APN Position Paper 2023

"Assessing Outcomes Associated with Short Term Community Health Worker Interventions"

This paper provides a blueprint for successful strategies to highlight benefits of Community Health Worker so reimbursement is achievable. There is growing evidence of the benefit and value of Community Health Workers with disease states, especially the maternal child arena.

INTRODUCTION

What is a Community Health Worker?
The Community Health Worker (CHW) is responsible for helping patients and their families to navigate and access community services, other resources, and adopt healthy behaviors. The Community Health Worker supports providers and the Case Managers through an integrated approach to care management and community outreach.
A Community Health Worker 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 worker to serve as a liaison between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A community health worker 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. (American Public Health Association, 2008)

KNOWLEDGE AND EXPERIENCE

Community Health Workers are successful because they represent the communities they serve and may have been a part of the following demographics [1,2]

- Knowledge of geographic areas
- Persons with Substance Abuse disorders
- Homeless Persons
- Persons with disabilities
- Immigrant/Refugees
- Older Adults
- Persons at risk of or living with HIV/AIDS
- Pregnant women
- Maternal Child
- Adolescents
- Infants/children
- Migrant workers
- LGBTQ persons
- Domestic and Sexual Violence survivors
- Person with mental illness
- Previously incarcerated individuals

A Call To Action

Twenty-six states do not reimburse for Community Health Worker services through its Medicaid program. As of 2023, New York State has approved Community Health Worker reimbursement and is currently working on formalizing details for implementation. Many states are looking to strengthen their community-based workforce and are looking for continuous funding sources for CHW's.
The APN feels strongly and is committed to collaborating with all stakeholders to implement this blueprint including:

- Engaging Hospital Administrators, Physicians and Nurses to advocate on behalf of the Community Health Worker.
- Show more evidence of the benefits of having Community Health Workers

- Employ a Community Health Worker Administrator/Supervisor for the Community Health Worker Program
- Clinical teams and health system leadership need to be trained so that they understand the vision of the Community Health Worker Program.
- Community Health Worker benefits thru feedback from community programs, healthcare resources community programs, health care resources and program participants.

We call upon all stakeholders to engage in critical discussions, self-reflection, and take personal responsibility to actively address the issue.

BACKGROUND

At least half of the world's population does not have access to the essential health services it needs. A combination of economic, social, and geographic barriers – along with a global shortage of health care workers preventing people from accessing primary health care.[3]

The shortage of health care workers, estimated at 7.2 million health workers today, is expected to widen to 18 million by 2030, according to the World Health Organization.

Training for Community Health Workers can range from a few weeks to 2 years. Community Health Workers, can be trained more quickly than doctors, nurses and other frontline workers and can help fill a critical gap. Community Health Workers can provide prevention education and also address social determinants of health in the communities of those who need it the most to improve health and save lives. They provide a variety of services, which are mostly aimed at bridging the gap between patients and the health care system but also include social support.
These may include:[4]

- health promotion, wellness coaching, and self-management education;
- cultural mediation (e.g., communicating norms and perspectives);
- home visits;
- providing care coordination and case management;
- outreach to ensure adherence to treatments and medications;
- arranging transportation;
- interpretation or translation services;
- health system navigation (e.g., scheduling appointments, accompanying to office visits);
- advocacy on behalf of patients and their families;
- outreach before appointments, including appointment reminders;
- individual, community, and environmental assessments;
- making connections to community resources or social services.

CHW's are also instrumental on working with clients on the Social Determinants of Health including Economic Stability, Neighborhood and Physical Environment, Education and Food Insecurity.
Community Health Workers have been employed by community-based organizations and social agencies, although they are increasingly being used in clinical settings, such as federally qualified health centers, health departments, and hospitals. During the COVID-19 pandemic, Community Health Workers took on roles conducting outreach to community members who were isolated in their homes, providing education on prevention measures, connecting people

with COVID-19 testing and treatment resources, and those experiencing financial hardship with social services. Community Health Workers have also participated in community-focused vaccine education and outreach efforts[5].

