

# **Community Health Workers and Peer Specialists:** Key Roles in Addressing Diabetes Control *Before and During COVID-19 Health Pandemic*



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# Community Health Workers and Peer Specialists: Key Roles in Addressing Diabetes Control *Before and During COVID-19 Health Pandemic*

Community Health Workers (CHWs) and Peer Specialists leverage their strong understanding of the community as they advance diabetes care for special and vulnerable populations who may experience barriers to accessing quality health care. It is this understanding of the needs in the local environment that has strengthened the ability of CHWs and Peer Specialists (CHW/Peer Specialists) to implement diabetes care programs and protocols as their communities experienced new demands and challenges as the result of the onset of the novel coronavirus (COVID-19) health crisis during 2020. This issue brief showcases the important role of front-line CHW/Peer Specialists maintaining connections with the community for diabetes control, especially in the time of a health pandemic.

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## Background

According to a 2020 Centers for Disease Control and Prevention (CDC) report, diabetes cases are increasing rapidly in the United States, with 34.2 million adults, or 10.5% of the adult U.S. population, having diabetes and 88 million Americans having prediabetes.<sup>(1)</sup> Diabetes can affect people of all ages and socioeconomic statuses; however, those representing special and vulnerable populations experience greater risk factors, less access to care, and higher rates of morbidity and mortality compared to the general population.<sup>(2)</sup> Special and vulnerable populations include those who are chronically ill and disabled, those facing challenges of poverty, homelessness, lack of health insurance, elderly, individuals with severe mental illness, and racial and ethnic minorities.<sup>(2,3)</sup> Social Determinants of Health, (SDOH) such as culture, environment, education, working conditions, access to medical care, and community infrastructure may inhibit their access to quality diabetes care and management.<sup>(4)</sup>

In 2020, the global response to control the spread of COVID-19 mandated the diversion of human and financial resources to implement new safety measures and provide high acuity care to manage symptoms of those infected. While the COVID-19 contagion has been widespread, health experts have emphasized the higher risks of disease contagion and intensity of symptoms for those with chronic health conditions, such as diabetes. Health Centers needed to respond quickly to adapt both scopes of services and methods for engagement with their patients with chronic conditions. These

protocol adaptations were implemented across new and diverse partners and required participation across all health center staff. The role of the CHW/Peer Specialist as navigator, educator, supporter, and advocate uniquely equips this workforce to provide culturally informed care that empowers and educates their peers/patients in a period when information and connections are key to care.

First, let's understand who the CHWs and Peer Specialists are in your community. A Community Health Worker is a trusted member of the community who empowers their peers through education and connections to health and social resources. They have proven to be successful at increasing health outcomes for their communities because they have a deep understating of the cultural norms of the people they serve. CHWs can be referred to by other names such as Peer Specialist, Outreach Workers or *Promotores(as) de Salud*. For this resource CHW/Peer Specialist are used interchangeably, as CHWs are often peers of the community they serve and have similar lived experiences as their patients, which allows them to understand their patients' needs and connect them to resources.



## Project Overview/Methodology

The Corporation for Supportive Housing (CSH) and MHP Salud worked together to better understand how health centers are equipping their CHW/Peer Specialists to address diabetes control. This project also assessed the lessons learned and strategies implemented by CHW/Peer Specialists in the past 12 months among their patient population, to address the impact of COVID-19 on their services. A guided electronic survey with targeted questions on CHW/Peer roles, supervision, and the COVID-19 response was disseminated via email to (1) health centers with active CHW programs and (2) organizations that had previously participated in CHW trainings. Twenty-two CHWs, Peer Specialists, Supervisors of CHWs and Peer Specialists, or similar professions and other administrative staff representing seventeen health centers across the nation – from California, New York, New Jersey, Connecticut, Mississippi, Oregon, Missouri, Maryland, Arizona, Florida, and Michigan – provided valuable feedback to inform the subsequent issue brief/report.



Throughout this report, survey findings will be denoted by an “icon”.



