as grants, making the positions difficult to embed into the health care system in a sustainable way.⁵ Extensive research demonstrates the value of community health worker services, yet their broader adoption in the health care system is hindered by a lack of sustainable funding.

There are efforts underway in Connecticut and other states to formalize the workforce through a certification process based on training or experience – changes viewed as important to raise confidence in the field and encourage more sustainable funding methods. Yet even proponents of these changes are mindful of the need to avoid over-professionalizing the field to a degree that it loses its flexibility and risks shutting out those who are best qualified,⁶ who understand the unique needs and assets of their communities, and can serve them in ways the current health care system has not.

This report describes the role of community health workers in Connecticut and their potential to improve health outcomes, using state and national data, research findings, and the experiences of individuals serving as community health workers.

Key Facts



Key facts

- Community health workers are frontline public health workers who act as a bridge between their communities and the health care and social service systems.
- “Community health worker” is a general term that includes a wide range of titles used by people working in Connecticut, including outreach workers, health coaches, patient navigators, and promotoras de salud.
- The workforce consists largely of women of color.⁷
- Research shows that community health workers can improve health outcomes for people with conditions including diabetes, asthma, cardiovascular disease risks, and HIV. They also help ensure people receive preventive care.⁸
- Community health worker interventions can save money by leading people to use more appropriate health care services or reducing the need for emergency care.⁹
- Despite extensive research demonstrating their value, community health worker services are not integrated into the health care system and are not financed in a sustainable way.

What is a community health worker?

Community health workers are outreach workers who have a strong connection to the communities they serve, with an in-depth understanding of their clients's experiences, culture, language, or needs.

They serve as liaisons between individuals and clinical care and social service providers, helping to ensure that people get the care and services they need to be healthy.

Unlike health care professionals who provide clinical care, community health workers' expertise lies in understanding the lives of their clients, the resources and needs of their communities, and the barriers they face to being as healthy as possible.

- While a doctor might prescribe an inhaler to a patient with asthma, a community health worker could make sure the patient can afford to fill the prescription and get to the pharmacy during business hours, examine the patient's home for asthma triggers, and help the patient inform the care team about any other challenges he faces.
- A clinician might help a patient learn to treat his diabetes, but a community health worker might be the one to learn that the patient is homeless and needs to know how to manage his diabetes without having a place to cook.

You might know them as...

"Community health worker" is an umbrella term; many people serving as community health workers are actually known by different titles. These include outreach worker, health coach, case manager, community care coordinator, community health educator, outreach specialist, patient navigator, community health representative, community worker, or *promotora de salud*.¹⁰

Because they use different titles, some people who work as community health workers don't identify with the term or realize their work fits the definition.

Community health workers
can play an important
role in efforts to target
health disparities.

Why do community health workers matter?

Despite having the most expensive health care system in the world, the United States falls behind many other countries in health outcomes.¹¹ There are also glaring racial and ethnic health disparities. People of color often face dramatically higher rates of conditions ranging from asthma¹² and diabetes¹³ to hypertension¹⁴ and cancer.¹⁵ They are more likely to live in poor health¹⁶ and to die younger.¹⁷

There is growing recognition that a person's health is influenced by not only what happens in the medical system, but in his or her community, by factors such as whether he or she has enough food to eat, a safe place to live, access to transportation, and people to trust. As a result, policymakers and health experts have

acknowledged the need to connect clinical care to patients' lives outside the health care system, to ensure they are able to stay healthy or manage their conditions. Health care payment systems are increasingly reflecting this idea, shifting from models that pay for each office visit or procedure to models that instead focus on patients' outcomes and reward providers for keeping patients healthy and out of the hospital.

Community health workers are well-positioned to meet these needs by serving as a bridge between clinical care providers and patients' daily lives. They are particularly effective at reaching people who are not being well-served by the health care system and can play an important role in efforts to target health disparities.



Jacqueline Sanchez

Patient Navigator, Project Access-New Haven



The stakes are high for Jacqueline Sanchez's patients: Most have urgent medical needs and no health insurance.

It's Sanchez's job to connect them with donated medical care and help them navigate through health care and social service systems that can confuse even the savviest patients.

There was the man whose foot was so badly infected he couldn't walk. It was becoming difficult for him to work, but he had no insurance and no clear way to get specialty care. Without intervention, his foot would likely need to be amputated.

Instead, Sanchez and her colleagues found a specialist who agreed to see the man and controlled the infection.

Sanchez works at Project Access-New Haven, a nonprofit that has connected more than 2,500 people to medical care since 2010.

