In 2012, the American Public Health Association (APHA) provided six awards to strengthen health departments’ capacity to reduce health inequities through policy development, implementation, and/or evaluation. The following describes the efforts of one of the awardees.

**EXPLORING THE ROLE OF COMMUNITY HEALTH WORKERS**

**SEATTLE & KING COUNTY**

**STRATEGY: POLICY DEVELOPMENT**

**Goal:**
Create an environment that will support the deployment of community health workers (CHWs) as a primary strategy to improve the health of vulnerable populations at both the individual and community levels.

**Population Impacted:**
Primarily low-income populations served by Medicaid and other vulnerable populations.

In 2012, the American Public Health Association (APHA) provided six awards to strengthen health departments’ capacity to reduce health inequities through policy development, implementation, and/or evaluation. The following describes the efforts of one of the awardees.

**BACKGROUND**
By 2014, the Affordable Care Act (ACA) will expand Medicaid coverage to nearly 355,000 more Washingtonians, and an additional 460,000 will be eligible for subsidies that put affordable health insurance within reach. This expansion of covered individuals presents an unprecedented opportunity to significantly impact the health of vulnerable populations in Washington and, more locally, King County. (In King County, one of every five residents — more than 420,000 adults and children — live below 200% of the federal poverty level.) Yet, with that opportunity the health care system also faces significant challenges in terms of preparation for the influx of new patients.

As knowledge and evidence of their value grow, community health workers (CHWs) are gaining greater recognition as integral members of health care teams. During brief office visits, physicians are often unable to build meaningful relationships with patients or address barriers to compliance with care plans. CHWs, in contrast, can spend more time with each patient, presenting information in a culturally competent manner. Additionally, as Washington reforms its health care financing and delivery systems as a result of the ACA, CHWs can perform functions related to outreach, enrollment, and care coordination. However, Washington State has not issued any guidelines regarding the definition of a CHW or CHWs’ scope of practice, qualifications, or reimbursement. Thus, in order to explore opportunities for expanding the use of CHWs in Washington, Public Health — Seattle and King County (PHSKC) and its partner the Comprehensive Health Education Foundation (CHEF) undertook a project to identify the evidence base for utilizing CHWs and synthesize stakeholder views.
PROCESS

PHSKC successfully identified more than 40 stakeholders representing health systems and plans, professional associations, local health departments, CHWs, and others, as well as internal health department stakeholders interested in CHWs. PHSKC developed a list of questions for stakeholders to help define core issues, opportunities, and obstacles to expanding the use of CHWs. Focus groups or key stakeholder interviews were held with CHWs and supervisors, health insurance plans, and health systems, while additional conversations were held with stakeholders such as the Washington State Department of Health, the Washington State Nurses Association, the Prevention Alliance (a new statewide coalition focused on prevention of chronic diseases), and the Children’s Alliance (a highly respected statewide coalition focused on children’s policy issues). In addition, CHEF hosted a one-day statewide summit in March 2013 to support prevention leaders and practitioners in meeting their needs in response to the changes in health care reform. Through discussions in breakout sessions with national experts, participants learned about the various processes that states have gone through to identify approaches to including CHWs in health care initiatives. More than 175 people attended the summit, including representatives of health plans, local health departments, state agencies, colleges/universities, professional associations, and community-based organizations.

OUTCOMES

The focus groups and interviews showed that there was agreement on the definition of CHWs and the need to develop core and specialized CHW training programs and a sustainable funding mechanism, while there was disagreement on minimum educational levels. At the same time, there were more questions than answers in many areas. Most people, even within the medical establishment, did not understand the role of CHWs. There was a perceived threat to nurses and social workers because the CHW role is not clearly defined and understood. On the basis of these findings, PHSKC and CHEF recommended that an exploratory task force be convened to develop a roadmap and steps each key stakeholder would need to take to establish a CHW workforce for the state.

PHSKC and CHEF engaged in several efforts to educate their stakeholders about CHWs, as follows.

- A web-based toolkit describes why CHWs are important and how they have been utilized.
- An issue brief describes expanding the use of CHWs and a white paper articulates the costs and benefits of deploying CHWs as part of the health care system.
- Presentations were made to the Community Health Executive Leadership Forum (directors of local health department nursing sections throughout Washington), consultants to PHSKC who are working on an integration project to better link public health and human services within the county government, and PHSKC’s internal health care reform team.

NEXT STEPS

In addition to promoting awareness of the benefits of the use of CHWs described above, PHSKC and CHEF have taken several steps to ensure that their project continues to move forward, such as including CHWs and their supervisors in discussions; building relationships with other departments internally, which may lead to new initiatives; moving forward with plans to seek reimbursement for specific CHW services in PHSKC’s asthma and diabetes prevention home visiting programs; and participating in the Prevention Alliance.

---
