

# Community Health Workers Improving FQHCs: What Can Louisiana Learn from the Rest of the Nation?



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# Session objectives

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- Describe the roles of community health workers and why this workforce is uniquely qualified to reach underserved, culturally diverse populations.
- Explain how community health workers functioning as FQHCs team members can contribute to improving population health, enhancing the patient care experience, and reducing health care costs.
- Discuss recent policy developments that can be leveraged to support CHWs in Louisiana

# Topics

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Social determinants of health

CHW definition

What CHWs do and the skills required

State of the evidence

Activity at the federal and state levels

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What are some of the challenges FQHCs face in delivering care to underserved populations?

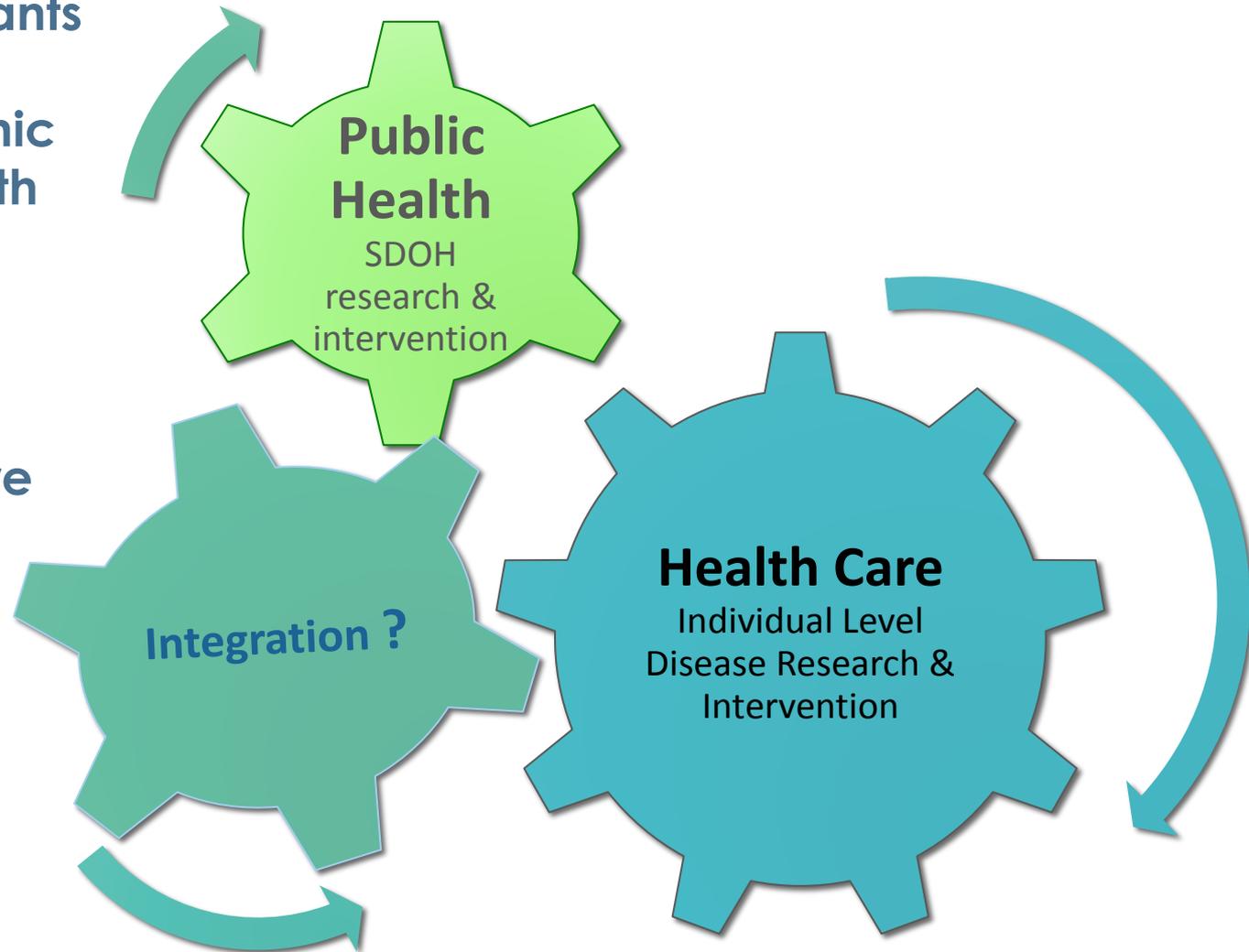
# The Social Determinants of Health



# Health care system does not address systematically address social determinants

Social determinants have not been integrated in clinic practice or health care systems

