



JOB AID: Increasing Capacity to Engage and Sustain Community Health Workers in Diabetes Management and Type 2 Diabetes Prevention



The Centers for Disease Control and Prevention (CDC), Division of Diabetes Translation hosted a Community Health

Worker (CHW) Forum to better understand and explore ways to maximize the impact of CHWs on diabetes outcomes. This job aid incorporates lessons learned from the forum.

The purpose of this job aid is to support CDC grantees, policymakers, health system leaders, researchers, evaluators, and program health consultants (project officers) in their efforts to engage and sustain CHWs in supporting diabetes management and type 2 diabetes prevention services, whether they are new to working with CHWs or have done so for decades.

Both the [Community Guide](#) and the [Center for Medicare & Medicaid Innovation](#) have found that engaging CHWs is an efficient and cost-effective public health approach. In addition, the American Diabetes Association's 2018 Standards of Medical Care in Diabetes support the recommendation to provide patients with diabetes self-management education and support from health coaches, navigators, or CHWs.



WHAT YOU NEED TO KNOW ABOUT CHWs

COMMUNITY HEALTH WORKERS*:

- Are frontline public health workers in both clinical and community settings.
- Are trusted members of a community who speak their language and know the cultural nuances that can affect health beliefs and behaviors.
- Understand the challenges that members of their community may face in adopting health-promoting behaviors.
- Have relationships with members of their community that are based on shared power—they work with clients to find holistic solutions that often address both medical issues and social determinants of health.
- Serve as liaisons between health and social services and the community to facilitate access and improve the quality and cultural competence of service delivery.
- Are educated and experienced—some with formal certifications and others with less formal training coupled with years of experience.
- May be similar to or allied with *promotores de salud* or Community Health Representatives.

* Adapted from American Public Health Association (APHA). *Community Health Workers*.



How to Engage CHWs and Sustain Their Involvement in Diabetes Management and Type 2 Diabetes Prevention

If your organization's level of experience in engaging CHWs in diabetes management and type 2 diabetes prevention is →

Then you should...



Getting Started

You have not worked with CHWs but are interested in learning what they do and how to engage them.

Learn more about CHWs and their roles:

- Invite CHWs to talk with your staff to better understand their roles and explore how they might help communities (including rural and remote areas) address diabetes management, and support type 2 diabetes prevention.
- Consult other states that have integrated CHWs—ideally in diabetes-related activities—to learn from them.

Assess the CHW landscape in your state:

- Conduct an assessment using an environmental scan, survey, or other method to determine:
 - Where CHWs currently work or can work in your state.
 - How much CHWs are paid and what financing sources and structures fund CHW services.
 - What training CHWs must have for reimbursement.
 - Which stakeholders support efforts to build a sustainable infrastructure for CHWs.
 - How CHWs are involved in decision making.
- Use CDC's Readiness Assessment Tool to Secure Financing for Community Health Workers (see [Appendix A](#)).
- If statewide or local CHW networks or associations exist in your state, engage them as key collaborators.

Create a plan to build an infrastructure for engaging CHWs:

- Develop an action plan to address gaps identified in your assessment.
- If applicable, discuss with your CDC Project Officer how to use funding to address your state's priorities.

If your organization's level of experience in engaging CHWs in diabetes management and type 2 diabetes prevention is →



You have made a commitment to engage CHWs and are working to support their integration in diabetes management and type 2 diabetes prevention efforts.

Then you should...

Clarify CHWs' roles in type 2 diabetes prevention and diabetes management in your state:

- Identify the Medicaid-covered medical services that CHWs can provide, and identify and communicate the qualifications CHWs must have to provide those services in your state.
 - For instance, CHWs can screen, test, and connect clients to a CDC-recognized lifestyle change program.
 - Encourage type 2 diabetes prevention programs and diabetes self-management education and support services to engage CHWs in developing resources to supplement the curriculum to reach low-income, high-need, and remote populations.
- Use a standard definition of CHWs in public health practice, policy development, and community-based contracts to ensure consistent language. Consider using the APHA definition.