BENEFITS OF COMMUNITY HEALTH WORKERS

Investing in Community Health Workers is a way to increase access to primary health care services, increase health-seeking behavior and improve clinical outcomes:

1. Serve as a bridge between the formal health system and vulnerable communities. They can help patients with complex health systems and ensure they comply with recommended treatment and follow-up visits.
2. Reduce travel time and cost needed to access medical care making it more accessible, especially in rural areas, because they reach populations with poor access to health care.
3. Earned trust from Communities they serve.
4. They can monitor chronic health conditions or reinforce important health messages.
5. Deliver services that are appropriately based on the patient's language and culture.
6. Gain support from other organizations serving the community.

Since Community Health Workers typically reside in the community they serve, they have the unique ability to bring information where it is needed the most. They can reach community residents where they live, eat, play, work, and worship. Community Health Workers are frontline agents of change, helping to reduce health disparities in underserved communities.

THE CONSEQUENCES OF NEGLECTING SOCIAL CARE

A lack of focus on community health can lead to a range of complex problems that are not easy to correct. For example, crime and safety issues that result from neglected community health can quickly becoming a self-perpetuating cycle. "Repeated exposure to crime and violence may be linked to an increase in negative health outcomes. Children exposed to violence may show increased signs of aggression starting in upper-elementary school," reports Healthy People 2020.[6]

Chronic diseases, such as diabetes and heart disease, can also increase if a community's overall well-being is suffering. "An unhealthy community tends to be obese and struggle more from chronic diseases and other health challenges," Bognanno says.[6]

Chronic diseases like these not only reduce life expectancy, but they also have a dramatic effect on the economy. The CDC reports that 90 percent of the nation's annual healthcare expenses are for people with chronic health conditions.[7]

Curbing the spread of infectious disease is also a priority of community health programs. Without them, communities may find themselves battling outbreaks of illnesses that put vulnerable populations like the elderly at higher risk.

"If a community has to recover from an emergency event, such as a natural disaster, reducing the spread of disease becomes a crucial part of the recovery process," Backe says.[6]

STATEMENT OF PROBLEM

There is not consistent formal training for Community Health Workers. They are hired for their flexibility, adaptability, and expertise in their community. Licensure varies from state to state. New York State does not require licensure. Community Health Workers services are without a long-term financial foundation.[8,9] The role of the CHW is not clinical in nature and even though they do not make diagnoses, perform procedures, or even prescribe medications, they have life-altering effects on patient care and wellbeing. They are our frontline workers in the community.

Another issue CHWs encounter despite recruitments efforts, is that clients do not always accept the services.

POSITIONS/RECOMMENDATIONS

A growing number of health care organizations have hired Community Health Workers to provide social support, care coordination, and advocacy for high-risk patients. Several studies have described socio-behavioral interventions delivered by community health workers that are effective in improving clinical outcomes such as chronic disease control, mental health quality of care, and hospital use.[10]

There is prominent data that includes:

- The Baby Love Program, based out of Rochester, NY, strives at improving perinatal outcomes and addressing social determinants of health from its integrated placement within the health delivery system. This program is a valuable contributor to a fully integrated care delivery system and as a component of multi-payer quadruple aim-related initiatives. [10] The program explores a payment model within the New York State Department of Health's Office of Health Program that allows reimbursement for psychosocial assessments, case management, and health education, all of which are offered under the Baby Love program and provides essential support for total population management as care delivery systems develop.
- An evaluation of the "Safe Start" program in Philadelphia, where pregnant women with chronic health conditions have CHW care that resulted in; lower rates of inpatient admission or triage visits during pregnancy, adequate prenatal care, higher rate of attendance at the postpartum visit and utilizing postpartum contraceptive methods.
- The Health Start CHW program in Arizona also found significantly lower rates of low birthweight than a comparison group among mothers who are American Indian, Latino, Teen, or have pre-existing health conditions.
- A program in Tennessee, conducted a randomized trial (RCT) of the Maternal Infant Health Outreach Worker, which found increased rates of breastfeeding duration, increased bonding between mother and baby, safe sleep practices and improved mental health.
- The Community Health Access Project in Ohio, found CHW's were associated with lower risks of low birth weight, compared to a matched cohort.

