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Testimony on H-6117, Community Health Workers (CHWs)
House Health & Human Services Committee
April 10, 2025

Good afternoon, Chairperson Donovan and members of the House Health & Human Services Committee. My name is **Jocelyn Antonio**, and I serve as the **Director of Program Implementation and Policy** at the Hassenfeld Child Health Innovation Institute at the Brown University School of Public Health. I am providing this testimony in my personal capacity.

I strongly urge your **support** for **H-6117 – An Act Relating to Insurance – Accident and Sickness Insurance Policies**, sponsored by Representative Tanzi and co-sponsored by Representatives Potter, Cruz, Morales, Kislak, Diaz, Casimiro, McGaw, and Felix.

This legislation would require that every individual or group health insurance contract or hospital/medical expense insurance policy issued, delivered, or renewed in Rhode Island on or after January 1, 2026, provide coverage for services delivered by certified Community Health Workers (CHWs). Coverage would align with each insurer's existing reimbursement, credentialing, and contracting mechanisms and be contingent on services falling within the CHW's professional scope as defined by Rhode Island's certification standards.

CHWs deliver medically necessary services for patients with chronic health conditions—including behavioral health—or for those at risk of developing such conditions. They also support patients facing barriers to meeting their health or health-related social needs. Services include health promotion coaching, health education, navigation of care systems, service coordination, care planning, and follow-up.ⁱ

Behavioral Health and CHWs: A Public Health Priority

As a public health professional, I want to emphasize the crucial role that CHWs play in behavioral health prevention. CHWs work directly with individuals and families to build trust, identify needs, reduce stigma, and connect them to care. In a time when our behavioral health workforce is overstretched, CHWs fill a vital gap. They support understanding, access, and ongoing engagement in behavioral health services - particularly in underserved communities."

A 2018 systematic review by Weaver and Lapidus found clear evidence of both the feasibility and effectiveness of mental health interventions delivered by CHWs.ⁱⁱⁱ

At the Hassenfeld Child Health Innovation Institute at Brown University's School of Public Health, Dr. Michael Silverstein and Nurse Practitioner Emily Feinberg have demonstrated the deep, measurable impact of CHWs on families and care systems through multiple research studies and clinical initiatives.

Below is a chart summarizing those findings – highlighting the role of CHWs had and the resulting health and system outcomes. In their integrated pediatric behavioral health initiative, CHWs were

successfully incorporated within a team-based integrated pediatric behavioral health care system. CHWs in behavioral health prevention reduced parenting stress, reduced depression symptoms, prevented depressive episodes in mothers, increased appropriate screening and diagnoses for children at risk for developmental and behavioral health disorders, and increased family and patient access to services and resources.^{iv}

Summary of CHW Roles and Outcomes Across Pediatric Behavioral Health Initiatives

| <i>Setting/Population</i> | <i>CHW Roles (see key)</i> | <i>Results</i> |
|---|----------------------------|---|
| Mothers of children under 6 with autism | A, B, C, D, H | ↓ parenting stress, ↓ maternal depressive symptoms ^v |
| Depressed mothers in Head Start | A, B, D, E, H | ↑ mental health care engagement ^{vi} |
| Head Start Randomized Control Trial | A, B, C, H | ↓ depression symptoms ^{vii} , ↓ perceived stress ^{viii} , ↑ engagement with specialty mental health services ^{ix} |
| Developmental Behavioral Pediatric Clinic (Boston Medical Center) | A, B, C, D, E, F, H | ↑ Autism screening and diagnosing ^x , ↑ EI access, especially Hispanic families ^{xi} |
| TeamUp for Children Integrated Behavioral Health Initiative (3 MA FQHCs) | A, B, C, D, E, F, G | ↑ mental health service use ^{xii} , ↑ screening and identification of developmental or behavioral health issues ^{xiii} , ↓ wait times ^{xiv} , addressed patients' unmet basic resource needs |
| TeamUp for Children Integrated Behavioral Health Initiative (6 RI Health Centers) [ongoing] | A, B, C, D, E, F, G | ↑ Screening for children/adolescents, ↑ warm handoffs (80%+), ↑ CHW engagement in BH and material needs, ↑ support for diverse populations, ↓ PCP burden ^{xv} |

