

Culturally Concordant Community-Health Workers: Building Sustainable Community-Based Interventions that Eliminate Kidney Health Disparities

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3 **Culturally Concordant Community-Health Workers: Building Sustainable Community-**
4 **Based Interventions that Eliminate Kidney Health Disparities**
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Community-Health Workers

Community-health workers (CHWs), such as patient navigators and *promotoras*, are lay non-medical individuals who are trusted and share the lived experience and characteristics of the community they serve (e.g., race and ethnicity, language, immigration status, socioeconomic challenges, medical illness).¹ CHWs typically provide support with social-and health-related challenges. CHW interventions became an important community-based strategy to address health disparities following landmark research that demonstrated their efficacy in reducing breast cancer screening and treatment disparities.¹ CHW interventions deserve consideration to reduce kidney health disparities, particularly for individuals who experience poverty, and members of racial and ethnic minority groups who face a disproportionate burden of social and structural challenges.

Characteristics and Training of Community-Health Workers

Ideally, CHWs should mirror the demographics and language characteristics of their target community and share experiences in facing social and structural challenges. A culture and language concordant CHW may more easily earn an individual's trust, serve as a source of information, and provide a bridge to healthcare clinicians and services. A CHW with personal experience with kidney disease may be valuable because they can empathize with and understand the health challenges imposed by kidney disease. The preferability of support from someone with personal experience with kidney disease was confirmed with qualitative findings that assessed the needs and preferences of Latinx individuals with kidney failure and of interdisciplinary clinicians on how to best support Latinx individuals with kidney failure.^{2,3}

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3 Training for CHWs should be guided by, and specific to, the target community and
4 intended outcomes. Training may include: (1) social risk assessment and how to identify
5 resources and support for individuals with social and structural challenges; (2) behavioral
6 training such as motivational interviewing and patient activation; (3) basic CHW skills (e.g.,
7 professional conduct, health promotion, care coordination, healthcare system overview,
8 electronic health record or computer training); (4) kidney specific education and experience
9 which may include clinical shadowing of interdisciplinary clinicians treating kidney disease.⁴
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21 **Opportunities for Community-Health Workers to Reduce Kidney Health Disparities**

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24 Health disparities in use of home dialysis and receipt of kidney transplant are especially
25 prevalent among racial and ethnic minority groups and individuals who experience poverty.⁵
26 Challenges to increasing home dialysis and transplant include clinician factors, health-system
27 factors, and patient-related factors. The Advancing American Kidney Health Initiative is a 2019
28 executive order that challenged the community to increase the number of individuals with kidney
29 failure who receive either home dialysis or a kidney transplant.⁶ In response, the Centers for
30 Medicare and Medicaid Services (CMS) implemented the ESRD Treatment Choices (ETC) and
31 the Kidney Care Choices (KCC) models.⁷ CHWs trained in kidney replacement therapy
32 options can provide emotional support, educate patients with low health literacy, support them in
33 dealing with competing social challenges and language interpretation, accompany patients to
34 key encounters such as the first transplant center visit or home-based clinician evaluation for
35 home dialysis. CHWs can use their training in motivational interviewing and patient activation
36 to strengthen a patient's engagement in preparing for and responding to demands related to
37 kidney replacement therapy choice.
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3 Community-health workers can also be active in: (1) supporting efforts to screen patients
4 at risk for kidney disease to reduce the prevalence of kidney disease; (2) connecting patients with
5 kidney disease to clinical care to reduce the progression of kidney disease to kidney failure; (3)
6 providing support to patients with advanced kidney disease for shared decision-making regarding
7 choice of kidney replacement therapy; and (4) improving transition to transplant or dialysis for
8 patients with kidney failure (**Figure 1**).
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19 **Example of Community-Health Worker Intervention**

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21 We partnered with a community-advisory panel to create and pilot test a 1-arm feasibility
22 study of a CHW intervention in response to Latinx community members indicating that
23 socioeconomic challenges compounded by low health literacy and lack of language
24 interpretation were the most distressing aspects of living with kidney failure.^{2,8} We are now
25 conducting a small (140 Latinx participants) randomized trial of the CHW intervention at 5
26 inner-city dialysis centers in Denver. The CHWs consent participants, and those randomized to
27 the intervention receive at least 5 visits over 3 months. The CHW provides support with social
28 challenges, language interpretation during key clinical visits, and uses motivational interviewing
29 and patient activation to support patient-centered decision-making. Visits occur either at the
30 dialysis center, at home, or at clinical encounters. The CHW works in partnership with social
31 workers, who are often overwhelmed with demands in urban dialysis centers. They are also often
32 integrated into the interdisciplinary dialysis team meetings because they can provide a deeper
33 understanding of the social and structural challenges that may be influencing kidney care and
34 adherence. We achieved a recruitment rate of ~80% for both studies because the CHW is not
35 rushed, describes the study in a culturally and language concordant manner, and develops a
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3 personalized relationship. Our preliminary findings confirm the many social challenges that
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5 participants face, and demonstrate cases in which a CHW has been crucial to improving patient-
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7 centered outcomes (i.e. outcomes that matter to and are prioritized by patients) such as support
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9 with social challenges and communication.
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11 **Building Sustainability**

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14 As we build an evidence base to demonstrate the effectiveness of CHW interventions, a key
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16 element will be research to demonstrate the cost-effectiveness of CHWs in reducing kidney
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18 health disparities. Strategic advocacy will also require a policy analysis that describes legislative
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20 options. In 2021, the National Academy for State Health Policy released a report describing
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22 state-level approaches and financing strategies across the country. The report stresses that CHWs
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24 are a ‘critical segment of the community-based workforce that is increasingly central to state
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26 workforce and equity planning.’⁹ As the evidence base for CHWs grows, there may be an
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28 opportunity to partner with CMS and include reimbursement for CHWs through value-based
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30 payment systems, bundled reimbursement, or alternative payment models. Additionally, as the
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32 effects of the ETC and KCC models on underserved populations are monitored, there may be an
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34 opportunity, even imperative, to integrate CHWs to further improve patient experiences and
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36 outcomes.
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44 **Conclusion**

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47 CHW interventions are a promising community-based approach to reduce kidney health
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49 disparities for racial and ethnic minorities and people that experience poverty along the kidney
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51 care continuum. Effectiveness, policy, and reimbursement considerations for CHW support must
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53 be prioritized to create sustainable change and meaningfully reduce disparities.
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Author Contributions:

Lilia Cervantes: Writing – original draft, Writing – review & editing

Bruce Robinson: Writing – original draft, Writing – review & editing

John Steiner: Writing – original draft, Writing – review & editing

Larissa Myaskovsky: Writing – original draft, Writing – review & editing

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Figure 1. Contributors to Disparities and Opportunities for Community-Health Worker Interventions

