Initiative to Sustain Community Health Workers in Nebraska

Abstract

The underserved populations in Nebraska receive less than adequate health care, are more likely to postpone care, or have high incidence of premature death; members of this population are not limited by ethnicity, refugee status, rural or urban location, homelessness, or age. The social determinates of the underserved and vulnerable populations are crippling and are a direct cause of the health disparity in a complex medical service delivery system that is unable to provide a workforce to meet the demands of growing populations. In addition medical systems are unable to address both the medical needs of its consumers and the social determinates that have a direct impact upon health outcomes. Despite medical advancement in medicine, social determinates continue to play a significant role in health outcomes.[i]

In the last decade there has been a growing workforce of Community Health Workers (CHW) that have made considerable efforts to reduce health disparities among underserved populations, increase access to health care, and help reduce medical cost to the public and private sector. CHWs who have integrated into a multidisciplinary care model have improved population health outcomes, increased patient's adherence to health care plans, and demonstrated cost savings to health systems and to state health care budgets. The World Health Organization (WHO) and The American Public Health Association (APHA) recognize and recommend the contributions of CHW as part of the solution to help reduce health disparities of underserved populations and reduce health care costs .[ii, iii] Community Health Workers have proven to offset medical costs and more importantly, they break the yoke of social determinates and empower people; they are agents of change. Policy recommendations to initiate a sustainable Community Health Workforce for the State of Nebraska are:

1. *Nebraska needs to adopt the American Public Health Association's definition of Community Health Workers as an umbrella job Classification for the varied job descriptions already being used throughout the State of Nebraska.*
2. *Nebraska needs to adopt a certification training program for CHWs; which includes standardized core competencies and a scope of practice based upon consistent themes found in national research.*
3. *Nebraska needs to adopt a standardized payer system which incorporates CHWs into the Center for Medicare /Medicaid Services (CMS) and commercial payers. The CHW should be included as a part of the integrated health care team to help reduce the cost of health care and improve health outcomes.*

Problem Statement:

There exists a social injustice that is inhumane and an economic burden to the public with respect to the health inequalities that persist for the underserved populations of Nebraska. Health care disparity is a complex problem and one that has multiple causes. Health disparity is a global issue that the WHO has prioritized in its efforts and energy to illuminate. In the "Closing the Gap in a Generation" report - the WHO presents three actions to address the social determinates of health: 1.)improve the conditions of daily life, the circumstance in which people are born, grow, live, work, and age; 2.)tackle the inequitable distribution of power, money, and resources - the structural drivers of those conditions of daily life-globally, nationally and locally; 3.)measure the problem, evaluate action, expand the knowledge base,

develop a workforce that is trained in the social determinates of health, and raise public awareness about the social determinates of health .[ii] Humanity in health care is the focus: in addition the monetary perspective is also a paramount issue that contributes to the economic burden of social determinates of any society. The cost of health care of vulnerable populations is important to any society and contributes to the economic advancement and development of a community. The Joint Center for Political and Economic Studies reported health inequities among African Americans, Hispanic, and Asian Americans cost more than 230 billion over a period of three years in direct costs and 1.24 trillion in indirect cost between 2003 and 2006. [iv] Nebraska is not immune to the reality of global and national statistics related to health disparities and unequal health care among its underserved and vulnerable populations.

In rural Nebraska there is a documented shortage of health care providers and services in rural communities. Residents of rural communities face daunting access challenges, health coverage issues, and high rates of postponement health care. A solution presented by Keith Mueller would have innovative models to expand the workforce to include nurse practitioners, physician assistance and communitywide partnerships integrated with health care services.[v]

Policy Options:

There exists a workforce of Community Health Workers in Nebraska who serve in the private and public sector. The lack of state wide definition, core competencies, scope of practice, and recognition has hindered the potential growth and sustainability of the CHW workforce.

I. Nebraska needs to adopt the American Public Health Association's definition of Community Health Workers as an umbrella job Classification for the varied job descriptions already being used throughout the State of Nebraska.

The American Public Health Association: Community Health Workers Section has adopted an umbrella term that defines CHWs as:

> ***"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 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 community capacity by increasing health knowledge and self-efficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy".***[vi]

The definition of a CHW is an umbrella term that characterizes a health workforce that functions under a wide range of job titles; the following job titles are not all inclusive:

- *Case Coordinator*
- *Community Coordinator*
- *Community Liaison*
- *Community Outreach Workers*
- *Family Advocate*
- *Family Support Worker*
- *Health Coach*
- *Home Care Worker*
- *Intake Specialist*
- *Outreach Advocate*
- *Outreach Educator*
- *Outreach Case Manger*
- *Parent liaison*
- *Peer Educator*
- *Parole Advocate*
- *Promotor(a)*
- *Street Outreach Workers*
- *Maternal and Child Health Case Manager*
- *Veterans Advocate*

In addition, the state should recognize the Community Health Workers (CHW) standard occupational classification provided by the U.S. Bureau of Labor Statistics under 21-1094:

> Assist individuals and communities to adopt healthy behaviors. Conduct outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health. May provide information on available resources, provide social support and informal counseling, advocate for individuals and community health needs, and provide services such as first aid and blood pressure screening. May collect data to help identify community health needs"..[vii]

II. Nebraska needs to adopt a certification training program for CHWs; which includes standardized core competencies and a scope of practice based upon consistent themes found in national research.

