

PROMOTING AND EXPANDING POLICY

Promoting and Expanding Community Health Workers Through Policy Change

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Abstract

The purpose of this paper is to explain the pivotal role community health workers (CHWs) play in community health, and their influence on social determinants of health (SDOH) in the communities they serve. There is considerable evidence that supports the positive impact CHWs have on achieving population health, improving patient outcomes and reducing healthcare costs. Additionally, the evidence further supports the integration of CHWs in healthcare systems and organizations to attain these goals. However, there is limited recognition of CHWs by other health professionals, and the sustainability of the CHW workforce is threatened with inconsistent training, qualifications, and scopes of practice across the United States. Advance practice nurses (APNs) have a unique opportunity to promote CHWs through advocacy and activism, which can lead to expansion of their role by a way of national acceptance, policy development and policy enactment.

Keywords: community health worker, healthcare, advocacy, policy, advance practice nurse

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The shift from fee-for-service towards a value-based reimbursement framework, is driving much of the changes we are currently experiencing in our healthcare system. Policy endorsements and practice initiatives proposed by the Centers for Medicare and Medicaid Services (CMS) place community-focused programs at the forefront of strategies that ensure we achieve a culture of health collectively as a nation (Mason et al., 2021). Home health, in particular, is a community-based service where patient satisfaction is higher, healthcare costs are lower and patients experience better outcomes. Community health workers (CHW) are salient contributors of the interdisciplinary group of people caring for patients at home, and are widely acknowledged as essential to addressing inequities in healthcare delivery and outcomes in vulnerable populations (Ingram et al., 2020). However, given the growing interest in CHW programs amid growing evidence that they reduce health disparities by tackling social determinants of health (SDOH), there continues to be challenges to their viability, the certification and training of CHWs, payment and reimbursement, and the granting of resources to solve issues concerning SDOH in communities with the most need (Nkouga et al., 2017). To bring about policy solutions to these challenges, it is imperative that advance practice nurses (APNs) advocate for policies that promote and expand the role of the CHW. As a home health nurse, I experience first-hand the positive impact CHWs have on the success of patients and their families in the community. Advocating for such policies will promote health equity, promote health diplomacy, and protect human rights through collaboration with other health professional and members of the public.

The American Public Health Association (APHA) is an organization that advocates for and promotes the voices of CHWs in the realm of public health. In their description of CHWs,

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the APHA describes the CHW as someone who is:

A frontline public health worker who is a trusted member of and/or has an unusual 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 health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.

(American Public Health Association, 2021, “Community Health Workers” section).

Recognized for their many different titles – outreach workers, community health representatives, patient navigators, peer educators, and health advocates (Martinez & Knickman, 2010) – CHWs provide a range of services and play multiple roles. CHWs enable patients to access and navigate the healthcare system to better manage their health conditions, assist with the coordinate services for patients with multiple chronic conditions, and more importantly, facilitate access to timely primary and preventative care. CHWs also assist with many important day-to-day functions such as medication reminders, transportation to and from doctor appointments, and coordination of social services such as home health aide services and meal delivery. Many of the interventions that integrate CHW services into healthcare delivery systems are associated with reductions in chronic illnesses, increased patient involvement and self-efficacy, improvements in overall community health, thus reduced healthcare costs (Martinez & Knickman, 2010).

Diabetes and heart disease places a significant burden on our health care system. Heart disease is the leading cause of death for women, men, and people of ethnic and racial decent; and in 2017 diabetes was the seventh leading cause of death in the United States (Centers for Disease

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Control and Prevention [CDC], 2020). In addition to the increasing burden of chronic disease, there is also a significant financial burden on our health system with the total direct and indirect costs of diagnosed diabetes in 2017 at an estimated \$327 billion and direct costs of heart disease at \$363 billion each year (CDC, 2020, 2021). As a result, the Community Preventative Services Task Force (CPSTF), established by the United States Department of Health and Human Services (HHS) to make determinations about programs, services, and other interventions to improve population health, provided recommendations for CHWs to engage in interventions that help prevent cardiovascular disease, prevent and manage diabetes (“Announcement: Community Preventative Services Task Force Recommendation for Interventions Engaging Community Health Workers for Diabetes Management,” 2017).

