Community Health Workers in Michigan: Addressing Social Determinants in the Community and the Clinic
Michigan Community Health Worker Alliance (MiCHWA)

The Michigan Community Health Worker Alliance’s mission is to promote and sustain the integration of community health workers into Michigan’s health and human service systems through coordinated changes in policy and workforce development.
How do CHWs address SDOH?

CHWs become the critical extenders of care beyond clinic walls and between doctor visits that are so needed for patients with medically complex conditions. CHWs also serve as the intermediaries that link clinical services to practical actions in the community to address the social determinants of health. The information they glean about patients’ health status and their unique understanding of patients’ social and cultural barriers to health can be shared with the team, vastly improving care.

Bringing Community Health Workers into the Mainstream of U.S. Health Care Institute of Medicine Discussion Paper, 2015

Note: IOM is now NAM (National Academy of Medicine)

CHW Definition

A Community Health Worker (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.

A 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.

Source: American Public Health Association, 2009
CHWs in Michigan

• How long have they been here?
  – CHWs were first trained to provide services in Michigan in the 1960s

• Where do they deliver services?
  – Community health centers, community events, client homes, non-profits, schools

• Who employs them?
  – Community-based service agencies, Federally Qualified Health Centers, health systems, non-profits, academic or research institutions, government agencies, health plans
  – Programs including Healthy Start and the Maternal Infant Health Program at some program sites

Source: Michigan Community Health Worker Alliance Program Survey 2014.
What are CHWs called in Michigan?

<table>
<thead>
<tr>
<th>CHW Title</th>
<th>Number of Programs (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Health Worker</td>
<td>22 (63%)</td>
</tr>
<tr>
<td>Other</td>
<td>14 (40%)</td>
</tr>
<tr>
<td>Community Outreach Worker</td>
<td>5 (14%)</td>
</tr>
<tr>
<td>Promotore/a</td>
<td>2 (6%)</td>
</tr>
<tr>
<td>Maternal Child Health Worker</td>
<td>1 (3%)</td>
</tr>
</tbody>
</table>

Other titles include:
- Advocate
- Community and Neighborhood Navigator
- Community Health Advocate
- Community Health Outreach Worker
- Family Health Educator
- Family Health Outreach Worker
- Health Aid
- Health Coach
- Lay Leader Lifestyle Coach

Source: Michigan Community Health Worker Alliance Program Survey 2014.
Title: CHW title (N=35)
Who are CHWs in Michigan?

• Community members or residents with an unusually close understanding of the population they are serving
  – Group membership, life experience, geography, etc.
• Passionate about connecting people
• Education background: high school diploma/GED
  – Trained specifically to be a Community Health Worker
  – Training is core competency-based
• Non-clinical member of the health care team

Source: Michigan Community Health Worker Alliance Program Survey 2014.
What do CHWs do in Michigan?

Roles

• Health promotion and health coaching
• Systems navigation
• Case management and care coordination
• Outreach and community mobilization
• Home-based support
• Community/cultural liaison
• Participatory research

Source: Michigan Community Health Worker Alliance Program Survey 2014.
Title: Table 11. CHW role (N=32)
What do CHWs do on a team?

- Complement existing team members
  - CHWs do not replace existing care team members
- Bridge between the community and clinic
  - Often based in one but work in the other
- Address social determinants of health in a unique way from other care team members
  - Convey patient/client backgrounds, constraints and preferences in a culturally appropriate way

What issues do CHWs tackle?

**Health Conditions/Issues**
- Diabetes
- Nutrition
- Obesity
- Heart Disease
- Physical Activity
- Mental/Behavioral Health
- Hypertension
- Health Literacy
- Asthma
- Maternal/Child Health

**Other Areas**
- Connecting to Resources
- Food Security
- Housing
- Employment
- Education Assistance
- Income Assistance

Over half of programs currently tackle chronic disease/healthy lifestyles issues and food security, and 97% of programs help clients connect to resources.

Source: Michigan Community Health Worker Alliance Program Survey 2014.
Title: Health issues of clients (N=31)
Title: Social issues (N=31)
Why CHWs?

