COMMUNITY HEALTH WORKERS: A NATIONAL PERSPECTIVE

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TODAY’S TOPICS

• Who/what is a CHW?
• What’s happening nationally
• CHWs in a changing health care system
• Policy initiatives in other states
• What needs to happen in Indiana?
What’s your definition of CHW?
Community Health Worker Definition
American Public Health Association (1)

- 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.
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.
What is distinctive about CHWS?

- Do not provide clinical care
- Generally do not hold another professional license
- Expertise is based on *shared culture and life experience* with people served
What is distinctive about CHWs? (cont’d.)

• 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 that other professionals can't (or won't)
CHWs and Patient Navigators

- PNs assigned to specific patients; CHWs often not
- PN duties are a subset of potential CHW duties
- PNs may have another occupational background (RN, MSW); this is a valid program design choice
- Patient navigation is a role or function, not a separate occupation
What’s happening at the national level?

• National milestones for CHWs
• Opportunities in State planning for health care reform
• Other new federal CHW initiatives
National milestones

- National Community Health Advisor Study (1998)
- State CHW credentialing in TX and OH (2002-3)
- HRSA CHW National Workforce Study (2007)
- NUCC Provider Taxonomy code for CHWs (2007)
- Minnesota Medicaid State Plan Amendment (2008)
- OMB creates SOC code for CHWs (2009)
Other opportunities in state health reform to promote employment of CHWs

• Standards for “patient-centered medical homes” and “community health teams”

• Standards for preventive care benefits

• Rules for Medical Loss Ratios
Patient-Centered Medical Homes

- National Committee for Quality Assurance accreditation
- Standards scored under 27 “elements” in 6 category areas
- Level 1 = 35-59 points; Level 2 = 60-84 points; Level 3 = 85-100 points
Patient-Centered Medical Homes

Area 1: Enhance Access and Continuity

- **Element F**: culturally and linguistically appropriate services (CLAS)
- **Element G**: the practice team - CHWs can add depth of understanding of the patient/family situation

Area 2: Managing the Patient Population

- **Element A**: patient information; assuring the team has a complete picture, and patient/family are being candid
- **Element C**: patient assessment
- **Element D**: population management; emphasizes prevention
Patient-Centered Medical Homes

Area 3: Managing care
• **Element A**: patient reminders
• **Element C**: care management (care plan and follow-up)
• **Element D**: medication management (reconciling and recording)

Area 4: Self-care support and community resources
• **Element A**: self-care support
• **Element B**: referrals to community resources

Area 5: Tracking and coordinating care
• **Element A**: lab test follow-up
• **Element B**: referral follow-up
• **Element C**: coordination and care transition
New federal CHW initiatives

- CDC CHW policy e-learning series
- OWH CHW leadership training
- DOL “apprenticeable trade” approval
- OMH Promotora/CHW initiative
New Federal CHW initiatives (2)

• HHS working group on CHWs
• HUD CHW Initiatives
• CMS Medicare diabetes disparities pilots
• CMS Center for Innovation
Link to CDC E-learning

http://www.cdc.gov/dhdsp/pubs/chw_elearning.htm

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Evidence of CHW effectiveness

• Hard to present simple answers, but impact is evident
• Diversity of CHW activities and health issues
• Increasing evidence of cost-effectiveness or “return on investment” from cost savings
Recent CHW ROI studies

All show 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 Dept. to primary care
- Langdale Industries: self-insured industrial company working with employees who cost benefits program the most
Surge in state-level interest

- In addition to established initiatives in MA, MN, FL, NY, RI -
- New movements in AZ, IL, MS, NM, SC
- Recent investigations by State in DE, MO, ND, UT
- Delaware “Health Ambassadors”
- CHW Network of Buffalo (NY)
- Seattle-King County WA
Common elements in all states

- Concentrated education/awareness effort
- Agreement of scope of practice and qualifications/skills standards
- Most moving toward some form of credentialing
- Strategy for sustainable financing of CHW positions
- Resources for workforce development
- Mobilizing CHWs to participate in the process
What needs to happen in Indiana?

- What would you like to do?
- Who else should be involved?
- Who can provide leadership?
- How can the Coalition help?
Useful reports/links

http://links.chwscopy.com
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