

Community Health Worker Policy Brief

Highlights

- Community Health Workers (CHWs) facilitate connections between community members and healthcare systems, and patient referrals to social services.
- CHWs’ knowledge of communities and their backgrounds allows them to provide culturally and linguistically tailored health services.
- Research has demonstrated the impact of CHWs on improved diabetes and hypertension control, increased cancer screenings, and other health outcomes.
- CHWs need support and resources to do their jobs effectively, specifically professional development and sustainable funding.
- Healthcare systems can provide support through recruitment, training, and career development efforts.
- Federal and state policymakers can ensure sustainable funding through public insurance reimbursement policies.

Who are community health workers and what do they do?

Community health workers (CHWs), as defined by the American Public Health Association, “are frontline public health workers who are trusted members of and who usually have a close understanding of the community served.”¹

CHWs facilitate connections between community members and healthcare systems, and referrals to critical health and social services. CHWs are knowledgeable about available community resources, community organizations and networks, cultural practices

“I have a patient who was affected by COVID-19 and lost her employment. I was able to help her with food assistance, unemployment benefits, and walk her through some emotionally hard times. She didn’t want to seek therapy but was comfortable speaking with me, so I often provided emotional support. I have now decided to complete my Associate’s Degree in Mental Health Human Services, and I am looking into obtaining my Bachelor’s. I am grateful to my patients for renewing the way I look at my work.”

Malina Velasquez, Community Health Worker, Health Home & Patient Navigation Center at NYU Langone Hospital - Brooklyn

and beliefs, and languages spoken within communities. This expertise allows CHWs to deliver culturally and linguistically tailored health services to patients and community members, including motivational interviewing and goal setting, health education sessions, remote monitoring of health metrics (e.g., blood pressure, diabetes), and assistance enrolling in programs (e.g., health insurance, food and housing assistance).² The trust and rapport CHWs are able to establish with community members are instrumental to the acceptance and use of these health programs. CHWs are increasingly in demand as they are recognized as a key component of helping patients address a wide range of social factors and better manage their health. They represent a rapidly growing sector of the workforce, and employment in this field is expected to grow by nearly 15% in the next year.³

Impact of Community Health Workers

There is a strong evidence base for the impact of CHWs on improving patient health outcomes in the U.S., including management of hypertension, increasing mammogram and pap screenings, and diabetes control.

- A randomized controlled CHW intervention for Filipino Americans with uncontrolled hypertension resulted in a significantly greater percentage of hypertension control in the treatment group (83.3%) in comparison to the control group (42.7%).⁴
- A randomized controlled CHW intervention for South Asian immigrants with uncontrolled hypertension indicated that the treatment group had 3.7 (95% CI, 2.1-6.5) times the odds of achieving hypertension control in comparison to the control group.⁵
- A quasi experimental two-arm CHW intervention among Asian Indian Sikhs at risk for diabetes found, at 6-month follow-up, that participants in the treatment group were more likely to lose $\geq 5\%$ and $\geq 7\%$ of their weight compared to control participants ($p=0.071$, and $p=0.015$, respectively).⁶
- A similar CHW-led diabetes intervention for Korean immigrants saw improvements in recommended physical activity (62.3%) in comparison to the control group (47.9%).⁷
- Results of a CHW and lay health worker-led intervention to increase mammogram and cervical cancer screenings among Muslim women indicated an increase in screenings for mammograms (intervention: 16% to 49%; control: 14.7% to 44.6%) and cervical cancer (intervention: 16.9% to 42.3%; control: 17.3% to 37.1%).⁸
- A systematic review of CHW interventions in rural settings, where access to healthcare is often particularly challenging, found improvements in measured outcomes, including cardiovascular disease, diabetes, and cancer.⁹

- CHW interventions also support social needs among community members. One intervention involved CHWs supporting subsidized housing residents with accessing resources, which led to improvements in food security, ability to pay rent, and connections to primary care services.¹⁰

