

Utilizing Community Health Workers to Improve Access to Care for Maternal and Child Populations: Four State Approaches

Introduction

States and communities across the country rely on community health workers (CHWs) to improve access to care and improve health outcomes for vulnerable populations. CHWs work as part of a healthcare team to promote individual and community health by providing family-centered support that is tailored to an individual's or family's unique needs. CHWs typically live in the communities they serve, and they meet with individuals in their homes, in clinics, or in community settings to assess and reduce risks, inform and educate individuals about healthy behaviors, and connect them and their family members to needed care and community resources.

Evidence shows that community health workers improve access to care and health outcomes for vulnerable groups. According to the 2015 CDC policy brief [Addressing Chronic Disease through Community Health Workers](#), CHWs are culturally-competent liaisons between health care providers and members of diverse communities. The report underscored CHWs' effectiveness with promoting primary and follow-up care for a wide range of healthcare concerns, including asthma, maternal and child health and immunizations, and diabetes. ¹

Moreover, the Massachusetts Department of Public Health's (MDPH) 2015 report [Achieving the Triple Aim: Success with Community Health Workers](#) found that CHWs help contain costs by preventing unnecessary urgent and emergency room visits and hospitalizations. The report went on to note that CHWs "also improve quality of care and health outcomes by improving patients' access to and use of preventive services, chronic disease self-management support, maternal-child home visiting, and perinatal support."²

Recognizing these contributions, states have adopted a wide range of strategies to develop and support CHWs through defined roles and practices, sustainable funding, training and certification, and integration with the public health and healthcare system. This brief discusses specific approaches that promote maternal and child health, highlighting state workforce strategies in the following six areas:

1. Define and recognize the CHW workforce.
2. Develop CHW infrastructure.
3. Develop standardized training and certification.
4. Fund and sustain the CHW workforce.

Community Health Worker Impacts

According to the Massachusetts Department of Public Health's 2015 [report](#), CHWs working as part of integrated healthcare teams:

- Improve health by helping patients with chronic conditions adhere to their care plans.
- Improve quality of care through enhanced healthcare utilization and insurance coverage retention.
- Reduce costs through fewer avoidable emergency department visits and lower hospital and readmission rates for patients with complex needs.
- Reduce disparities and associated costs by strengthening communication with underserved populations.

5. Convene stakeholders and disseminate evidence-based resources.
6. Integrate CHWs into public health system and workforce.

Research Methods

ASTHO conducted a state environmental scan in 2015 to summarize CHW activities and workforce characteristics, including size, geographic distribution, education and training, and financing methods. From these state examples, ASTHO selected four states—Arizona, Massachusetts, New Mexico, and Texas—that offered diverse approaches for strengthening the workforce and utilizing CHWs to improve access to care and health outcomes for maternal and child populations.

From June-September 2016, ASTHO conducted key informant interviews with more than a dozen stakeholders representing state health agencies, community health workers, CHW employers, and CHW trainers in the four chosen states. ASTHO developed a common set of questions to gather information about state approaches for using CHWs to promote access to care for maternal and child populations. ASTHO also conducted online state policy research to supplement the interview findings.

How Community Health Workers Assist Maternal and Child Populations

Community health workers are uniquely qualified to work with vulnerable and high-risk populations, including pregnant and postpartum women and their children and families, because they are trusted members of the community. For example, in Arizona's southwestern border community of Yuma, CHWs make home visits to women who are pregnant or have children through two years of age, and who have a medical and social risk factor. "CHWs bridge the gap between clients and doctors and medical facilities," says Kathy Ward, nurse Health Start coordinator for the Yuma Public Health Services District. "They really improve getting clients into care by talking at their level on different health topics."

As trusted members of the community who often speak the language of the families they serve, CHWs working in Yuma and other underserved communities across the country promote and support maternal and child health by:

- Educating women about breastfeeding, childbirth, safe sleep, injury prevention, and other developmentally-appropriate topics.
- Providing referrals and connecting women and families with local health and human services, child care, and prenatal and postnatal care providers.
- Providing home or office visits during pregnancy and after babies are born to help mothers and babies stay healthy.
- Developing rapport with and acting as liaisons between families and healthcare providers.
- Screening for infant and toddler developmental delays, prenatal and postnatal depression, and behavioral and other risk factors.
- Helping individuals understand and adhere to provider recommendations and helping them utilize healthcare coverage appropriately and effectively.
- Helping individuals navigate health insurance options and enroll in Medicaid or private plans.

