



# Community Health Workers: The State of the Evidence, New England, 2021

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## Introduction

Community health workers play a crucial role in ensuring that all people have access to health care. Access to evidence on current and best practices can help CHWs and those that support them improve the effectiveness of CHW interventions. CHW Central annually collects and records resources related to CHWs, their work, training, and effectiveness. To help CHWs and other stakeholders keep track of this information and how the field is evolving, CHW Central publishes a [brief state of the evidence](#). The “New England State of the Evidence” focuses primarily on CHW research conducted in New England, but also draws upon wider U.S.-based literature from 2021 to offer insights on public health topics relevant to CHW Central’s New England partners.

## Background

This brief presents evidence from 18 academic articles exploring various aspects of CHW work in New England states. The majority of these studies took place in Massachusetts (seven) and Connecticut (six). To identify these articles, CHW Central used six electronic databases (Medline, Medline [PubMed], Google Scholar, MedNar, Cochrane Database of Systematic Reviews, World Wide Science, and WHO Global Index Medicus), to find all CHW-related peer-reviewed and gray literature.

The 18 articles presented in this brief were coded based on category, study type, and design. Many of the articles included some type of qualitative data collection, which helped identify gaps in overall care or personal experience that are integral to developing effective CHW-led programs and initiatives. For example, one article analyzed in-depth interviews with stakeholders involved in the Breastfeeding Heritage and Pride program, which serves low-income minority women in Connecticut and Massachusetts, to identify barriers to breastfeeding in the Latino community.<sup>1</sup> Another study conducted focus groups with participants in New Haven, Connecticut to determine the acceptability and accessibility of the COVID-19 vaccine among Black and Latino communities.<sup>2</sup>

Several studies used quantitative survey techniques to measure the effectiveness of interventions. One study collected baseline, post-intervention, and three-month post-data using a standardized questionnaire supplemented by semi-structured interviews to determine the effectiveness of a weight management intervention executed by CHWs in Boston, Massachusetts.<sup>3</sup>

## Evidence from New England

The 18 studies explored topics related to strengthening CHW capacity through training, data collection, or job aids; the effectiveness of CHW-led interventions; the importance of collaboration and community trust; and the effectiveness of disease-specific programs.

## Strengthening CHW capacity

CHW capacity can be strengthened in a number of ways, including through training, improved data collection, or job aids. These approaches to capacity-strengthening can “bring attention to what CHWs do, what they need to be successful, and the various benefits they can reasonably achieve at multiple levels, from individual participants to health and social service systems.”<sup>4</sup> Some CHWs in New England were found to require additional support to complete standardized assessments required to obtain formal CHW certification.<sup>5</sup> This may indicate that screening applicants to the training program to pre-identify and accommodate such support needs is an important element of CHW capacity-strengthening.<sup>6</sup>

There are a number of ways to make CHW training more effective. One study that assessed the effectiveness of an HIV education program geared toward CHWs across eight states, including Massachusetts, found that its curriculum focused on “dismantling silos and enhancing conversation to address power dynamics between CHWs and supervisors and the health care team and people with HIV,” suggesting possible programming approaches for other CHW training curricula.<sup>7</sup>

Another way to strengthen CHW capacity may be through a more standardized curriculum and evaluation tool to train and assess CHWs. One model for this is the curriculum for training “Navegantes,” trained bilingual CHWs, often recruited through social media and/or word of mouth, who help bridge gaps in care in a Clinic Esperanza/Hope Clinic in Providence, Rhode Island.<sup>8</sup> The clinic’s annual Navegantes training program is peer-led, with alumni running the training. This is a reciprocal process that allows current CHWs to engage in continuing education and practice communication and programming skills. With CHWs in high demand in health care and non-profit industries, the Advanced Navegante Training Program is a relatively low-cost, sustainable, and community-based job training model that uniquely prepares graduates to work in a variety of settings.<sup>9</sup>