Community Health Workers are Key to Achieving Health Equity

CHWs are a critical bridge between healthcare systems and community members. Their expertise in providing culturally and linguistically competent health programs and support, along with building trust with community members, expands the reach and impact of efforts to reduce health disparities.¹¹ CHWs are an integral part of health equity initiatives and need the necessary support and resources to do their work effectively. With these considerations in mind, we propose the following recommendations for healthcare systems and policymakers to support CHWs:

Healthcare Systems

- Establish stable recruitment pipelines for CHWs and advancement tracks within the CHW profession.
- Establish and train CHWs on core competencies to achieve impact in communities.
- Provide professional support and fair compensation to CHWs.
- Hire and train CHW supervisors with management skills to support CHWs.
- Integrate CHWs into care service models to foster cooperation with other healthcare professionals.

Policymakers

When CHWs are included in the healthcare system, they help to improve patient outcomes and health equity. Policies that provide sustainable funding through public insurance reimbursement are needed to support the work of CHWs. Although these mechanisms are still fragmented, they provide, or have the potential to provide, CHW services and social determinants of health (SDOH) support to a growing number of communities.

- *Federal policy recommendations*
 - Medicare's proposed Physician Fee Schedule includes new codes to bill for CHW and navigation services.¹² This is an exciting policy development with the potential to bring CHW services and SDOH support to a broad spectrum of beneficiaries. Policymakers must ensure these new billing codes best serve CHWs and Medicare patients, including in the following ways:
 - Apply a "no wrong door" approach and allow for referral pathways across the continuum of care.

- Consider in-person visits, including in the patient’s home, telephonic, and virtual appointments as eligible for reimbursement.
 - Support different ways of fulfilling training and certification requirements other than individual certification programs, including program-level certification, years of experience, and prior certifications.
 - Include the expertise of CHWs in policy making related to their profession.
 - Make it more feasible for community-based organizations that provide CHW services to partner with health systems by providing them with financial and technical support to facilitate the technical expertise and data integration needed for these partnerships.
- Create an optional Medicaid benefit to provide the full spectrum of CHW services, with the opportunity to incentivize adoption with enhanced Federal Medical Assistance Percentage (FMAP).¹³
- *State policy recommendations*
 - Currently, 29 states reimburse CHW services through Medicaid programs in a variety of ways, and state-level support for CHW reimbursement is growing.¹⁴⁻¹⁶ While Medicaid-funded programs are population- and disease-specific and thus somewhat limited in scope, they can provide targeted CHW services to select beneficiaries and, in the process, demonstrate the broader value of CHWs. States can integrate CHW services into their Medicaid programs in a number of ways, drawing on evidence from several states across the U.S.
 - New York State’s recently approved Medicaid State Plan Amendment and budget will enable reimbursement of CHW services for specific populations as of October 1, 2023.^{17,18}
 - Under the State Plan Amendment, CHWs will be reimbursed when supervised by a Medicaid-enrolled provider, initially to provide approved services for pregnant and post-partum people, and in the coming months for children under 21 and high-risk adults with health-related social needs.^{18,19} This is a long-awaited and much-needed development for New York State Medicaid beneficiaries. To realize the potential of this new Medicaid benefit, policymakers should consider the following recommendations:
 - While the State Plan Amendment and New York Senate legislation include a broad definition of Medicaid providers who can bill for CHW services under their supervision, uptake at current reimbursement rates needs to be monitored to ensure that Article 28 clinics, including Federally Qualified Health Centers (FQHCs), and independent providers are able to hire and embed CHWs into

practice workflows. In addition, New York State must create a mechanism for FQHCs who are not reimbursed using the Alternate Rate Setting Methodology (APG) to bill for CHW services, as they are currently excluded from this policy.²⁰

- Pathways for CBO-based CHWs to provide these services are needed. One potential avenue is to allow the Social Care Networks being created as part of the 1115 Medicaid Waiver Amendment to bill Medicaid for CHW services as approved under the State Plan Amendment on behalf of the CBOs that are part of the Social Care Networks.²¹

Conclusion

CHWs play a vital role in healthcare systems by supporting patient care and connecting patients to medical and social needs services. Numerous studies have demonstrated the positive impact of CHW interventions on patients' health and social needs. However, sustainable funding and greater institutional commitment are needed to support the CHW workforce and provide meaningful CHW career pathways. As outlined in this policy brief, there are key steps healthcare systems, and state and federal government agencies can take to ensure ongoing support of CHWs.