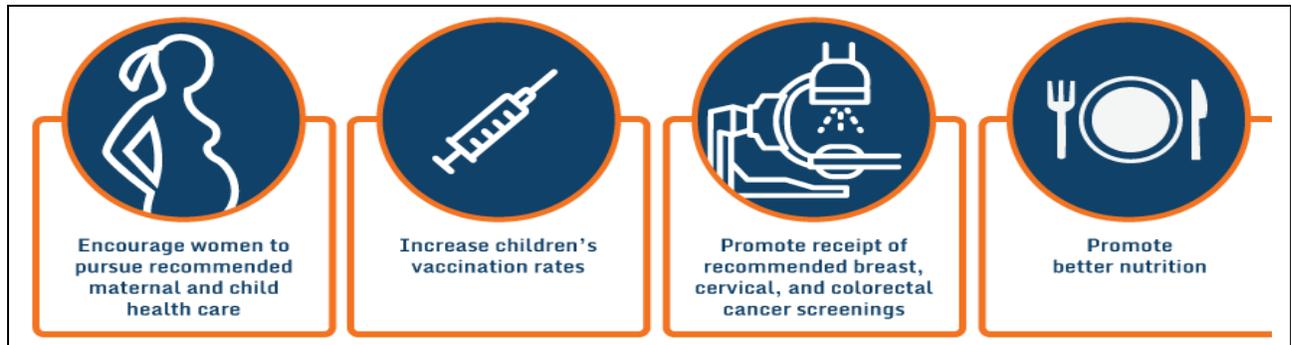
According to the Commonwealth Fund's 2015 brief [Transforming Care: Reporting on Health System Improvement](#), CHWs improve maternal and child health by encouraging women to follow recommended care, supporting child vaccination, and promoting recommended health screenings and better nutrition (see Figure 1).³ The report also found that CHW programs improved outcomes for patients with chronic

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diseases such as asthma, cancer, and depression, and reduced healthcare costs through fewer avoidable emergency department visits, hospitalizations, and hospital re-admissions.

Figure 1. Community Health Worker Impacts on Maternal and Child Health⁴



State Approaches

States pursue different paths for developing and strengthening the CHW workforce. This section highlights state approaches for supporting CHWs through workforce recognition, funding, training, and integration, and takes a closer look at strategies that deploy CHWs to improve maternal and child health outcomes and access to care.

1. Define and Recognize the Community Health Worker Workforce

Recognizing the CHW workforce through statutory definitions and clear scopes of practice is an important step along the path to CHW reimbursement and workforce sustainability. “We have to recognize [CHWs] before we can sustain them,” says Jill Guernsey de Zapien, associate dean for community programs at the University of Arizona. To that end, there is a movement in Arizona to recognize CHWs and move toward voluntary certification.¹ In August 2016, the Arizona Community

Community Health Workers: Defined

APHA defines a community health worker as “a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served” whose relationship with the community “enables the worker 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.”

Community health workers are known by many names, including promotoras, tribal community health representatives, community health advocates, outreach counselors, and navigators. CHWs were formally [recognized](#) in the Affordable Care Act as a resource for achieving the law’s “triple aim” of improving care, improving population health, and reducing healthcare costs. In 2010, the Bureau of Labor Statistics [implemented](#) a national occupational code for CHWs that states that CHWs “assist individuals and communities to adopt healthy behaviors” through outreach, information and resource sharing, data collection, and provision of services, such as first aid or health screenings.

¹ A state-by-state analysis of training and certification standards is available on ASTHO’s [Community Health Workers Training/Certification Standards web page](#).

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Health Outreach Worker Association, in partnership with the University of Arizona School of Public Health and the Arizona Department of Health Services (AZDHS), submitted a sunrise application to the Arizona legislature—a required step for any group seeking to regulate or expand a health profession’s scope of practice. According to Yanitza Soto, program manager for AZDHS’ Community Health Worker Program, the application aimed to take needed steps to recognize the workforce and develop a consistent scope of practice. “While the work of CHWs varies considerably, having a consistent scope of practice is an important step in workforce development,” Soto says.