There have been four national research studies: The National Community Health Workers Advisory Study (1998), the Community Health Workers Certification and Training: A National Study of Regionally and State-Based Programs (2005), The Community Health Worker National Workforce Study (2007) and National Community Health Workers Advocacy Study which (2010) have accumulated data that has consistently demonstrated the following roles/ competencies of CHWs in the Unites States[viii]:

Role of CHWs

- *bridging/cultural mediation between communities and the health care systems*
- *provide culturally appropriate and accessible health education and information*
- *assuring that people get the services they need*
- *providing informal counseling and social support*
- *advocating for individuals and community needs*
- *provide direct services*
- *build individual and community capacity*
- *member of the care delivery team*
- *navigator*
- *screening and health education provider*
- *outreach/ enrollment/ informing agent,*
- *community organizer .*[ix]

Core Competencies

- *Communication Skills*
- *Interpersonal Skills*
- *Capacity Building Skills*
- *Advocacy Skills*
- *Organizational Skills*
- *Case Management*
- *Knowledge of specific health issues*
- *Documentation*

III. Nebraska needs to adopt a standardized payer system which incorporates CHWs into the Center for Medicare /Medicaid Services (CMS) and commercial payers. The CHW should be included as a part of the integrated health care team to help reduce the cost of health care and improve health outcomes.

In the 2012 Nebraska Medicaid Annul Report there was a decrease in services in Managed care of 19% physician services, 8% inpatient hospitalization, and other areas. [ix] By providing direct services to the Medicaid insured population CHWs can reduce cost even more. CHWs can reduce cost saving by redirecting health seeking behavior and provide education of health care services and systems. A call

to support CHW in the Public Health Setting, Federally Qualified Health Clinics, and Community Health Centers could also utilize the services of CHW on a broad health care based approach. It is vital that CHWs bring their skills and expertise to improve the health of vulnerable Nebraskans. Equally important is sustainable support systems to insure a workforce structure for CHW across Nebraska that encompass core competencies and a scope of practice.

The policy recommendations support the view that CHWs contribute to the frontline workforce of public health as experts of their community and may have some or no post-secondary education. The role of CHW is wide ranging based on the community, populations, and needs assessments.[x] Nebraska needs to develop a framework of core competencies and scope of practice for the CHW workforce that is recognized at the state level; implementation would lend itself to form career tracks and workforce mobility. Established core competencies and scope of practice will help CHW provide standardized services that will reduce health disparities, reduce health care costs, and be part of a multidisciplinary medical team, public health, or community health centers that promote preventative care and health care management skills of chronic illness.

Recommended Policy

Nebraska should resolve to serve the underserved populations with Community Health Workers who will provide equitable health care services by addressing the social determinates of poor health outcomes, while reducing the cost to Nebraska's CMS and Healthcare systems. Having CHWs integrated into a multidisciplinary team of health care and public health practitioners will benefit and promote wellness for all Nebraskans regardless of their birth place or zip code. The workforce of CHWs in Nebraska requires more STANDARDIZATION that can be improved by the development and the adoption of core competencies and a scope of practice that is recognized at a state level. At this time, CHW receive their training on the job and the duties are wide ranging. A comprehensive training will advance and define the role of the CHW in the health care model. Nebraska needs to define a scope of practice, establish and adopt standardization of community health worker training defining a scope of practice, core competencies and certification to meet the demands of the Affordable Care Act, to eliminate health disparities, improve access to care, and reduce the cost of health care in the state.[xi]

In addition, Nebraska needs to implement a standard of core competencies. In 2006, the Office of Health Disparities and Health Equity (OHDHE) published the Minority Behavior Risk Factor Survey of 10 counties in Nebraska.[xii] The report identified the health risks of chronic health conditions, access to care, and life style practices of minority populations. Among the recommendations to address the heath inequities, the OHDHE recommended that CHWs be part of an outreach effort to increase access to health screening for minority populations. [xiii] The community health workforce of Nebraska is promoting culturally appropriate health. They are the experts of the culture, community, and the people and can help change the health seeking habits by encouraging health screenings, appropriate emergency room use, and stabilization of people into a Patient Centered Medical Home. Nebraska must consider the contributions of the Community Health Workers workforce as a solution in reducing health disparities among our vulnerable population and as agents who will reduce health care cost to the state health care budget and local communities.

Rationale

There is a large body of evidence that has documented the reduction of health disparities and cost savings when Community Health Workers are integrated into the delivery of health care services or in community based settings. As someone who has similar life experience, and is a trusted member of the

community, a CHW can inform a multidisciplinary health care team to better address the wellness of a person by addressing the barriers of linguistic, and socio- economic issues. By merging the social and medical needs, a CHW's intervention is twofold, as they address the social determinates and work with a medical team to promote health issues, they are also reducing the cost by addressing the unmet medical needs and building individual capacity that engages the client to raise their accountability to their medical team. CHW have proven to be an effective workforce that can reduce health care cost and increase health outcomes of vulnerable and minority populations. A state wide needs assessment should be conducted to evaluate the CHWs workforce's diverse job titles that fall under the umbrella definition of the APHA, workplace classifications, job duties, training, wages, and streamline data collection.

