

# Strengths, Challenges & Opportunities for Kansas Community Health Workers

**Research finds community health workers improve access to services and health while reducing disparities and the cost of care**

Community health workers (CHWs), known alternatively by names including health navigator, promotor(a), advocate, and educator, have long served as a bridge between community members and the medical and social services they need, but their role and importance has been less well known than that of other frontline health workers. CHWs engage in a variety of activities, such as providing assistance or guidance to community residents, culturally or linguistically appropriate education services, advocacy, coordination of care, and insurance enrollment.<sup>1</sup> Previous research has indicated that CHWs are beneficial in reducing health disparities for marginalized populations and improving overall population health and quality of care while reducing the cost of medical services.<sup>2</sup>

As part of its commitment to bring health equity to all Kansans, the United Methodist Health Ministry Fund commissioned research to better understand the role community health workers play in Kansas' health care system. The research, which included a literature review, stakeholder focus groups and interviews, and an environmental scan of other states, expands on learnings from two Kansas Community Health Worker Workforce Assessments conducted in 2016 and 2018. The research explores how organizations are using CHWs, the current needs of employers and/or organizations using CHWs, and recommendations for future initiatives concerning CHWs.

Findings from the stakeholder focus groups and interviews expanded previous reports and the results from the workforce study deepened the understanding of CHWs. **The study found that integrating CHWs into care teams results in better and more appropriate access to health care, improves health outcomes, addresses gaps and equity issues in our fragmented health care system, and delivers strong return on investment at both the organization and systems levels.** Systems questions – payment and credentialing – must be addressed in

order to bring the benefits of CHWs to more patients and communities over the long run.

Historically, CHWs have been used in the United States since the early 1960s and have since expanded to provide more comprehensive services to various populations.<sup>3</sup> State and federal legislation, including the Affordable Care Act, has identified more specific roles for CHWs and has allowed for the funding of these types of services.<sup>4</sup> While there are numerous definitions of CHWs, this study has utilized the following definition from the American Public Health Association, which was adopted by the Kansas Community Health Worker Coalition:

*A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship 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.*

*A community health worker also builds individual and community capacity by increasing knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.<sup>5</sup>*

## **CHWs Offer Diversity in Services Provided, Locations, Backgrounds, and Experiences, and Their Diversity Continues to Expand.**

CHWs are lay members of a community who work in association with the local health care system to help meet local needs. CHW staff and volunteers provide a variety of services in organizations and settings throughout urban and rural areas of Kansas. The current report highlights the growing breadth and depth of the CHW profession. Findings suggest that the profession is becoming more diverse in

many areas, including: services provided, education and/or training received, populations served, and the settings in which they serve. Such diversity is a strength as CHWs work to meet local needs.

## STRENGTHS

A growing number of research studies and anecdotal examples suggest that CHWs provide:

- (1) financial return on investment,
- (2) improvements to health outcomes, and
- (3) support toward creating greater and more appropriate access to healthcare services.

Continued documentation of such benefits will add to a growing body of literature, advancing knowledge and support of the role of CHWs.

### Evidence of the Benefits of CHWs

**(1) Return on investment.** Comparatively speaking, CHWs represent a low-cost approach to extending the health and social supports provided by traditional health and human service providers. If CHWs can help alter their clients' or patients' use of higher cost services and supports, they can save the organization and the system unnecessary costs. It should be recognized that CHWs are part of a continuum of care – not a replacement for other services or therapies. Kim et al. found that integrating CHWs into the health care delivery system was associated with cost-effective and sustainable care.<sup>6</sup>

**(2) Health outcomes.** Research shows that when CHWs work with clients and patients, their physical or mental health improves. A clinical trial in Philadelphia, PA targeted residents living in high-poverty neighborhoods who had two or more chronic diseases, such as diabetes, obesity, tobacco dependence, or hypertension. The individualized design of the trial led to improved chronic disease control, mental health, quality of care, and hospitalizations.<sup>7</sup>

**(3) Healthcare accessibility.** Accessing healthcare can be a challenging and overwhelming process. CHWs act as a bridge to the formal healthcare system for their communities, especially for individuals who often avoid preventative and routine care or only access healthcare

for emergencies. Blue Cross and Blue Shield of Minnesota Foundation found that CHWs bridge the gap between communities and health/social service systems by building individual and community capacity, advocating for individual and community needs, providing direct services, promoting wellness by providing culturally appropriate health information to clients and providers, and assisting in navigating the health and human services system.<sup>8</sup>