According to the application, “[t]here is currently no way for healthcare providers and members of the community to verify that a CHW is proficient in the CHW core competencies that have been shown to result in positive health outcomes for clients.” Therefore, voluntary certification would create a process to assure employers and healthcare team members that CHWs possess core competencies in areas such as communication, relationship-building, capacity-building, and advocacy.

Although not focused on any specific population, the application highlights CHWs’ positive contributions to underserved and vulnerable populations, such as pregnant women, the elderly, people with chronic disease, and families with children with special healthcare needs.

2. Develop Community Health Worker Infrastructure

New Mexico and Massachusetts have established state CHW offices to perform functions such as coordinating CHW and other public health activities, certifying workers and trainers, approving training programs and curricula, and supporting the workforce through training and educational opportunities:

- In 2008, the secretary of the New Mexico Department of Health (NMDOH) signed an executive order to create the [Office of Community Health Workers](#), which aims to “fully integrate CHWs into New Mexico health and social systems of care by providing training, certification, advocacy, and support.”⁵
- In 2009, MDPH established its [Office of Community Health Workers](#) to coordinate workforce development activities and promote CHWs in disease prevention and management across Massachusetts. The office supports workforce development through training and certification, workforce integration, developing financing opportunities, and stakeholder engagement.⁶

3. Develop Standardized Training and Certification

Many stakeholders with whom we spoke expressed that training and certification offer several benefits to the CHW workforce, to their employers, and to the broader healthcare workforce with whom they work. Standardized training and certification provides assurance that CHWs possess common skills and competencies, and that they have clearly defined roles within the healthcare team. Despite these benefits, key informants expressed that it is also important to consider unintended consequences related to workforce standards, such as barriers to entry into the profession. There is an “inherent tension between promoting sustainability and integration of CHWs into health and human service delivery (on the one hand) and retaining and supporting the grassroots nature of the profession (on the other),” says Gail Hirsch, co-director of MDPH’s Office of Community

“Standardized training and voluntary certification have been identified as necessary steps to develop a common, transferable knowledge base among CHWs and gain the recognition of other healthcare professionals for the value of CHW services.”
-NMDOH Office of Community Health Workers

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Health Workers.⁷ Stakeholder engagement is critical for striking the best balance. Three states' experiences with training and certification are described below.

Training and Certification: Three States' Approaches

In 2010, Massachusetts lawmakers passed [Chapter 322](#) to recognize and strengthen CHWs' work. The law created a CHW board of certification and directed it to develop and administer a voluntary, competency-based CHW certification program. The Massachusetts Board of Certification of Community Health Workers developed draft regulations that delineated CHWs' scope of practice and standards of conduct, as well as standards and requirements for CHW certification, training programs, and certification renewals.

In 2014, New Mexico lawmakers passed the [Community Health Workers Act](#), which established the New Mexico Community Health Worker Board of Certification and directed NMDOH to develop a voluntary program for CHW certification. The Office of Community Health Workers offers a "grandfathering" option for experienced CHWs and a different certification process for new CHWs that involves completing a NMDOH-endorsed curriculum. The office works closely with the state's 23 federally recognized tribes to recognize the existing community health representative (CHR) training to ensure that the standard curriculum reflects CHR training and resources. According to Diana Abeyta, tribal and northern coordinator for the NMDOH Office of Community Health Workers (OCHW), CHRs have a long history of serving their communities, and many have already received extensive training. "We didn't want to reinvent the wheel," Abeyta says, "we wanted alignment" with the training CHRs already receive. The CHW [regulations](#) also provide for certification in specialty areas, such as maternal and child health, chronic disease, and developmental disabilities. The department is currently developing education and training courses in those specialty areas.

