

*ARIZONA HEALTH FUTURES  
Policy Primers: a nonpartisan  
guide to a better understanding  
of key terms and issues in the  
Arizona health policy landscape.*

## Community, Health, Savings: The Power of Community Health Workers in an Evolving Healthcare System

Juan's "numbers" didn't lie. They were too high for the Arizonan whose doctor repeatedly had warned him of the serious health risks the numbers could cause – diabetes-induced blindness, kidney failure and amputation. Juan\* was living dangerously by not making healthier choices.

But then he connected with Norma Moran.

What his doctor told him – about a diet of too many carbs and too few veggies, about low exercise and high cholesterol levels – made more sense coming from Norma, a community health worker at the Sunset Community Health Clinic in Juan's neighborhood.

Juan got off the slippery slope of serious health complications with Norma's help and guidance. Because of work that is typical of a community health worker, the Arizona healthcare system is more likely to avoid the significant costs associated with poor management of a common chronic disease like diabetes.

*\* Name has been changed to respect the patient's privacy.*



St. Luke's Health Initiatives

*A Catalyst for Community Health*

This policy primer discusses the importance of integrating community health workers into an evolving healthcare system in ways that improve cost-effectiveness and health outcomes for Arizonans.

The community health worker (CHW) model is a time-tested, culturally relevant method of reducing the costs of healthcare while improving quality of care and health outcomes. For example, studies on the CHW model show:

- **\$2.92 in cost savings for every dollar spent** for managed health care coordination<sup>1</sup>
- **\$6.10 in cost savings for every dollar spent** providing self-management education and care coordination for diabetics<sup>2</sup>
- **\$4.01 in cost savings for every dollar spent** on childhood asthma management by reducing urgent visit and hospital costs<sup>3</sup>

But despite a history of success, community health workers do not have a clearly defined, financially secure place in our healthcare infrastructure. The uncertainty surrounding a sustainable future for these workers hinders Arizona’s ability to meet ongoing healthcare delivery challenges of changing demographics, geography, and a workforce shortage.

Arizona has a long history of implementing cost-effective healthcare policies. For more than 30 years, the Arizona Health Care Cost Containment System (AHCCCS), our Medicaid program, has been a model of managed care. National attention to health insurance and healthcare delivery requires Arizona keep a keen focus on efficiency and productivity. In 2010, Congress enacted health-insurance reform measures with the goal of creating a “prevention-oriented society.” It created a National Prevention Council and National Prevention Strategies, both of which recognize the importance of a community health approach to prevention and wellness.<sup>4</sup> This policy primer discusses the importance of integrating community health workers into an evolving healthcare system in ways that improve cost-effectiveness and health outcomes for Arizonans.

## Model of Efficiency

Community health workers – also known as *promotores de salud*, community health advisors, patient navigators, care coordinators, community health representatives, lay health advisors, home visitors, outreach workers, wellness coaches and community health advocates – have worked across Arizona and with underserved and marginalized populations since the 1960s. They are community leaders who share the language, socioeconomic status and life experiences of the people they serve. They fill an important gap in health prevention by reaching communities that are isolated by geography, language or culture. They work with urban, rural and tribal communities. In Arizona, they speak a variety of languages, including Chinese, Arabic, Farsi, Spanish, Somali, Burundi, American Sign Language, Native languages, and a number of European languages.

Community health worker roles include:

- **COMMUNITY OUTREACH:** Increasing access to culturally appropriate healthcare
- **PATIENT EDUCATION:** Increasing healthy behaviors, early disease detection, self-management
- **CARE COORDINATION:** Linking patients with services to reduce acute care needs and avoid hospitalizations

Some CHWs are housed within community clinics while others dedicate their time to other activities such as providing home-based services to families. Their unique presence is

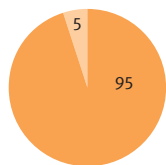
## What is a Community Health Worker?

*“A frontline public health worker who is a trusted member of and/or has an in depth understanding of the community served. This trusting relationship enables the CHW 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 the service delivery. A CHW 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 (APHA)

### A Profile of CHWs in Arizona

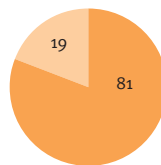
The following are findings from the 152 self-identified CHWs in Arizona who completed the 2014 National Community Health Worker Advocacy Survey.