Explore existing funding options to finance CHWs:

- Work with your state Medicaid agency to understand Medicaid 1115 demonstration waivers, State Plan Amendments, and Medicaid managed care organization efforts relevant to CHWs. Suggested resources follow:
 - [CDC Community Health Worker Financing](#) (webinar)
 - [Pathways to Reimbursement: Understanding and Expanding Medicaid Services in Your State](#)
- Review the State Community Health Worker Models website to learn about other states' financing of CHWs.
- Explore the Centers for Medicare & Medicaid Services' [Diabetes Prevention and Management Affinity Group](#).

Motivate CHWs to engage in type 2 diabetes prevention and diabetes management activities:

- Invite CHWs and grassroots CHW organizations to explore ways to improve content and methods of type 2 diabetes prevention programs and DSMES services to reflect their knowledge of what works in their communities.
- Emphasize how communities can benefit from integrating CHWs into these programs and services.
- Work with your state Medicaid agency to set reasonable rates for CHW services.

Facilitate training both for CHWs and for potential employers of CHWs:

- Train CHWs as lifestyle coaches or to lead DSMES sessions in high-risk communities.
- Facilitate or provide training for organizations that employ CHWs to help them understand CHWs' unique roles and how they can benefit both patient care and the bottom line.
- Train CHW supervisors and program managers so they can adequately support CHWs and understand challenges they face.
- Train human resources staff and recruiters on how to identify and interview CHWs. Traditional methods of testing and interviewing may not appropriately ascertain a CHW's experience and potential for success.

If your organization's level of experience in engaging CHWs in diabetes management and type 2 diabetes prevention is →



You have engaged CHWs and are building momentum, knowledge, and policies to support their continued integration.

Then you should...

Demonstrate the value of CHWs:

- Systematically gather program-specific and statewide data to document CHWs' efforts and demonstrate results. Encourage programs to elicit CHW input on how to measure outcomes of their work.
- Share stories about CHWs' contributions with stakeholders at the local, state, and national levels.
- Share widely the [Center for Medicare & Medicaid Innovation \(CCMI\) report](#) that shows CHW interventions can result in cost savings (see 7th paragraph of the executive summary).

Encourage integration of CHWs into health care systems:

- Invite CHWs into conversations with decision makers from the beginning, so they are fully integrated into organizations and programs and not an afterthought.
- Educate health care providers and other stakeholders about the value of CHWs and how to integrate them into team-based care.
 - Explore published literature about integrating CHWs into multidisciplinary care teams.

Support CHW networks and peer learning:

- If a state or regional network of CHWs and CHW allies does not exist, consider supporting development and capacity-building for such a network as a voice for practitioners.
- Facilitate other opportunities for peer communication and learning, such as conference calls or professional meetings.
- Support development of a one-stop resource for CHWs to share and access information.

Foster an environment supportive of integrating CHWs at a systems level:

- Develop (or provide input for) a comprehensive policy for CHW engagement that includes financing mechanisms for sustainable employment, workforce development (including ongoing CHW training and career enrichment), and program evaluation and community involvement that contributes to the evidence base.
- Encourage organizations to strengthen their program's structures and processes to strategically leverage financial resources in the face of changing funding landscapes.

If your organization's level of experience in engaging CHWs in diabetes management and type 2 diabetes prevention is →

Then you should...



Fostering Broader Sustainability

You have extensive experience with CHWs and want to promote integration of CHW services more broadly.

Stimulate demand for CHWs:

- Educate advocates at the state and local levels about the public health benefits of integrating CHWs into the health care system and the necessary components for comprehensive policies that support such integration.
- Develop champions for CHW integration:
 - Educate health care providers (private and publicly funded) on the roles that CHWs can play, how CHWs fit into DSMES and lifestyle change programs, and how to engage community-based organizations that employ CHWs.
 - Encourage employers who see the value of CHWs to persuade other employers to engage CHWs.