In 2001, Texas became the first state to establish a statewide voluntary promotor(a) or CHW training and certification program.⁸ The Texas legislature has passed a series of laws directing the health department to:

- [Establish](#) a temporary committee to study and make recommendations to the department, governor, and legislature about outreach and education programs for CHWs.
- [Develop and implement](#) a promotor(a) or CHW training and certification program.
- [Require](#) health and human service agencies to use certified CHWs whenever possible for Medicaid outreach and education.
- [Establish](#) a statewide promotor(a) and CHW Training and Certification Advisory Committee to advise the department and make recommendations about maximizing employment of and access to CHWs and identifying methods for funding and reimbursing CHWs.

Currently, CHWs and trainers can be certified through completion of a competency-based training program or through work experience. The Texas Department of State Health Services (TXDSHS) certifies training programs, the curricula they offer, and CHW instructors. The department does not dictate that training programs utilize a specific curriculum, but instead allows programs to develop their curriculum and training approach to meet local needs and challenges. The department staff work closely with CHWs and instructors to develop and approve curricula in specific topic areas, such as maternal and child health or tobacco cessation for pregnant women. "DSHS works with CHW and instructor training programs to develop and implement high-quality, accurate, timely training that supports access to care and best practices for all maternal and child health populations, including pregnant women and

children,” says Beverly MacCarty, TXDSHS maternal and child health program coordinator. Despite variations in training programs, all certified programs cover eight core competencies: communication, interpersonal skills, service coordination, capacity-building, advocacy, teaching, organizational skills, and knowledge about specific health issues.⁹

What is Competency-Based Certification?

Rather than requiring CHWs to attain specific educational credentials to achieve certification, states typically recognize a CHW’s effectiveness in delivering core CHW functions, such as client communication, outreach, care coordination, and health promotion education. Core competencies address the broad CHW functions (e.g., communicating effectively with clients and families) instead of specific topics (e.g., maternal and child health or oral health). States often allow flexibility in the CHW curricula or training programs to address local needs. Although states vary in how they determine competency, they typically recognize a mix of experience, formal training, and letters of reference.

4. Fund and Sustain the Community Health Worker Workforce

Sustainable funding for CHWs remains a persistent challenge for states. Grants provide important support to initiate and support CHW activities, but programs struggle to continue once grant funding erodes or ends. States pursue different strategies to promote sustainability for CHW initiatives, including financial support and capacity-building.

Fund Community Health Worker Initiatives

In 2004, Arizona voters approved a [proposition](#) that allotted lottery funds to support the state’s [Health Start](#) home visiting program. AZDHS provides approximately \$2.4 million annually in grants to local agencies, which in turn employ and compensate the program’s 51 CHWs to provide education, support, and advocacy to pregnant women and their families in high-risk communities across the state.^{10, 11} “The Health Start Program is an example of a sustainable CHW program that is funded through state lottery funds and has resulted in positive health outcomes for pregnant women and children,” says Sara Rumann, AZDHS’ Health Start and pregnancy wellness manager. “The Health Start Program has been operating successfully for 22 years and is a good example of how a CHW program is funded and supported by the state.”

Spotlight: Community Health Worker Home Visits Improve Care for Moms and Babies in Arizona

Home visits are recognized as an evidence-based approach for improving care and health outcomes for high risk individuals and families. In 1994, Arizona’s legislature [established](#) the Health Start Program, a voluntary, statewide home visiting program in which lay health workers, later known as CHWs, educate and support pregnant women and new moms through home visits and group classes. The statute authorized AZDHS to administer the program and to target services in communities with inadequate prenatal and infant healthcare, high rates of low birth weight babies, poor birth outcomes, and low child immunization rates. The program aims to:

- Prevent low birth weight in infants.
- Increase care for high-risk pregnant women.
- Ensure that every child in the program is appropriately immunized and has a medical home.
- Provide health education to families on prenatal care, parenting, preconception and interconception health, breastfeeding, well-child care, and child development.
- Screen for developmental delays and refer families for further treatment.

Since its inception in 1994, the state lottery-funded program has grown to include 51 CHWs who educate and support expecting and new mothers and their families in targeted communities across the state. Visits focus on developmentally-appropriate education topics—such as prenatal care, prenatal alcohol screening, safe sleep, child immunizations, and car seat safety—or on immediate economic or other family needs.

