



COMMUNITY HEALTH WORKERS

Connecting, educating, and supporting patients

- ❖ Community health workers (CHWs) serve as liaisons or intermediaries between health services and the community in order to facilitate access to services and improve the quality and cultural competence of service delivery.
- ❖ CHWs have the capacity to **join healthcare teams and greatly assist in type 2 diabetes prevention and management.**
- ❖ New Jersey **has not yet integrated CHWs into care teams.** In order for the CHW workforce to fully contribute to the prevention and management of type 2 diabetes, the state must develop the profession and create pathways to sustainable reimbursement.

What roles can community health workers (CHWs) play in the healthcare system?

CHWs can provide many services including assisting individuals and communities to adopt healthy behaviors, conducting outreach for healthcare providers or organizations, and helping implement community programs that improve health. CHWs may also provide information on available resources, social support and counseling; advocate for individuals and community health needs; and provide services such as first aid and blood pressure screening. Currently, CHWs are not reimbursable providers in either the New Jersey Medicaid program or other insurance programs. If a community health center or primary care office wants to hire a CHW, the funding for his or her salary must come out of general operating expenses or a grant. This is not sustainable because grant funding is almost always temporary.

Check out CHWs in the
New Jersey PATHS Report:
pp. 117–119

What are the benefits of CHWs?

CHWs have potential to help communities and high-needs patients manage diabetes. In a meta-analysis of 18 studies, involvement of CHWs was associated with greater improvements in diabetes knowledge, positive lifestyle changes, increased self-management behaviors, and decreased use of the emergency department.

What should New Jersey do?

1. New Jersey should **develop formal certification requirements** and a **statewide CHW curriculum** that reflects core competencies and any disease-specific training needed for particular jobs a CHW might seek. To do this, New Jersey must build a stakeholder group that includes CHWs, physicians, nurses, and other healthcare providers to develop the certification and curriculum standards. The Department of Health may be well-positioned to convene this group.
2. Providers and payers should **negotiate per-member-per-month fees or bundled payments that include the cost of CHW services.** This would encourage high-quality care, rather than high-volume care, while reducing administrative costs associated with fee-for-service billing.

FOR MORE INFORMATION, CONTACT:

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