Leads to lower value, substandard care



# The health care system needs support to address social determinants of health

4 out of 5 doctors believe social needs are as important as health problems

Yet 4 out of 5 doctors feel **under-equipped** to address their patients' social needs

RWJF "Health Care's Blind Side" Dec 2011

# What's your definition of CHW?



# Community Health Worker Definition

American Public Health Association

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- ❑ The CHW is a frontline public health worker who is a **trusted member** of and/or has an **unusually close understanding** of the community served.
- ❑ This trusting relationship enables the CHW 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. (cont'd)

# Community Health Worker Definition

American Public Health Association

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- ❑ The CHW also builds 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.

# CHW is an umbrella term

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Many job titles!

- Community health representatives/liaisons/advisers
- Lay health workers
- *Promotores de salud*
- Outreach workers
- Navigators
- Community organizers
- And many others

# CHWs are unlike other health-related professions

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- ❑ Do not provide clinical care
- ❑ Generally do not hold another professional license
- ❑ Expertise is based on *shared life experience and (usually) culture* with the population served

# CHWs are unlike other health-related professions

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- ❑ Rely on relationships and trust more than on clinical expertise
- ❑ Relate to community members as peers rather than purely as client
- ❑ Can achieve certain results more effectively than other professionals

Here is your patient.  
What does he need?



CHWs may see something different!





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# What CHWs do – and the skills required

# CHWs perform a wide range of Core Roles

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- ❑ Cultural mediation between communities and health and human services system
- ❑ Providing culturally appropriate health education and information
- ❑ Assuring people get the services they need

Source: National Community Health Advisor Study, Univ. of Arizona, 1998

## CHWs perform a wide range of Core Roles cont'd

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- ❑ Informal counseling and social support
- ❑ Advocating for individual and community needs
- ❑ Providing [some] direct services and meeting basic needs
- ❑ Building individual and community capacity

Source: National Community Health Advisor Study, Univ. of Arizona, 1998

# CHWs are employed in many different models of care

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- ❑ **Member of primary care team**

- ❑ FQHCs

- ❑ Patient navigator

- ❑ Provider: services, screening, education

- ❑ Outreach/enroll/inform concerning specific programs or services

- ❑ Organizer/advocate

Source: HRSA CHW National Workforce Study, 2007



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# Why CHWs Now?

# Now is the time for CHWs

## □ The “Triple Aim”

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- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care

## □ Health care reform: changing accountability for outcomes: CHW as members of health care teams

- Accountable care organizations (ACOs)
- Patient-centered medical homes (PCMHs)
- Incentives to reduce costs, improve care



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# The State of the Evidence

# Evidence base on CHWs is growing but complicated

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- ❑ Hard to present simple answers, but impact is evident on health outcomes, health knowledge/behaviors, and costs
- ❑ Diversity of CHW activities and health issues means no unitary measure
- ❑ Increasing evidence of cost-effectiveness or “return on investment” from cost savings

# Evidence of CHW impact on health outcomes is clear in many areas

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- ❑ Birth outcomes: clearest evidence of preventive impact
- ❑ Diabetes: A1c, BMI, HTN, health behaviors
- ❑ Asthma: symptom control, missed days
- ❑ Cancer screening rates > early detection
- ❑ Immunization rates
- ❑ Hospital readmissions (care transitions)

