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Elisa Friedman, left, and Consuelo Wilkins

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Community health workers join the triple aim team

Key group of workers help with outreach, advocacy, coordination

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Providers have long known that controlling costs, improving health outcomes and boosting quality ratings require a multidisciplinary approach and participation from the C-suite, supply chain, technology and beyond. Recently, they have started adding another player into the mix — the community health worker.

The community health worker model is thought to have originated in China. By the middle of the 20th century, that country's population was booming and medically trained professionals were refusing to settle in the country's rural areas, creating issues of health care access for millions of residents. Farmers were trained as so-called barefoot doctors to provide basic health care services. Even today, in underserved regions such as Bangladesh, Brazil, India and sub-Saharan Africa, trusted community members play the role of health care provider for their neighbors.

There's no shortage of modern and specialized medical resources in the United States, but the community health worker (CHW) model is still relevant. These individuals help with care coordination, health education, patient engagement and treatment adherence — all essential ingredients to reducing health care costs, improving outcomes and boosting quality ratings.

Locally, Siloam Health's community health worker program started in 2015, after the nonprofit health clinic for local refugees and immigrants received a private grant from a family foundation. Today, the program consists of two full-time and seven part-time CHWs serving four refugee and immigrant communities across Nashville.

In addition to serving as translator and interpreter, the role also entails teaching health education classes, transporting patients to and from health appointments and making house visits with a focus on helping patients set and achieve health goals. These community health workers also coach providers on having culturally appropriate interactions with these patients.

Amy Richardson, community health outreach director at Siloam Health, has collected baseline data to help determine the effectiveness of the organization's CHW program. A follow-up study is expected next year, so for now she leans on anecdotal evidence that it's working — both on an individual level and for broader groups. In one case, a longtime Siloam Health patient was struggling to lower her A1C level, an important indicator of diabetes control. After engaging for just three months with a CHW, it had dropped from a 10 to 8. (A level of 6.5 percent or higher indicated diabetes.) In another community served by Siloam Health, a CHW had a positive impact on the rate of children enrolled in dental care.

For the past decade, the Metro Public Health Department has employed community health workers, which it calls outreach workers, to help encourage participants, from birth to age 21, in the TennCare Kids program to get their annual preventive physical. The goal is three-fold, says D'Yuanna Allen Robb, director of maternal child and adolescent health for the department.

"TennCare is interested in prevention first," she says. "From a cost standpoint, medical issues can be identified and treated earlier, before they escalate. Getting young people in for their physical also helps establish a medical home and relationship with a provider. Finally, it's helping to change the culture and set the expectation that routine physicals and health are important."

Outreach workers also are part of the health department's immunization program, reaching out directly to families whose immunizations records are not up to date before the beginning of the school year.

"A lot of what goes into a family's decision to immunize can be cultural," she says.

That's why the health department is intentional about employing a diverse range of community health workers.

In many cases, culture and language are prerequisites for employment as a community health worker. At Franklin-based 180 Health Partners, a startup that connects pregnant women who use opioids with a multidisciplinary support team, experience is what matters most. The company's full-time peer advocates are all formerly pregnant opioid users.

"Being an outsider and forcing a social stigma on somebody doesn't work," says Justin Lanning, president and CEO of 180 Health Partners. "We need to be motivated by people who are like us, people to whom we can relate. I see the community health worker as someone who can coordinate and navigate the unique and complex intersection of the social determinants of care for each patient. They also reinforce directions from a higher-licensed professional and engage in a meaningful, trusting relationship, which results in the highest likelihood of results."

The 180 Health Partners support team assigned to each mother includes a peer advocate, as well as a behavioral health supervisor, counselor, social worker, nurse and resource advocate. Together, they create a care plan that may involve medication stabilization or medically supervised tapering, behavioral and mental health assessment and counseling, as well as food, shelter, employment and transportation.

"It is crucial that our whole care team is connecting well with our moms and understands their individual care plan," he says. "The peer advocate offers guidance and experience to the mom and, through genuine relationship, she makes sure the mom is accomplishing her care plan goals. The peer also picks up on any challenges or difficulties the mom is facing that may not be captured in the care plan."

