COMMUNITY HEALTH WORKERS: IMPROVING HEALTH OUTCOMES

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WHO ARE CHWS?

Community Health Workers (CHWs) are **frontline public health workers** who are **trusted** members of and/or have an **unusually close understanding of the community served**. This trusting relationship enables CHWs to serve as a **liaison/link/intermediary** between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. CHWs also **build individual and community capacity** by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

- American Public Health Association, 2008
## WHAT DO CHWS DO?

### Outreach/Community Mobilizing
- Preparation and dissemination of materials
- Case-finding and recruitment
- Community Strengths/Needs Assessment
- Home visiting
- Promoting health literacy
- Community advocacy

### System Navigation
- Translation and interpretation
- Preparation and dissemination of materials
- Promoting health literacy
- Patient navigation
- Addressing basic needs – food, shelter, etc.
- Coaching on problem solving
- Coordination, referrals, and follow-ups
- Documentation

### Community/Cultural Liaison
- Community organizing
- Advocacy
- Translation and interpretation

### Participatory Research
- Preparation and dissemination of materials
- Engaging participatory research partners
- Facilitating translational research
- Interviewing
- Documentation

### Case Management/Care Coordination
- Family engagement
- Individual strengths/needs assessment
- Addressing basic needs – food, shelter, etc.
- Promoting health literacy
- Goal setting, coaching and action planning
- Supportive counseling
- Coordination, referrals, and follow-ups
- Feedback to medical providers
- Treatment adherence promotion
- Documentation

### Home-based Support
- Family engagement
- Home visiting
- Environmental assessment
- Promoting health literacy
- Supportive counseling
- Coaching on problem solving
- Action plan implementation
- Treatment adherence promotion
- Documentation

### Health Promotion & Coaching
- Translation and interpretation
- Teaching health promotion and prevention
- Treatment adherence promotion
- Coaching on problem solving
- Modeling behavior change
- Promoting health literacy
- Harm Reduction
OUR PUBLICATIONS


NYS COMMUNITY HEALTH WORKER STUDY
CHW APPROACH

- Improve access to health care and social service resources
- Improve the quality and cultural appropriateness of service systems
- Help people integrate and prioritize health promotion and disease prevention/management regimens into their daily life
- Organize communities to improve environmental, physical and social wellbeing through community organizing and empowerment
- Negotiate and ameliorate cultural & linguistic barriers to wellness
- Help people become active participants in their health
- Combat social isolation, loneliness, stigma, discrimination and depression

*Warning!* - If you do what you have always done, you will get what you have always gotten...
CHW PREFERRED ATTRIBUTES

- **Connected** to Community
- **Resourceful**, Creative
- **Mature**, Prudent, Persistent
- **Empathetic**, Caring, and Compassionate
- **Open-minded**, Non-judgmental, Relativistic
- **Respectful**, Honest, Patient
- **Friendly**, Outgoing, Sociable
- **Dependable**, Responsible, Reliable
CHW OUTCOMES

- Increased access and quality of services
  - Increased cultural and linguistic appropriateness of services
- Improved health outcomes
  - Chronic conditions
  - Multiple chronic conditions
  - Maternal and Child Health
  - Aging populations
  - Mental Health, Depression/Isolation
- Improved service utilization
  - Increase consumer satisfaction - retention
  - Improve patient understanding, activation and self-management
  - Increase primary care use/ lower missed appointments
- Reduced/eliminated persistent inequities in health outcomes
  - Immunizations, asthma, diabetes, substance abuse
- Increased social capital & community connectedness
- Promote healthier communities and individuals
CHW BUSINESS CASE

- **Value added - Increase coverage**
  - Insurance coverage increased & more consistent for children (RCT in Boston)
  - Members become more activated and involved
  - Improved retention

- **Lower costs**
  - 63% reduced hospitalization expenses (asthma program in Manhattan)
  - 48% reduced ED expenses (asthma program in Manhattan)
  - Reduced HbA1c levels by one point in 6 month intervention (RCT diabetes in the Bronx)

- **Return on Investment (range $1.15 - $7.00)**
  - ROI of $2.28 per dollar invested (underserved men in Denver)
  - ROI of $2.30 per dollar invested (Diabetes management program in the Bronx)
  - $7.00 per dollar invested (Denver Health pregnancy testing program)