There has been widespread acceptance of the role of CHWs. The growth of CHWs in the realm of health care has occurred, in part of the Affordable Care Act (ACA) because of the emphasis placed on disease prevention, health promotion and health maintenance. In 2010, the United States Department of Bureau and Labor Statistics officially recognized the CHW occupation by adding it to its Standard Occupation Classification system, although their definition of CHWs is slightly different from the APHA definition (Kinnaird, 2014). The National Association of Community Health Workers (NACHW) is one of many CHW associations advocating for national, state, and local acceptance of APHA’s definition for CHWs as a way to standardize the profession, help establish a professional identify, and generate cohesion among CHWs (Cacal et al., 2019). Standardizing CHW roles and scope of care/practice across the nation will also allow for insurance reimbursements, stabilized federal funding, increased job stability, and greater integration of CHWs within healthcare and social services, which can facilitate the adoption of CHW policies nationally (Cacal et al., 2019). CHWs are

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members of the interdisciplinary team who provides services to patients in their homes. Other members of the interdisciplinary team consist of Registered Nurses (RNs) Physical Therapists (PTs), Occupational Therapists (OTs), and Speech Language Pathologists (SLPs) – all of which provide skilled services. Medicare considers skilled care services to be services that are medically necessary, carried out by a skilled nurse or therapist (Medicare Interactive, 2021). As lay health educators, CHWs are trained to address patients' urgent non-clinical or non-skilled needs related to SDOH such as housing, transportation, access to nutritious foods, language and literacy concerns, and ensuring safe housing (Mason et al., 2021). As patients get discharged to home from the hospital with much higher acuity and more social complexities than before, the need for skilled and non-skilled services and interventions at home are greater. As a result, the integration of RNs, therapists and CHWs is integral to ensuring patients reach optimal health after a significant transfer of care. In an effort to scale-up the CHW frontline workforce, the Penn Center for Community Health Workers (2018) conducted several randomized controlled trials which gave way to a standardized and generalizable model called Individualized Management for Patient-Centered Targets (IMPACT). Their evidence-based model provides a framework that supports the use of CHWs for achievements towards improving patient experiences, improving population health, while reducing healthcare costs (Mason, et al., 2021). IMPACT has become the most widely disseminated CHW program in the United States with multiple organizations replicating the model across 18 different states across the country (Penn Center for Community Health Workers, 2018).

The APHA definition for CHWs previously discussed, serves as the nationally-accepted definition and key model used to influence policies that define CHWs' field and scope of practice. Cacal et al. (2019) used policy and legislative tracking data to create a list of states that

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included information on existing legislation, CHW definitions, and any CHW-related programs such as education/training, certifications, and associations/organizations. Of the 50 states, 18 had either a working definition for CHWs, or passed a legislative bill addressing CHWs' role and scope of practice; of the 18 states, only three states adopted the APHA definition in its entirety – Arizona, Illinois, and Maryland (Cacal et al., 2019). The lack of a standard definition, voluntary certification, appropriate training, ongoing professional development, and inconsistent set of core competencies and scope of practice can lead to the ineffective use of CHWs in multidisciplinary healthcare teams. Many bills were introduced in multiple states across the country, including Pennsylvania, but they failed to progress through the legislative process. The lack of CHW legislation can be a result of multiple factors. However, it does indicate that active CHW engagement and strong relationships in the form of healthcare allyship are needed to successfully develop and pass CHW legislation.

Advanced Practice Nurses (APNs) are uniquely positioned to have a direct impact on the promotion and expansion of healthcare policy related to CHWs. More specifically, Nurse Practitioners (NPs) who serve as primary care providers have a unique responsibility to impact policies through their advocacy and activism. The Code of Ethics for Nurses establishes that nurses must advocate for the rights, health, and safety of patients, families, and communities (American Nurses Association [ANA], 2015). Advocating for patients and their families is an act that is innate to many, if not all nurses. However, within the realm of policy and politics, many nurses are not aware of how they can exercise their expertise as advocates on a larger scale. APNs can engage in the political process through activities such as voting, campaigning for candidates they support running for office, donating to political action committees (PACs), and educating elected officials about important issues at the state and federal levels (Mason et al.,

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2021). The Patient Protection and Affordable Care Act (ACA), the most important piece of legislation of our time, increased the national recognition of the CHW workforce because of the commitment to disease prevention and health promotion. This national recognition brought to light how fragmented the CHW workforce is and the need for comprehensive policy changes that are needed at the state and federal levels. By engaging in the political and policy processes, APNs can contribute to these comprehensive changes in a major way to ensure CHWs are being used effectively to meet public health goals.

