Community Health Workers and Nevada
2015

Introduction

Chronic diseases such as heart disease, stroke, cancer, arthritis, and diabetes are among the most prevalent, costly, and preventable of all health problems.[1] Access to high-quality and affordable prevention measures, including screening and appropriate follow-up, are essential steps in saving lives, reducing disability and lowering costs for medical care.[1] The traditional medical model of caring for people with chronic conditions, which focuses, more on the illness than on the patient is expensive and often inefficient. Nationally, chronic diseases account for 75% of the money our nation spends on health care.[2] In Nevada, the annual estimated cost associated with chronic disease alone is $20.313 billion.[3] Furthermore, Nevada's healthcare system performs lower than average compared to the rest of the U.S. healthcare system with serious shortages of primary care providers and poorer health statistics.

There is overwhelming evidence Community Health Workers (CHWs) serve as highly effective, cost-efficient, and culturally appropriate linkages between underserved communities and the healthcare delivery system. Their training and experience enables them to demonstrate core competencies and knowledge to improve health outcomes using interpersonal communication skills, service coordination skills, advocacy and capacity building skills, organizational skills, and teaching skills. States across the nation are considering legislation to define the role of CHWs, establish training and certification programs, ensure quality of care, and support inclusion of CHWs as health related providers whose services are reimbursable.

The Centers for Disease Control and Prevention (CDC) developed a position statement supporting the use of CHWs as critical connections in communities to address health specific concerns, specifically in relation to management of diabetes. However, the benefit to the public is not limited to those managing diabetes. The use of CHWs in health intervention programs has been associated with improved health care access, prenatal care, pregnancy and birth outcomes, client health status, chronic disease management, health and screening related behaviors, as well as reduced health care costs[4]. The CDC recommends addressing four principles to promote policy change regarding Community Health Workers: Obtaining sustainable financing, promoting workforce development, creating occupational regulations, and continue research and evaluation of programs. This entails building capacity around CHW training, certification, reimbursement and program capacity.

Program Background

The Nevada Division of Public and Behavioral Health (NDPBH) implemented the CHW Program in late 2012. Since the program started, the CHWs have been particularly effective in reaching minority populations, specifically the Latino population and socioeconomically disadvantaged populations in resource-poor neighborhoods, where they help to address health disparities in both urban and rural settings. Currently, the CHWs are helping to increase access to healthcare for underserved Nevadans, by increasing health knowledge and self-sufficiency among communities through a range of activities such as outreach, community

[1] Centers for Disease Control and Prevention (2014): Chronic Diseases: The Leading Causes of Death and Disability in the United States. Available at: http://www.cdc.gov/chronicdisease/overview/

[2] Centers for Disease Control and Prevention (2009): The Power of Prevention: Chronic Disease…the Public Health Challenge of the 21st Century. Available at: http://www.cdc.gov/chronicdisease/pdf/2009-power-of-prevention.pdf

[3] Whitehill, J., Flores, M., & Mburia-Mwalili, A. (2013). The Burden of Chronic Disease in Nevada. Chronic Disease Prevention and Health Promotion, Carson City: Nevada State Health Division.

[4] Centers for Disease Control and Prevention (2011): CDC'S Division of Diabetes Translation Community Health Workers/Promotores de Salud: Critical Connections in Communities. Available at: http://cdc.gov/diabetes/projects/pdfs/comm.pdf

education, formal counseling, social support, and advocacy. The areas of focus for the CHWs are chronic diseases such as diabetes, heart disease, oral health, nutrition, and physical activity.

The success of the CHW Program depends on Nevada's willingness to invest in the infrastructure of the CHW model in order to meet the healthcare needs of the Silver State.

Affordable Care Act (ACA)

The Patient Protection and Affordable Care Act (ACA) has three specific goals: improve the health of the population, lower healthcare costs, and provide better care for individuals[5]. A significant component of the healthcare law is the inclusion and elevation of CHWs as a crucial partner in achieving these goals. According to the CDC, Section 5313, the ACA authorizes grants to "eligible entities to promote positive health behaviors and outcomes for populations in medically underserved communities through the use of community health workers[6].

CHWs are members of the healthcare delivery team that have been shown to play a critical role in the following three areas:

1. Securing access to healthcare;
2. Coordinating timely access to primary care, behavioral health, and preventive services; and
3. Helping individuals manage chronic conditions.

As defined by the ACA, a CHW is an individual who promotes health or nutrition within the community which the individual resides: a) by serving as a liaison between communities and healthcare agencies; b) by providing guidance and social assistance to community residents; c) by enhancing community residents' ability to effectively communicate with healthcare providers; d) by providing culturally and linguistically appropriate health and nutrition education; e) by advocating for individual and community health; f) by providing referral and follow-up services or otherwise coordinating; and g) by proactively identifying and enrolling eligible individuals in Federal, State and local private or nonprofit health and human services programs.

Problem Statement

Healthcare Costs

The United States healthcare system has long been plagued by a disturbing paradox; while healthcare spending reached $2.7 trillion, or $8,600 per capita, in 2011 by far the highest of all nations, the U.S. continues to fare worse than other wealthy countries in health domains such as life expectancy, birth outcomes, sexually transmitted infections, and chronic diseases.[7] The cost per case drives much more of the increasing costs than changes in the prevalence of disease.[8] Only a small number of conditions account for most of the increases in health costs.[9] We need lower cost, better-coordinated approaches to delivering preventive services and earlier care interventions to reduce costs and improve outcomes.