## Interventions carried out by CHWs

Interventions carried out by CHWs in these studies mainly address weight management, asthma, hospital readmissions, opioid use, vaccine perceptions, and breastfeeding education. Evidence shows that when CHWs complement other health care interventions, patient outcomes improve. For example, pairing hospitalized patients in Boston, Massachusetts with an accountable care organization insurance plan and regular CHW visits contributed to the reduction of preventable hospital readmissions.<sup>10</sup> This could help insurance providers and hospitals provide a higher level of care while keeping costs low. Similarly, a CHW-led home visit model resulted in fewer hospital visits and a reduction in the number of days where physical activity was affected compared with a strictly nurse-led model in lessening the burden of asthma in pediatric patients served by the Boston Children's Hospital Community Asthma Initiative.<sup>11</sup> Households were more likely to have a CHW complete a home visit than a nurse. This could be because of the level of trust CHWs harbor within their communities, suggesting another way CHWs could fill a major health care gap.

## Collaboration

Collaboration is key in CHW interventions. CHWs collaborate with hospital groups, health departments, other government entities, and/or local stakeholders. In one example, CHWs collaborated with Bayside Medical Center in Massachusetts, a Medicaid accountable care organization, a federally funded health center, the University of Massachusetts medical school, and two city health departments to deliver COVID-19 supplies to vulnerable populations. The CHWs delivered packages of personal protective equipment, cleaning supplies, and quarantine materials such as air mattresses and food boxes, based on participant needs. By employing CHWs, stakeholders within the community were able to reach the most vulnerable populations that may have been neglected otherwise.<sup>12</sup>

## Community trust

The success of many of these interventions can be attributed to the trust CHWs are able to obtain within communities. Many of these programs and initiatives are executed within marginalized and hard-to-reach populations, such as low-income families, public housing residents, and Black and Latino communities. For example, for one mental health and exercise intervention for ethnic minority elders living with at least one mental or physical disability, English-, Spanish-, Cantonese-, and Mandarin-speaking participants in Massachusetts, New York, Florida, and Puerto Rico “described trust and mutual respect as the first step in establishing a therapeutic relationship.”<sup>13</sup> CHWs are uniquely positioned to serve hard-to-reach populations, as they can carry out visits within clients' homes and also typically have similar cultural backgrounds. The success of a pediatric asthma prevention program based out of Boston Children’s Hospital and led by CHWs was partly attributed to the concept that “families may have felt more comfort and connection with the CHWs, given their unique role as trusted members of the community.”<sup>14</sup> The Navegantes program, based out of Providence, Rhode Island, capitalizes on this theory, as many of its current CHWs were once patients themselves. CHWs know their communities best, enabling them to not only reach some of the most marginalized populations, but perhaps also incite more effective behavior change because of the mutual trust established between the CHW and the client.

## Disease-specific interventions

The New England states have prioritized several health issues, such as diabetes, hypertension, opioid misuse, and COVID-19. Evidence from 2021 explores the outcomes of interventions aimed at these specific issues and/or suggests strategies to prevent onset of disease. One community-based program aimed at preventing metabolic syndrome, the Vida Sana/Health Life Program based in Providence, Rhode Island, showed “promising improvements in metabolic outcomes, similar to other programs with longer duration or higher intensity interventions.”<sup>15</sup> The program consists of eight weeks of intervention sessions with the goal of preventing and educating participants about Type 2 Diabetes and cardiovascular disease. Researchers felt that this program provides an important model for successful community-based interventions.

The three-month follow-up data for a weight management intervention in Boston showed that intervention participants had lost weight, incorporated more fruits and vegetables into their diet, and increased their overall physical activity in comparison to the control group, suggesting a positive role for CHWs in behavior change.<sup>16</sup> The intervention group also saw improved self-efficacy and motivation. The correlations between weight and chronic disease, such as Type 2 Diabetes and cardiovascular diseases, are well studied, and this intervention showed that CHW-led weight management programs can be effective in preventing chronic disease.

