Caring for Colorado supports programs that work to educate consumers about health care resources, help people enroll in publically-funded health insurance programs, link people to needed health services, and coordinate their care among health care providers and across health care systems. Much of this work falls under the categories of care coordination, patient navigation or community health outreach. Increasingly, Caring for Colorado has focused on supporting programs which utilize community health workers to support individuals and families in accessing health services, increasing their health knowledge, behaviors and outcomes and in navigating complex health systems.

A report by the Massachusetts Department of Public Health Community Health Worker Advisory Council identified community health workers (CHWs) as having the following impacts:

- **Increase access to care.** CHWs improve access to health care services for people who previously experienced limited access to these services. CHWs are highly effective in recruiting and enrolling individuals in health insurance plans, linking individuals with primary care physicians and ensuring the use of preventive care.

- **Improve health care quality.** CHWs can play a role in improving patient-centered care, including improving communication between patients and providers, supporting delivery of culturally competent services and helping with ongoing chronic disease self-management. The CDC promotes using CHWs as an effective approach both for reducing risk of cardiovascular disease and improving cardiovascular health and for preventing, treating and controlling diabetes, especially in minority populations at high risk for the disease.

- **Reduce health disparities.** The IOM recommends CHWs as part of a “comprehensive, multi-level strategy to address racial and ethnic disparities in health care.”

The Patient Protection and Affordable Care Act highlights community health workers as important members of the health care workforce and a recent article in *Health Affairs* argued that evidence demonstrates community health workers “can help improve health care access and outcomes; strengthen health care teams and enhance quality of life for people in poor, underserved and diverse communities.....Community health workers can be vital to efforts to restructure the delivery of primary health care.”
Despite the promise of community health worker programs, a number of challenges exist, including:

- A lack of reimbursement for services
- Different approaches and requirements for training and supervision
- Questions regarding the appropriate scope of practice: “The field lacks a unified professional identity and is still defining its scope of practice and its core knowledge base” (Massachusetts report)
- A working environment with low wages, high turnover and limited job security given unpredictable funding streams.

**Caring for Colorado Funding History**

Between 2008 and 2011, CFC invested more than $2.8 million in supporting patient navigation/community health worker programs. Grants are aligned with three areas of focus. Examples of recent grants include:

1) **Programs that use CHWs to connect special populations to care**
   - African Community Center (Denver): A program that serves people who have sought asylum and have been granted refugee status by the United States government. The health coordinator helps refugees establish medical homes, access medical transportation services and enroll in public health insurance programs as appropriate.
   - La Puente Home (Alamosa): In this program, housed in the homeless shelter in Alamosa, a Health Access Technician screens clients for unmet health needs and then works with local health care providers and social service agencies to connect clients with care.
   - Center for African-American Health (Denver): In this project, a CHW works with individuals who have participated in one of the Center’s health education or chronic disease management programs or who have attended a community screening to provide the follow up necessary to ensure that each client accesses necessary health care services.

2) **Programs that use CHWs in community-based programs to screen high risk or vulnerable populations for health conditions:**
   - San Juan Basin Health Department (Durango): In this program, promotoras work with a nurse from the local public health department to offer health education sessions and community screenings. Individuals with identified risk factors are referred to a clinic within the health department or to other health department programs, such as smoking cessation.
   - Colorado Prevention Center (Pagosa Springs): CHWs, who are employees of the local hospital, conduct community screenings. Individuals who are identified as having elevated risk factors for heart disease are referred to the hospital clinic and/or into a community wellness program.
   - Stapleton Foundation (Denver): The Be Well Block Captain Project recruits and trains residents of some of Denver’s lowest income neighborhoods to be block captains. The block captains link residents to free heart health screenings and assist them in obtaining medical care through a partnership with Inner City Health Center.

3) **Programs which are embedded with community health clinics:**
   - Denver Health: A patient navigator (PN) placed at Denver Health’s Montbello Clinic works with the primary care provider team to contact adult patients from Denver Health clinical registries who are out of compliance with treatment protocols or screening
recommendations. The PN assists them in overcoming barriers to health care access and utilization as demonstrated by improved adherence to plans of care and compliance with cancer screening recommendations.

- **Colorado Alliance for Health Equity and Practice (CAHEP):** CAHEP provides primary care services to immigrants who collectively represent more than 50 different native languages or dialects. CAHEP’s PNs provide translation and other services to assist patients in accessing specialty care.

Although results vary from project to project, in general these projects have been consistent with the literature that CHW/PN can improve access to healthcare and can contribute to improved health outcomes.

**COMMUNITY HEALTH WORKER/PATIENT NAVIGATION FUNDING STRATEGIES AND PRIORITIES: 2012-2013**

As the field of community health workers continues to evolve and as the evidence base grows, CFC will seek opportunities to contribute to the field and to support new community approaches. CFC will evaluate proposals and partnership opportunities based on the programs ability to increase access to care and improve certain health outcomes (including cardiovascular health and uncontrolled diabetes). The foundation should continue to fund and assess both CHW and PN programs at the community level.

Some of the partnership and funding opportunities include:

- As CFC’s current CHW/PN grantees reach the end of their grant project periods, conduct an assessment across projects to evaluate outcomes and to identify the most promising approaches.
- Support organizations working with newly insured populations to help with health literacy, understanding the health care system and overcoming fear and anxiety about accessing care.
- Work with Colorado’s Medicaid accountable care pilot and patient centered medical home pilots to identify and support roles for CHWs/PNs.
- Consider supporting additional evaluation of specific community projects and/or statewide models of CHW/PN implementation.
- Investigate whether there is a role for foundation support in ongoing efforts to develop new payment models for the CHW/PN workforce.
- Work with the Colorado School of Public Health to support the activities of the “roundtable” of organizations with active community health worker programs to identify evidence-based practices and knowledge gaps.
- Assessing grant proposals on the following guiding criteria which have been identified as the key elements necessary for successful programs:
  - Evidence base for the proposed approach
  - Commitment of a clinical partner
  - Adequate training, supervision and medical consultation
  - Ability to collect and analyze data with a solid plan for evaluation
  - Clear delineation of roles and responsibilities. For example, PNs need to know “cut offs”, that is when does a patient need to be referred to a provider?