## CHWs and Peer Specialists Addressing Diabetes Control

CHW/Peer Specialists have proven to be successful at increasing health outcomes for their communities by linking individuals to healthcare and social services, educating their peers about disease and injury prevention, working to make health services more accessible, and mobilizing their communities to create positive change. <sup>(5, 6)</sup> Peer Specialists function as role models by exhibiting competency in their disease journey and utilizing their lived experience to share understanding and mutual empowerment to others experiencing similar health issues.<sup>(6)</sup> While the primary role of these professions is often linking vulnerable populations to the health system, additional roles can include culturally appropriate education and mediation, care coordination and systems navigation, coaching and social support, advocacy, capacity building, and outreach. Through these roles, they offer support to patients with diabetes and/or those at risk of developing diabetes in a unique manner and are able to build strong relationships and effectively address challenges individuals face when trying to manage their diabetes. <sup>(5,6)</sup>

65% of the health center respondents have CHW/Peer Specialists with lived experience; this is defined as having direct experience themselves or close relations with diabetes or other chronic disease. CHW/Peer Specialists in these health centers have utilized their lived experience by:



- Using it as a foundation to educate patients with personal experiences.
- Adapting strategies they have experienced themselves or with their close family to help patients deal with diabetes challenges.
- Expressing awareness and empathy towards the patients' experiences and struggles.



## Strategies to Serve Patients with Diabetes

Based on their unique understanding of the challenges faced by their patients, CHW/Peer Specialists are able to tailor their efforts to meet specific diabetes needs. Some strategies to reach and provide these services include: outreach, targeted health education, advocacy for individuals and the community, partnerships with community services/programs, patient navigation services, care coordination, referrals to social services, health literacy support, informal one-to-one counseling

and social support, health screening test administration, transportation services, translation services, support groups, and group activities.

Health centers indicated conducting outreach (82%), providing targeted health education (82%), and advocating for individuals and the community (82%) as the most common strategies to serve patients with diabetes.



The following list includes the strategies (from most-to-least common) used by CHWs/Peer Specialists to serve patients with diabetes:

- 82% conducting outreach
- 82% providing targeted health education (e.g. nutrition, physical activity)
- 82% advocating for individuals and the community
- 76% partnering with community services/programs
- 71% offering patient navigation services
- 71% providing care coordination
- 71% supplying referrals to social services
- 71% providing health literacy support
- 65% providing informal one-to-one counseling and social support
- 65% delivering direct service, such as administering health screening tests
- 65% providing transportation services
- 53% offering translation services
- 47% providing support groups and group activities

An essential role for CHW/Peer Specialists is to gather feedback from their patients to effectively tailor services to meet their needs. This feedback is collected through individual encounter forms, group and community education session documentation, case-management reports, patient or health care provider surveys, and one-on-one conversations with patients, among other methods.<sup>(7)</sup>



Health centers specified the following as common strategies used by CHW/Peer Specialists to gather and utilize client feedback/input to develop or tailor their diabetes services:

- Implementing patient-satisfaction surveys
- Gathering patients' suggestions to improve services
- Including patient feedback in the development of materials/resources
- Working with patients on developing self-management goals and follow-ups
- Working with patients and clinicians to form a plan and track progress towards lowering their A1c levels
- Sharing information during multi-disciplinary team meetings
- Engaging the community in workshops and programs
- Including patient feedback in the Electronic Health Records (EHRs) to communicate with providers



## Common Diabetes Topics during Health Education Classes

CHW/Peer Specialist-led health education classes help promote a healthier lifestyle by educating patients on dietary behaviors, exercise habits, the importance of practicing medication adherence, monitoring their blood glucose levels, and managing diabetes complications.



The health center responses indicated nutrition or dietary behaviors (76%) and medication management (71%) as the most common topic areas typically covered when providing health education for patients with diabetes. The following list includes topics (from most-to-least common) shared by CHW/Peer Specialists to provide health education to patients:

- 76% nutrition or dietary behaviors
- 71% medication management
- 65% physical activity
- 65% blood glucose control
- 65% managing diabetes complications



## Meet Patients Where They Are

These health education classes are delivered through several service methods to meet the needs of the patients including one-on-one or group, in-person, telephone, text messages, and video call meetings. In addition, resources are delivered in a variety of settings or locations to reach patients. In the **COVID-19 High Risk and Diabetes Care** section below, the necessary changes to these encounter strategies, training methods, and locations are noted as a result of the COVID-19 pandemic.