Work with other stakeholders to support CHW workforce development:

- Develop a CHW training program in your state; consider working with Area Health Education Centers.
- Consider whether certification of CHWs (voluntary or mandatory) would be helpful, and if so, how it could be implemented in a way that is responsive to the unique characteristics of this workforce.
- Foster a pipeline for new CHWs by developing an interest in community health and advocacy among community youth.
- Ensure funding for professional development to help CHWs grow in their role; encourage employers to make professional development part of CHW job descriptions.

Explore new, sustainable financing for CHWs:

- Develop talking points that describe for decision makers the benefits to Medicaid programs or Medicaid managed care organizations of having CHWs provide DSMES services and type 2 diabetes prevention support (e.g., cost savings, opportunities for improved care quality).
- Include CHWs in discussions with Medicaid leadership.
- Discuss with nonprofit hospitals the possibility of directing community benefit program funds to cover CHW services.
- Encourage exploration of local funding sources for CHW services.
- Consider partnering with other sectors (e.g., transportation, housing) to explore blending of funding.

See [Appendix B](#) for additional resources for engaging and financing CHWs in diabetes management and type 2 diabetes prevention activities.

APPENDIX A



Readiness Assessment Tool to Secure Financing for Community Health Workers

The Readiness Assessment Tool will allow chronic disease programs and their partners to assess current initiatives for securing financing for CHWs in their state and identify sustainability strengths and challenges. Chronic disease programs and their partners can use the assessment to:

- Take inventory of resources they currently possess.
- Gain insight into what may be lacking.
- Help mobilize partners and assist in the development of a concrete, comprehensive state plan to secure financing.

For each of the indicators listed, rate your chronic disease programs and partners on each component that impacts securing financing. You will be rating your state/program according to specific elements that affect the sustainability of CHWs in your state, indicating the extent to which your state/program has those elements. In order to get useful feedback, please respond to as many items as possible. If you truly feel you cannot answer an item, you may select “NA.”

1 – Not at all
2 – Very little
3 – Neutral

4 – Somewhat
5 – To a great extent
NA – Not able to answer

ELEMENTS FOR SECURING FINANCING		
	Secure Financing	Develop sustainability financing mechanisms Goal: Provide compensation for all CHWs.
	Political Support	Understand the political environment Goal: Implement processes that enable statewide CHW associations and other stakeholders to establish and maximize resources to accomplish CHW policy strategies.
	Partnerships	Work with other organizations and community members Goal: Develop the organization, process, and plans to establish strong collaborations and create a track record of success.
	Organizational Capacity/ Infrastructure	Strengthen CHW capacity Goal: Identify and implement strategies to strengthen CHW efforts in states.
	Training/ Workforce Development	Provide training and workforce development Goal: Provide methods for improving the skills, knowledge, and practices of CHWs directed toward accomplishing training goals, and develop a set of state standards that outline the role of CHWs.
	Certification	Establish guidelines for certification Goal: Develop statewide certification programs for CHWs.
	Communication & Dissemination	Translate and disseminate CHW work Goal: Develop comprehensive and coordinated processes including communication and dissemination vehicles for updating and soliciting input from CHW workgroup members and stakeholders for improving performance and for promoting policy strategies.
	Strategic Planning	Planning and systems thinking Goal: Create a consensus among CHW workgroup members regarding the vision and plan for incorporating CHWs into health promotion efforts
	Research & Evaluation	Evaluate and improve CHW activities and services Goal: Evaluate and strive to improve the CHW workforce.



SECURE FINANCING

To what extent does my state/program...

