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Undergraduate Scholars Program

History (SETS) Proposal for Summer 2017

**A History of Montana’s Community Health Workers: Past Challenges, Future Opportunities**

**Introduction**

Community health workers have had a history of varied success and unique challenges. Also known as CHWs, a community health worker is a frontline public health worker who is a trusted member of and often has an unusually close understanding of the community served. This enables the worker to serve as a liaison between health services and a community to facilitate access to services and improve the quality and cultural competence of service delivery.3 Their work has impacted many areas of the United States and has been significant in providing higher quality health care to individuals and to communities as a whole. However, problems with organization, funding and efficiency have limited their integration into preexisting health care systems. I propose a research project that investigates the historical conditions in which CHW programs arose in Montana dating to the 1950’s and whether these programs have been successful in achieving their objectives until the present.This is a topic that has not been adequately explored on a national and global level let alone in the state of Montana. While there is substantial documentation on CHWs and medical issues specific to certain regions, a comprehensive history of CHW programs’ incorporation into health care systems will be an asset to further development in serving the state’s communities. As a History (SETS) major, I have a strong background in historical analysis and scientific skills. This project will serve as a meaningful connection in my cross-disciplinary education at MSU.

**Background**

CHWs differ from other health care professions in that they are not trained in treating medical issues, but serve as an intermediary between communities and medical establishments.6 The first CHWs originated in China in the 1930’s, and proceeded to spread through various countries by the 1960’s. The programs represented a nontraditional, community-based system of health care, and enthusiasm for their implementation was high in the 1970’s. With a global economic recession in the 1980’s, CHW programs faltered largely due to inadequate funding, training and supervision, leading their development to fall to a standstill.8 Renewed interest and program implementation have surged nationwide since the 1990’s.

 The U.S. is now home to over 100,000 CHWs.7 As of 2015, nineteen organizations in Montana report employing CHWs (though the employees may be called other titles). These organizations include hospitals, non-profits, healthcare organizations, and state agencies. They perform roles such as arranging transportation, health screenings, insurance counseling, patient education, outreach, and coordination.4 The Montana Office of Rural Health (MORH) has conducted two workforce assessments in the past five years, and a third assessment will be completed in March. The office has surveyed almost 100 organizations across the state, obtaining data concerning past and current employment of CHWs, interest in employment in the future, and other information specific to Montanan CHWs. However, a comprehensive historical assessment of the CHW programs’ progress has never been completed. This research, unlike past projects that focused on data collection, will explore this history and the factors that have led to obstacles, successes, and changes in the programs from the 1950’s until the present. At the conclusion of the project, MORH has expressed interest in publishing my research on their website to provide public access to the information.

 This project is of interest to me because I believe that the CHW model, when correctly implemented, has been effective at bridging gaps in understanding between medical services and the communities they serve. Considering Montana’s demographics and population- on average, the state has 7 people per square mile- CHWs have the ability to provide education, assistance and support that conventional healthcare systems are unable to deliver. Unfortunately, because of the novelty of these methods, there have been many kinks to work through in the programs’ application. I intend to unravel some of these kinks and offer the healthcare field a greater understanding into the historical barriers Montana has faced in implementing CHW programs. I have over two years of experience working in applied healthcare as a nursing assistant and behavioral counselor, which I believe has given me an insight into the challenges of healthcare reform, especially in underrepresented populations. My greatest motivation for this project is in its relevance to my career aspirations, as I intend on working as a Physician Assistant upon graduation and plan on seeking employment in Montana.

**Methodology**

This project will use a combination of analyzing documentation and conducting interviews. I have met with Montana Office of Rural Health (MORH) Director Kristin Juliar and Assistant Director Natalie Claiborne, and will be working closely with the MORH. MORH has a substantial amount of data concerning CHWs from the surveys it has completed. Using the information expressed in the surveys, I will conduct interviews that reflect the concerns of Montanan organizations that employ CHWs, or have some connection (such as an interest in future employment or past employment of CHWs). Because CHW programs are a broad scope even when narrowed to Montana, the project will concentrate on several focus organizations as case studies:

* RiverStone Health: located in Billings, Montana. The organization treats over 20,000 patients a year, over half of whom are uninsured. RiverStone recently hired several CHWs.2
* Messengers for Health: located on Apsáalooke (Crow) Reservation, Montana, and has a Bozeman office. Works to improve health of individuals of the reservation and outlying areas through community based projects, particularly for women. Conducts Community Based Participatory Research (CBPR).1
* Frontier Community Health Integration Project Demonstration (FCHIP): a project of Centers of Medicare & Medicaid Services. Works to develop and test new models of integrated, coordinated health care in the most sparsely-populated rural counties with goal of improving health outcomes and reducing Medicare expenditures.5

With a combination of analyzing documentation and conducting interviews, this project will obtain a comprehensive view of the development of CHWs in Montana. Particularly with the input of Messengers for Health and FCHIP, it will add an emphasis to some of the most underserved populations in the nation. I will interview CFWs themselves, individuals involved in health care management, and other medical professionals.

Completing these interviews on this topic at this time will be ideal. The majority of U.S. CHW programs were initially created in the 1980’s and 1990’s, which means some of the individuals who were part of the original programs are still be working in healthcare or able to be contacted. This will give the opportunity to provide firsthand accounts of the progression of various programs, and personal experiences in which efforts were effectual and which were not. Joined with documentation and archival research, this will create a strong historical backdrop for CHWs in Montana.

**Timeline**

Before May 2017: Obtain IRB interview certification and CITI training. Establish contacts at focus groups through my affiliation with MORH.

May/June 2017: Collect and review documentation from Messengers for Health, FCHIP and RiverStone. Review surveys from MORH. Begin to conduct interviews. Collect information from Historical Research Society Research Center in Helena.

July 2017: Conduct interviews at Messengers for Health, FCHIP, RiverStone. Begin to condense information into project.

August 2017: Condense information into presentable project. Conduct follow-up interviews and collect documentation as needed.

After August 2017: Present at Student Research Celebration. Assist in putting project into website format for MORH.

**Collaboration with Faculty Sponsor**

Professor Catherine Dunlop and I will be working closely throughout this process. We will be meeting in person once a month and maintain consistent communication through email. Prof. Dunlop will periodically evaluate my methodology in collecting data, conducting interviews and assessing and presenting the information I obtain.

**References**

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6. Landers, Stewart J. "Community Health Workers- Practice and Promise. *“American Journal of Public Health* Vol.101, No. 12 (2011): 2198.

7. United States. National Center for Chronic Disease Prevention and Health Promotion. Center for Disease Control. *States Implementing Community Health Worker Strategies.* December 2014. Accessed February 20, 2017. https://www.cdc.gov/dhdsp/programs/spha/docs/1305\_ta\_guide\_chws.pdf.

8. United States. USAID. Maternal and Child Health Integrated Program. *Developing and Strengthening Community Health Worker Programs at Scale: A Reference Guide and Case Studies for Program Managers and Policymakers*. By Henry Perry and Lauren Crigler. Jhpiego Corporation, 2014.