Making a business case

Lanning's company is just a year old but he says his team already is seeing positive results. Outcomes are improving — the length of stay in the neonatal intensive care unit for babies born to mothers working with 180 Health Partners is 70 percent shorter than that of the average baby born with neonatal abstinence syndrome (NAS). Costs are lower, too — the cost to treat a baby born to a 180 Health Partners mother is 85 percent less than the average $66,700 cost of treating a baby born with NAS.

Return on investment studies on community health workers are hard to find, but they're out there. One is from Molina Healthcare, a Medicaid managed care organization that operates in 11 states: The company launched a community health worker program in New Mexico in 2011 to find and support its most difficult-to-reach Medicaid-eligible members. It conducted a retrospective claims analysis and found a 4:1 return on each dollar spent. But another study, published in the Journal of Clinical Outcomes Management, assessed the impact of a community health worker-led diabetes education program and found that, after one year, the cost of the program outweighed cost savings by a ratio of 2.28 to 1. The researchers concluded, however, that longer-term cost savings may be achieved due to reduced complications from diabetes.

Therein lies one of the challenges with getting community health workers on the team working to achieve to the so-called Triple Aim of improving the patient experience, improving the health of populations and lowering the per capita cost of providing care. The evidence isn't there yet in sufficient amounts.

"It takes a while to get the studies done, and it can take forever to raise the money for them," says Barbara Clinton, a Nashville-based public health consultant and former director of the Maternal Infant Health Outreach Worker program at Vanderbilt.

Funding is the biggest challenge facing the community health worker model, says Siloam Health's Richardson.

"Right now, most of these positions are funded by grants. We need a funding model that is more sustainable, and that is definitely a part of the CHW conversation happening across the country."

In Middle Tennessee, that conversation is only beginning. The Volunteer State is one of 18 states that does not yet have a state association for community health workers. According to the Bureau of Labor Statistics, there were approximately 52,000 community health workers in the U.S. last year, which was a 7 percent increase over the previous year. Tennesseans accounted for 890 of those workers, a number that had actually dipped since 2014.

"One issue is most people are not familiar with community health workers as a concept," Clinton says. "An association can help to bring the information to the general public and to policymakers, letting them know that community health workers are a relatively low-cost and effective approach to impacting health on a lot of different dimensions."

The Meharry-Vanderbilt Alliance is leading efforts to establish a state association by bringing together key players from across the city to form a collaborative. Their first meeting was in September 2016. Earlier this year, Clinton prepared a national survey of community health worker associations to help the collaborative better understand what these associations do.

"One of the things that came out of that report was the importance of identifying a champion," she says. "It seems to be easier if there is a commissioner of health who loves the idea. Another question that came up is where should it be based, in the public health department, at a university or as a standalone nonprofit?"

By the end of the year, the group expects to send out a statewide survey to all organizations that utilize community health workers to better understand their needs and get a more accurate headcount of just how many CHWs there actually are in the state. That will include workers with titles such as community health advisor, community health representative, outreach worker, patient navigator, peer advocate, peer counselor, lay health advisor, peer health advisor and, in Hispanic communities, promotores de salud.

"I think more organizations are using them and don't even realize it," says Elisa Friedman, director of planning and community engagement for the Meharry-Vanderbilt Alliance. "But until we have a common definition and standards on what the role entails, it will be hard to know. A state association would help solve the problems around nomenclature, establish standards for training and competence, and advocate for reimbursement for community health worker services."

Consuelo Wilkins, executive director of the Meharry-Vanderbilt Alliance, believes many people will be interested in a career as a community health worker.

"I think we will have a large pool of people who are interested, but if there is a certification program, how do we pay for it?" she says. "Many of these individuals will be from communities with disparities and they may be unable or unwilling to incur debt for additional training."

To address that question, 180 Health Partners executives provide tuition support to help their peer advocates become certified as peer support specialists. Gaining the certificate also comes with a pay raise.

"Those mothers who have found stabilized living often want to pay it forward, and we are excited to help them do that with a great job, full benefits and growth opportunities," Lanning says.

Outreach workers at the Metro Public Health Department, meanwhile, receive the same core benefits package as other Metro employees and, based on performance, are eligible for scheduled raises.

“If the individuals we employ as community health workers look like and are members of these under-served or at-risk communities, then we also have the responsibility to build out the economic opportunities for them,” says Allen Robb. “This should absolutely be a career trajectory."

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