1. Have a solid understanding of all possible funding sources and structures for CHW work in our state.	1	2	3	4	5	NA
2. Know how CHWs are financed in our state from health providers.	1	2	3	4	5	NA
3. Know how CHWs are financed in our state from non-health organizations.	1	2	3	4	5	NA
4. Know how CHWs are financed in our state from major third-party sources (e.g., Medicaid, Medicare).	1	2	3	4	5	NA
5. Meet with health providers and non-health organizations to understand how CHWs are financed.	1	2	3	4	5	NA
6. Have a solid understanding of employer groups interested in hiring CHWs on the basis of return on investment.	1	2	3	4	5	NA
7. Have a solid understanding of major third-party sources (e.g., Medicaid, Medicare) that are open to proposals to reimburse for CHW services.	1	2	3	4	5	NA
8. Have a solid understanding of existing legislative efforts to identify opportunities to sustain CHWs.	1	2	3	4	5	NA
9. Consider products from other groups in the CHW network before developing a set of recommendations.	1	2	3	4	5	NA
10. Develop a list of recommended sustainable funding sources for CHWs in our state.	1	2	3	4	5	NA
11. Fund/support CHW efforts through general ongoing state grants.	1	2	3	4	5	NA
12. Fund/support CHW efforts through external renewable contracts/awards.	1	2	3	4	5	NA
13. Fund/support CHW efforts through external non-renewable contracts/awards.	1	2	3	4	5	NA
14. Reimburse CHWs through Medicaid/Medicare/health plans.	1	2	3	4	5	NA



POLITICAL SUPPORT

To what extent does my state/program have the following stakeholders for CHW change efforts?

15. Officials at the state health department.	1	2	3	4	5	NA
16. Health care providers.	1	2	3	4	5	NA
17. Potential employers and their associations.	1	2	3	4	5	NA
18. Public health associations and other professional associations.	1	2	3	4	5	NA
19. Legislators and staff.	1	2	3	4	5	NA
20. Third-party sources (e.g., Medicaid, Medicare, HMOs), including the state.	1	2	3	4	5	NA
21. Workforce development, education agencies, and training organizations.	1	2	3	4	5	NA
22. CHWs themselves and opinion leaders.	1	2	3	4	5	NA
23. Community leaders and interest groups.	1	2	3	4	5	NA
24. Researchers, academics, and others from a variety of disciplines and organizations.	1	2	3	4	5	NA



POLICY EFFORTS

To what extent does my state/program...

25. Participate in preparation of legislative briefs related to securing or increasing financing for CHWs.	1	2	3	4	5	NA
26. Provide technical expertise or other resources including active engagement in external efforts to initiate policy change to secure financing for CHWs.	1	2	3	4	5	NA
27. Engage in or partner with other entities to implement recommendations for the fair payment of CHWs.	1	2	3	4	5	NA
28. Engage in grassroots, advocacy training, and other policy efforts related to CHWs.	1	2	3	4	5	NA
29. Have a legislative mandate to advance the engagement of CHWs.	1	2	3	4	5	NA

PARTNERSHIPS

To what extent does my state/program...

30. Cultivate participation from CHWs including the statewide CHW network or association.	1	2	3	4	5	NA
31. Commit to preserving the CHW identity and self-determination.	1	2	3	4	5	NA
32. Include CHWs in the development of policies that affect them.	1	2	3	4	5	NA
33. Work towards or have a statewide CHW association.	1	2	3	4	5	NA
34. Form workgroups (with an assigned leader, CHWs, and various partners) to develop sustainable strategies to support and advance the CHW workforce.	1	2	3	4	5	NA
35. Link with community leaders and opinion leaders in the CHW field at the national, state, and/or community level.	1	2	3	4	5	NA
36. Reach out to key stakeholders (see political support domain stakeholders) to advance CHW change efforts.	1	2	3	4	5	NA
37. Engage in collaborative efforts between federal, state, and local public health agencies to advance the work of CHWs.	1	2	3	4	5	NA
38. Have formal memoranda of understanding with hospital systems, community-based organizations, and/or other entities currently implementing CHW interventions.	1	2	3	4	5	NA
39. Include stakeholders who have moved through the following stages of development: <ul style="list-style-type: none"> • Awareness • Understanding • Interest • Perceived benefits • Commitment • Participation • Leadership 	1	2	3	4	5	NA



ORGANIZATIONAL CAPACITY/INFRASTRUCTURE

To what extent does my state/program...