The health centers selected one-on-one in person meetings (88%) and one-on-one telephone call meetings (82%) as the preferred delivery service methods used by CHW/Peer Specialists when working with patients. The following list includes the delivery service methods (from most-to-least common) used by CHW/Peer Specialists (pre- and post-COVID-19) to provide health education to patients:

- 88% one-on-one meetings in person
- 82% one-on-one meetings by telephone call
- 41% one-on-one meetings by video call (e.g., Zoom, Google Hangout, or Skype)
- 41% group sessions in person
- 35% group sessions by video call (e.g., Zoom, Google Hangout, or Skype)
- 18% one-on-one meetings by text message
- 18% email



Pre-COVID-19, health center CHW/Peer Specialists indicated they mostly delivered diabetes control health education at their health center (82%) and at community events (41%). The following list includes locations that CHWs/peer specialists are delivering diabetes control services (from most-to-least common)

- 82% health center
- 41% community events
- 29% public housing unit
- 24% patient's home
- 24% on the street
- 18% school
- 12% patient's worksite
- 6% library
- 6% other: church



## Trainings and Education to Support CHW/Peer Specialists Delivering Diabetes Control Services

CHW/Peer Specialists have opportunities to use their skills in differing capacities within health centers to support patients with diabetes. These opportunities may present challenges in their ability to successfully perform their role. Therefore, it is imperative that CHW/Peer Specialists are provided with trainings that support and empower their professional development and overall diabetes knowledge.



Health centers assessed indicated the most common types of training and education provided to support CHWs/Peer Specialists working with patients who have diabetes included social determinants of health (71%), HIPAA and patient privacy (65%), safety (65%), and culturally competent/racially equitable service delivery (65%). The following includes the full list of training topics identified for CHWs/Peer Specialists working with patients who have diabetes (from most-to-least common):

- 71% social determinants of health
- 65% HIPAA and patient privacy
- 65% safety
- 65% culturally competent/racially equitable service delivery
- 59% chronic disease management
- 59% evaluation and research (e.g., collecting and interpreting patient information)
- 59% motivational interviewing and public speaking
- 59% technology use (e.g., electronic health records and mobile applications)
- 53% how to work with the clinical care team
- 41% liability and ethical issues



## COVID-19 High Risk and Diabetes Care

In the first quarter of 2020, the novel coronavirus (COVID-19) pandemic rapidly spread; increased risk of severe symptoms were most prevalent in individuals with underlying health issues including respiratory disease, diabetes, advanced age, and immune suppressing conditions.<sup>(8,9)</sup> These underlying conditions were further exacerbated by stay-at-home and social distance protocols put

in place to address the spread of COVID-19 and the ensuing limited access to supplies, food, and health resources in many lower income and rural communities.

While direct one-on-one and in-person engagement with patients facing the challenges of diabetes is a key engagement strategy for CHW/Peer Specialists, the COVID-19 pandemic significantly impacted both the implementation of and purpose of the client engagement. The role of CHW/Peer Specialists and the means for connecting with the patients in the community adapted in two primary ways over the course of 2020 and the changing protocols for the COVID-19 pandemic: 1) expanded the community connections to provide general health information and access to supplies, medicines and food, and 2) expanded the CHW/Peer Specialist team role in telehealth.



## **Expand the CHW and Peer Specialist Role to Provide Information and Access**

COVID-19 disrupted community residents' and health center patients' access to the medicines and supplies they needed to respond to the COVID-19 spread by interrupting the availability of cleaning supplies and food at grocery stores, as well as unveil a new need for access to personal protective equipment (PPE). Reduced sources of income due to business closures or reduced work hours and relocation of many vulnerable individuals from congregate shelters or encampments to quarantine sites in hotels and motels also put pressures on existing support systems. COVID-19 underscored the need for system changes to address long standing barriers and disparities in underserved communities, including limited access to technology and the internet,<sup>(10)</sup> dependence on public transit, and online retail reliance on credit cards. It is worth noting that significant changes were necessitated at the federal and local level to enable public assistance programs like Supplemental Nutrition Assistance Program (SNAP) Electronic Benefits (EBT) cards to be utilized for online purchases in lieu of direct purchase at a store in-person.<sup>(11)</sup>

CHW/Peer Specialists were quickly deployed by health centers to conduct wellness check-ins for patients, determine needs for supplies and medicines, and facilitate transportation and delivery to fill the gaps in traditional supports. The CHW/Peer Specialists were able to connect with both established and newly formed networks like food pantries at local homeless service organizations, block clubs and faith-based organizations, as well as participating with housing service coordinators to establish local drop-off sites for the revamp of school lunch programs when students were no longer attending school in-person.