Additional Resources

We have compiled CHW resources below for researchers, healthcare systems, and policy makers, including information curated by NYU Langone Health.

[NYU CHW Resource Hub](#): this searchable database compiles free resources across 25 CHW projects across NYU Langone, representing a wide range of populations, topics, and settings.

[NYU Community Health Worker Research & Resource Center](#): including library of past [events](#) and [newsletters](#).

[Video](#) of NYU Langone CHWs discussing their work with community members and patients.

[National Association of Community Health Workers](#)

[Community Health Workers Association of Rochester](#): serving the Finger Lakes, Western & Center New York regions

[Community Health Worker Network of Buffalo](#)

Community Health Worker Experts

Amy Freeman, PhD
Research Associate Professor
NYU DPH

Dina Pimenova, MPH
Senior Project Coordinator
NYU DPH

Nadia Islam, PhD,
Associate Professor
NYU IEHE

Romelia Corvacho
Program Manager
NYU Langone Hospital - Brooklyn

Malina Velasquez
Community Health Worker
NYU Langone Hospital - Brooklyn

Alzahraa K. Ahmed
Community Health Rep
NYU PCC

Linda Thompson
Community Health Rep
NYU IEHE

Contact Us

[NYU Institute for Excellence in Health Equity](#)

iehegeneraladministration@nyulangone.org

Twitter: @nyugsom_iehe

Instagram: nyugsom_iehe

[Community Health Worker Research & Resource Center](#)

chwrrc@nyulangone.org

Authors: Amy Freeman, Naheed Ahmed, Dina Pimenova, Rebecca Berger, Hannah Wade, Farhan Mohsin, and Nadia Islam

Design and Layout: Lindsey Osagiede, Naheed Ahmed, and Nadia Islam

Publication Date: November 2023

References

1. American Public Health Association. Community Health Workers. Accessed July 17, 2023. <https://www.apha.org/apha-communities/member-sections/community-health-workers>
2. Lundahl B, Moleni T, Burke BL, et al. Motivational interviewing in medical care settings: A systematic review and meta-analysis of randomized controlled trials. *Patient Education and Counseling*. 2013/11/01/2013;93(2):157-168. doi:<https://doi.org/10.1016/j.pec.2013.07.012>
3. U.S. Department of Labor. Occupational Outlook Handbook: Community Health Workers. Accessed September 27, 2023. <https://www.bls.gov/ooh/community-and-social-service/community-health-workers.htm>
4. Ursua RA, Aguilar DE, Wyatt LC, et al. A community health worker intervention to improve blood pressure among Filipino Americans with hypertension: A randomized controlled trial. *Prev Med Rep*. Sep 2018;11:42-48. doi:10.1016/j.pmedr.2018.05.002
5. Islam N, Wyatt L, Ali SH, et al. Integrating Community Health Workers into Community-Based Primary Care Practice Settings to Improve Blood Pressure Control Among South Asian Immigrants in New York City: Results from a Randomized Control Trial. *Circulation: Cardiovascular Quality and Outcomes*. 2023;0:e009321doi:<https://doi.org/10.1161/CIRCOUTCOMES.122.009321>
6. Lim S, Wyatt LC, Chauhan H, et al. A Culturally Adapted Diabetes Prevention Intervention in the New York City Sikh Asian Indian Community Leads to Improvements in Health Behaviors and Outcomes. *Health Behav Res*. 2019;2(1)doi:10.4148/2572-1836.1027
7. Kwon SC, Wyatt LC, Kum SS, et al. Evaluation of a Diabetes Prevention Intervention for Korean American immigrants at Risk for Diabetes. *Health Equity*. 2022;6(1):167-177. doi:10.1089/heq.2021.0137

