



PREVENTION RESEARCH CENTERS
ADDRESS COMMUNITY NEEDS THROUGH
**COMMUNITY HEALTH
WORKERS**

Community health workers (CHWs) are trusted frontline public health workers with a close understanding of the communities they serve.¹ Since they usually live in the communities they work in, CHWs have the unique ability to reach people and connect them with the health and social services they need most.² Studies of CHW interventions show improved health outcomes, especially among people of racial and ethnic minorities and those with low incomes.³

CHWs can help people manage chronic conditions such as high blood pressure and diabetes, reduce heart disease risk factors, and stay up to date on cancer screenings.³ Interventions that use CHWs can also address social determinants of health such as housing, transportation, and food security.⁴

CDC **Prevention Research Centers** (PRCs) conduct innovative public health research at the local level. PRCs engage communities to develop and test solutions to public health problems. During the 2019-2024 funding cycle, 15 PRCs are working with CHWs to improve public health in their communities.



What are CDC Prevention Research Centers?

PRCs are academic research centers that study how people and their communities can avoid or minimize the risk for chronic illnesses and other leading causes of death and disability. PRCs engage local communities to develop, test, and evaluate solutions to public health problems. These solutions are intended to be applied widely, particularly in populations experiencing health disparities.

PRC Vaccine Confidence Network and CHWs

In May of 2021, PRCs involved in the [PRC Vaccine Confidence Network](#) (PRC VCN) began working with trusted messengers, like CHWs and community partners, to increase vaccine confidence and uptake during the COVID-19 pandemic. For example, while working with local YMCAs, UMass supported CHWs who advised on the importance of accurate COVID vaccine messaging in African American communities. When the PRC VCN ended, a total of thirteen PRCs worked with CHWs as part of their strategies.



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

SUPPORTING RECENTLY INCARCERATED PEOPLE

The [New York University & City University of New York Prevention Research Center](#) (NYU-CUNY PRC) is evaluating the New York City Health Justice Network (HJN), a CHW-facilitated program focused on improving the health of formerly incarcerated people.

The HJN goals are to decrease poverty, neighborhood crime, and violence; increase housing quality; and reduce the number of times a person is incarcerated. HJN pairs CHWs with lived experience of the criminal legal system with people who were recently released from incarceration to connect them with needed resources. These resources include access to health care as well as support services that can connect people to housing and employment. NYU-CUNY PRC is assessing how these services affect reentry into the community, and factors that might impact recidivism such as participants' level of education.

A CHW involved with the HJN stated, "They offer a lot of comprehensive services, and I think the best thing about it is that it's tailored to the individual." Since the HJN opened for enrollment in September 2019, CHWs have worked with over 1000 participants. Between June 2020 and May 2021, 95% of HJN participants had at least one of their needs addressed.

REACHING HISPANIC/LATINO POPULATIONS

The [University of Arizona Prevention Research Center](#) (AzPRC) program [Unidos](#) uses a model focused on lowering chronic disease risk in Arizona's Hispanic/Latino population by partnering with county health departments and Federally Qualified Health Centers (FQHCs).

In the Linking Individual Needs to Community and Clinical Services ([LINKS](#)) program, CHWs in FQHCs referred patients at risk of chronic diseases to bilingual CHWs in the community. Participants in the LINKS program were also connected to resources that address nonmedical needs influencing health outcomes, such as access to food, housing, and job assistance. CHWs also provide support that takes social and cultural factors into account.

For example, one CHW provided emotional support to a patient who was concerned about her son while she was in treatment for cancer. Another CHW eased a participant's anxiety by helping her through the process of applying for citizenship. The CHW gave her resources for job assistance and encouraged her to have confidence in herself.⁵

A LINKS participant stated, "[The program] has changed my life because I have someone to motivate me. When I first started the program, I was not doing any exercise at all. A few months after I signed up for the program, I felt motivated and started walking in the park and going to the gym a few days a week. I lost 10 pounds."



Community Health Worker Voluntary Certification

On April 30, 2018, Arizona Governor Doug Ducey signed Community Health Worker Volunteer Certification HB2324 legislation into law. The bill establishes a standardized training and voluntary certification process for CHWs in Arizona. The Arizona PRC partnered with the Arizona Community Health Worker Association and other CHW organizations to develop ways to share AzPRC's research with decision makers and identify sustainable funding mechanisms to integrate CHWs into the Arizona healthcare.

MANAGING HIGH BLOOD PRESSURE

High blood pressure, also known as hypertension, affects almost half of adults in the United States and results in about \$131 billion in health care costs each year. Of the people diagnosed with high blood pressure, only about 40% to 70% take their prescribed medication correctly.^{7,8,9}

To address this issue, the [Prevention Research Center at UMass Chan Medical School](#) (PRC at UMass Chan) is working on a research project addressing adherence to high blood pressure medications called [BP Control](#). In partnership with the Edward M. Kennedy Community Health Center and the Family Health Center of Worcester, the PRC at UMass Chan has created new workflows that incorporate a CHW to support the clinical team as part of their care routine.

Eligible patients are referred to the CHWs by the primary care provider or other members of the clinical team. Supported by the electronic health record system at each community health center, the CHWs work with each patient to identify and address their individual barriers to taking blood pressure medicine. PRC researchers are studying the costs and return on investment of the project and blood pressure control among participants.



PREVENTING TYPE 2 DIABETES

The [Yale-Griffin Prevention Research Center](#) is implementing a [virtual Diabetes Prevention Program](#) that focuses on adults with limited resources who are at risk for type 2 diabetes. The virtual program removes potential barriers presented by in-person participation, especially for low-income communities. CHWs affiliated with a local community-based organization, partner with the Y-G PRC to facilitate the year-long virtual program by providing tailored guidance, resources, and navigation support to help participants engage in the program and improve diet quality, physical activity, blood sugar, and blood pressure. The CHWs also refer participants to food pantries, housing assistance, transportation for medical care, education and job search assistance, and help signing up for health insurance. If successful, this project will be a model for reducing type 2 diabetes risk in low-income communities that can be replicated nationally.



References

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CDC Prevention Research Centers conduct innovative public health research at the community level. PRCs engage local communities to develop and test solutions to public health problems. These solutions are intended to be applied widely, especially in populations affected by health disparities. Visit the [PRC Program website](#) and explore the [Pathway to Practice Resource Center](#).