Getting patients access to care is just part of their work. They also focus on other barriers that affect patients' health: What happens if treatment gets in the way of a patient's job or caregiving responsibilities? Does a patient have transportation to her appointments? Does she have a safe place to live?

Sanchez's title is lead patient navigator, but it's only a partial description of what she does. She is a troubleshooter, a connector, and a confidant, someone her patients can turn to for help or a sympathetic ear.

"My role really is to be a support for the patient," she said.

Relationships are key.

Sanchez and her colleagues make a point of meeting patients face-to-face and making sure they don't feel rushed.

The first meeting is as much about building a relationship as it is about completing a detailed screening to identify health and social needs. The patient navigators are careful about their tone when asking about sensitive things, such as whether patients need help affording food.

It's about more than being friendly.

"We want them to feel comfortable, because that's the only way we're going to be able to really help," Sanchez said. The navigators' ability to help depends on patients telling them what they need, including things they might not feel comfortable telling a health care provider.

Some patients are reluctant to get a biopsy or to go to a follow-up appointment, worried about the results. The navigators work to reassure them, to let them know they will have support no matter what.

For some patients, getting treatment for a medical condition can create new problems. If chemotherapy leaves them unable to work or requires cutting their hours, for example, their family might struggle to keep up with household bills. The navigators are there for them as new problems arise.

The navigators can't fix everything. They try to connect patients to resources, but some resources are limited, especially affordable housing.

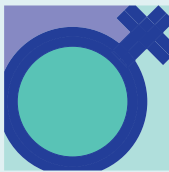
Still, Sanchez takes heart in what she and her colleagues can do, and in what it means for the patients. The man whose foot infection was cured still comes to visit and brings them fruit. Sanchez and her colleagues have received cards saying, "thank you, because you guys saved my life."

"I see the help that we have been able to bring out in the community," she said.

Connecticut's Community Health Workers



Who are Connecticut's community health workers?



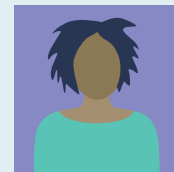
Women:

Most community health workers are women, according to state and national surveys.¹⁸



Middle-aged:

A 2012 survey found the average age of community health workers in Connecticut was 44. A national study found nearly 55 percent of community health workers were ages 30 to 50.



People of color:

The majority of community health workers in Connecticut and nationally are people of color, particularly black and Hispanic.

Who do they serve?

Community health workers often focus on those who face barriers to getting health care or who have significant needs that are not being met.

In a 2012 survey, Connecticut community health workers identified working with specific populations, including:¹⁹

- Hispanics
- Immigrants
- Homeless people
- LGBT individuals
- Adolescents or young adults
- African Americans
- Migrant workers
- Those without health insurance

Some of the programs in Connecticut that currently employ community health workers serve people who frequently go to the emergency department, those who were recently released from incarceration, and mothers with mental health needs.

What do community health workers do?

The work of community health workers varies widely, but many of their responsibilities fall into one or more of these categories:²⁰

- **Lay health workers (also known as promotoras de salud)** who serve as a bridge between their communities and the health care system, by advocating for patients, mentoring and educating community members, conducting outreach, and translating for those who speak a language other than English. This model has been used frequently to reach Hispanic communities.
- **Members of a care delivery team** who work directly with medical professionals, performing tasks such as measuring blood pressure and pulse, conducting health screenings, and delivering first aid. This model is more common in mobile clinics.
- **Care coordinators** who help people – particularly those with complex health conditions – navigate the health care and social service systems. In some cases, they help patients develop plans to manage their conditions and track their progress.
- **Health educators** who provide education in communities on topics such as disease prevention, screenings, nutrition, physical activity, and stress management.
- **Outreach and enrollment agents** who visit people in their homes to provide support – such as assistance for new moms – and other services, such as assessing a home for asthma triggers or other environmental concerns. They might also provide advice and help people find or apply for other services, such as health insurance or assistance programs. These community health workers often focus on those who are not well-connected to the health care system.