40. Cultivate strong CHW networks and associations over time and foster growth of their reach and impact.	1	2	3	4	5	NA
41. Work towards or have a statewide CHW association dedicated to building community capacity/infrastructure.	1	2	3	4	5	NA
42. Form workgroups to develop sustainable strategies to secure financing for CHWs, including a core stakeholder group.	1	2	3	4	5	NA
43. Have representation on workgroups that includes an assigned leader and a CHW working towards mentorship and leadership development.	1	2	3	4	5	NA
44. Have a budget line item that can be used to advance policy and programmatic efforts related to CHWs.	1	2	3	4	5	NA
45. Have one or more pivotal institutions that have taken a more visible leadership role (i.e., state college or university, health insurance company, state health department).	1	2	3	4	5	NA
46. Have leadership/management/staff articulate the vision and plans related to CHWs to internal and external partners.	1	2	3	4	5	NA
47. Have a state program/section that coordinates efforts related to CHWs that is staffed by one or more employees.	1	2	3	4	5	NA
48. Have a state-level CHW association whose meetings are attended by key leaders and representatives in the state.	1	2	3	4	5	NA
49. Fully engage key leaders in state-level CHW initiatives.	1	2	3	4	5	NA
50. Have several different sections/programs in our department that implement CHW efforts and have taken an integrated approach.	1	2	3	4	5	NA
51. Engage in a forum with other agency partners involved with CHW programs.	1	2	3	4	5	NA



TRAINING/WORKFORCE DEVELOPMENT

To what extent does my state/program...

52. Provide information for the development of standards of training for CHWs.	1	2	3	4	5	NA
53. Have a framework to consider task outcomes, performance variables, and supervision issues for each CHW role.	1	2	3	4	5	NA
54. Have a set of CHW attributes for the successful accomplishment of the CHW scope of practice.	1	2	3	4	5	NA
55. Have CHW training programs in the state, such as college credit courses, programs run by training institutions, or other types of programs.	1	2	3	4	5	NA
56. Work in consultation with state regulatory offices to develop specific recommendations and guidelines around training.	1	2	3	4	5	NA
57. Have awareness of the CHW training curricula being used and the organizations using them.	1	2	3	4	5	NA
58. Engage in addressing barriers to the training program.	1	2	3	4	5	NA
59. Have a set of recognized core competencies and roles developed and vetted by the larger stakeholder group.	1	2	3	4	5	NA
60. Consider different instructional models for CHW training and education appropriate in our state.	1	2	3	4	5	NA
61. Advance career development for the CHW workforce through career ladders, pathways, and entry points into the workforce.	1	2	3	4	5	NA
62. Work towards or provide recognized CHW training centers.	1	2	3	4	5	NA



CERTIFICATION

To what extent does my state/program...

63. Develop a set of certification guidelines.	1	2	3	4	5	NA
64. Implement a certification program for CHWs.	1	2	3	4	5	NA
65. Participate in the implementation of a certification process developed by key CHW stakeholders.	1	2	3	4	5	NA
66. Have a CHW certification process or certification board legislatively mandated by the state.	1	2	3	4	5	NA
67. Engage in addressing barriers to the certification program.	1	2	3	4	5	NA



COMMUNICATION AND DISSEMINATION

To what extent does my state/program...

68. Have a communication plan in place for securing sustainable funding for CHWs.	1	2	3	4	5	NA
69. Have communication strategies in place to achieve and maintain public support for securing sustainable funding for CHWs.	1	2	3	4	5	NA
70. Have staff communicate to the public the need for securing sustainable funding of CHWs.	1	2	3	4	5	NA
71. Have stakeholders communicate to the public the need for securing sustainable funding of CHWs.	1	2	3	4	5	NA
72. Have CHW efforts to increase community awareness about the effectiveness of CHWs and the benefits of using them.	1	2	3	4	5	NA
73. Have champions communicate to policymakers the benefit of securing sustainable funding.	1	2	3	4	5	NA
74. Have a live, print, or audio-video forum for regular dissemination of advances in CHW-related efforts.	1	2	3	4	5	NA



STRATEGIC PLANNING

To what extent does my state/program...