The cost saving of the CHW workforce was published in a trial study with CHW in the state of New Mexico by identifying the top one percent of participants who were consuming 20 percent of the state Medicaid resources. Identifying the "Status One" users as they called the one percent, they were paired up with a CHW for 1 to 6 months of intervention services. The cost savings of Emergency Department, hospitalization, and medications were $2,044,465.00 as a result of CHW intervention.[xiv] The greatest health impact was noted in those patients with drug problems, cardiovascular, diabetes, and asthma. CHW in Arkansas have had a cost saving s for tax payers totaling $2.619 million dollars from 2005-2008 by helping the elderly population address their housing, medical, and social needs in an effort to keep them in their own home rather than living in an assisted living or nursing home.[xv] Senior populations of Arkansas were increasingly satisfied and had a preference to stay in their own homes and made every effort to maintain their independent statues.

Impact

States that have implemented a community health workforce have seen cost saving. Minnesota has implemented a certified training program for CHWs and been able to demonstrate a return on investment of $2.28 for every program dollar by increasing primary/specialty care while decreasing emergency care visits. [xvi] In East Texas, CHWs have demonstrated a return on investment at two different hospitals that ranged from 3:1 to 15:1. [xvii] Both States have adopted legislative action and have adopted core competencies and a scope of practice for CHWs and have seen cost saving in their state's budgets. The community health workforce of Nebraska could stabilize and provide sustainable efforts that have been proven to increase patient's accountability, and reduce medical cost, and vulnerable populations could improve their health outcomes as a result of the direct assistance of a CHW.

Data collection and evaluation of CHW can be conducted by gathering a variety of information. A health perspective can documented upon by the number of health screenings, those in managed care can be measured by the Health Effectiveness Data and Information Set, emergency department usage, Hospitalization, and prescription coverage. Other perspective can measure the qualitative intervention of evaluating demographic information, language services, cultural practices, social barriers, and individual/ community needs assessments. The matrix should provide information that highlights the social determinates of health, and economic impact of the people and the health care system; as recommended by the WHO.

[i] Frieden, Thomas., "A Framework for Public Health Action: The Heath Impact Pyramid" American Journal of Public Health. April 2010, Vol 100, No.4.

[ii] "Closing the Gap in a Generation" Health equity through action on the social determinates of health: Commission on Social Determinates of Health. The World Health Organization.

[iii] http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1393 (downloaded 8/12/2013)

[iv] LaVeist, T.A., Gaskin, D.J., Richard. P., "The Economic Burden of Healthy Inequalities in the United Sates" Joint Center for Political and Economic Studies. 2009

[v] http://www.gih.org/usr_doc/rural_health_care_march_2009.pdf

[vi] http://www.apha.org/membergroups/sections/aphasections/chw/

[vii] http://www.bls.gov/soc/2010/soc211094.htm

[viii] Eng H.J., Hernandez-Martinez A.C., Dorian J. "Four U.S. Border Sates' Community Health Workers Training Needs Assessment" Southwest, Border, Rural Health Research Center and the Collefe of Public Health The University of Arizona Dec.6, 2011.

[ix] http://dhhs.ne.gov/medicaid/Documents/Medicaid%20Annual%20Report%2012-1-12.pdf

[x] Ingram M., Reinschmidt, K.M., Schachter, K.A., Davidson, C.L., Sabo, S.J., Guernsey de Zapien, J., Carvajal, S.C. "Establishing a Professional Profil of Community Health Workers: Results from a National Study of Roles. Activities, and Training. Journal Community Health. 2012 37:529-537.

[xi] U.S. House of Representatives. *Patient Protection and Affordable Care Act Health-Related Portions of the Health Care and Education Reconciliation Act of 2010*. 111th Congress, 2d Session. Sec. 399V [42 U.S.C. 280G-11]. May 2010.

[xii] http://dhhs.ne.gov/publichealth/Pages/healthdisparities_researchandreports.aspx

[xiii] http://dhhs.ne.gov/publichealth/Documents/Dawson6-06.pdf

[xiv] Johnson D., Saavedra P., Sun E., Stageman., Grovet D., Alfero C., Maynes C., Skipper B., Powell W., Kaufman A. "Community Health Workers and Medicaid Managed Care In New Mexico". Journal Community Health (2012) 37:563-571.

[xv] Felix, H., Mays, G,. Stewart, K,. Cottoms, n., Olson,M,.. The Care Span: Medicaid Savings Resulted When Community Health Workers Matched Those with Needs to Home and Community Care. Health Affairs. July 2011 30:7.

[xvi] http://www.bcbsmnfoundation.org/system/asset/resource/pdf_file/26/CHW_report_2010.pdf

[xvii] Rush, C. Return on Investment from Employment of Community Health Workers" Journal of Ambulatory Care Management. Vol.35, No. 2. pp. 133-137.