Numerous studies have built the business case for Community Health Workers by showing reductions in health care costs due to the positive impact Community Health Workers have on their communities' health. For every dollar allocated for Community Health Workers, they generate $2.47 in savings, from the prospective of a Medicaid payer.[11]

The study, co-written by Matos and published in 2014, found that after adding for Community Health Workers to a patient-centered medical home in the South Bronx, New York: [12]

- Emergency department visits fell by 5%.
- Hospitalizations dropped by 12.6% among patients with diabetes and other chronic health problems.
- There was a net savings of $1,135 per patient.
- There was a net savings of $170,213 annually generated by each Health Worker.
- The improvements led to the hospital achieving the additional $250 per member, per month enhanced reimbursement rate for care coordination.

New York State has the highest employment level in Community Health Workers [13]

State	Employment	Employment Per Thousand Jobs	Location Quotient	Hourly Mean Wage	Annual Mean Wage
New York	7,750	0.89	2.07	$ 24.21	$ 50,350
California	6,740	0.41	0.94	$ 25.93	$ 53,930
Texas	4,690	0.38	0.89	$ 20.34	$ 42,300
Washington	2,860	0.89	2.06	$ 23.14	$ 48,130
Ohio	2,300	0.44	1.02	$ 19.83	$ 41,240

We have described a Community Health Worker model that achieves a favorable return on investment for Medicaid payers by effectively responding to the social determinants of health. The return-on-investment analysis has influenced a regional Medicaid payer to expand its investments from the delivery of patient care, which is directly reimbursed, to the delivery of social support, which previously has not been reimbursed, but which nevertheless adds health and financial value. We believe that the same calculations are likely to be relevant to other populations, providers, and insurers.[4]

Community Health Workers work is often grounded in these providers' understanding of the community they serve, making their ability to conduct home visits, convey medical information, and connect with patients integral to their work. They serve a health need different from those served by hospitals and clinics. They meet people where they are, who need help the most and who are out in the community.[14]

Every effort should be made to include Community Health Workers as essential to primary care based on other ICD codes specifically targeted to the conditions addressed in the visit. Community Health Workers are not going away. They play a crucial part in our society today. We need people with these skills and should advocate for a financial structure that values them and their worth.

The APN acknowledges Lillian Draganac-Cardona, MS, New York State Public Health Graduate Fellow for her work on this document in conjunction with APN Board Member LuAnne Brown RN, MSN.

The Association of Perinatal Networks of New York (APN) is a 501c3 incorporated organization of the perinatal networks and other entities focused on maternal and infant health and well-being located and providing services throughout New York State. The APN was established as an informal association in 1997 and incorporated in 2002 for the purpose of advancing at the state level, the benefits many NYS communities have experienced because of the individual perinatal networks. APN's purpose is to broaden awareness of the continuing need to address and improve maternal, infant and child health services and outcomes in New York State, and to broaden the awareness of the improvements in perinatal health that have been evidenced in the regions of the state covered by perinatal networks.

The APN attributes much of the improvements in maternal infant health over the past 30 years to the increased coordination of services and collaboration among providers that is promoted through the perinatal network concept.

The Mission of the Association is: *"To improve perinatal, maternal and child health throughout New York State, and to support the work of the individual Perinatal Networks."*

The APN accomplishments include:

- Convening the first statewide symposium on perinatal health (in partnership with the NYS Dept. of Health, Bureau of Women's Health;
- Published the *Charting A Course for Perinatal Health in New York State - A Framework for Strategic Planning;*
- Hosted the first state-wide coordinated training of medical and community health care professionals on postpartum depression;
- Host educational programs for NYS legislators on maternal and child health issues and the importance of various legislation and programs;
- Led a Folic Acid Awareness Campaign for NYS (March of Dimes
- Annual sponsor of the NYS Perinat Association's annual perinatal partnership conference;
- *Text for* Babies lead entity in NYS;
- Convener of statewide symposium and summits on current and emerging perinatal health issues;
- Published the *Comprehensive Prenatal-Perinatal Services Networks, 20-year Report;*
- Convener of the *Premature Infant Health Network of NYS;*
- Developed and facilitated a Consumer Education Toolkit for the March of Dimes Healthy *"Babies are Worth the Wait"* initiative to reduce early elective deliveries.

For more information about the Association of Perinatal Networks, or the information contained in this document, contact the APN office:

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