CHWs face several challenges serving the needs of Arizonans. According to Kathy Ward, nurse Health Start coordinator for Yuma Public Health Services District, serving vast Yuma County has the small CHW workforce “stretched thin,” and CHWs must drive for hours to reach their home visits.

Despite the challenges, CHWs are uniquely qualified to improve access to care for pregnant women and children. Because they live in the communities themselves, they know the target families, understand their challenges, and know about available resources. “They’re plugged into the community,” Ward says. “They have a great grasp on the community, the resources, who to talk to, and ways to help.” CHWs work closely with the Special Supplemental Nutrition Program for Women, Infants, and Children, facilitate enrollment in Medicaid, refer families to the local health department if they are behind on immunizations, and have good relationships with providers and clinic staff. “They bridge the gap between clients and doctors and medical facilities,” Ward says. In sum, she says “they improve getting clients into care.”

According to the article [“Reducing Low Birth Weight Infancy: Assessing the Effectiveness of the Health Start Program in Arizona,”](#) published in *Maternal and Child Health Journal*, Health Start program participants had a greater likelihood of favorable birth outcomes, including higher birth weights and longer gestational ages, compared to mothers who were not enrolled in Health Start.

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Support Community Health Workers through State Contracts

TXDSSH contracts with a private company, MAXIMUS, to provide outreach and enrollment assistance for families who are enrolled in the state's Medicaid program. MAXIMUS employs CHWs—known as outreach counselors—to educate families about preventive care or about how to select health and dental plans or use their Medicaid benefits. According to Field Operations Manager Betsy Coats, MAXIMUS employs 120 outreach counselors who cover every county in the state. The company's role is twofold. Outreach counselors educate families who are eligible for Texas Health Steps—the state's Early Periodic Screening, Diagnostic, and Treatment program—about how to use Medicaid for preventive care. "We teach them the importance of going in for checkups [and] working with their medical home, and we help them understand the healthcare system," Coats says. In addition, outreach counselors help Medicaid-enrolled individuals select and enroll in a managed care health and dental plans. Counselors provide home visits and targeted assistance to help pregnant women access care by selecting a health plan and provider quickly after applying for Medicaid. "We want pregnant women to make that choice right away," Coats says.

Allot Title V Funding to Support Community Health Worker Initiatives

TXDSSH uses Title V Maternal and Child Health block grant funding to support the Promotor(a) or CHW Training and Certification program. "For our agency to continue funding CHW activities is not hard because it fits so well within the Title V priority area and measures," says Evelyn Delgado, associate commissioner for family and community health services at TXDSSH. The training program resides in the Family and Community Health Services Division in the state health agency's Title V Maternal and Child Health Section, so CHW training and certification and maternal and child health are naturally aligned. (See below for more detail on Texas' approach to integrating CHWs with maternal and child health.)

Use 1115 Waivers to Fund Community Health Worker Initiatives

States have used 1115 waivers to support programs and reimburse CHWs for specific services. CHWs are included in Texas' [1115 Medicaid Transformation waiver](#), which establish new quality initiatives for hospitals and state Medicaid managed care organizations and provides incentives for delivery system reforms. Clinics and hospitals use waiver funds to hire CHWs and other providers to help patients navigate the healthcare system, access community resources, and manage their chronic conditions.

Spotlight: Massachusetts Financially Supports Early Intervention Specialists to Improve Access to Care for Children with Special Healthcare Needs

Some states have found ways to facilitate Medicaid reimbursement for CHWs, or in the case of Massachusetts, CHW-like providers. Massachusetts financially supports developmental specialists and educators to provide services to children from birth to age 3 through its [Early Intervention program](#). Although the providers are referred to as occupational therapy assistants, speech language pathology assistants, or physical therapy assistants, they share similar features with CHWs: they partner with families to follow the child’s individual family service plan, they deliver services in home and community-based settings, they live in and know the communities they serve, and they work under the supervision of a provider who can bill for services (e.g., a physical or occupational therapist).