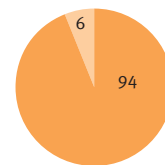
PREDOMINANTLY FEMALE

8.4

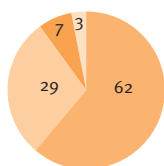
AVERAGE YEARS WORKED AS CHW



MOST CHWs HAVE COMPLETED SOME COLLEGE OR HIGHER



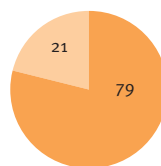
MOST “AGREE” TO “STRONGLY AGREE” WITH THE APHA’S DEFINITION OF A CHW



62% HISPANIC/LATINO(A)  
29% AMERICAN INDIAN/  
ALASKA NATIVE  
7% WHITE  
3% BLACK/  
AFRICAN AMERICAN

37.6  
8.6

37.6 AVERAGE WEEKLY HOURS FOR PAID CHWs  
8.6 AVERAGE WEEKLY HOURS FOR NON-PAID CHWs



MOST CHWs WORK AT A COMMUNITY-BASED ORGANIZATION, FEDERALLY QUALIFIED COMMUNITY HEALTH CENTER OR TRIBAL HEALTH DEPARTMENT

\$10,000-  
35,000

AVERAGE ANNUAL INCOME FOR OVER HALF OF CHWs

Source: National Community Health Worker Advocacy Survey: 2014 Preliminary Data Report for Arizona. Zuckerman College of Public Health, Arizona Prevention Research Center, University of Arizona, Tucson, Arizona.

*There are more than 800 recognized CHWs in Arizona providing a variety of services within the continuum of care.*

especially important for underserved and vulnerable populations like pregnant women, homebound older adults, and families with children with special healthcare needs. These groups experience more challenges accessing services and managing chronic disease; this, in turn, can lead to the overuse of emergency rooms.

A properly structured and reliably resourced CHW model is an important bridge between medical expertise and community comprehension, between medical recommendations and patient compliance, and between cost and effectiveness. According to ExploreHealthCareers.org, “This trusting relationship enables CHWs to serve as a link between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.”<sup>5</sup>

The CHW model is recognized nationally as a way to address health inequities. Because of its success, many government agencies, nonprofit organizations, faith-based groups and healthcare providers have created paid positions for community health workers to help reduce, and in some cases eliminate, the persistent disparities in access to healthcare and health outcomes in underprivileged communities.

Several organizations in Arizona are promoting and supporting CHW services. In early 2014, St. Luke’s Health Initiatives (SLHI) collaborated with Saguardo Evaluation Group (SEG) to identify efforts to sustain CHWs in Arizona, and to extend an opportunity to agencies using community health workers to talk about their areas of expertise, current funding sources, successes, and challenges.

Below: Norma Moran discusses health care insurance eligibility with a Yuma community member. Community health workers like Norma fill an important gap in health prevention by reaching people who are isolated by due to geography, language or culture.



## Comienzo Sano

In 1987, Comienzo Sano (Health Start) was launched in Yuma County to provide prenatal outreach and education programs through CHWs. Today, Health Start serves women and children throughout Arizona. Researchers in the state collaborated with community organizations to develop, implement and evaluate programs using the CHW model.

- Mothers receiving CHW services through the Health Start program were more likely to have normal-weight babies than non-Health Start mothers.
- Patients with diabetes who attended CHW education classes and received ongoing social support improved their self-management behaviors and significantly lowered their blood pressure and glucose levels.
- Community members in a variety of CHW health-promotion programs successfully changed health behaviors and lowered their body mass index, blood pressure and cholesterol.
- Women who received a CHW visit were 35 percent more likely to go to the local community center for a chronic disease screening.

Through these conversations, SEG learned there are more than 800 recognized CHWs in Arizona providing a variety of services within the continuum of care – outreach, health education, self-management, care coordination, and care transition.

But these workers largely lack professional recognition as a workforce. Most CHW positions continue to be entirely volunteer, low-wage, part-time and/or temporary jobs without benefits. Most agencies delivering CHW programs lack the sustainable funding needed to provide continual services.