Ability to engage and establish trust

“The ability of CHWs to engage with, and relate to, our clientele was the original rationale. Over the years, that rationale has not changed! It continues to be the foundational value of the role!”

“As peer mentors, CHWs are best able to form trusting relationships, serve as role models, and engage and retain the most vulnerable families in our community.”

Source: Michigan Community Health Worker Alliance Program Survey 2014.
Title: Table 7. Open-ended responses: rationale for employing CHWs
Why CHWs?

Demonstrated effectiveness

“Our research results showed the effectiveness of CHWs”

“We have used CHWs for a number of years and understand the benefit of this type of workforce being developed in our community”

“Our organization is built on the CHW Model. CHWs are inherent to the organization's mission”

Source: Michigan Community Health Worker Alliance Program Survey 2014.
Title: Table 7. Open-ended responses: rationale for employing CHWs
Why CHWs?

Demonstrated clinical effectiveness

• Decrease in incidence of low birth weight and inadequate prenatal care in women in medically underserved areas
• Increase in prenatal care usage and access
• Decrease in HbA1c levels and improvement in blood glucose testing adherence
• Increase in cervical and breast cancer screenings
• Decrease in depressive symptoms
• Decrease in asthma symptoms

Why CHWs?

“Cultural Brokers”

“CHWs serve as cultural brokers and bring a unique personal and professional expertise that complements the expertise of our other case management team members (RNs and SWs)”

“CHWs are...culturally competent and closely connected to the community in which they serve”

Source: Michigan Community Health Worker Alliance Program Survey 2014.
Title: Table 7. Open-ended responses: rationale for employing CHWs
Why CHWs?

Community Impact

- Reduction in unnecessary ED visits
- Increase in appropriate usage of healthcare resources
- Increase in knowledge of cancer and cancer screening among minority populations
- Reduced stress related to neighborhood safety
- Increase in availability of healthy foods and knowledge of those foods and their benefits
- Reduction in number of missed school days

Why CHWs?

Return on Investment

• CHW programs consistently show beneficial return on investment, cost savings, and recovered costs
• Nationally, effective CHW program ROIs routinely range from $2.04-$5.58 per $1 spent
• Michigan examples:
  – Spectrum Health Core Health: $2.37 in savings for every $1 of cost
  – Muskegon Community Health Project: $350,000 recovered by enrolling patients in Medicaid
• Upcoming: Michigan Pathways to Better Health
National Support

Reports (2014 & 2015)

• CMS: Equity Plan for Improving Quality in Medicare
• CDC Policy Brief “Addressing Chronic Disease Through Community Health Workers”
• National Health Policy Forum: CHWs & Primary Care

Ongoing Initiatives

• Office of Minority Health (DHHS)
• Office on Women’s Health (DHHS)
• American Public Health Association

Source: http://www.michwa.org/resources/research-evidence/
National Policy: PPACA 2010

The Patient Protection & Affordable Care Act cites CHWs:

• §5101: CHWs listed as “health professionals” and as an important part of the health care workforce; a comprehensive CHW definition is included

• §5313: CDC authorized to fund agencies who train and use CHWs to promote positive health behaviors and outcomes for populations in medically underserved communities; CHW functions include outreach, enrollment, and patient education

• §5403: mandates Area Health Education Centers to provide interdisciplinary training of health professionals, including CHWs

PPACA 2010.
National Support

“Scaling up the use of CHWs presents a unique set of obstacles, but it is also possible to chart a roadmap forward. The potential to improve care for vulnerable populations, help achieve the Triple Aim of better care, better health and lower costs, and advance population health is too promising to be deterred.”

Bringing Community Health Workers into the Mainstream of U.S. Health Care
Institute of Medicine Discussion Paper, 2015
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The workforce isn’t new.

System transformation, driven by payment reform, is actually creating an urgency to incorporate innovations, like CHWs, that have proven their value for decades.
Thank You

For more information about MiCHWA
Please visit our website, www.michwa.org