- **Cost savings**
  - Decreased per capita expenses 97% in an asthma program (Hawaii)
  - $24 million over 9 years in private corporation (Georgia)
  - Reduce hospitalization denial of payment (the Bronx)
  - Increase QARR scores- significant profit
## CHW Returns on Investment

<table>
<thead>
<tr>
<th>Study/site</th>
<th>CHW activities and outcomes</th>
<th>ROI (per year)</th>
<th>Sources for data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless mentally ill</td>
<td>CHW home visits and behavioral change support reducing institutional care costs</td>
<td>1.15</td>
<td>Calculated from case-control data in Wolff et al., 1997, reported in Viswanathan.</td>
</tr>
<tr>
<td>Childhood asthma management, Seattle, WA</td>
<td>High intensity CHW intervention w. home visits, reducing urgent visit/hosp costs</td>
<td>1.21</td>
<td>Calculated from pre-post data in Krieger et al, 2005.</td>
</tr>
<tr>
<td>Childhood asthma management, New York, NY</td>
<td>CHW provides education and care coordination reducing urgent visits/hosp.</td>
<td>4.01</td>
<td>Calculated from pre-post in Peretz et al., 2012, with additional data from Nieto and Peretz.</td>
</tr>
<tr>
<td>Theoretical savings for pediatric patients making clinic visits in Harrisonburg, VA</td>
<td>CHW will do primary care triage and manage limited protocol of conditions, reducing clinic visits</td>
<td>1.60</td>
<td>Calculated from comparison data in Garson et al 2012.</td>
</tr>
<tr>
<td>Diabetes control along Texas border</td>
<td>Diabetes education and support in making lifestyle changes, reducing care costs through lower A1c</td>
<td>4.62</td>
<td>Calculated from comparative cost data in Culica et al., 2008.</td>
</tr>
<tr>
<td>Employees of Langdale Manufacturing in Lowndes County, Georgia</td>
<td>Case management support to workers with chronic disease, reducing acute care costs and work loss days</td>
<td>4.80</td>
<td>Calculated by Miller, 2011.</td>
</tr>
<tr>
<td>Chronic illness patients in Denver Health Plan, Colorado</td>
<td>CHW intervention with care management, reduced urgent/hosp costs</td>
<td>2.28</td>
<td>Calculated by Whitley, Everhart &amp; Wright, 2006.</td>
</tr>
<tr>
<td>Arkansas Medicaid managed care program</td>
<td>CHW community connector program provided by state managed care program</td>
<td>2.92</td>
<td>Calculated by Felix et al, 2011.</td>
</tr>
<tr>
<td>Molina Healthcare, Medicaid Managed Care, New Mexico</td>
<td>CHW focuses on the high-user, complex patients, providing navigation, health coaching, and chronic disease management</td>
<td>2.18</td>
<td>Calculated from pre-post data in Johnson 2011.</td>
</tr>
<tr>
<td>Diabetes management for low-income patients in Baltimore, MD</td>
<td>Volunteer CHW educates and provides care coordination, reducing diabetes-related health care costs</td>
<td>6.10</td>
<td>Calculated from pre-post data in Fedder et al, 2003.</td>
</tr>
<tr>
<td>Diabetes management for low-income patients, New York, NY</td>
<td>CHW provides education and care coordination, reducing urgent visit/hosp costs</td>
<td>2.32</td>
<td>Calculated from pre-post data supplied to the authors, reported in Findley, Matos &amp; Reich, 2013.</td>
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</tbody>
</table>
SUCCESSFUL CHW PROGRAMMING

- **CHW Champion**
  - Decision-maker, consistent, determined, committed
  - Organizational maturity

- **CHW Position**
  - Clear roles and responsibilities
  - Appropriate recruiting, assessment and probation
  - Explicitly member of healthcare team
  - Status, recognition, resources, support
  - Career ladder

- **CHW Supervision**
  - Appropriate supervision, regular performance evaluation

- **CHW Training**
  - Core competencies, specialties, initial and on-going

- **CHW Financing**
  - Collect data early and often
  - Seek out pockets of opportunity
  - Move towards applying operating funds
NOTE OF CAUTION

- Beware of misdirected energy and misunderstanding towards certification
- Certification does not advance a practice
- Certification does not provide recognition, stability nor improved salaries
- Certification is a regulatory process that determines who can belong to a practice and who cannot
- There is no existing evidence that certification has advanced the CHW in any state to date

- What does advance a practice is a clear understanding of roles and tasks
THANK YOU!

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