Community health workers in a health care team



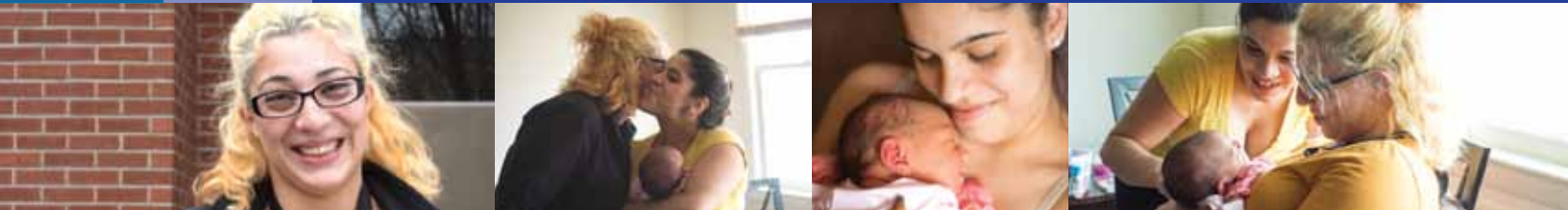
At Wheeler Clinic, a community health center with clinics in Hartford, New Britain, and Bristol, community health workers are part of the team of care providers for patients considered most high-risk, such as those who have substance use disorders, mental health diagnoses, and medical conditions. They participate in daily meetings with clinicians and reach out to patients. They can help with issues that don't typically come up in the doctor's office – such as helping fill out a housing application – and can build a relationship that could help strengthen communication between the patient and the care team.

“The hope is that the community health workers will have the quality time to be able to build a rapport with the patients,” said Keturah Kinch, Wheeler's director of health center community engagement. “That's something that the providers are unable to do because they're working within 15-minute sessions or in group settings or in a constricted amount of time to provide a particular service.”



Yaisa Burgos

Breastfeeding Peer Counselor, Hispanic Health Council, Hartford



The new mom was growing frustrated. She had planned to breastfeed her daughter, but she and her baby – born prematurely – were struggling to make it work.

“It was really complicated for her because she was getting different plans from everyone she was talking to,” said Yaisa Burgos, a breastfeeding peer counselor who worked with the mom in the hospital.

Burgos took a different approach. Instead of giving the woman another set of instructions, she listened, hearing her out and empathizing. Then Burgos talked about things the mom might try, things that worked when Burgos breastfed her own son. A few days later, Burgos and her supervisor visited the woman and her baby at home to see how they were doing.

Burgos is part of a team of peer counselors in the Hispanic Health Council’s Breastfeeding Heritage and Pride program, a successful model that relies on women who have breastfed their own children to provide support and assistance to new moms. They deliver free prenatal education to low-income pregnant women at Hartford Hospital and Saint Francis Hospital and Medical Center, and visit new mothers in the hospital after delivery and later, if needed, at home.

They provide reassurance – yes, those changes to your breasts are normal; no, don’t hesitate to call if you need anything – and help when moms struggle.

“I always try to explain to moms, we can have all the education, but it’s really a hands-on kind of experience,” Burgos said. “Breastfeeding is not something that’s super simple to do. A little bit of support definitely goes a long way.”

Evidence suggests that the support works. Studies of the Hartford-based program found that mothers who received peer counseling were significantly more likely to continue breastfeeding compared to women who did not receive peer counseling.^{21, 22}

What makes the model effective? Burgos points to the personal relationships the peer counselors build with moms. Some clients feel intimidated by medical professionals, worried they’re doing something wrong. In Burgos, they see someone more like them.

“I can relate to a lot of the things you have going on,” she said. “You live in the inner city? I live in the inner city.”

She’s seen new moms tell their doctors that everything is going great with breastfeeding – then tell her they desperately need help.

“We get to see them in their element,” she said. “I don’t have a problem going to their house and sitting on the floor because they’ve got clothes on the couch, and I’m not going to sit there and judge them.”

Home visits can have other advantages; Burgos or her colleagues sometimes notice other needs the family has, and connect them to other programs that help.

Burgos often draws from her own experiences. “Yeah, I know that feeling,” she might tell a woman with older children who worries she won’t have time to breastfeed her newborn.

In fact, Burgos got to know the breastfeeding program as a client. A mother of five, she wanted to breastfeed her older children, but felt lost and eventually gave up.

It was different when her youngest son was born three years ago. In the hospital after delivery, breastfeeding was painful and she thought about giving up. Instead, she got a visit from Bethany Salguero, a peer counselor from the Breastfeeding Heritage and Pride program.

“Just having that support, it changed the course of everything for me,” Burgos said. “I wasn’t alone in it.”

Health Outcomes and Economic Value



Health outcomes: What does research show?

Studies have linked community health worker interventions to positive outcomes for a wide range of conditions, including asthma, diabetes, cardiovascular disease risk, HIV, and tuberculosis. Research has also identified a strong role for community health workers in prevention, finding positive results from interventions – including personal outreach – to encourage people to receive cancer screenings or vaccinations.²³

What makes them effective? One recent examination, conducted for the New England Comparative Effectiveness Public Advisory Council, covered dozens of studies and looked at, among other things, why community health workers were effective. Of 32 studies that reported positive outcomes from community health worker interventions, there were several key themes:

Sharing a background with patients.