## A System Under Pressure

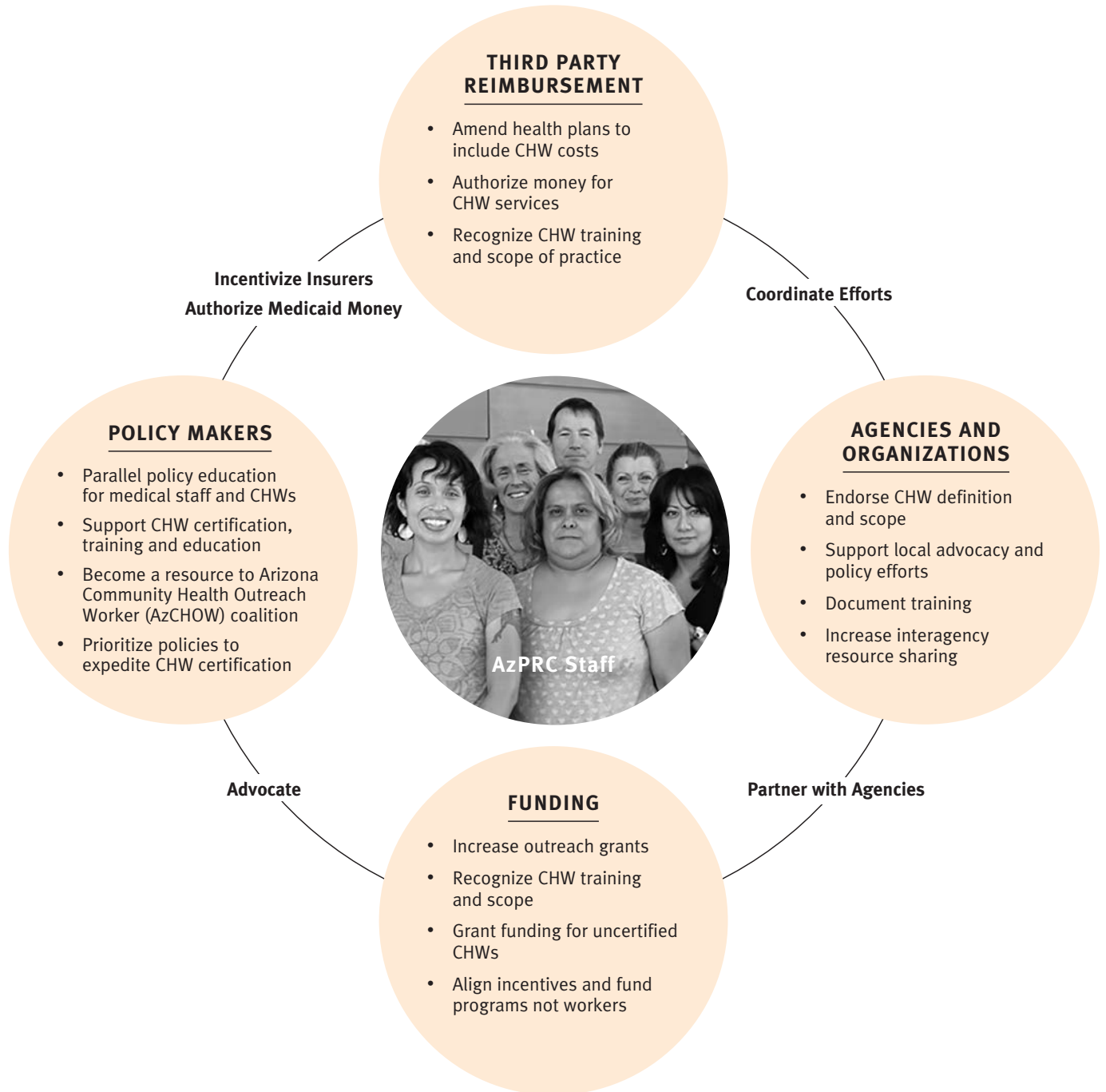
Just as our neighbor Juan’s “numbers” don’t lie, population trends and chronic disease statistics also tell some truths about the condition of our healthcare system. It is under stress from high-use and the high costs of the current delivery model. Left untreated with sound policy interventions, the numbers will not improve. Goals of improving the quality of health-care, enhancing population health, and reducing healthcare costs will go unmet.

In 2029, the year the youngest Baby Boomers turn 65, adults over the age of 65 are projected to be 20 percent of the U.S. population, up from 12 percent in 2012.<sup>6</sup> Those numbers will be felt more acutely in Arizona, a growing state that already has an older adult population that is higher than the national average.<sup>7</sup> A “graying” population poses unique and acute healthcare challenges.