CHW/Peer Specialists provided patients – many of them isolated and confused, with critical information, which reinforced their important role in navigating between community and the health care systems. From our survey results, health centers reported the following as key roles for CHW/Peer Specialists during the COVID-19 pandemic:

- 76% expanded community partnerships to fill gaps in SDOH
- 71% medication management
- 64% blood glucose monitoring
- 64% facilitate transportation services
- 58% supplying PPE
- 53% delivering translation services
- 52% educating patients on COVID safety methods, symptoms, and connections to testing



Health centers recognized that these enhanced roles for CHW/Peer Specialists necessitated additional training and supervision:

- 53% guidance and training on changing role specific to COVID-19
- 23% increased supervision
- 11% non-performance-based incentives



## CHW and Peer Specialists Hold Key Role in Telehealth

CHW/Peer Specialists are working closely with the healthcare team to deliver telehealth services during the current pandemic:

- Managing appointment reminders via telephone with individual patients. Health centers are reporting significant reduction in missed appointments as a result of the general shift to telehealth communications and appointments. <sup>(12)</sup>
- Conducting wellness checks and medication monitoring via telephonic check-ins. CHWs and Peer Specialists are utilizing patient questionnaires to determine needs and make referrals to COVID testing, community resources, and supplies.
- Providing support for patients to participate in telehealth appointments via audio phone, smart phone, or computer device for virtual sessions. This support may involve connecting patients to technology equipment in COVID-safe community spaces, training on the use of technology, as well as broader advocacy on gaps in technology access in the community. Health centers significantly expanded technology purchases and training for staff to facilitate the shift.
- Specific to diabetes management, CHW/Peer Specialists are working with nutritionists and exercise specialists to develop video recordings for patients.



## Case Studies of Community Health Worker Programs

The following case studies reflect successful CHW programs that represent both urban and rural settings and clients managing multiple chronic diseases, including protocols to prevent the spread of COVID-19. All three programs highlight the broader role and impact for CHW/Peer Specialists engaged with clients in chronic disease management across multiple types of health systems in underserved communities and offer lessons applicable both within and outside of community health centers.

### **LA VIDA - Lifestyle and Values Impacting Diabetes Awareness**

**Organization:** Hidalgo Medical Services

**Description/Impact:** The LA VIDA program was designed by Hidalgo Medical Services (a community health center) through its Family Support Services division, as a community-based chronic disease intervention program using CHWs to assist those with or at risk of developing diabetes. The goals of the program are to improve the health status and reduce health disparities of residents in southwest New Mexico. The key program components and principles are used by Provider-Integrated Care Team Coordinators (community health workers) at Hidalgo. The CHW staff address SDOH, provide education and support to patients in need of prediabetes/diabetes education as identified by the care team. To support people with chronic diseases and meet community needs, LA VIDA and its CHWs offer:

- Enrollment services for free or low-cost insurance programs
- Assistance accessing health and social services
- Information and support for healthy eating
- One-on-one diabetes education (current programming limits one-on-one education)
- Outreach to the community and other organizations about Family Support Services

Training for the staff include workshops on diabetes symptoms and care management. Additional topics to build staff capacity and community connections include classes covering topics such as cultural competency, motivational interviewing, and customer service. On-the-job training also includes shadowing experienced staff.

Outcome results demonstrated that community residents responded to the LA VIDA outreach with behavior changes addressing cultural barriers and improved diabetes metrics, as reported: 1) consistent physical inspection of feet and medication management resulting in improved HbA1c; 2) focus on food distribution to encourage health eating; and 3) advancing community partnerships to encourage policies to support diabetes awareness and best practices.<sup>(13)</sup>

## **New York Presbyterian Hospital and NYU Grossman School of Medicine**

**Organization:** New York- Presbyterian Hospital and the NYU Grossman School of Medicine

**Description/Impact:** New York Presbyterian Hospital and the NYU Grossman School of Medicine, in conjunction with local community-based organizations, have an extensive history of utilizing bilingual CHWs who “deliver culturally and linguistically tailored health coaching, support, and health system navigation services to underserved communities throughout New York City.”<sup>(14)</sup>