# Financial ROI can be dramatic

Recent studies all showing about **3:1 net return or better:**

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- ❑ **Molina Health Care:** Medicaid HMO reducing cost of high utilizers
- ❑ **Arkansas “Community Connectors”** keeping elderly and disabled out of long-term care facilities
- ❑ **Community Health Access Program (Ohio) “Pathways”** reducing low birth weight and premature deliveries
- ❑ **Texas hospitals:** redirecting uninsured from Emergency Depts. to primary care
- ❑ **Langdale Industries:** self-insured industrial company working with employees who cost benefits program the most

# A few guiding principles for working with CHWs

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- Recruitment
- Respect and trust between CHWs and other members of the team
  - Train staff on the CHW model
- Do not institutionalize the role!

# A few guiding principles for working with CHWs

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## Training

- Opt for competency-based training with experienced training program
- Do not train only on health/disease information

## Supervision

- Need lots of support AND flexibility

## CHWs are professionals

- Make sure they have professional development opportunities
  - Louisiana Community Health Outreach Network
  - American Public Health Association CHW Section



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What's happening at the federal level  
and in the States?

# Federal agencies are increasing support for CHW strategies

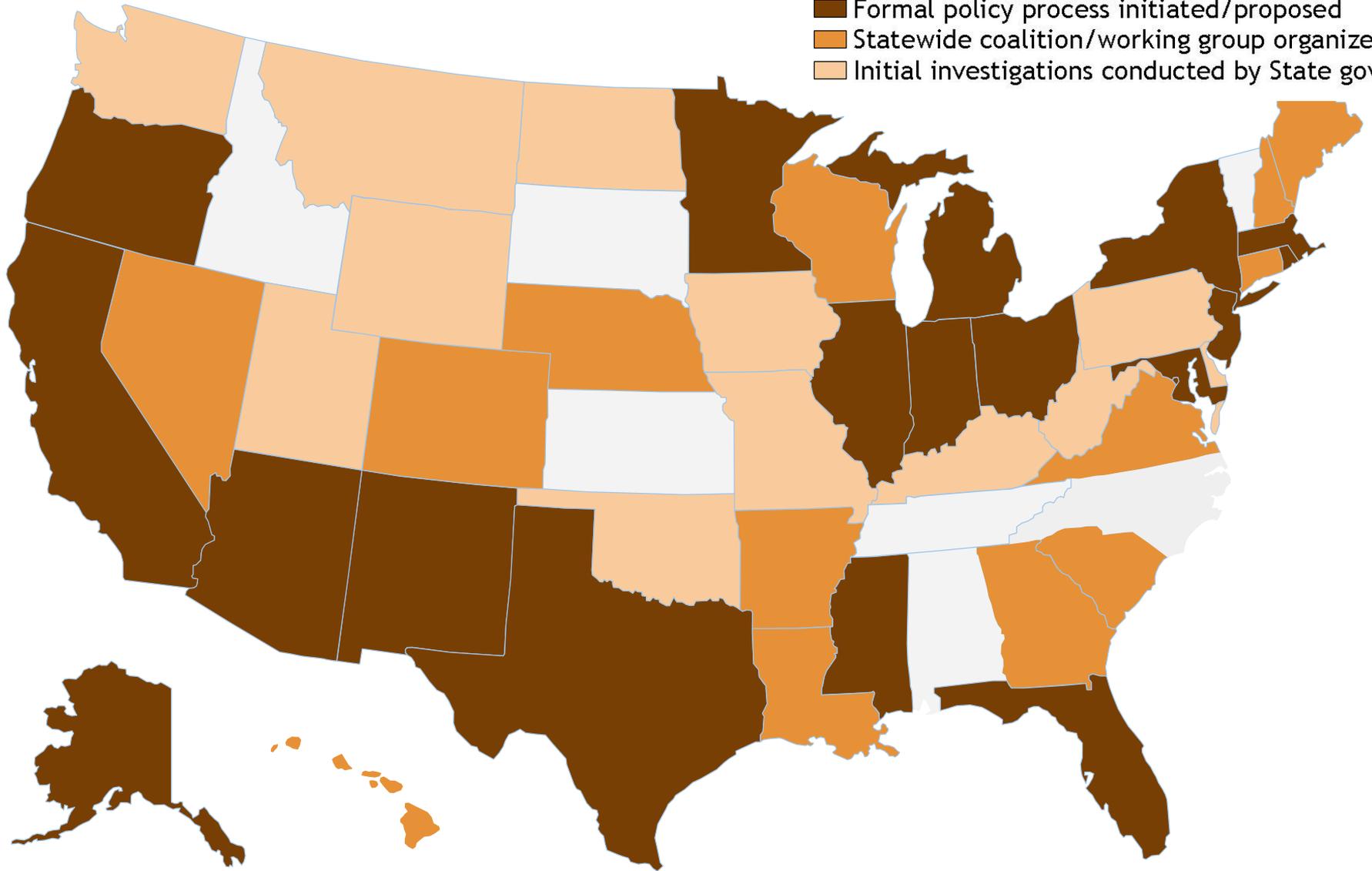
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- ❑ CDC priority on support for policy and systems change
- ❑ CDC and HRSA support for TA at state request
- ❑ HHS CHW Interagency Work Group
- ❑ Office of Women's Health:  
Women's Health Leadership Institute
- ❑ CMMI Grantee CHW Learning Collaborative
- ❑ National Health Care Workforce Commission