CHWs can offset the burden faced by the health care workforce in a cost-effective and feasible way. In a peer recovery specialist program for opioid-overdose patients at two Rhode Island emergency departments, peer specialists provide behavior counseling, distribute naloxone, and coordinate referral treatment for emergency room patients. Naloxone distribution, behavioral counseling, and referral to treatment have been successfully integrated into usual emergency care and maintained over time.<sup>17</sup>

## National Evidence on Key Public Health Topics

### Hypertension, heart disease, stroke

CHWs can play a role in hypertension, heart disease, and stroke prevention and management in vulnerable communities in the United States. Most of the evidence on this topic discussed CHWs' contributions to health education (for hypertension, heart disease, and stroke prevention) or system navigation (for patients already undergoing treatment and/or considered to be at high risk for adverse cardiovascular outcomes). The Vida Sana/Healthy Life program is just one example of a successful initiative led by trained bilingual/bi-cultural CHWs (Navegantes) where CHWs are proving critical in providing ongoing nutritional, lifestyle, and chronic disease management advice to those in long-term treatment programs, while supporting them during clinical encounters through goal-setting and provision of information on referrals, insurance, and follow-up options.<sup>18</sup> In New York City's IMPACT program, CHWs lead similar goal-setting activities for hypertension patients, resulting in clinically meaningful blood pressure reductions.<sup>19</sup> In both of these programs, the use of group sessions creates a communal atmosphere (described by Navegantes as a "social club") that helps motivate patients to work toward their goals, highlighting the value of group spaces within CHW-led health education programs, particularly where goal setting is at play.<sup>20</sup>

Given the complexity of clinical care for cardiovascular diseases, CHWs often need to work within larger health care teams. This is positive in cases where it enhances care coordination but creates challenges where CHWs do not feel trusted by clinic staff or have difficulty accessing electronic health records.<sup>21</sup> This indicates the potential need for preliminary integration measures to be taken, such as orientation on team-based care and technical training, before including CHWs within broader complex care teams.

### Diabetes

CHWs effectively support diabetes self-management, helping address common barriers to adherence to diabetes care such as inadequate resources, lack of transportation, inconsistent means of

communications, and low motivation.<sup>22</sup> Both telemedicine and home visits are useful methods for CHWs to build long-term relationships with patients while developing a deeper understanding of their social environments and restraints to behavior change.<sup>23</sup> One study found that urban, predominantly Black/African-American diabetes patients were more likely to improve their glycemic control when they were working with a CHW who was trained as a diabetes coach than patients who did not receive coaching from the CHW.<sup>24</sup> CHWs worked directly with registered nurses in charge of patients' diabetes care, which cleared time for the nurses to focus on duties requiring licensure while also helping CHWs track patient progress by collaboratively monitoring weekly fasting blood glucose levels and other progress indicators, helping them tailor their coaching accordingly.

## Cancer

CHWs have had success in increasing cancer screening through targeted education initiatives, mainly because they can address both communication barriers and cultural misconceptions associated with cancer and its prevention among Latinos and other ethnic minorities.<sup>25</sup> Direct linkages to the health system can support greater adoption of care-seeking behaviors that CHWs promote. In the Juntos Contra El Cáncer Program, a CHW-led, group-based education intervention significantly increased colorectal cancer (CRC) screening, not only because it was culturally tailored but also because workshops were concluded with a "light warm handoff" by the CHWs by scheduling appointments for a CRC screening test.<sup>26</sup> There is also evidence on the importance of CHWs in cancer screening that found that engaging CHWs to increase cervical and CRC screenings would have an incremental cost-effectiveness ratio of less than \$50,000 per quality-adjusted life year.<sup>27</sup> CHWs can also assist with advance care planning by cancer patients. CHWs are able to bridge cross-cultural and trust-related communication gaps between primary care providers and patients involving sensitive discussions around advance and palliative care planning.<sup>28</sup> This illustrates yet another application of the CHW role in facilitating access to culturally appropriate care where it may otherwise be unavailable.

