

To: PA Community Health Worker Policy Task Force

From: Penn Center for Community Health Workers

Date: October 12, 2016

Re: Ensuring the quality of Pennsylvania's community health worker programs

The current policy environment has created a historic opportunity to improve healthcare delivery in Pennsylvania through the effective use of community health workers (CHWs). The long history and rapidly expanding evidence-base suggest that CHW programs have potential to improve health outcomes among disadvantaged populations. Yet, history reveals that there is great variability in the quality of CHW programs. CHW programs that are poorly designed or implemented can lead to wasted resources and potentially adverse patient outcomes.^{1,2} As Pennsylvania considers policies for training and certifying Community Health Workers, the state should consider optimal measures for evaluating effectiveness.

In the growing trend of recognizing and rewarding value in healthcare delivery, policymakers should encourage quality measurement as part of the CHW certification process. There are several national initiatives (including the Michigan Community Health Worker Alliance Common Indicators Project, The NYU/CUNY Prevention Center, and our program at the Penn Center for Community Health Workers) that are laying groundwork for measuring the effectiveness of CHW initiatives. Based on this work, we recommend that Pennsylvania track core process measures at the organizational level (Table 1).

These measures have several advantages. First, measures can be easily reported to the Pennsylvania Community Health Worker Certification Board for review. Second, they are measurable at the program level and can be aggregated to the payor level. Third, they are proven – based on prior studies of CHW programs – to be key drivers of CHW job satisfaction and success in improving patient outcomes⁴.

Pennsylvania has an opportunity to leverage CHW programs to improve the health of its highest-risk populations.

Quality-driven CHW program certification will maximize the likelihood of success.

Table1: Core Process Measures			
Domain	Rationale	Measure	Benchmark
CHW Turnover	<ul style="list-style-type: none"> • Turnover and the expense of training new people have been identified as reasons for higher-than-expected costs for CHW programs and poor outcomes • Turnover reflects important core processes: careful selection of CHWs; fair compensation, and adequate supervision and support. 	<ul style="list-style-type: none"> • Annual number of CHWs who left job (quit/fired, etc.) after training/probation period divided by total number of CHWs in program 	<ul style="list-style-type: none"> • <3% per year:³ U.S. Bureau of Labor 2016 Benchmark for 'Health Care and Social Assistance' sector. For comparison, annual turnover for CHWs at the Penn Center for Community Health Workers has been 1.7%.
Work practice manuals	<ul style="list-style-type: none"> • CHW programs often lack clear guidelines that define the operational details of the program⁴. Without clear guidelines, CHWs may perform tasks for which they are ill-suited, lack adequate supervision, have burnout from inappropriately high caseloads, be at risk for their own personal safety or have adverse patient outcomes^{1,2}. • Whenever possible, rather than 'reinventing the wheel' programs should adapt existing, evidence-based CHW manuals for use in their local community. 	<ul style="list-style-type: none"> • Manuals that clearly describe workflow, supervision practices, team structure, documentation, caseloads, and protocols for CHW safety and patient emergencies 	<ul style="list-style-type: none"> • Assessed by the Pennsylvania Community Health Worker Certification Board. Board can provide manual templates.
Infrastructure for tracking patient outcomes	<ul style="list-style-type: none"> • CHW programs vary in their focus and in the key outcomes they are trying to address (e.g. blood pressure, hospitalizations, etc.). Yet it is important for all programs to demonstrate adequate data collection infrastructure so their effectiveness can be measured. Ideally outcomes of patients in the CHW program should be compared with a similar group of 'control' patients not receiving services. 	<ul style="list-style-type: none"> • Data collection plan provided by program that includes: use of a 'control' comparison group not receiving services, measures, timetable of data collection, sources, data collection forms and personnel responsible for data collection 	<ul style="list-style-type: none"> • Assessed by the Pennsylvania Community Health Worker Certification Board. Board can provide data collection plan templates.

1. Perry H. How Effective Are Community Health Workers: An overview of current evidence with recommendations for strengthening community health worker programs to accelerate progress in achieving the health-related millenium development goals. Baltimore, Maryland: Johns Hopkins Bloomberg School of Public Health 2012.
2. Berman PA, Gwatkin DR, Burger SE. Community-based health workers: head start or false start towards health for all? Soc Sci Med 1987;25:443-59.
3. Job Openings and Labor Turnover. In: Department of Labor BoLS, ed.; 2016.
4. Kangovi S, Grande D, Trinh-Shevrin C. From rhetoric to reality--community health workers in post-reform U.S. health care. N Engl J Med 2015;372:2277-9.