## CHALLENGES

### Community Health Worker Recognition

The field and practice of CHWs is complicated, in part, by their nontraditional positions being embedded in traditional health and human service systems. While those employers that include CHWs as part of their staff recognize their contributions, many have reservations about the positions due to a lack of formalized training and licensing. Recommendations from the literature for developing the CHW workforce include<sup>9, 10, 11</sup>:

- “Professional identity” campaigns to promote awareness of CHWs and their benefits
- Developing networks or groups for CHWs to connect and develop the workforce
- Establishing guidance for evaluation research on CHWs
- Using evaluation studies to shape policy for implementing CHWs into the healthcare system

### Funding for CHW Positions

CHW positions have traditionally been funded or supported through third party grants or contracts. While such options are available and useful, additional sustainable funding options are necessary for advancement of the CHW model. More sustainable funding options discussed by participants include Medicaid expansion, service reimbursement strategies, and other innovative and unique payment ideas. Integrating CHWs into a care team can also create new possibilities for funding. Through Medicaid, bundled payments or capitated rate structures may be possible when CHW services are integrated with other similar services.<sup>12</sup>

## OPPORTUNITIES

### Expanding the CHW Profession

There is currently neither a well-defined career path for those interested in becoming a CHW, nor are there clear opportunities for advancement in the CHW workforce. Emphasis on standardizing education and training, providing continuing education options, and outlining possibilities for additional advancement within health and human service organizations could support the expansion of the profession. Standardization of the profession creates a well-defined scope of practice and core competencies needed to do the job, and it provides opportunities for ROI through sustainable funding mechanisms for the profession (i.e., Medicaid reimbursement).<sup>13, 14</sup> Gilkey, Garcia, and Rush suggest that certification could create a divide between CHWs and their clients by requiring traditional professionalization, and this should be considered.<sup>15</sup> However, continuing education and compensation need to be addressed in relation to establishing career advancement opportunities for those who wish to pursue them.

## PATH TO SUSTAINABILITY

In order to ensure the long-term success and implementation of CHWs in Kansas, there are crucial steps that need to be taken to recognize the profession and to establish sustainable funding for CHWs.

### CONTINUE TO COLLECT DATA TO DEMONSTRATE VALUE:

**Work with CHW employers to document the return on investment** CHWs provide from both a health and economic standpoint. This data will help make it easier to convince new employers who might be interested in hiring CHWs as well as educate policymakers and payers. To build the case for long-term support of CHWs, documenting the value of CHWs in terms of financial return on investment, increased healthcare accessibility, and improved health outcomes will be important.

**DEMONSTRATE NON-MONETARY VALUE: CHWs improve the trust between patient and provider.** They help address social needs or social determinants of health for their patients/clients, which healthcare providers are not often well-positioned to address. Helping employers, providers, policymakers and payers understand the breadth of services CHWs can provide and the value of those services will help to better maximize the utilization of CHWs.

**STANDARDIZE EDUCATION AND TRAINING: The diversity of backgrounds, skills and experiences CHWs bring is a strength,** but as the core work - serving as a trusted community member who facilitates access to needed health and social services - remains consistent, there is likely a foundational set of skills and knowledge that would be beneficial for all CHWs to have. To better support the work of CHWs, Kansas is one of several states exploring options for CHW certification. This certification process would provide a baseline level of education and training providing career pathways for CHWs interested in future opportunities and enhancing sustainability of the CHW role in organizations and health care systems.

**EXPLORE ALTERNATIVE FUNDING: CHW funding is largely dependent on grant funding, which is not sustainable for the long-term.** Exploring more sustainable funding through sources such as Medicaid/Medicare, service reimbursement, bundled payment options, and opportunities for cost sharing and other partnerships will be important going forward.

## ABOUT THE KANSAS COMMUNITY HEALTH WORKER COALITION:

Kansas Community Health Worker Coalition convenes those working to further the profession across the state. Their work includes but is not limited to activities such as meeting scheduling and facilitation, support for the executive committee and four subcommittees, basic research and evaluation, and assistance in planning and executing the annual Community Health Worker Symposium.

To learn more about the Kansas CHW Coalition, and for an interactive map showing current CHW availability across Kansas, click [here](#).

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## RESEARCH AND REPORT COMPLETED BY



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## FOOTNOTES

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