



# State Innovation Model

August 2015

## The Promise of Community Health Workers in Connecticut

On May 27<sup>th</sup> policy makers, health care leaders and employers, medical providers and funders came together for a symposium on Community Health Workers (CHWs) convened by the Hispanic Health Council in partnership with Southwestern AHEC and the Yale School of Public Health.

CHWs are frontline public health workers who are trusted members of and/or have an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a link between health and social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.<sup>1</sup>

They provide health education and coaching, identify resources, assist with adherence to treatment plans, and ensure that individuals get the services they need by coordinating care.

Dr. Kevin Barnett of the Public Health Institute in Oakland, California said CHWs have a “highly sophisticated understanding of the interaction between an individual’s behavior, culture, class, and fiscal environment.” They go beyond the clinical practice to address population health issues, and the social determinants of health such as unhealthy housing, limited access to food, lack of public space, limited transportation, and limited working conditions.

Dr. Barnett spoke about CHWs being a critical part of the



Community Health Workers connecting families to resources at a health fair.

*“Connecticut is ready to incorporate CHWs into our new models of health reform. This symposium has provided successful hospital and community models that engage the consumer, improve health care outcomes, and reduce costs. There is federal, state and philanthropic interest and support in developing the CHW infrastructure of the workforce through the SIM grant.”*

*– Meredith Ferraro, Executive Director of Southwestern Area Health Education Center (AHEC)*

<sup>1</sup> American Public Health Association. Support for community health workers to increase health access and to reduce health inequities. Available at: <http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/09/14/19/support-for-community-health-workers-to-increase-health-access-and-to-reduce-health-inequities> . Accessed June 16, 2015

current movement away from the “perverse incentives to fill beds and complete procedures to promoting health.” He mentioned that since the Affordable Care Act hospitals are taking these issues on.

The State Innovation Model is part of that movement, with efforts such as payment reform to shift the focus from paying for a volume of services towards improved health, prevention, and clinical and community linkages.

Dr. Mark Schaefer, of the State Innovation Model, spoke about the importance of value-based payment in providing a secure funding stream for CHWs. In some cases, health plans provide advance payments for CHWs so that provider groups can hire them upfront. Other times, provider groups may make upfront investments themselves, regardless of advance payments, because they believe CHWs will improve the quality of care and reduce costs for their patients. Value-based payment rewards this focus on high quality care and reduced costs.



Dr. Mark Schaefer, of the State Innovation Model talks about CHWs role in healthcare reforms.

Kate McEvoy, CT Medicaid Director, spoke about their current efforts in planning to incorporate CHWs in Medicaid service delivery, such as using CHWs in their intensive care management program. She said Medicaid is also in discussion with the Centers for Medicare & Medicaid Services (CMS) about reimbursing CHWs in a fee-for-service model. Lastly, she spoke about how value-based payment reforms in Medicaid can create opportunities for CHWs.

From left: Dr. Pérez Escamilla (Yale School of Public Health), Dr. Schaefer (SIM), Kate McEvoy (CT Medicaid Director)

Speakers touched on previous and new evidence that CHWs contribute to the Triple Aim of improved healthcare, improved population health, and reduced cost. Beyond this, they also make an impact on disparities and patient experiences, which are also added focuses of the State Innovation Model.

Grace Damio of the Hispanic Health Council (who is also on the SIM Practice Transformation Taskforce), and Dr. Rafael Pérez Escamilla of the Yale School of Public Health presented their recent research in Connecticut which revealed a drop in high blood sugar among Hispanics who worked with CHWs as compared to those who did not, which was sustained six months post intervention. This is one among many studies that have demonstrated a return on investments in community health workers as part of the healthcare team.

**To read more about specific investments the State Innovation Model is making in CHW activities, [click here](#).**