Key:

A = Cultural/Linguistic Mediation

B = Health Education

C = Coaching/Support

D = Care management and navigation

E = Outreach

F = Advocacy

G = Direct Service

H = Building individual and community capacity

CHWs Address Health Inequities

CHWs are often referred to as “experience-based experts.”^{xvi} What sets them apart is their shared ethnicity, language, socioeconomic status, and life experiences with the communities they serve. According to the NIH, this proximity enables CHWs to act as cultural mediators and build authentic relationships, which is especially critical in behavioral health.^{xvii}

They are essential in our efforts to address persistent racial, ethnic, and socioeconomic disparities in access to care and health outcomes.

Sustainability and Urgency

According to the Washington County Coalition for Children, numerous federal and foundation grants that are funding CHWs in RI expired last year (2024). This has resulted in a loss of CHWs positions statewide – along with the trust, relationships, and systems CHWs have helped build over time.

CHWs deserve sustainable funding – not just temporary grants or patchwork Medicaid billing. Their knowledge, skills, and community relationships must be compensated with the dignity and permanence their work demands.

Conclusion

CHWs are not just connectors—they are stabilizers, educators, advocates, and allies. Without them, we cannot meaningfully address behavioral health needs or eliminate health disparities.

I respectfully urge your support and passage of H-6117.

Thank you for your time and consideration.

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ⁱ American Public Health Association, “Community Health Workers”; National Heart, Lung, and Blood Institute, “Community Health Workers.”

ⁱⁱ Diaz-Linhart et al., “5.3 Community Health Workers and Behavioral Health Prevention.”

ⁱⁱⁱ Weaver and Lapidus, “Mental Health Interventions with Community Health Workers in the United States.”

^{iv} Diaz-Linhart et al., “5.3 Community Health Workers and Behavioral Health Prevention.”

^v Feinberg et al., “Improving Maternal Mental Health After a Child’s Diagnosis of Autism Spectrum Disorder.”

^{vi} Diaz-Linhart et al., “Patient Navigation for Mothers with Depression Who Have Children in Head Start.”

^{vii} Silverstein et al., “Efficacy of a Maternal Depression Prevention Strategy in Head Start.”

^{viii} Silverstein et al., “Engaging Mothers With Depressive Symptoms in Care”; Silverstein et al., “Problem-Solving Education to Prevent Depression Among Low-Income Mothers.”

^{ix} Silverstein et al., “Problem-Solving Education to Prevent Depression Among Low-Income Mothers”; Silverstein et al., “Engaging Mothers With Depressive Symptoms in Care.”

^x Feinberg et al., “Reducing Disparities in Timely Autism Diagnosis Through Family Navigation.”

^{xi} Feinberg et al., “Effect of Family Navigation on Participation in Part C Early Intervention”; Feinberg and Eilenberg, “Role of Community Health Workers in Promoting Health Equity in Pediatrics.”

^{xii} Kim et al., “Association of Integrating Mental Health Into Pediatric Primary Care at Federally Qualified Health Centers With Utilization and Follow-up Care.”

^{xiii} Safon et al., “Implementation of a Novel Pediatric Behavioral Health Integration Initiative”; Brady et al., “Barriers and Facilitators to Integrating Behavioral Health Services and Pediatric Primary Care.”

^{xiv} Sheldrick et al., “Integrating Pediatric Universal Behavioral Health Care at Federally Qualified Health Centers.”

^{xv} Feinberg, “Increasing Pediatric IBH Capacity Using Community Health Workers: Baseline Data.”

^{xvi} Diaz-Linhart et al., “5.3 Community Health Workers and Behavioral Health Prevention.”

^{xvii} National Heart, Lung, and Blood Institute, “Community Health Workers.”

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