



Supporting the workforce of Indiana's CHWs as part of the health care delivery system.

CHWs in Chronic Disease Prevention and Management: A Community-Centered Approach

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Community Health Workers (CHWs) are the backbone of community-centered care. Their ability to foster trust, communicate in culturally responsive ways, and guide individuals through health systems makes them indispensable for the prevention and management of chronic diseases. Conditions such as diabetes, hypertension, and cardiovascular disease are best managed not only with medical intervention but also through the consistent support and local insight that CHWs provide.

Evidence from the past two decades confirms what community leaders have long known: CHWs improve outcomes, reduce emergency visits, and close equity gaps. Their services are not supplementary—they are foundational to ethical, effective, and sustainable care systems.

CHW Strategies and Outcomes

CHW-led interventions succeed through a multi-pronged, culturally informed approach:

- Health education (e.g., diabetes self-management programs) tailored to the community
- Home visits and local health screenings
- Culturally relevant outreach and counseling
- Telehealth and digital support to extend reach
- Collaboration with clinics for coordinated, holistic care

These strategies have led to measurable impacts such as improved HbA1c and blood pressure, increased medication adherence, and reduced emergency room use—mainly in underserved populations.

Evidence-Based Support for CHWs

The following peer-reviewed studies underscore the effectiveness of CHWs in chronic disease care:

Key Evidence-Based Resources:

1. **Ancira-Moreno, M., & Hernández-Cordero, S. (2025).**
Challenges, opportunities, and actions for improved maternal and child nutrition
Frontiers in Nutrition
This recent paper explores how CHWs can be incorporated into broader nutrition and chronic disease prevention frameworks, highlighting scalability and real-world challenges.
[Read full text](#)
2. **Viswanathan, M., Kraschnewski, J.L., Nishikawa, B., et al. (2010).**
Outcomes and costs of community health worker interventions: a systematic review
Medical Care
A foundational review that established CHWs as cost-effective agents in reducing hospitalizations and improving chronic disease indicators.
<https://pubmed.ncbi.nlm.nih.gov/20706166/>
3. **Brownstein, J.N., Chowdhury, F.M., Norris, S.L., et al. (2007).**
Effectiveness of community health workers in the care of people with hypertension
American Journal of Preventive Medicine
Demonstrates how CHWs help reduce systolic blood pressure and improve medication adherence.
<https://pubmed.ncbi.nlm.nih.gov/17478270/>
4. **Fedder, D.O., Chang, R.J., Curry, S., Nichols, G. (2003).**
The effectiveness of a community health worker outreach program on healthcare utilization of West Baltimore City Medicaid patients with diabetes
Ethnicity & Disease
Shows a significant reduction in emergency department visits among diabetic patients.
<https://pubmed.ncbi.nlm.nih.gov/12723008/>
5. **Balcázar, H.G., Rosenthal, E.L., Brownstein, J.N., et al. (2011).**
Community health workers can be a public health force for change in the United States: Three actions for a new paradigm.
American Journal of Public Health
Highlights CHWs' role in bridging cultural and language barriers for chronic disease prevention.
<https://pmc.ncbi.nlm.nih.gov/articles/PMC3222447/>
6. **Allen, C.G., Escoffery, C., Satsangi, A., Brownstein, J.N. (2015).**
Strategies to improve the integration of community health workers into health care teams: "A little fish in a big pond"
Preventing Chronic Disease
Reviews barriers to integration of CHWs and how these can be overcome to boost chronic

care outcomes.

https://www.cdc.gov/pcd/issues/2015/15_0199.htm

7. **Kim, K., Choi, J.S., Choi, E., et al. (2016).**
Effects of community-based health worker interventions to improve chronic disease management and care among vulnerable populations: a systematic review and meta-analysis
American Journal of Public Health
Found CHWs significantly improve HbA1c levels, blood pressure, and cholesterol in underserved communities.
<https://pmc.ncbi.nlm.nih.gov/articles/PMC4785041/>
8. **O'Brien, M.J., Squires, A.P., Bixby, R.A., Larson, S.C. (2009).**
Role development of community health workers: An examination of selection and training processes in the intervention literature
American Journal of Preventive Medicine
Discusses effective training protocols for CHWs focused on chronic illness.
<https://pmc.ncbi.nlm.nih.gov/articles/PMC2856599/>
9. **Perez, M., Findley, S.E., Mejia, M., Martinez, J. (2006).**
The impact of community health worker training programs on chronic disease outcomes in Latino populations
Journal of Ambulatory Care Management
Focused on Latino populations; CHW programs led to improved dietary practices and health monitoring.
<https://pubmed.ncbi.nlm.nih.gov/16520505/>
10. **Islam, N., Zanolwiak, J.M., Riley, L., et al. (2013).**
Evaluation of a community health worker pilot intervention to improve diabetes management in Bangladeshi immigrants with type 2 diabetes in New York City
The Diabetes Educator
Culturally-tailored interventions led by CHWs significantly improved diabetes management metrics.
<https://pubmed.ncbi.nlm.nih.gov/23749774/>

Policy and Practice Implications

As health systems strive to reduce the burden of chronic diseases and enhance equity, investing in CHWs must be a strategic priority. Policymakers should advocate for permanent funding, sustainable career pathways, and the systemic integration of CHWs within health teams. Ethical, community-based care depends on it.

INCHWA remains committed to advancing the role of CHWs in every facet of public health—from community trust to clinical partnerships. Our collective future in chronic disease care is stronger when rooted in community.

Downstream Return on Investment (ROI) of CHWs

Investing in CHWs is not just an ethical imperative—it makes strong economic sense. Studies consistently show that CHW programs lead to significant downstream savings for healthcare systems by reducing preventable emergency visits, hospital readmissions, and disease complications. These savings translate into a robust return on investment (ROI), especially in populations facing chronic conditions and health disparities.

- A 2020 analysis by the Commonwealth Fund found CHW interventions yield up to \$2.47 in savings for every \$1 invested.
- The CDC reports CHW-led hypertension programs reduced ER visits by 30%, leading to an average annual saving of \$950 per patient.
- In New Mexico's CHW pilot, Medicaid programs saw a 4:1 ROI through reduced inpatient and outpatient costs.
- A Massachusetts CHW initiative reduced 30-day hospital readmission rates by 52% among enrolled patients.
- CHWs increase patient engagement and preventive care uptake, which decreases high-cost interventions over time.

These outcomes highlight the strategic value of embedding CHWs in long-term care plans—not only to improve lives, but to strengthen the fiscal health of public and private healthcare systems alike.