Of the successful interventions, most ensured that community health workers shared at least one characteristic with patients.

- Shared race or ethnicity: 66 percent
- Same community: 50 percent
- Same disease or condition: 31 percent

Formalized training.

In 63 percent of the studies showing positive outcomes, the community health workers had formalized training.

In-home visits.

Two-thirds of the interventions with positive outcomes included visits by community health workers to patients' homes.

“Oftentimes, community health workers are the only members of the clinical care team able to spend significant face time with the patient, which can support the uptake of health messaging and adherence to treatment,” wrote the authors of the review, The Institute for Clinical and Economic Review.

“Oftentimes, community health workers are the only members of the clinical care team able to spend significant face time with the patient, which can support the uptake of health messaging and adherence to treatment.” — The Institute for Clinical and Economic Review.

Community health worker services can save money

Community health worker interventions can save money by reducing the amount of health care patients need, or leading them to use more appropriate and less costly services. Examples include community health worker interventions to help improve asthma management among children who frequently go to the emergency department for asthma attacks, or interventions to coordinate medical care and lifestyle modifications for people at high risk for cardiovascular disease. Economic impact studies have found that community health worker interventions can produce overall cost savings, meaning the cost of community health worker programs are more than offset by the savings they generate for the health care system.²⁴

Not all programs save money, however, particularly those intended to ensure that underserved people receive care they might not otherwise get. For example, programs designed to increase cancer screening rates can lead more people to be diagnosed with cancer and receive treatment, raising costs in the short-term but improving their long-term health.²⁵

But they are not sustainably funded

In Connecticut, most community health worker programs rely on grant funding, rather than a more stable payment stream through the health care or social service systems.²⁶ As a result, the services community health workers provide are often at risk of elimination when grant dollars end.

In a 2012 Connecticut survey, employers of community health workers said it was hard to justify maintaining community health worker services without funding because they are not reimbursable.

Sustainable models are possible

There are sustainable models for community health worker services that could be implemented in Connecticut.

- Molina Healthcare, a New Mexico managed care organization, began paying health care providers a monthly per-patient fee for community health worker services to help patients with complex and unmet health needs navigate the health care system. The company reported a \$4 return on every \$1 invested in community health worker services.²⁸
- Officials in King County, Washington, which includes Seattle, designed a cost-effective intervention for children and teens with uncontrolled asthma who were covered by Medicaid. The program, “Medicaid Healthy Homes,” included home visits and other support from community health workers who had experienced asthma personally or in their family, lived in the community, or shared an ethnic background with the participants.²⁹ A study that compared the program with the usual care for children with asthma found that the community health worker intervention saved \$1.90 for every \$1 in program cost.³⁰

These models could be applied in Connecticut and achieve a positive return on investment, according to researchers in the Health Law & Policy section at the University of Massachusetts Medical School's Commonwealth Medicine, who developed blueprints for implementing these and two other models in Connecticut.³¹



Loretta D. Lloyd-Ebron

SNAP Grant Coordinator and Community Health Worker Instructor
Housatonic Community College, Bridgeport



Helping people always came naturally to Loretta D. Lloyd-Ebron. From a young age, she'd volunteer for food and clothing drives. If she heard about a new program or resource, she'd make a point of telling those in her neighborhood who could benefit. People came to her if they had trouble paying the electric bill or their rent; she'd listen and try to find a solution.

Years later, those attributes led her to a job at Optimus Health Care, a community health center in Bridgeport. She worked with pregnant women, helping them through their pregnancies and teaching skills for keeping their newborns safe and healthy.

Later, she became a school-based outreach worker, teaching students about safety and helping parents build skills. She helped families sign up for health insurance and nutrition assistance, and made sure students went to the school-based health center when they needed it.

Today she teaches community health workers at Housatonic Community College, where she also serves as a community health worker of sorts, connecting students to resources ranging from transportation and food pantries to tutoring and counseling.

Lloyd-Ebron makes a point of familiarizing herself with the programs she refers people to so she can understand and experience the entire process, seeing firsthand any snags they might face.

To her, it's part of what makes community health workers unique.

"Your life skills, that's the key," she said. "A community health worker brings to the table these tidbits, these pearls of wisdom that they've obtained through their own life's journey, hardships, struggles and issues."

"We are from the community and we meet the community where they are," she added.

Sometimes, she said, community health workers are able to elicit information from people that other health professionals might not.

"We just listen. We have time," she said. "We have time to sit and draw out some of the things that are really, really bothering an individual."