In the midst of the COVID-19 pandemic, local health officials conducted data risk analysis and zip code matching which showed that the lowest income and racially diverse areas of New York City were being hit the hardest by COVID-19 and, subsequently, were suffering the highest numbers of fatalities. “In collaboration with community-based organizations, existing CHW teams proactively contacted socially isolated patients, connecting them with sources of critically important care and support.” With the changes implemented in 2020, “they [CHWs] have conducted more than 9,600 wellness checks over the phone, helped nearly 3,400 people enroll in online patient portals and prepare for upcoming telehealth appointments, and conducted virtual health coaching sessions with more than 600 patients.”<sup>(15)</sup> Specific roles that the CHWs took on during this period included providing one-on-one support and/or home visitation, conducting educational sessions, facilitating medication deliveries, and assisting patients with getting to their medical appointments. This experience has shown that, during times of crisis, “CHWs provide a strong connection between some patients and an ever-changing — and increasingly digital — health care system.”<sup>(15)</sup> The ability of a team of well-trained CHW/Peer Specialists to pivot during a global pandemic cannot be underestimated. The understanding and lived experience they share with their patients is at the heart of these efforts to ensure that vulnerable communities have the knowledge, tools, and self-esteem to ensure their own health and safety.

## **Kentucky Homeplace**

**Organization:** Kentucky Homeplace

**Description/Impact:** Much of Kentucky is designated as medically underserved. Access to health care for many community members is constrained due to lack of solid knowledge of their health conditions, barriers such as social/cultural inhibitors, family financial burdens, or a lack of transportation. In 1994 the University of Kentucky Center of Excellence in Rural Health created a CHW initiative to address a broad range of chronic health diseases, including heart disease, asthma, cancer, hypertension and diabetes, prevalent throughout rural Appalachian Kentucky, a region with higher rates of poverty, lower education, and inadequate health insurance as compared to other areas of the state. Over 30 counties located in the Appalachian region are served by the Kentucky Homeplace project.

A key program intervention focuses on employing and training local residents as CHW/Peer Specialists to address the prevalence of chronic diseases in the community. Specifically, the

program is structured to address “the lifestyle choices, inadequate health insurance, and environmental factors that are believed to contribute to these diseases.”<sup>(16)</sup> A majority of the clients connected to CHW/Peer Specialists in this program are at or below 100% of the federal poverty level. Services provided include:

- Free health information and coaching for clients and family members
- Chronic Disease Self-Management Program, with emphasis on diabetes management
- Reduced or no-cost medications
- Sliding fee referrals for doctor visits

Kentucky Homeplace emphasizes care coordination and health coaching on chronic disease management, healthy lifestyles and eating habits, diabetes management including eye and foot care, diet and physical activity, and the importance of preventive care. Screenings, preventive health strategies, referrals, and educational services are offered at no charge to clients. For Kentucky Homeplace the investment in the program has a “return on investment (ROI) at \$11.34 saved for every \$1 invested,” based on data tracked on the Rural Health Information Hub for Kentucky Homeplace services during the period between July 2001 to June 2019.<sup>(16)</sup>

From the early onset of COVID-19, Kentucky Homeplace was able to successfully pivot to remote services during the pandemic. According to a recent quarterly report, Kentucky Homeplace CHW/Peer Specialists have expanded their role to meet the ever-changing needs of their clients. During COVID-19 Kentucky Homeplace CHWs have assisted clients with enrollment in Medicaid, obtaining economic stimulus payments and food benefit programs, telehealth visits, and extensive education on COVID-19 safety protocols.

### **Conclusion: Confirming the Vital Role for Community Health Workers and Peer Specialists**

CHW/Peer Specialists create an important bridge to education and compliance in the community to support diabetes chronic disease management. Community health centers with CHW/Peer Specialist programs, and even those still exploring the role, can gain insights from the health center survey results and case studies highlighted within this brief:

- The ability of successful CHW/Peer Specialist programs to adeptly transition in order to provide new, different, or community-sensitive services, particularly during an emergency such as COVID-19.
- The understanding that CHW/Peer Specialist programs need well-trained, well-resourced, and responsive, community-based peer staff and leaders equipped to address multiple health-related needs and social determinants of health across multiple community systems
- The necessity of adaptive skills to respond to the health needs of the community in different localities and across various health conditions – particularly diabetes, especially during a health pandemic.

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