



Community Preventive Services Task Force Recommendation

The Community Preventive Services Task Force recommends interventions that engage community health workers to prevent cardiovascular disease (CVD). There is strong evidence of effectiveness for interventions that engage community health workers in a team-based care model to improve blood pressure and cholesterol in patients at increased risk for CVD.

There is sufficient evidence of effectiveness for interventions that engage community health workers for health education and as outreach, enrollment, and information agents to increase self-reported health behaviors (physical activity, healthful eating habits, and smoking cessation) in patients at increased risk for CVD.

Facts about Cardiovascular Disease

Approximately 610,000 U.S. adults die of heart disease and 130,000 U.S. adults die from stroke each year.^{1,2}

High blood pressure, high cholesterol, and smoking are major heart disease and stroke risk factors. About half of U.S. adults (49%) have at least one of these three risk factors.³

Who are Community Health Workers?

Community health workers are front line public health workers who serve as a bridge between communities and healthcare systems. They are trained to provide culturally appropriate information and health education; offer social support and informal counseling; connect individuals with the services they need; and in some cases, deliver health services such as blood pressure screening.

Community health workers—also known as *promotores de salud*, community health representatives, and community health advisors—often work without professional titles. Some work without pay. They are from or have an unusually close understanding of the community served.

Major Findings

Interventions that engage community health workers in CVD prevention use one or more of the following models of care: health education and screening; outreach, enrollment, and information; team-based care; patient navigation; and community organization.

Among populations at increased risk for CVD, interventions that used the team-based care model led to large improvements in blood pressure and cholesterol outcomes.

When interventions engaging community health workers are carried out in minority or underserved communities, they can improve health, reduce health disparities, and enhance health equity.

Getting Started

Community Health Worker Toolkit

www.cdc.gov/dhdsppubs/chw-toolkit.htm

Learn More

Summary of Evidence and Task Force Findings

www.thecommunityguide.org/cvd/CHW.html

Million Hearts Fact Sheet on Community Health Workers

www.cdc.gov/bloodpressure/docs/mh_commhealthworker_factsheet_english.pdf

The Community Preventive Services Task Force (Task Force) is an independent, nonfederal, unpaid body of public health and prevention experts. It is congressionally mandated to identify community preventive programs, services, and policies that save American lives and dollars, increase longevity, and improve quality of life. The Community Guide is a collection of all the evidence-based findings and recommendations of this Task Force. Find more information at www.thecommunityguide.org.

The Centers for Disease Control and Prevention provides administrative, research, and technical support for the Community Preventive Services Task Force.

¹CDC, NCHS. Underlying Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015. Data are from the Multiple Causes of Death Files, 1999-2013, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

²Kochanek, KD, Murphy SL, XU JQ, Arias E. Mortality in the United States, 2013. NCHS data brief, no 178. Hyattsville MD: National Center for Health Statistics, 2014

³Valderrama AL, Loustalt F, Gillespie C, et al. Million Hearts: Strategies to Reduce the Prevalence of Leading Cardiovascular Disease Risk Factors --- United States, 2011. MMWR. 2011; 60(36): 1248-1251.