

# Integration of Community Health Workers into clinical settings

## Who are Community Health Workers?

Community Health Workers (CHWs) are trusted community members who promote health in their communities by connecting people to medical and social services, providing social support, and organizing communities to address underlying causes of health inequities, among other functions.<sup>i</sup>

## How can CHWs contribute to success in clinical settings?

- **Better Health:** People who received intensive or ongoing services from CHWs connected to ORCHWA reported *improved health and emotional well-being*.<sup>ii</sup> See graph 1 on reverse.
- **Better Care:** Participants in a CHW Program led by Kaiser Permanente NW and Familias en Acción improved their health care utilization, including *no show rate and hospital utilization*.<sup>iii</sup> See table 2 on reverse.
- **Lower Cost:** Return on investment for CHW programs range from \$1.37 to \$2.00 for *every dollar spent* on CHWs. See table 3 on reverse.
- **Reduced Health Disparities:** The CHW profession is dedicated to increasing equity in communities where people have been systematically denied health care, education, resources and shared power.

## What conditions promote CHWs' effectiveness in clinical settings?

- **All members of the team understand the history, roles and skills of CHWs.** Other clinical team members need to learn what CHWs do, and that *CHWs bring knowledge and trust that only come from being a community member*.
- **Reflective and trauma-informed supervision.** CHWs need a supervisor with a deep understanding of the CHW role to serve as a bridge between CHWs and other clinical team members. Supervisors should understand that many CHWs are survivors of trauma, and practice *reflective and trauma informed supervision* which promotes professional growth, effectiveness and retention.
- **A flexible schedule that includes work outside the clinic.** CHWs must spend a significant amount of time on community-based activities to maintain trust and address determinants of health at all levels.<sup>iv</sup> CHWs are *more effective* if they are encouraged and supported to spend time in the community, especially outside a 9-5 schedule.
- **Time in the clinic to build relationships and participate in meetings.** CHWs must have opportunities to learn how the clinic works, and to share their insights in-person and by charting in the medical record. Integrating CHWs into communication structures improves efficiency, encourages patient uptake of services and conveys that CHWs are key team members.
- **Effective initial and ongoing training, based in popular education.** In order to do demanding work in a clinical setting, CHWs need training that affirms the insight they bring from their communities and cultures. Good training helps CHWs develop a thorough understanding of the relationship between power and health, and includes not only health topics like diabetes and hypertension, but also development of skills in leadership, communication, advocacy and organization.<sup>v</sup>

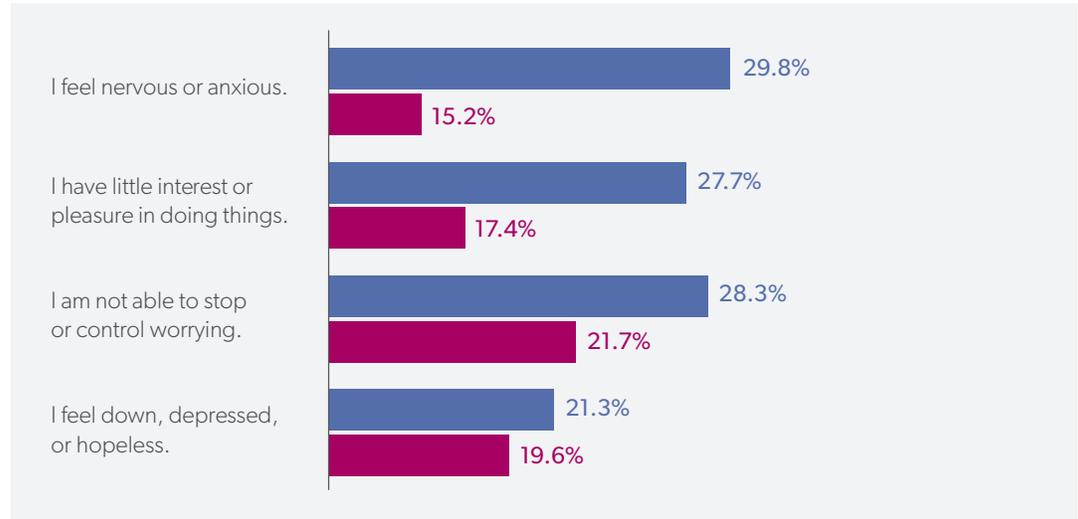
For citations referenced in this document, please visit [www.orchwa.org/orchwa-tools](http://www.orchwa.org/orchwa-tools).

## 1) Better Health: Decreased depression and improved self-reported health

People who received intensive or ongoing services reported improved health and emotional well-being, as well as improved psychological empowerment.

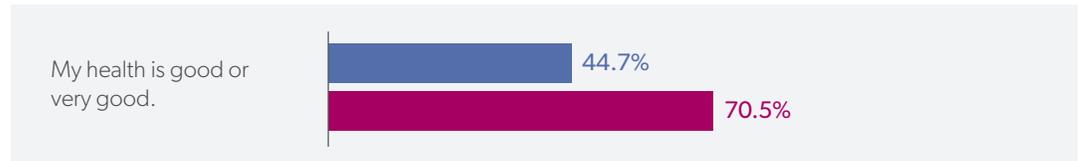
### Decreased Depressive Symptoms

■ Pre ■ Post



### Better Self-Reported Health Status

■ Pre ■ Post



## 2) Better Care: Improved health care utilization across metrics

Participants' primary care no-show rate decreased three times the comparison group rate.

External hospital utilization decreased by 85%.

Participants' specialty care no-show rate decreased by 7% while the comparison group's rate increased by 25%.

Once outliers were removed, average change in cost per patient was a decrease of 11.5%.

Hospital utilization decreased by 51%.

## 3) Lower Cost: Return on investment studies of CHW programs

Location	Community of Focus	Intervention	ROI*
IMPACT Program, Philadelphia, Penn. <sup>vi</sup>	A 5-zip code region in West and Southwest Philadelphia characterized by high poverty.	CHWs meet patients at hospital discharge, assist them in setting goals and plans for recovery and assure they are connected to primary care.	\$1.80 initially; \$2.00 when the program was taken to scale
Seattle/King County Health Dept. <sup>vii</sup>	Children from age 3-17 living in King County, WA, enrolled in one of two Medicaid care plans.	CHW home visits to support asthma self-management.	\$1.90
Spectrum Health, Michigan <sup>viii</sup>	Patients 18+ struggling with self-management of CHF and diabetes.	Disease-specific educational program delivered in patients' homes by a nurse-CHW team.	\$1.37

\*Return on investment (ROI) is calculated by dividing the program's generated savings by the cost of the program. A return of greater than \$1 for every \$1 invested represents a positive ROI.