The Arizona healthcare system also is challenged by a significant cultural and ethnic shift. The state has a fast-growing Latino population that is significantly larger than the national average (30 percent to 17 percent), as is the number of households where a language other than English is spoken in the home (about 27 percent to 21 percent).<sup>8</sup>

*The People of Color Network has an active peer workforce of 20+ CHWs providing services to children and adults integrating behavioral health, physical health and coordination of care.*

# Creating a Sustainable CHW Workforce in Arizona



And let's not forget our geography. Most Arizonans live in a few urban areas. In 2014, Maricopa County's population grew more than all but one other county (Harris County, Texas) in the nation.<sup>9</sup> But most of the state's land mass is designated frontier or remote by the federal government. An accessible, responsive, efficient healthcare system in Arizona must serve people young and old in a multicultural society in rural and urban settings.

Beyond geography and demographics lies another disturbing health trend: the growing number of people of all ages and backgrounds with multiple chronic conditions (MCC). MCC are two or more chronic conditions (a physical ailment or a mental or cognitive disorder) that last at least a year and require ongoing medical care.<sup>10</sup> One in four Americans has multiple chronic conditions, including one in 15 children.<sup>11</sup> Among adults 65 years of age and older, as many as three-quarters of people have MCC.<sup>12</sup> About two-thirds of Medicare beneficiaries have MCC.<sup>13</sup> Medicare costs of treating people with multiple chronic conditions are huge and growing.

Population trends, demographic shifts and disease management challenges will surge into an Arizona healthcare system already suffering from a shortage of workers. Many regions of our state are considered "Medically Underserved Areas" (AzMUAs) or "Health Professional Shortage Areas" (HPSAs).<sup>14</sup> AzMUAs cover most of Arizona's geographic area, including all of Apache, Cochise, Graham, Greenlee, La Paz, Navajo and Yuma counties. Every county has AzMUAs, including the urban area of Maricopa County.<sup>15</sup> Much of the state also is designated a "Primary Care Health Professional Shortage Area".<sup>16</sup> In June 2014, Arizona had 418 federally designated HPSAs.<sup>17</sup> To eliminate the designations, Arizona needs 442 primary care professionals, 441 dentists and 204 psychiatrists, to practice in underserved areas.<sup>18</sup>

With proper support and formal status in healthcare, a CHW model tailored to meet Arizona's unique challenges could help relieve pressure on a stressed healthcare system and better serve a growing, diverse population in a changing healthcare delivery environment.

## A Part of the *Solution*

Juan was referred to the community health worker system because his doctor could not get him to embrace key lifestyle changes. It was through a CHW-led nutrition class that Juan learned about diabetic symptoms and complications. Norma, the community health worker, taught him how to inject insulin and directed him to a patient-assistance program that helped him get his medications at an affordable cost.

Juan's numbers improved dramatically, which lowered his risk of serious, costly health complications. The improved health of Juan and others like him helps relieve stress on the Arizona healthcare system.

Community health workers connect people to activities that create and maintain healthy behaviors. They are part of the national strategy to improve cost-efficiency and increase effectiveness of healthcare and wellness programs. Arizona can align its prevention efforts with those outlined in the National Prevention Strategy and in Healthy People 2020 by establishing a sustainable CHW workforce.<sup>19</sup>

Adopting a definition of community health workers and establishing credentials and certification policies will establish a clear role for CHWs in the healthcare infrastructure. Public

*Arizona Living Well Institute is leading the way for agencies to track the work of CHWs and secure third party reimbursement through the development of a web-based, integrated participant referral and tracking system.*

*AzCHOW was established to serve CHWs around the state in areas of community health education, advocacy, and policy.*

and private reimbursement models can help stabilize and sustain the CHW workforce. For example, a Medicaid rule change that took effect in 2014 encourages formal, expanded roles for community health workers. It allows fee-for-service reimbursement for the kind of prevention and healthcare work done by community health workers if a physician or other licensed practitioner recommends the services.<sup>20</sup>

The Arizona Community Health Outreach Workers Network, Inc. (AzCHOW) is a statewide non-profit founded in 2001 as a professional development association of, by, and for community health workers. It was established to serve CHWs around the state in areas of community health education, advocacy, and policy. The network is comprised of CHWs, including promotores de salud, community health representatives, community health advisors and other related titles, and the University of Arizona (UA), state and local health departments, community health centers, and area health education centers.