These providers also improve access to care for children with developmental delays and other special healthcare needs, says Ron Benham, director of MDPH’s Family Health and Nutrition Bureau. For children with gross motor delays, for example, “there is not a huge wealth or supply of physical therapists through Early Intervention, but a physical therapy assistant is quite capable with the supervision of a physical therapist to provide services as directed on their plan,” Benham says. Like CHWs, early intervention specialists deliver family-centered, individualized, culturally-appropriate care in natural settings. Specialists work with children in “language-rich environments, like at the supermarket or at a library story hour, where activities are embedded in the play context,” Benham says.

Financial support for this program is available in Massachusetts because of state legislative and Medicaid requirements that require coverage for medically necessary early intervention services. As in every state, all children enrolled in Medicaid are entitled to receive developmental screening and other required services under the Medicaid Early and Periodic Screening, Diagnostic, and Treatment benefit. Beginning in 1990, the Massachusetts legislature took [additional steps](#) to cover early intervention services for children with private health insurance coverage, requiring insurers and third party payers to cover medically necessary early intervention services for all young children who are at risk for developmental delays through programs certified by MDPH.

The state’s early intervention vendor agencies—which include community-based nonprofit agencies, local mental health agencies, and Boston Children’s Hospital—bill Medicaid or the child’s insurer for eligible services. Although health insurers typically pay for most or all of the costs, MDPH fills the gap and reimburses for services provided to uninsured children and for children whose insurance does not cover specific intervention benefits, as is the case with certain self-insured plans. The services are billed as home visits. MDPH administers and oversees the statewide system of early intervention services, certifies programs across the state, and coordinates funding sources for these services.

5. Engage and Inform Community Health Worker Stakeholders

States engage and inform key CHW stakeholders through a wide range of strategies, including conferences, education and training, and information exchange.

Convene Stakeholders to Disseminate Best Practices

Meetings, conferences, and educational workshops offer important opportunities to convene the CHW workforce and share evidence-based practices. For a geographically, linguistically, and culturally diverse workforce, in-person training and educational opportunities provide a critical opportunity to strengthen professional linkages.

- TXDSHS offered stipends for CHWs to attend the “Healthy Texas Mothers and Babies Conference: A Clinical and Community Life Course Perspective” in 2015, which convened CHWs, clinicians, healthcare administrators, and other stakeholders to highlight evidence-based practices in breastfeeding, maternity care practices, children with special healthcare needs, safe sleep and other maternal and child health topics.
- In 2016, the Arizona Community Health Workers Association convened approximately 400 community health representatives and CHWs at a statewide summit, “[Celebrating the Diversity of the CHW Workforce](#).” AZDHS’ Office of Chronic Disease and the National Rural Health Association [co-presented](#) at a session on strengthening the CHW workforce through capacity building.

Train Other Members of the Healthcare Team

In addition to training CHWs, several individuals we spoke with underscored the need to inform and educate healthcare providers, social workers, clinic staff, and other healthcare team members about CHWs’ roles. According to Rosalia Guerrero-Luera, program manager at the Texas Public Health Training Center’s CHW Training Program, “it’s a theme in every state with community health workers.” Members of the healthcare team need to understand CHW roles and how they can fit in with the overall team to improve access to care. “They aren’t there to take over your job, they’re there to help you do your job more efficiently,” Gurrero-Luera says. “They’re your eyes and ears.”

Because training and mentorship for healthcare providers and office staff is essential to CHW success, Guerrero-Luera discusses CHW roles in a course she teaches to health administrators. In addition, before a new CHW begins working in a clinical setting, Guerrero-Luera finds it helpful to assign a mentor who supports CHWs and office staff alike. “We knew we were going to have new CHWs coming out of training and moving into a CHW position,” Gurrero-Luera says, and mentors were key to easing the transition “by helping the community health worker adjust and by giving doses of training to the manager.”

Provide an Information Clearinghouse

State health agencies and staff members play an important role in CHW success by informing and sharing practices and resources among the CHW and broader healthcare workforce. According to Associate Commissioner Delgado, one of the best ways “to give [CHWs] strength was to connect them and what they were doing and to share information with them.” She says that the public health agency is uniquely positioned to share new relevant research or data about diabetes or hypertension rates, new grant opportunities, or examples of other state approaches.