The thought of the policy making process can be very overwhelming. However, there are simple steps APNs can take that will have major impact. For example, joining interest groups can stimulate change from awareness about a particular problem to action in the form of policy development. For NPs, the American Association of Nurse Practitioners (AANP) can be such interest group that will champion and amplify the NP voice and role in the policymaking process. (AANP, 2018). NPs are members of the healthcare team who can speak knowledgeably about the needs of patients, families and communities they serve (Mason et al., 2021). NPs also understand how SDOH present barriers to the health of those they care for, and how CHWs are essential members of the healthcare team trained to address SDOH. Therefore, it is imperative that NPs bring the known challenges and barriers the CHW workforce currently experience to the attention of those who have the power to implement a solution; professional organizations like AANP can be the start for such change to occur. In addition to having a voice within professional organizations, APNs should also seek to talk to their local representatives in an effort to bring their advocacy for CHW policies to the forefront of political campaigns.

APNs should also seek to influence their respective state departments of public health when advocating for CHWs policies. State health departments have a substantial and significant

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role in the policy process, which includes analyzing data to identify patterns and opportunities for intervention; researching, assessing, and prioritizing policy options; identifying and connecting with stakeholders to gather feedback, apply communication strategies, and deliver pertinent information; presenting evidence to key decision makers about policy components and potential effects; educating the public about existing policies; and evaluating the impact of policies (CDC, 2019). Many states departments across the country have influenced CHW polices to some capacity. For example, a provision of the 2006 Massachusetts law required the Massachusetts Department of Public Health (MDPH) create proposals for building a sustainable CHW program (Mason et al., 2011). This specific legislation resulted from the advocacy of their statewide CHW association and their allies which included RNs, APNs, and other members of the healthcare team. Massachusetts was successful in passing a subsequent piece of legislation in 2010 that required the MDPH to develop a board of certification for CHWs, intended to advance the CHW workforce and their public health goals (Mason, et al., 2011). Another example of passed CHW legislation occurred in Minnesota in 2007 which allowed for reimbursement of CHW services under Minnesota's Medicaid program (Minnesota Department of Health, 2021). In 2008, CMS approved a Medicaid State Plan Amendment that authorizes payment for CHWs who work under Medicaid-approved providers, thus securing consistent funding for the CHW workforce in Minnesota (Martinez & Knickman, 2010). Creating policies in the United States is, to a great extent, a process of continuous adjusting of policies that already exist (Mason et a., 2021). APNs can use what has already been done in other states as a guide to help them influence the changes they want to see in their state and local communities. Therefore, it is important for APNs to be educated and aware of legislation that has been passed in other area of the country that address CHW training/certification, scope of practice standards, and sustainable

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funding.

Advance Practice Nurses (APNs) who serve in the role as primary care providers should be at the forefront of advocating for the standardization and expansion of CHW roles in their communities. NPs are central agents to bring about the change from primary care to primary health care (PHC), which is described as the transition towards prevention, wellness, health, and successful management of chronic diseases (Black et al., 2020). Care coordination is essential to patients achieving health and preventing disease. Because NPs play a significant role in coordination of care by referring patients to CHW services, it is incumbent of NPs to ensure that the CHW services patients, their families and communities receive is clearly defined and well-integrated in our health care system. APNs support and care for patients, families and communities with complex social issues that are not always addressed during regular office visits. Therefore, referring patients to a CHW program will ensure their social needs are assessed appropriately, timely. APNs not only use advocacy to support physical health, but also to support healthy environments often times threatened by SDOH (Hopper, 2018).

Our nations current health reform law acknowledges the value of CHWs and calls for them have more of a presence in achieving the triple aim – improving the health of our populations, improving patient care experiences and outcomes, and reducing per capita costs of healthcare (Institute for Healthcare Improvement, 2021). The enactment of the ACA created a sense of urgency to integrate CHWs into our healthcare system in a meaningful and impactful way. APNs, particularly, NPs working in primary care, have a unique responsibility to not only advocate for universal CHW policies that address challenges and barriers, but also to be involved in informing and developing CHW legislation across the United States. With the advocacy of APNs across the country, the hope is that all 50 states, including the District of Columbia, will be

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able to adopt the universal APHA definition for CHWs and use the IMPaCT model as a framework to develop evidence-based CHW programs in cities with vulnerable populations.

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