75. Have a strategic plan or systematic approach for addressing CHWs.	1	2	3	4	5	NA
76. Have short and intermediate outcomes and/or goals, objectives, and strategies related to sustaining the engagement of CHWs in its strategic plan.	1	2	3	4	5	NA
77. Have a sustainability plan in place for securing funding for CHWs in the state.	1	2	3	4	5	NA
78. Have a strategic plan developed in coordination with CHW partners and other programs.	1	2	3	4	5	NA



RESEARCH AND EVALUATION

To what extent does my state/program...

79. Periodically review CHW training and development to ensure that it continues to reflect the actual CHW practice in the state.	1	2	3	4	5	NA
80. Conduct or participate in evaluations of CHW-related efforts.	1	2	3	4	5	NA
81. Collect data on and monitor the CHW workforce in the state.	1	2	3	4	5	NA
82. Have evidence to support the engagement of CHWs in the health care industry through professional literature that contains summaries of data on CHWs and systematic reviews of literature on CHW effectiveness (including cost effectiveness and health outcome evaluations).	1	2	3	4	5	NA
83. Have a core stakeholder group organized to collect CHW workforce data and obtain funding to commission basic workforce surveys.	1	2	3	4	5	NA
84. Have background data to summarize in a brief report to recruit champions at higher levels in the public and private sectors into a larger second-stage stakeholder group.	1	2	3	4	5	NA
85. Have a wide range of measures and data to meet stakeholder interests, including employer return on investment, and produce a report.	1	2	3	4	5	NA

APPENDIX B: CHW Engagement and Financing Resource List

General Resources for Understanding and Engaging CHWs

1. CDC Community Health Worker Resources Webpage
<https://www.cdc.gov/stltpublichealth/chw/index.html>
2. States Implementing Community Health Worker Strategies: Technical Assistance Guide (CDC)
https://www.cdc.gov/dhdsp/programs/spha/docs/1305_ta_guide_chws.pdf
3. State Law Fact Sheet: A Summary of State Community Health Worker Laws (CDC)
https://www.cdc.gov/dhdsp/pubs/docs/chw_state_laws.pdf
4. Addressing Chronic Disease through Community Health Workers: A Policy and Systems-Level Approach (CDC) https://www.cdc.gov/dhdsp/docs/chw_brief.pdf
5. Centers for Medicare & Medicaid Services Community Health Worker Affinity Group
<https://www.medicare.gov/sites/default/files/2019-12/diabetes-affinity-group-fact-sheet.pdf>

Financing CHWs

1. Centers for Medicare & Medicaid Services (CMS) resources:
 - Update on Preventive Services Initiatives Informational Bulletin <https://www.medicare.gov/Federal-Policy-Guidance/Downloads/CIB-11-27-2013-Prevention.pdf>
 - Medicaid Preventive Services: Regulatory Change (webinar) <https://www.medicare.gov/sites/default/files/2019-12/preventive-webinar-presentation-4-9-14.pdf>
 - State Medicaid Manual—Chapter 4, Section 4385
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021927.html>
 - Medicaid.gov Prevention—Resources Webpage
<https://www.medicare.gov/medicaid/benefits/prevention/resources/index.html>
 - Medicaid.gov List of Medicaid Benefits Webpage
<https://www.medicare.gov/medicaid/benefits/list-of-benefits/index.html>

Resources to Demonstrate Return on Investment of CHW Engagement

1. Community Health Worker Return on Investment Study Final Report (Nevada)
<http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/CHW/dta/Publications/CHW%20ROI%20Report%209-26-17.pdf>
2. Center for Medicare & Medicaid Innovation report: Meta-analysis of evaluations of first round Health Care Innovation Award grants
<https://downloads.cms.gov/files/cmimi/hcia-metaanalysisthirdannualrpt.pdf>
(see 7th paragraph of the Executive Summary)