ADA’s 65th Advanced Postgraduate Course

Engaging Community Health Workers in Working with Diverse Populations

Betsy Rodríguez MSN, DE
Division of Diabetes Translation
Centers for Disease Control and Prevention

Disclaimer

The findings and conclusions in this presentation do not necessarily represent the official position of the Centers for Disease Control and Prevention.

The Centers for Disease Control and Prevention “provides administrative, research, and technical support for the Community Preventive Services Task Force.”

Disclaimer

3

• Jeff Reynolds, MPH
• Verughese Jacob, PhD

Credits

Community Guide Branch
Division of Public Health Information Dissemination
Center for Surveillance, Epidemiology, and Laboratory Services

Agenda

• Introduction to the Community Guide and the Community Preventive Services Task Force (CPSTF)
• Findings from systematic reviews on the effectiveness of Community Health Worker (CHW) interventions
  – Cardiovascular disease prevention
  – Diabetes prevention
  – Diabetes management
• Review Summary
• Community Guide Resources
• Standards of Medical Care in Diabetes – 2018-Tailoring Treatment for Social Context

Our Public Health Challenge...

30 million Americans have diabetes

84 million Americans have prediabetes

What is the evidence?
What is The Community Guide?
- Credible source of systematic reviews and findings of the Community Preventive Services Task Force (CPSTF)
  - Independent, nonfederal panel of 15 public health and prevention experts
  - Provides evidence-based findings and recommendations to improve health
- Focus on population-based interventions
  - Communities
  - Health care systems

What is Considered in a Community Guide Review?
- Population
- Intervention
- Outcomes (Behavior, Health)
- Reduced Morbidity and Mortality
- Enhanced Health Equity
- Interventions (Policy, Service, or Program)
- Is the evidence applicable to "my population"?
- Barriers?
- Key Effect Modifiers
- Economics
  - Benefits
  - Costs
  - Additional Benefits?
  - Potential Harms?

Minimum Requirements for a CPSTF Conclusion on Intervention Effectiveness
- A Body of Evidence
  - Fewer studies if higher quality
  - More studies if lower quality
- A Demonstration of Effectiveness
  - Adequate Magnitude of Effect
  - Most studies demonstrated an effect in the direction of the intervention for one or more health outcomes or outcomes linked to health
  - The effect(s) demonstrated across the body of evidence is meaningful in a public health or population context

Findings from Community Guide Systematic Reviews on the Effectiveness of Interventions Engaging Community Health Workers
Community Health Workers: Updated Roles and Models

Now 10 CORE ROLES*

1. Cultural mediation
2. Culturally appropriate health education and information
3. Ensuring people get services
4. Coaching and social support
5. Advocacy
6. Building/individual or community capacity
7. Direct services
8. Implementing individual and community assessments
9. Conducting outreach
10. Participating in evaluation and research

* The Community Health Worker Core Consensus (C3) Project 2016
† HRSA 2007

Intervention Definition: Models of Care

- Community health workers engage in one or more of the following models of care
  - Screening and health education. CHWs deliver individual or group education on health behavior change and self-management, provide adherence support for medications, and monitor or screen for patient’s blood pressures, cholesterol, and behavioral risk factors.
  - Outreach, enrollment, and information. CHWs reach out to individuals and families who are eligible for medical services, help them apply for these services, and provide proactive client follow-up and monitoring, such as appointment reminders and home visits.
  - Member of a care delivery team. CHWs partner with the patient, their primary care provider, and other health professionals to improve coordination of care, education, and support.
  - Patient navigation. CHWs help individuals and families navigate complex medical service systems and processes to increase their access to care.
  - Community organization. CHWs facilitate self-directed change and community development by serving as liaisons between the community and healthcare systems.

Diabetes Prevention: Interventions Engaging Community Health Workers

- Almost all were from the U.S. (21 studies); some were conducted in urban areas (7 studies)
- Population
  - Included adults and older adults with majority female
  - Mainly enrolled clients from medically underserved populations
    - 100% Hispanic (9 studies)
    - 100% African American (1 study)
    - 100% Asian (3 studies)
    - Low-income ($≤30,000) (5 studies)
    - Median education less than high school (11 studies)
  - Limited information on youth and older adults

Results: Characteristics of Included Studies (n=22)
Results: Characteristics of Included Studies

- CHW interactions were one-on-one (4 studies), group sessions (7 studies), or a combination (8 studies; most often group sessions followed by in-person contact or telephone contact).
- More than half of interventions lasted ≤12 months (19 studies).
- Half of the studies ≤100 participants (11 studies).

Community Preventive Services Task Force Finding

- The Community Preventive Services Task Force recommends interventions engaging community health workers for diabetes prevention based on sufficient evidence of effectiveness in improving glycemic control and weight-related outcomes among people at increased risk for type 2 diabetes.
- Some evidence suggests interventions adapted from the U.S. Diabetes Prevention Program (Diabetes Prevention Program Research Group 2002, NIDDK 2016) reduce rates of progression to type 2 diabetes.
- Interventions engaging community health workers for diabetes prevention, which are typically implemented in underserved communities, can improve health, reduce health disparities, and enhance health equity.

