

Community Health Worker Pilot: How Walking the Mall Has Worked Wonders

Just over a year ago, [Cigna Healthcare](#)SM launched the Community Health Worker pilot in Houston, TX.

The pilot, developed by Evernorth[®] Health Services, was created to gauge the impact health workers in a community would have by helping people in that same community better manage their diabetes through in-person visits. The workers also connected these patients to benefits, services, and other resources to help overcome social determinants of health (SDOH) like food insecurity and transportation.

Focusing on reducing barriers to care for patients with high social needs, the pilot has improved participants' A1c levels, helping to fulfill [The Cigna Group's](#)SM overall mission to reduce health inequities, so each person has every opportunity to achieve their full health potential, regardless of social, economic, or environmental situations.

The pilot began by analyzing claims data for markets with high unmet social needs, as well as partnership opportunities. This led to Houston being the choice, since about 12% of Harris County residents have diabetes, which is higher than the national average according to the Harris County Public Health Department (HCPH).¹

Setting the pace for success

Throughout the pilot, a diverse diary of success stories was kept – but one empowering story stood out. It was from a community health worker who took a firsthand role in helping to inspire a massive lifestyle change and consequent positive health impact for one participant, “Alan.” *(name changed to protect patient privacy)*

In their initial meeting, the health worker found that Alan was recently divorced, inspiring Alan to make some drastic lifestyle changes. He was living with diabetes, but vigilant, and was meeting with an endocrinologist, monitoring his blood sugar, and being disciplined with his nutrition.

As Alan and the health worker got to know each other better, a trusting bond began to form. Alan revealed his struggles with physical health and walking to lessen some of his emotional

Getting Care to The Community

SDOH-related statistics gathered through AUG 2024 from participants who engaged with community health workers in the pilot:

12% who engaged with a community health worker needed food assistance

11% were seeking assistance with utilities

13.7% were seeking assistance for medical, dental, mental health, and vision services

struggles with his divorce. That conversation prompted the community health worker to encourage Alan to reach out to the Employee Assistance Program (EAP), which provided a variety of counseling options to help cope with life events like divorce.

Building trust leads to building better health

While he was excited about these new ways to improve his mental and physical health, Alan's inconsistent schedule was creating a challenge to establish a routine to walk or exercise, as well as to keep up his conversations with his health worker. The health worker suggested they might "check both boxes" by walking in a large Houston mall, where they could go any time that fit Alan's schedule, be free from any weather concerns, and keep up their dialogue.

Soon, they were walking two miles – a 47-minute workout – and Alan was feeling like he was accomplishing something special. He continued to open up to his health worker. Their walks increased, now becoming weekly, and adding an ambitious one-hour walking goal. At the same time, Alan's nutrition improved through better food choices, by taking cooking classes, and by working with a coach through EAP to get more condition-specific guidance.

A confident change

As his health improved, so did Alan's confidence. He became more open about his mental health counseling. Through a customized physical health and meal regimen created specifically for him by a full team (his health coach, nutritionist and several different doctors) he lost 10 pounds – which he says would not have happened without participating in the pilot.

As he prepares to "graduate" from the pilot this year, Alan's achievements are many. He's not only lost weight but dramatically changed his nutrition and, most important, *he* became the driving force behind substantially lowering his A1C to reduce his diabetes health risks.

Having interactions with specific communities facing high social needs seems to provide the added motivation, inspiration, and resources to help give each person every opportunity to live well. The pilot will end in December 2024, with final analysis expected in 2025.

Sources:

1 <https://cw39.com/news/health/harris-county-diabetes-rate-higher-than-national-average/>