This information sharing helps CHWs in the field because they're able to utilize institutional knowledge if they run into new problems. "[The state health agency is] a critical clearinghouse," Guerrero-Luera says. "They're the holder of knowledge for the entire state. When I have a problem, the first person I call is the state to say, 'do you know if anyone else is working on this?'" For example, when the Zika virus became a public health challenge in the Houston area, a call to the state health department revealed that a border community had just submitted a Zika prevention curriculum to the state. Rather than reinvent the wheel, Guerrero-Luera says, access to this central repository provided an "instant curriculum" that could be replicated in the Houston area. "It's important to have an atmosphere of sharing," Guerrero-Luera says.

Spotlight: New Mexico's Path for Engaging Community Health Workers to Improve Maternal and Child Health

Community health workers in New Mexico have a long tradition of working with families to improve healthcare and social services delivery. According to the [Office of Community Health Workers](#), the state's maternal and child health programs began widely employing CHWs in the late 1990s.

The workforce includes CHWs, tribal CHRs and promotores(as) de salud, who collectively "serve Hispanic/Latino, Native American, Caucasian, African American, Asian, and other ethnic groups in urban, rural, and frontier settings around the state," according to the New Mexico Office of Community Health Workers (OCHW). The office states that the CHW workforce reflects the cultural diversity of the communities they serve, and CHWs "have multiple skills that reflect the needs of their communities."

CHWs fill critical gaps in communities across the state, many of which experience shortages of primary, behavioral, and oral healthcare providers. In addition, more than one-third of the population resides in frontier areas, often separated by hours of travel between homes and healthcare providers. "It brings a whole new meaning to access to care," says Diana Abeyta, tribal and northern coordinator at OCHW. Home visits play an important role in improving access to care for pregnant women and infants in New Mexico.

Involving multiple workforce perspectives in CHW policy development and implementation is critical to these programs' success, Abeyta says. In New Mexico, this occurs through various strategies, ranging from ongoing dialogue with community health workers throughout the state to a legislation-established CHW advisory council. OCHW recently piloted the emerging CHW curriculum in tribal and Hispanic communities throughout the state to assure that the training would hit the mark in different settings.

CHW stakeholders influence and inform policy development through other mechanisms, including the state CHW association and the state advisory council. The New Mexico [CHW Advisory Council](#) was created in 2003 to advise the department on statewide training and certification, and to serve as a forum for community members to explore CHW roles in improving health outcomes. Council membership is diverse, comprising CHWs, tribal community health representatives, and promotoras de salud, along with representatives from managed care, the University of New Mexico, area health education centers, and the state primary care association.

6. Integrate Community Health Workers into Public Health System and Workforce

States have adopted various strategies to integrate community health workers into broader public health goals and activities, as well as into the healthcare teams in which they work. According to APHA, “[w]hen well-integrated into multi-disciplinary teams addressing chronic disease self-management, access education, and follow-up, CHWs can improve health outcomes, decrease emergency department use, and improve the cultural competence of the services provided.”¹² To that end, states are including CHWs in health transformation projects, situating CHW staff members or offices within public health divisions in the state health agency, and connecting CHWs with members of the healthcare team in trainings, conferences, and other opportunities.

According to Soto in Arizona, integration is an important way to promote sustainability. Conversations about sustainability invariably focus on financing, “but at the end of the day, it’s different approaches coming together and working fluidly together. Financing is one of them, but we also need strong infrastructure for programs that are integrated.” To that end, AZDHS integrates CHWs into its State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health cooperative agreement, a CDC-funded [grant](#) that supports chronic disease prevention through healthy workplaces, schools, health systems, early childhood facilities and community-clinical linkages. AZDHS’ Office of Chronic Disease and Bureau of Women’s and Children’s Health work together to develop and use chronic disease assessments in Arizona’s Health Start program.

“[Conversations about sustainability invariably focus on financing], but at the end of the day, it’s different approaches coming together and working fluidly together. Financing is one of them, but we also need strong infrastructure for programs that are integrated.”
-Yanitza Soto, AZDHS’ community health worker program manager

Massachusetts’ legislation and infrastructure development supports integrating CHWs in public health reforms. The 2006 Massachusetts health reform law recognizes CHW contributions to increasing access to care and reducing health disparities, calling for policy recommendations to support a sustainable workforce. “CHWs were also integrated into wellness programs and initiatives, chronic disease management programs, and health insurance outreach and enrollment programs,” according to an [APHA policy statement](#). OCHW’s position in MDPH’s division of prevention and wellness strengthens the connections between CHWs and public health prevention.