Results: Characteristics of Included Studies

- Most were from the U.S. (39 studies); nearly half were from urban areas (21 studies).
- Population:
  - Included adults and older adults with majority female.
  - Mainly enrolled clients from medically underserved populations:
    - ≥75% or 100% Hispanic (17 studies)
    - 100% African American (2 studies)
    - 100% Asian (3 studies)
    - Low-income ($≤30,000) (17 studies)
    - Median education less than high school (15 studies)
    - Limited information on youth, older adults, type 1 diabetes.

Diabetes Management: Interventions Engaging Community Health Workers

- CHW interactions were one-on-one (9 studies), phone calls (3 studies), group sessions (10 studies), or a combination of all three (19 studies).
- More than half of interventions lasted between 6 and 12 months (26 studies).
- Half of the studies had more than 100 participants (22 studies).

Community Preventive Services Task Force Finding

- The Community Preventive Services Task Force recommends interventions engaging community health workers for diabetes management based on strong evidence of effectiveness in improving glycemic and lipid control among participants with diabetes and reducing their healthcare use.
- Interventions engaging community health workers for diabetes management are typically implemented in underserved communities and can improve health, reduce health disparities, and enhance health equity.
Summary of the CHW Reviews

CHW Models of Care and Core Roles

Applicability

Considerations on Implementation

Evidence Gaps

Considerations for Implementation

- The Centers for Medicare and Medicaid Services
  - Reimbursement for preventive services delivered by CHWs when recommended by a physician or other licensed practitioner
  - States are working on implementation

- Few studies provided information on CHW training standards, credentialing and certification
  - Training and certification programs are being established or planned through laws, regulations, and statutes in many states (ASTHO, 2016)
  - Provide ongoing continuing education and training
  - Training includes aspects on collaboration with other providers

- CHW integration into health care systems
  - Scope of work considerations
  - Communication with other providers
  - Centralizing CHW services through an organization (e.g., health department)

Considerations for Implementation (cont.)

- CHWs act in a broader range of roles and models in diverse settings
  - As a member of team-based care (TBC)
  - As a member of a care delivery team (e.g., nutritionist, exercise physiologist)
  - As the primary implementer of intervention

- Diabetes prevention
  - National Diabetes Prevention Program provides a growing infrastructure for community-based programs
  - Information and tools for public, health care providers, and programs
  - Program standards (e.g., content, intensity, format, training)
  - Trained CHWs as lifestyle coaches

Evidence Gaps

- CHW reimbursement and funding
  - More information on CMS implementation and funding of CHW services through clinic- or community-based providers

- Models of care
  - More evidence on interventions engaging CHWs as navigators and community organizers

- Lack of reporting on CHW characteristics
  - More information on recruitment, supervision and performance evaluation

- More evidence on programs conducted in rural areas
- More evidence is needed on effectiveness of large-scale programs (i.e., >500 participants)

Evidence Gaps (cont.)

Diabetes prevention and management

- The population was majority female across the interventions
  - More information on the recruitment and retention of males would be useful

- A1c as primary outcome only
  - Studies are not designed to detect or do not frequently report on blood pressure control, lipid control, and weight control
  - Improved study designs and reporting methods are needed to evaluate the impact of A1c changes on other clinical outcomes

Overall Summary

- CPSTF recommends interventions engaging CHWs on evidence of effectiveness
  - Diabetes prevention
  - Diabetes management

- Implemented in undeserved communities and can improve health and health equity

- CHWs can perform diverse roles in many settings

- Economic evidence: cost-effective
1. Improving Care and Promoting Health in Populations

Tailoring Treatment for Social Context

**Key Recommendations:**

- Providers should assess social context, including potential food insecurity, housing stability, and financial barriers, and apply that information to treatment decisions. A
- Refer patients to local community resources when available. B
- Provide patients with self-management support from lay health coaches, navigators, or community health workers when available. A

“Part of my experience of being a CHW has been the ability to “seamlessly” integrate and translate my clinical knowledge with my own knowledge, respect, understanding, and the reciprocal trust of my community. Both are of equal importance, and both add to my effectiveness.”

~Durrell Fox, CHW

Community Resources Experts

- Navigator
- Chronic Disease Manager
- Benefits expert
- Health Educator
- Counselor

“Nothing about us, without us!”

“Don’t talk about. be about it”
Learn More at www.thecommunityguide.org


• CHW Diabetes Management: https://www.thecommunityguide.org/findings/diabetes-management-interventions-engaging-community-health-workers

• Submit your story: https://www.thecommunityguide.org/content/the-community-guide-in-action

Thank you for your time!
For more information email bjr6@cdc.gov

Additional References


Community/Health Worker Core Consensus (C3) Project. Available at URL: http://chrllc.net/id12.html

Community/Health Worker Core Consensus (C3) Project document. Available at URL: https://cph.ufl.edu/content/1575950-4451-9b98-a8-7-1-4-e0b4-c0b2.pdf


For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-222-5486 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.