## HIV

CHWs may be uniquely positioned, by virtue of their close relationships with patients, to address more sensitive aspects of HIV-related stigma, prevention, and care planning. Some curricula for CHWs incorporate trauma-informed counseling, motivational interviewing, and other self-care techniques with the intention of improving HIV health outcomes, including self-efficacy for care and long-term treatment adherence.<sup>29</sup> Peer educators can play an important role in interprofessional HIV prevention and care teams.<sup>30</sup> However, it is also important to make sure CHWs have sufficient education to support HIV care. CHWs need to fully understand the HIV/viral life cycle and for whom and how HIV medications and PrEP work when educating their clients about HIV.<sup>31</sup> Sufficient CHW knowledge in this area may be especially important for clients with higher health literacy who may have greater expectations of CHWs in terms of providing medical explanations and prescription information.<sup>32</sup> CHWs should not infringe on the role of primary care providers in describing the more complex symptomology and treatment modalities of HIV that non-specialists are less fit to offer.<sup>33</sup>

## COVID-19

Around the world, the COVID-19 pandemic shed light on the value of CHWs in responding to emerging health threats and growing social disparities within vulnerable populations. CHWs helped address issues across the “COVID-19 continuum,” including prevention (e.g., information sharing, education), detection (e.g., testing and contact tracing), management (e.g., quarantining and symptom monitoring), and recovery.<sup>34</sup> Culturally appropriate knowledge dissemination by CHWs, including campaigns concerning “Myths and Truths Around COVID-19 Testing and Treatment” and “How and When to Wear Personal Protective Equipment,” all proved critical in ongoing efforts to promote compliance with recommended public health protocols among disparate populations.<sup>35</sup> Likewise, CHWs played an important role in helping individuals access social, financial, and material support when faced with rising insecurities because of job loss and social isolation.<sup>36</sup> The success of CHWs in the pandemic context incentivized the release of new funding for CHW programs, with the CDC announcing plans on March 25, 2021, to provide \$332 million to 75 organizations for CHW services to support COVID-19 prevention and control, training, technical assistance, and evaluation.<sup>37</sup>

## Mental health and substance abuse

Although there is less evidence on the role of CHWs in mental health and substance abuse-related interventions than other types of interventions, some examples are worth exploring. For instance, the integrated services provided by CHWs and intimate knowledge of their clients’ lives meant that they could effectively identify and address overlapping mental health and social needs arising from the emotional distress caused by the pandemic.<sup>38</sup> A CHW-delivered cognitive behavioral stress management program for low-income Spanish-speaking Latinos yielded improvements in perceived stress and depressive symptoms.<sup>39</sup> These findings demonstrate the potential for a more advanced role for CHWs in applying therapeutically proven stress and mood management techniques with clients, beyond exclusively offering referrals to other social support.<sup>40</sup> Given the evident ability of CHWs to use more complex therapeutic and psychosocial counseling techniques and identify and implement a range of evidence-based engagement strategies with parents and families in a school-based mental health services, in future, we may see new roles emerging for CHWs in the use of more complex therapeutic and psychosocial counseling techniques.<sup>41</sup>

## Conclusion

CHWs play a unique role in health care infrastructure. The evidence shows that CHW-led programs are not only effective, but are also integral in providing services for marginalized populations. CHWs make a significant impact on their respective communities. However, comparatively little research on CHWs is on U.S.-based CHW programs, suggesting that in the United States, CHW training and interventions may be under-utilized or understudied. While there are certainly policy and organizational barriers that need to be addressed, CHWs bridge a multitude of access and quality health care gaps. When these barriers are removed, CHWs can form a valuable part of the health care workforce, offering culturally competent care and providing necessary health care linkages to underserved populations.

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