# CHW Policy Activity by State

## LEGEND

-  Formal policy process initiated/proposed
-  Statewide coalition/working group organized
-  Initial investigations conducted by State govt.



# States are pursuing various models in CHW policy innovation

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- ❑ **Legislative:** Texas, Ohio, Massachusetts, New Mexico, Illinois, Maryland
- ❑ **Medicaid rules:** Minnesota
- ❑ **Policy driven by specific health reform initiatives:** Oregon, South Carolina
- ❑ **Broad-based coalition process:** Arizona, Florida, Michigan



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How can states advance CHW policy and workforce sustainability?

# 4 key policy areas require attention

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## 1. Occupational definition

- ❑ Need agreement on CHW Scope of Practice (SOP) and skill requirements
- ❑ Formally adopted in only a few states
- ❑ States with certification (TX, OH) currently have broader definitions
- ❑ Linked to awareness/education effort
- ❑ Broad consensus needed

# 4 key policy areas require attention

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## 2. Workforce development

### □ Training

- Who pays?
- Should be offered various settings: familiar, accessible
- How much classroom pre / post-hire?
- Employers must consider career development

## 4 key policy areas require attention

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### 3. Sustainable financing models

- Support CHWs as permanent, integrated workforce, rather than on short-term
- Encourage internal financing by employers as well as 3rd-party payment
- High potential in new models of care (PCMH, ACO)

### 4. Documentation, research and data standards

- Records, evidence of effectiveness, and ROI

# What does this mean for Louisiana?

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# Key Strategy Points in Policy Change

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- ❑ Education and awareness effort needed first
- ❑ Need “Champions” in various stakeholder groups
  - ❑ FQHCs, LPCA
- ❑ Interdisciplinary collaboration & self-determination
  - ❑ Recognize history of CHW leadership & advocacy for profession
  - ❑ Take action **with** CHWs, not **for** them
  - ❑ New American Public Health Association Policy Statement
    - ❑ 50%+ CHW participation
  - ❑ CHW networks and associations may need support