Primary Care Provider Shortages

Nevada currently ranks 46th among US states in the number of primary care physicians (PCPs)

[5] U. S. Department of Health & Human Services (2014).; Available at http://www.hhs.gov/strategic-plan/goal1.html

[6] Centers for Disease Control and Prevention (2010): Finding Solutions to health disparities. Racial and ethnic disparities in health: the facts. *REACH U.S.*; Available at http://www.cdc.gov/chronicdisease/resources/publications/AAG reach.htm.

[7] Woolf, S.H. & Aron, L. (2013). U.S. health in international perspective: shorter lives, poorer health. *National Research Council and Institute of Medicine*, Washington, D.C., The National Academies Press, 1-394.

[8] Roehrig, C.S., & Rousseau, D.M. (2011). The growth in cost per case explains far more of U.S. health spending increases than rising disease prevalence. *Health Affairs*, 30 (9): 1657-1663

[9] Thorpe, K., Florence, C., and Joski, P. (2004). Which medical conditions account for the rise in health care spending? *Health Affairs* Web Exclusive.

per population with only 50.3 active primary care physicians per 100,000 of the population compared to the national average of 79.4 in 2012[10]. The ration of PCPs per 100,000 population in Nevada is 37% below the national average and rural Nevada's ration is 43% below the national average.

Barriers to Healthcare Access

While the overall quality of our nation's healthcare is improving, healthcare access remains inadequate and poor across the U.S., particularly for inner city and rural communities, and "persons of color and limited economic means"[11]. In Nevada, with 14 out of 17 counties being rural and frontier regions, only an estimated 10.7% of Nevadans are spread out over 87% of the state's land mass[12]. These geographical circumstances present tremendous challenges to accessing the healthcare system.

Strategies

The CHW is an optimal model for outreach to underserved populations. Providing culturally relevant health education and information to native-born and immigrant communities, CHWs are cultural, linguistic and socioeconomic partners to their communities.

Health Benefits

There is clear evidence that healthcare teams with physicians, nurse practitioners, pharmacists, social workers, and dietitians may better manage chronic conditions. An emerging member of effective care management teams is the Community Health Worker. Furthermore, a growing body of evidence suggests that CHWs reduce healthcare costs and complications for people with chronic diseases. In 2013, the New England Comparative Effectiveness Public Advisory Council recently concluded that interventions by community health workers improved various health and related outcomes including:

- Clinical measurements (e.g., BMI, blood pressure, HbA1c)
- Increased immunizations
- Symptoms (e.g., "symptom-free" days)
- Missed work or activity limitations
- Health-related quality of life
- Medication adherence
- "Appropriate" care (e.g., appointments kept, screenings performed)
- Reduced "Unscheduled" care (e.g., ED/urgent care visits, hospitalizations)

Economic Benefits

Integrating CHWs into the health care delivery system yields significant cost savings. For example, a Baltimore program that matched community health workers with diabetes patients in the Medicaid program achieved significant drops in emergency room visits and hospitalization (38% and 30%, respectively)[19.] This drop translated into a 27% reduction in Medicaid costs for the patient group. [4] In another study, 590 underserved men were analyzed 9 months before and after interaction with a CHW. The return on investment (ROI) was measured at 2.28:1.00, ($2.28 for every $1 invested in the program) a savings of $95,941 annually[13]. These data provide evidence of

[10] Griswold, T., Packham, J., Etchegoyhen, L., Marchand, C., &Lee, B. (2013). Nevada rural and frontier health data book: 2013 edition. Nevada Office of Rural Health, University of Nevada School of Medicine.

[11] Garner, D.L., Wakefield, M.A., Tyler, T.G., Samuels, A.D., & Cleveland, R. (2012). Health care access and insurance availability in Nevada. *Reports,* University Libraries, University of Nevada, Las Vegas, 33, 1-38.

[12] Griswold, T., Packham, J., Etchegoyhen, L., Marchand, C., & Lee, B. (2013). Nevada rural and frontier health data book: 2013 edition. Nevada Office of Rural Health, University of Nevada School of Medicine.

[13] National Fund for Medical Education. (2006). Advancing community health worker practice and utilization: the focus on financing. *UCSF Center for the Health Professions*. Retrieved from http://nnphi.org/CMSuploads/Handouts_HRiA_CHWs.pdf.

economic contributions that CHWs make to a public safety net system and inform policy makers about the importance of program sustainability.

Recommendations

The Nevada Division of Public and Behavioral Health (NDPBH) and collaborative partners have prioritized the need to develop infrastructure for a sustainable system to bring CHWs into Nevada's healthcare delivery system. Establishing the infranstrucutre of a viable CHW program in Nevada would entail:

- Standardization of a training curriculum for individuals wanting to be CHWs
- Certification and oversight of CHWs
- Evaluation plans that monitor health outcomes and return on investments of consumers linked to CHW
- Establishment of a CHW Association that will oversee standards, guidelines and requirements relating to the training and regulations of CHWs.
- Apply private and public reimbursement models to fund CHWs
- Incorporate CHWs into Patient Center Medical Homes

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