Spotlight: Texas Integrates Community Health Workers on Multiple Fronts

Alongside its aforementioned CHW and promotor(a) training and certification program, which is integrated into the state's Title V block grant work, TXDSSH has developed multiple ways to integrate CHWs into its broader maternal and child health and public health goals and activities, including:

Community Health Worker Curriculum Review. TXDSSH's [Promotor\(a\) or Community Health Worker Training and Certification Program](#) reviews and approves training programs and curricula, which involves extensive coordination among TXDSSH staff members; training program staff disseminate curricula to TXDSSH subject matter experts, who review and provide feedback on proposed curricula that falls within their subject area.

Integrating Community Health Workers within Health Initiatives and Reforms. CHWs play an important role in several statewide initiatives:

- As described earlier, CHWs are included in Texas' [1115 Medicaid Transformation waiver](#).
- TXDSSH provides training and learning opportunities to CHWs through its [Healthy Texas Babies](#) initiative, which aims to improve birth outcomes, decrease infant mortality, and reduce Medicaid costs.
- According to Beverly MacCarty, TXDSSH's maternal and child health program coordinator, the state's Medicaid and Children's Health Insurance Program (CHIP) managed care organizations recognize the value of the CHW workforce, and the vast majority of managed care organizations employ or contract for CHW services. Also, CHWs serve as outreach counselors in the state's Medicaid/CHIP outreach and informing contract.

State Health Agency Leadership. Evelyn Delgado, associate commissioner for family and community health services at TXDSSH, explains that one of her roles within the agency is to coordinate CHW policies and programs across the agency. "My role is to make sure that across divisions we know what we're doing (that relates to CHWs) and what the opportunities are in other programs and settings." She notes that agency leadership supports this coordination. "We have a lot of encouragement at the executive level to reach across programs and divisions to work together and share—for maternal and child health to work with chronic disease, for tobacco cessation to work with maternal and child health," Delgado says. "It's part of the culture."

Conclusion

The four state experiences described in this brief illustrate the range of strategies states are using to strengthen their CHW workforces, including for CHWs who work closely with maternal and child groups. Despite their different approaches toward workforce development, our research revealed several key themes and common principles:

- *The CHW workforce varies significantly within states and communities.* CHWs are most commonly described as liaisons between the healthcare system and the home/community;

therefore, the communities they serve and the work they perform must fluctuates depending on each family and community's specific needs.

- *There is no "one size fits all" approach to developing and supporting the CHW workforce.* States develop and sustain their CHW workforces in different ways, including through policy development, health system reforms, and financing. For example, stakeholders in Arizona pursued legislative recognition for CHWs concurrent with other strategies aimed at establishing infrastructure, developing a certification process and establishing a registry for certified training programs and workers.¹³
- *Partnerships are key.* When trying to strengthen your CHW workforce, seek out support and perspectives from a wide range of stakeholders, including representatives from community health organizations, academia and research centers, state health agencies, managed care organizations, and federal agencies and partners. "It's important to bring in as many stakeholders as you can," says Ron Benham, director of MDPH's Family Health and Nutrition Bureau. "You may not always agree, but you just want to step past neutral to do something."
- *State health agency leadership is crucial to strengthening the CHW workforce.* State health officials and agency staff members play an important role in setting priorities, encouraging coordination and integration, bringing stakeholders to the table, and maintaining momentum to achieve the state's CHW workforce goals. "Leadership from the state health official is really important," says Gail Hirsch, co-director of MDPH's Office of Community Health Workers. Evelyn Delgado, associate commissioner for family and community health services at TXDSHS, echoes this sentiment, saying that "in terms of political will and management support, there's lots of it. It's nice to have a good story to tell."

Moving forward, states are expected to continue developing innovative and sustainable approaches for strengthening the workforce and assuring that community health workers are prepared to work within healthcare teams to promote health and access to care.

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