

Community Health Workers: A Partner in Hypertension Control

Heart disease and stroke (cerebrovascular disease) are the first and third leading causes of death in Texas (DSHS Vital Statistic 2014). Hypertension, also known as high blood pressure, is a significant risk factor for heart disease and stroke, which affect 29.8 percent of Texans (Texas Behavioral Risk Factor Surveillance Systems 2012). Patients with uncontrolled blood pressure are at an increased risk of developing kidney disease, diabetes, and other chronic conditions. By improving a patient's ability to manage their high blood pressure, the risk of developing these chronic conditions is greatly reduced.

The management of hypertension is complex and requires coordination among providers and other members of the healthcare team. A team-based health care approach allows for coordination among multiple healthcare disciplines, which also includes community health workers, to provide patients with optimal care.

Who are Community Health Workers?

Community Health Workers (CHWs), also known as *promotores de salud*, are defined as the cultural bridge or mediators for health care providers and underserved communities. A CHW is viewed as a trusted community member, who has an in-depth understanding of the ethnicity, language, socioeconomic status, and life experience of the community served. This connection enables them to reduce barriers to accessing care for clients and allows for unrestricted access to communities. CHWs serve as a resource to health care teams in supporting patients in managing chronic conditions, coordinating care for patients, and facilitating patient-provider communication.

In 2001, the Texas Department of State Health Services (DSHS) implemented a training and certification program for CHWs, and adopted a system of credentialing based on the eight "core competencies" identified in the 1998 National Community Health Advisor Study. The eight core competencies are communication skills, interpersonal skills, capacity building, service coordination, advocacy skills, organizational skills, and teaching skills, as well as a knowledge base on specific health issues.

Evidence Supporting the Utilization of CHWs in the Primary Care Setting

CHWs play a unique and vital role in improving the quality of care for patients. There is evidence supporting their role in the primary health care setting for improving hypertension control and other chronic conditions:

- The University of Texas Health Science Center (UTHSC) at San Antonio is utilizing CHWs at an urban, family practice clinic to improve care for patients with diabetes and hypertension. Preliminary data indicates that it has resulted in a decrease in the number of patients with uncontrolled diabetes and hypertension.
- UTHSC at San Antonio is also utilizing CHWs at two (2) primary care clinics to improve care for low-income Hispanic patients with diabetes and hypertension. Data collected in 2014 and 2015 indicate that case management and patient education delivered by CHWs has resulted in a decrease in the number of patients with uncontrolled diabetes. CHWs provided self-management support for patients not achieving clinical goals and addressed barriers to medication adherence and diabetes self-monitoring.

Outcomes	Baseline (2013)	Data Collected (2014)	Data Collected (2015)
BP controlled (<140/90)	53.6% (N=2755)	66.0% (N = 2071)	70.6% (N=2941)
A1c controlled (<9%)*	53.2% (N=682)	69.4% (N=635)	63.3% (N =755)

- One study showed that individualized counseling and home visits with CHWs had significant, sustained improvements, both in the control of patients' blood pressure and in keeping appointments. (Morisky DE, Lees NB, Sharif BA et al; 2002)
- Several studies have demonstrated cost savings from the employment of CHWs. One study utilizing CHWs showed an increased use of primary and specialty care, and reduced use of urgent care and inpatient and outpatient behavioral health care. The study documented a return on investment (program costs vs. overall reduced costs of care) of 2.28:1. Another study that used CHWs demonstrated an average savings of \$2,245 per patient, and a total savings of \$262,080 for 117 patients, along with improved quality of life. (Elizabeth M. Whitley, Rachel M Everhart, & Richard R. Wright MD, 2006)(Whitley EM., A Everhart RM., Wright RA, USA, 2006)

Summary/Call to Action

CHWs serve as a unique linkage between the community and the health care system and provide a variety of services that can help health care systems to improve control of hypertension and other chronic conditions. Evidence suggests that CHWs are effective in improving access to care, reducing hospital readmissions, containing costs, and improving patient outcomes. DSHS and partners support the utilization of CHWs in the primary care setting as an effective and resource-efficient way to improve care for patients with hypertension and other chronic conditions.

Action Steps for Public Health Practitioners and Health Systems

- Get to know CHWs. DSHS offers resources for employers on the recruitment and supervision of CHWs: http://www.dshs.texas.gov/mch/chw/Community-Health-Workers_Program.aspx
- Build support for CHWs in your clinic/health system. Present data demonstrating the effectiveness of CHWs both in improving health outcomes and reducing costs. Provide continuing education for CHWs, and identify a CHW champion in your clinic.
- Identify potential funding sources for CHWs within your health system.
- Create CHW positions in your health system. Link to CHW associations and other CHW employers.
- Advocate for reimbursement of CHWs. Join the CHW Workforce Solutions and Employment Workgroup at DSHS.

For more information about working with CHWs, please contact:

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Work Cited

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5. 25 Texas Administrative Code, §§146.1-146.8, *Rules Regarding Training and Certification of Promotores or Community Health Workers*, §146.1. *Definitions. (13), p. 2* Effective 6/24/2015 Available at: <http://www.dshs.texas.gov/mch/chw/Resources-and-Data.aspx>