8. Wyatt LC, Chebli P, Patel S, et al. A Culturally Adapted Breast and Cervical Cancer Screening Intervention Among Muslim Women in New York City: Results from the MARHABA Trial. *J Cancer Educ.* Apr 2023;38(2):682-690. doi:10.1007/s13187-022-02177-5
9. Berini CR, Bonilha HS, Simpson AN. Impact of Community Health Workers on Access to Care for Rural Populations in the United States: A Systematic Review. *Journal of Community Health.* 2022/06/01 2022;47(3):539-553. doi:10.1007/s10900-021-01052-6
10. Freeman AL, Li T, Kaplan SA, et al. Community Health Worker Intervention in Subsidized Housing: New York City, 2016-2017. *Am J Public Health.* May 2020;110(5):689-692. doi:10.2105/ajph.2019.305544
11. Katigbak C, Devanter NV, Islam N, Trinh-Shevrin C. Partners in Health: A Conceptual Framework for the Role of Community Health Workers in Facilitating Patients' Adoption of Healthy Behaviors. *American Journal of Public Health.* 2015;105(5):872-880. doi:10.2105/ajph.2014.302411
12. Centers for Medicare & Medicaid Services. Medicare and Medicaid Programs; CY 2024 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Advantage; Medicare and Medicaid Provider and Supplier Enrollment Policies; and Basic Health Program. 88 FR 52262, 52262-53197, August 7, 2023. Accessed September 19, 2023. <https://www.federalregister.gov/documents/2023/08/07/2023-14624/medicare-and-medicaid-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other>
13. Kaiser Family Foundation. Medicaid Financing: An Overview of the Federal Medicaid Matching Rate (FMAP). Kaiser Commission on Medicaid and the Uninsured. September 2012. Accessed October 17, 2023. <https://www.kff.org/wp-content/uploads/2013/01/8352.pdf>
14. Lawson N, Burak E. Community Health Workers & Medicaid: Advancing Health Equity Depends on State Implementation. Georgetown University, McCourt School of Public Policy. August 16, 2023. Accessed September 22, 2023. <https://ccf.georgetown.edu/2023/08/16/community-health-workers-medicaid-advancing-health-equity-depends-on-state-implementation/>
15. Gorman A. State Policies Bolster Investment in Community Health Workers. Association of State and Territorial Health Officials. July 20, 2023. Accessed October 23, 2023. https://www.astho.org/communications/blog/state-policies-bolster-investment-in-chw/?utm_source=social&utm_medium=post&utm_campaign=community_health_workers&utm_term=blog
16. Halder S, Hinton E. State Policies for Expanding Medicaid Coverage of Community Health Worker (CHW) Services. Kaiser Family Foundation. January 23, 2023. Accessed October 23, 2023. <https://www.kff.org/medicaid/issue-brief/state-policies-for-expanding-medicaid-coverage-of-community-health-worker-chw-services/>
17. New York State Department of Health. State Plan Amendment #23-0002. March 31, 2023. Accessed October 23, 2023. https://www.health.ny.gov/regulations/state_plans/status/non-inst/original/docs/os_2023-03-31_spa_23-02.pdf
18. New York State Senate. Senate Bill S4007C. 2023-2024 Legislative Session. Accessed October 23, 2023. <https://www.nysenate.gov/legislation/bills/2023/S4007/amendment/C>
19. New York State Department of Health. New York State Medicaid Update. Community Health Worker Services for Pregnant and Postpartum People. September 2023, Volume 39, Number 14. Accessed October 20, 2023. https://www.health.ny.gov/health_care/medicaid/program/update/2023/no14_2023-09.htm#CHW
20. New York State Department of Health. Federally Qualified Health Center (FQHC). Accessed October 23, 2023. https://www.health.ny.gov/health_care/medicaid/rates/fqhc/
21. New York State Department of Health. New York State Medicaid Redesign Team (MRT) Waiver Amendment. Accessed October 23, 2023. https://www.health.ny.gov/health_care/medicaid/redesign/med_waiver_1115/docs/2022-09-02_final_amend_request.pdf