

# MPHTC Success Story: Strengthening the Community Health Worker System in Kansas



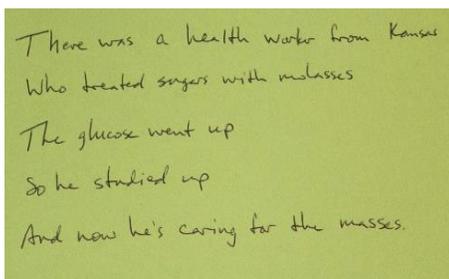
The State of Kansas is formally exploring strategies for strengthening the Community Health Worker (CHW) system and workforce. This work is urgent in 2016 for a variety of reasons including recent changes related to CHWs outlined in the Affordable Care Act, CDC funding to support integration of CHWs in both clinical and community settings, and a focus on improving health equity, especially related to chronic disease prevention and

navigating health systems. Staff from the Midwestern Public Health Training Center Local Performance Site-- Wichita State University, Community Engagement Institute's Center for Public Health Initiatives-- have been convening statewide stakeholders and in May 2016 launched the first ever Kansas Community Health Worker Symposium. The event was packed with presentations from national experts and more than 25 local leaders sharing their work. The *Symposium* closed with participants outlining needs and next steps, which included (among other things) a need for a statewide structure/backbone for CHWs and a better understanding of how CHWs are being integrated into health care teams.

**Student Support** The Center for Public Health Initiatives recruited a student to assist with meeting those two needs. Ms. Kaely Regier (Undergraduate student in the Department of Public Health Sciences at Wichita State University) completed her practicum with funding support from the HRSA-funded Midwestern Public Health Training Center (MPHTC) through a student stipend.

Kaely reviewed online resources and made phone calls to learn more about the structure of nearly 30 statewide CHW coalition/advisory board models. Lessons learned included: 1) CHW organizations have a variety of structures including affiliation with state health departments, academic institutions and occasionally as independent non-profits; 2) CHW advisory boards have diverse backgrounds; 3) these groups are frequently associated with a training or certification program.

A second CHW research project surveyed CDC State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke grantees (outside Kansas) to learn about how their CHW workforce works to prevent chronic disease and how CHWs are integrated in the health care system. Eleven of 25 respondents completed the survey. Many comments reflected on how challenges with various stakeholders about the benefits of integrating CHWs into the healthcare workforce. The numerous titles utilized by CHWs and the diversity of their roles further complicates this effort. However, networking and relationship building was described by one respondent as crucial these strategies. One response discussed a successful strategy of using the National Diabetes Prevention Program as an entry point for CHWs to communicate with patients. Another response cited the importance of paying CHWs stipends or salaries. • Federally Qualified Health Clinics/Safety Net Clinics were the most common organizations to have implemented CHWs into their health care system.



**CHWs, Diabetes and Other Chronic Diseases** CHWs are uniquely suited to reduce barriers to care and reach priority populations. The results of this student research is contributing to developing strategies to strengthen the Kansas CHW. At the CHW Symposium, participants were invited to fill a poetry wall.

The limerick at the left (unsigned) illustrates this opportunity:

***There was a health worker from Kansas  
Who treated sugars with molasses  
The glucose went up  
So he studied up  
And now he's caring for the masses.***

For more information, contact Sonja Armbruster ([Sonja.armbruster@wichita.edu](mailto:Sonja.armbruster@wichita.edu)) or Suzanne Hawley ([suzanne.hawley@wichita.edu](mailto:suzanne.hawley@wichita.edu)).