That can have a powerful effect on how community health workers work with people, ensuring the advice they give is grounded in what matters to the patient.

"We listen to the stories of their family, their grandkids, and we take and absorb all of that and try to make sure we include it," she said. Instead of telling an older patient she needs to exercise, Lloyd-Ebron might say, "Your grandson's been coming around. Maybe you can go walking with him."

The time community health workers spend listening, and the trust they build, can give them insight into why a person is having trouble staying healthy or following the doctor's advice. They might learn a person can't afford medication or struggles to understand his care plan – something that might not come up during an office visit with the doctor.

"The providers are essential, but they need to be able to do their job. They need to be able to assess the person, give them the services that they need, see them in that 15 to 20-minute gap and be able to say, 'I'll see you next time, let's go over how you're doing,'" Lloyd-Ebron said. "The community health worker could help convey that flux in the middle."

What's Next for Community Health Workers?



A movement toward certification

While the role of community health workers is not new, there are growing efforts to recognize and bolster the workforce to ensure it can play a more sustainable role in improving health. According to the National Academy for State Health Policy, there is action occurring to integrate the role of community health workers into the health care system in 47 states and Washington D.C.³²

One common approach is to create training or certification processes for community health workers,³³ which can give the field more recognition and provide a set of standards for organizations that might hire or fund community health workers. In more than a dozen states, community health workers can be certified or receive a voluntary certificate, although the processes and requirements vary widely.

Discussions about certifying or otherwise standardizing community health worker services often bring up a tension. Certification can bring recognition and acceptance to the workforce in a credential-conscious health care system, and can help make sustainable funding more likely by giving payers more confidence in the workforce. However, overly professionalizing or standardizing the field could undermine some of its most important attributes. A key part of what makes community health workers effective is knowledge of their communities and the people they serve, underscoring the importance of ensuring they have the flexibility to meet the unique needs of their communities.³⁴ Experts have also recommended that certification processes be designed in ways that recognize the experience of longtime community health workers and not pose such a high barrier that ideal candidates who have already been doing the work would be excluded or deterred.³⁵

A strong body of research has documented the powerful effect community health workers can have on patient outcomes, as well as their potential to save money for the health care system.

What are other states doing?

Massachusetts, Minnesota, Oregon, and Texas – a group of states with widely varying characteristics – have been especially active in developing policies related to community health workers.³⁶

- In **Minnesota**, the focus on community health workers grew out of worries about health care professional shortages and the potential for growing disparities in access to care as the population became more diverse. Minnesota became the first state to reimburse community health workers through its Medicaid program.³⁷
- **Massachusetts** included efforts to make the community health worker workforce viable in the commonwealth's 2006 health reform law. Massachusetts recently began a voluntary certification process for community health workers.
- **Texas** has been a leader in exploring the use of community health workers and has an active certification program.³⁸ The state requires state health and human service agencies to use community health workers to the extent possible to help people who receive medical assistance.³⁹
- **Oregon** requires the coordinated care organizations that oversee care for Medicaid clients to include “non-traditional healthcare workers” such as community health workers in their care teams.⁴⁰

Where does Connecticut stand?

Connecticut does not currently certify community health workers. A 2017 law⁴¹ created a definition of “community health worker” in state statute and called for an advisory committee to study the feasibility of creating a certification plan. The group, the State Innovation Model Community Health Worker Advisory Committee, recommended in 2018 that Connecticut establish a voluntary certification process for community health workers.⁴² The recommendation could come before legislators in 2019.

The State Innovation Model, a federally funded effort to redesign health care in the state, has also invested in efforts to integrate community health workers into the health care system, including providing funds to support the work of 20 community health workers, as well as the establishment of an apprenticeship program.

Conclusion



Connecticut's workforce of community health workers is not new. For decades, individuals working under a variety of titles have played the vital role of linking people in their communities to health care and social services, drawing on their ability to build trusting relationships and connect others to needed resources. Many of these models produce successful outcomes, but remain precarious because of a lack of sustainable funding.

This is not a situation unique to Connecticut. A strong body of research has documented the powerful effect community health workers can have on patient outcomes, as well as their potential to save money for the health care system.

Despite this, most community health worker interventions are funded through grants or other short-term funding, leaving them at risk of elimination and making it difficult to create a sustainable place for community health workers in the health care system.

There are efforts underway in Connecticut and nearly every other state to change this, to ensure greater viability for community health worker services. This reflects the growing demand in health care to better link clinical care with the many factors outside medicine that influence patients' lives. It also reflects an understanding of the importance of trust and relationships in improving health – two things that are central to what community health workers do.

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