# Key Strategy Points in Policy Change

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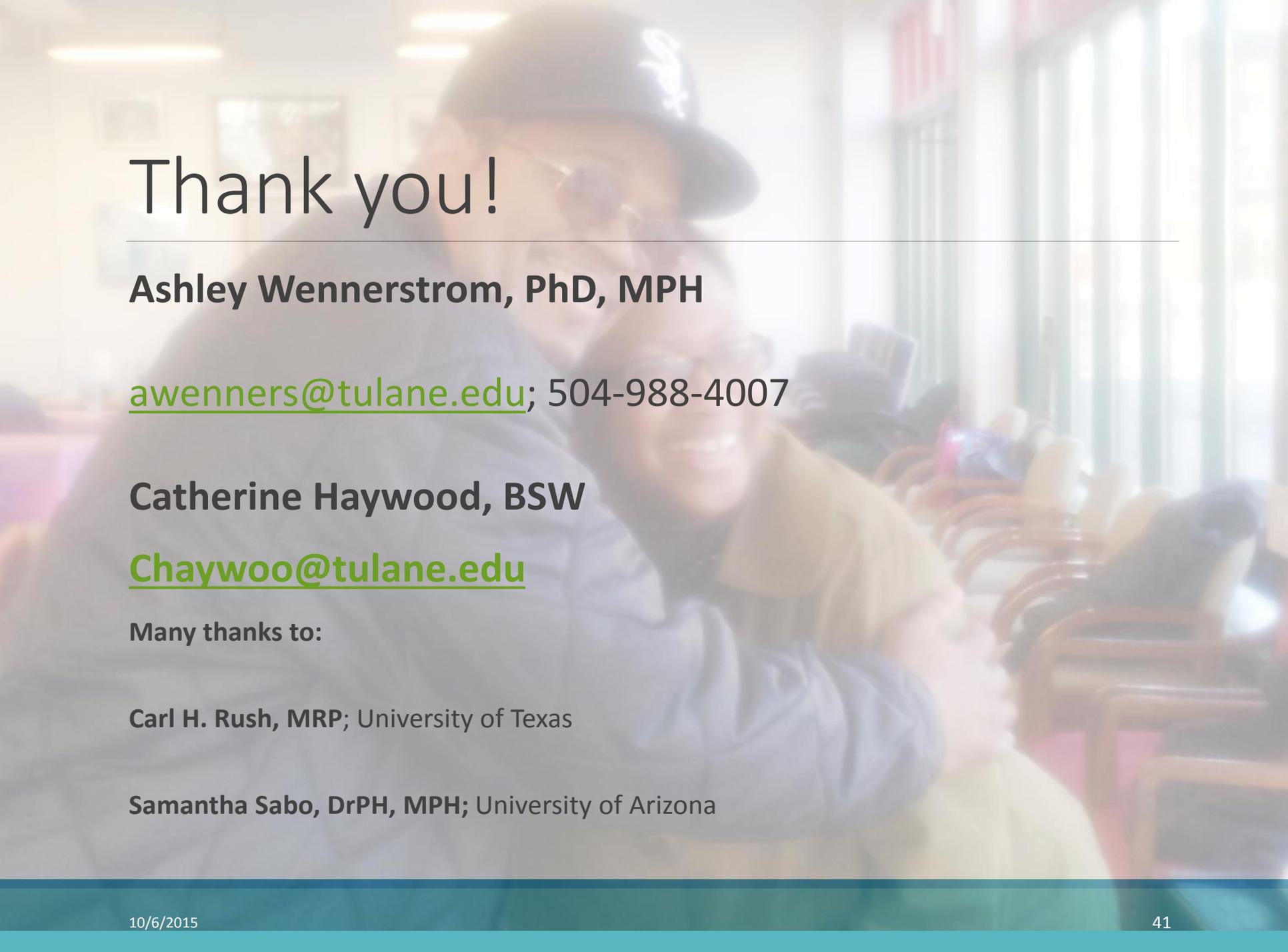
- ❑ Is legislation needed? At what point?
  - ❑ Learn from other states' experience with legislation:  
MN, MA, NM, IL, MD & others in progress
- ❑ Using local and national workforce data
- ❑ **Remember: Not all CHWs work in health care!**

# Conclusion

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Now is the time for CHWs!

- Address rising costs, improve care, and support population health
- Policy change may be necessary to support & develop CHW workforce
- Collaborate with experienced CHWs/networks
  - Louisiana Community Health Outreach Network
- Learn from existing models of training, practice, and payment

A photograph of a man in a blue long-sleeved shirt and a dark baseball cap with a white logo, smiling and hugging a woman from behind. The woman is wearing a yellow shirt and glasses, also smiling. They are in a brightly lit room with large windows in the background.

# Thank you!

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