The University of Arizona Prevention Research Center has provided long-standing support, infrastructure development, and evaluation of viable strategies for sustaining CHWs in Arizona. In 2013, the UA Prevention Research Center, in collaboration with AzCHOW and the Arizona Department of Health Services' (ADHS) Bureau of Tobacco and Chronic Disease, created a statewide CHW Workforce Coalition of community stakeholders, academic institutions and training programs, regional and local public health departments, other agencies, community-based organizations and the general public. The 60-member CHW Workforce Coalition is convening workgroups on workforce development, data and

Below: Norma Moran discusses community issues with a Yuma resident. The ongoing challenge of delivering care to underserved communities, particularly in Arizona where there is a healthcare worker shortage, cannot be met without additional personnel.







Above: Transportation issues are discussed with a local resident in Nogales by Maria Somoza. An accessible, responsive, efficient healthcare system in Arizona must serve people young and old in a multicultural society in rural and urban settings.

Above: Maria Figueroa discusses concerns about energy drinks with parents. Arizona can align its prevention efforts with those outlined in the National Prevention Strategy and in Healthy People 2020 by establishing a sustainable CHW workforce.

credibility, sustainable financing, occupational definitions and policy development. Its goals are to:

- Strengthen the infrastructure at ADHS for supporting the CHW workforce
- Disseminate the American Public Health Association’s accepted definition of a community health worker
- Define competencies and scope of practice
- Develop a statewide consensus on a voluntary certification process for the workforce
- Develop a statewide consensus on training curricula
- Develop recommendations for potential legislation to support a voluntary certification process and training standards
- Explore possible mechanisms for sustainable funding through Medicaid and other funding sources

ADHS has integrated CHWs in many prevention and health-promotion strategies throughout its multiple funding streams, including its multi-year Coordinated Chronic Disease Prevention and Health Promotion funding from the Centers for Disease Control and Prevention (CDC). Additionally, ADHS recently hired a community health worker program manager to provide consultative and technical assistance with various partners to advance the CHW initiative in Arizona.

In March 2015, ADHS established the Arizona Community Health Worker Leadership Council to advance the work of key stakeholders. The council’s mission is to foster awareness of the state’s CHW initiative and help ADHS create a “structured and sustainable” workforce. It also will provide leadership and guidance in several areas, including establishing a curriculum for the certification and training of CHWs in Arizona, supporting the workforce coalition’s efforts to advance the development of the CHW workforce, and establishing goals and objectives in collaboration with ADHS.

*The Arizona Community Health Worker Leadership Council’s mission is to foster awareness of the state’s CHW initiative and help ADHS create a “structured and sustainable” workforce.*

