

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



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Session objectives

- 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

Social determinants of health

CHW definition

What CHWs do and the skills required

State of the evidence

Activity at the federal and state levels

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

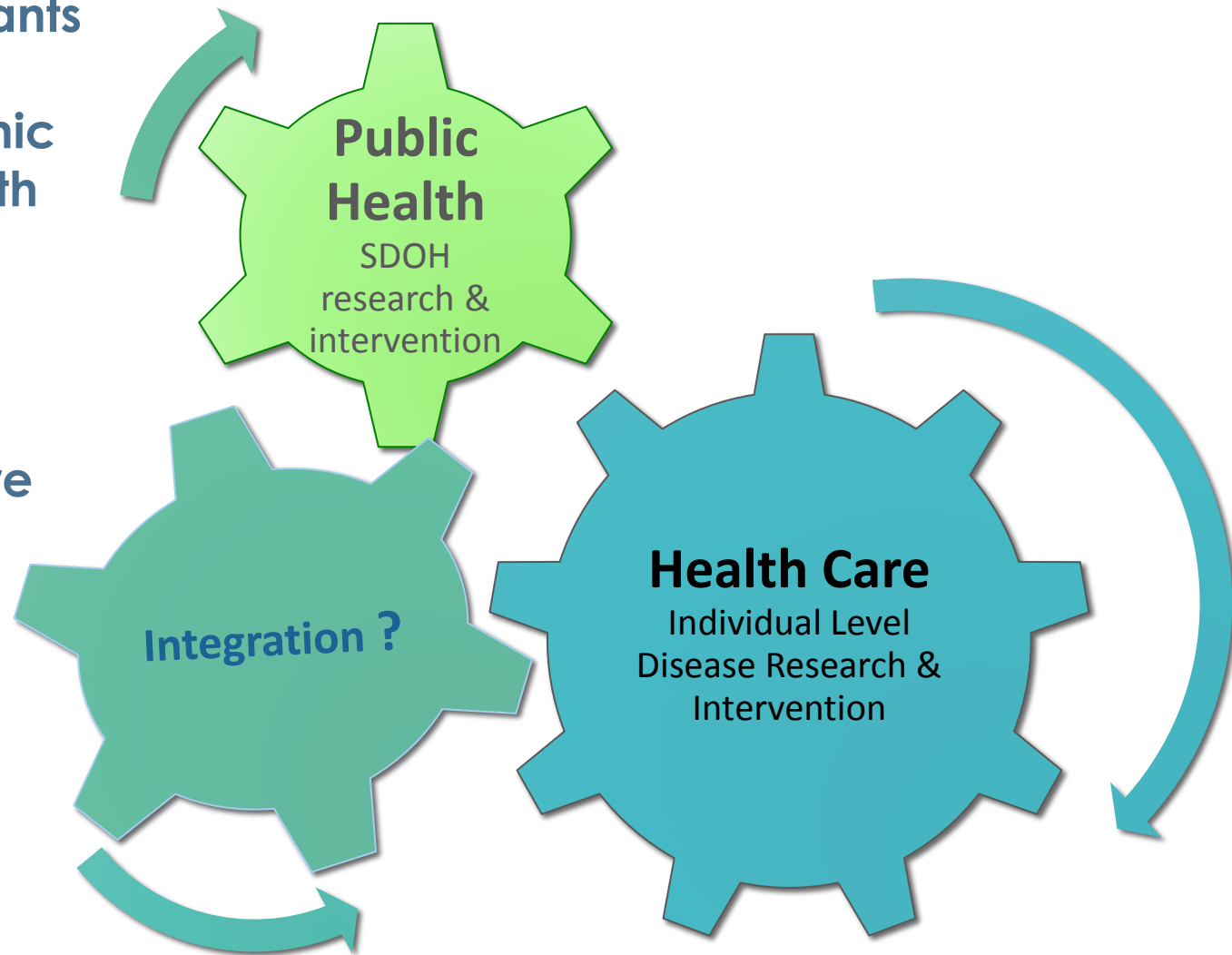
The Social Determinants of Health



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



IOM. 2013. U.S. Health in International Perspective: Shorter Lives, poorer health. Washington DC: The National Academies Press.

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

- ❑ 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

- ❑ 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

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

- ❑ 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

- ❑ 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!





What CHWs do –
and the skills required

CHWs perform a wide range of Core Roles

- ❑ 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

- ❑ 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

- ❑ **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



Why CHWs Now?

Now is the time for CHWs

❑ The “Triple Aim”

- ❑ 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



The State of the Evidence

Evidence base on CHWs is growing but complicated

- ❑ 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

- ❑ 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:**

- ❑ **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

- 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

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

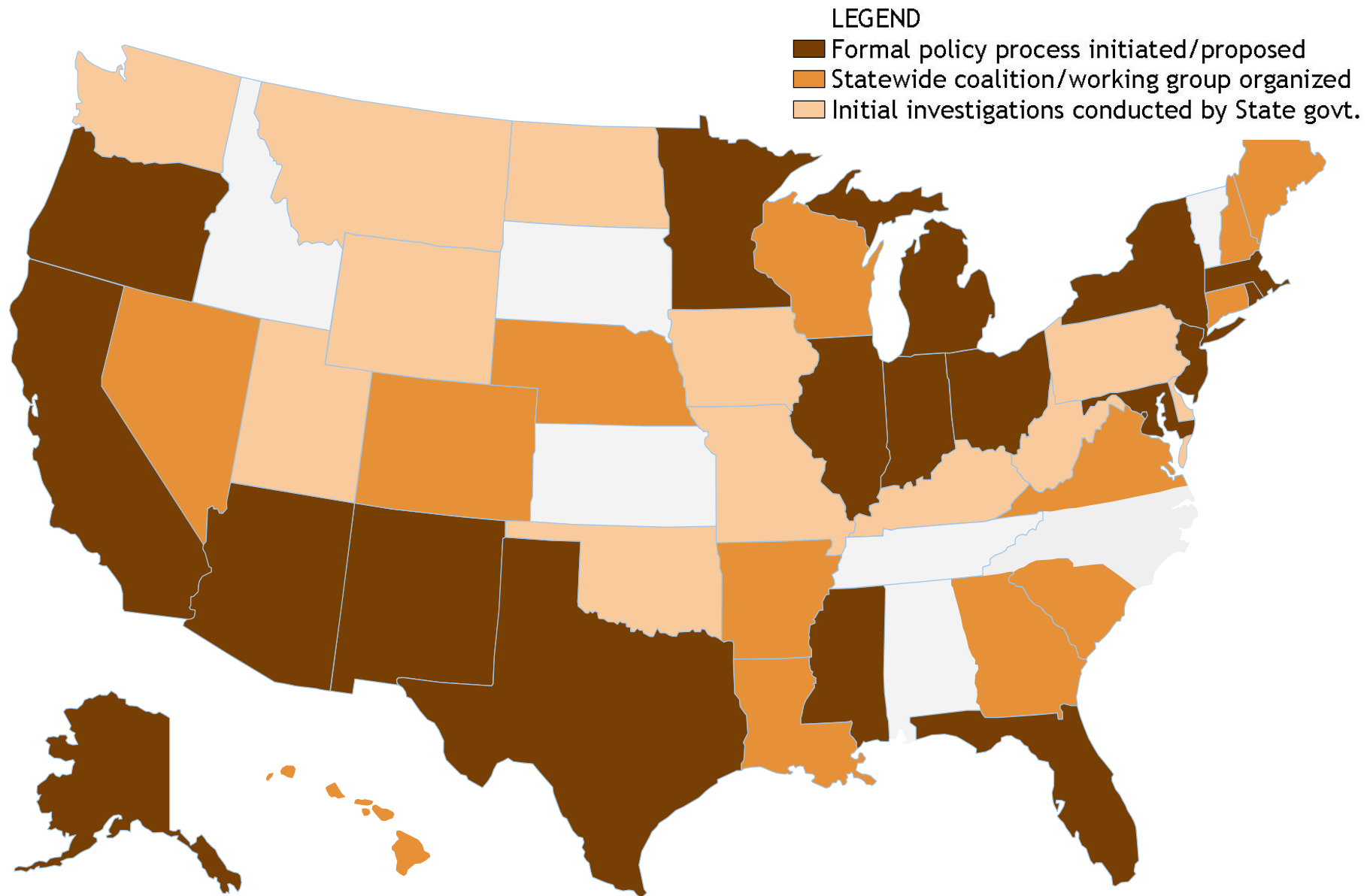


What's happening at the federal level
and in the States?

Federal agencies are increasing support for CHW strategies

- ❑ 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



States are pursuing various models in CHW policy innovation

- ❑ **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



How can states advance CHW policy and workforce sustainability?

4 key policy areas require attention

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

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

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?





Key Strategy Points in Policy Change

- ❑ 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

- ❑ 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

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 background image showing a man in a blue jacket and a dark baseball cap with a white logo, smiling and hugging a woman from behind. The woman is wearing a yellow jacket and glasses, also smiling. They are in an indoor setting with large windows in the background.

Thank you!

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