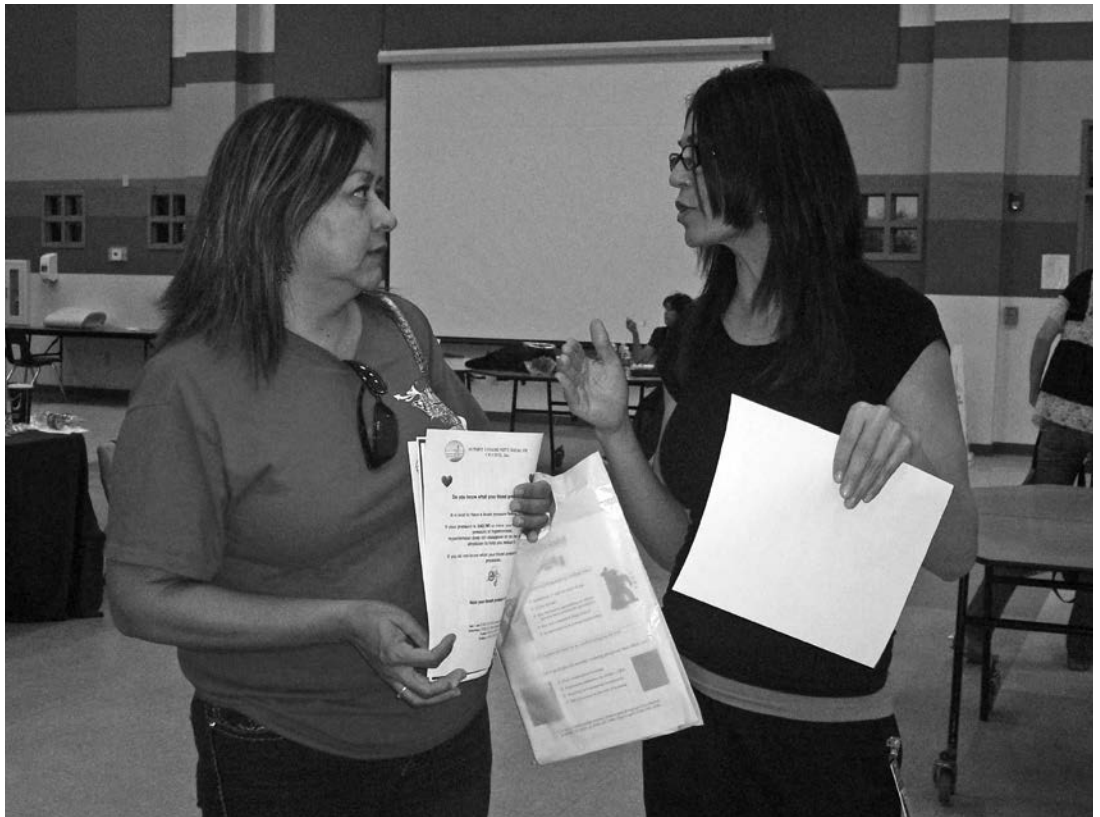
## Conclusion

Population trends and demographic shifts promise additional stresses on an evolving health-care system. The growing number of people with multiple chronic conditions impact state and national goals of managing healthcare costs. The ongoing challenge of delivering care to underserved communities, particularly in Arizona where there is a healthcare worker shortage, cannot be met without additional personnel.

Community health workers connect people to the healthcare they need in ways that are relevant and in the places where they live. They have been doing it informally for decades with a multitude of successes. A clearly defined and financially secure CHW model in our healthcare infrastructure would benefit Arizonans with the highest needs. Arizona cannot effectively create a CHW model without defining competencies and scope of practice, establishing a certification process and implementing a reimbursement policy that will help sustain a stabilizing part of the healthcare workforce.

*A clearly defined and financially secure CHW model in our healthcare infrastructure would benefit Arizonans with the highest needs.*

Below: Maria Ortiz reviews new health care reform insurance options with a Yuma clinic patient. A properly structured and reliably resourced CHW model is an important bridge between medical expertise and community comprehension, between medical recommendations and patient compliance, and between cost and effectiveness.



## Sources

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The following agencies participated in this project through interviews and/or attending the CHW forum.

Arizona Alliance for Community Health Centers+  
 Arizona Department of Health Services,  
 Bureau of Tobacco and Chronic Disease\*  
 Arizona Living Well Institute\*+  
 Arizona State University\*+  
 Bureau of Women's and Children's Health+  
 Campesinos sin Fronteras\*+  
 Center of Excellence in Women's Health  
 Concilio Latino de Salud+  
 Creciendo Unidos (Growing Together)\*+  
 Family Involvement Center+  
 Golden Gate Community Center\*+  
 Health Start Program+  
 Helping Families in Need\*+  
 HOPE Network and HEART\*+  
 Madres para la Salud (ASU)+  
 Maricopa Department of Public Health\*  
 Mariposa Community Health Center+  
 Mountain Park Health Center+

Native American Community Health\*+  
 Neighborhood Outreach Access to Healthcare\*+  
 People of Color Network\*+  
 Puente Human Rights Movement+  
 Saguaro Evaluation Group LLC\*  
 Scottsdale Prevention Institute\*+  
 South Mountain Community College\*  
 St. Luke's Health Initiatives\*  
 Tanner Community Development Center\*+  
 University of Arizona Prevention Research Center\*+  
 Unlimited Potential\*+  
 UP AZ\*  
 Valle del Sol\*+  
 Wesley Community & Health Center\*+  
 Women's Health Coalition+

\* Attended Forum

+ Have CHWs



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*To improve well-being in Arizona by addressing root causes and broader issues that affect health.*

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Saguaro Evaluation Group LLC (SEG) is a local social science research and evaluation agency specializing in community-based participatory evaluation and the promotora model. Dr. Monica Parsai and Aimee Sitzler, cofounders of SEG, have expertise working with community health workers/promotoras and offer training to organizations interested in integrating CHWs into their delivery model. **[www.saguaroevaluation.com](http://www.saguaroevaluation.com)**

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