

FUTURE ROLE OF COMMUNITY HEALTH WORKERS FOR REDUCING HEALTH DISPARITIES



Kentucky Homeplace

Background:

- Implemented 1994 in 14 Appalachian Kentucky counties.
- Kentucky General Assembly Appropriated Funding.
- Goal of linking underserved residents with available healthcare services.
- Now Encompasses 49 medically underserved Kentucky counties in 5 Regions.
- 2010 funding in the amount of \$1,599,900 provided by the State to cover the salaries and operating expenses of 37 employees.

Research:

- An extensive database was made a crucial part of Homeplace so that services can be evaluated for their effectiveness in reducing barriers to care and for improving the health status of underserved rural people.
- Training and use of Community Health Workers (CHWs) in grant-funded community-based epidemiological studies of hard-to-reach population groups.

Purpose - Hypothesis

Purpose:

Examine the impact of community health workers on health disparities and physician workforce in rural Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) designated by the U.S. Health Resources and Services Administration (HRSA).

Hypothesis:

CHWs will reduce health disparities for underserved populations by making the optimal use of physician and other healthcare through:

- Assisting clients in accessing medications and healthcare.
- Improving ability of clients to communicate their health needs to physicians and other health providers.
- Instructing clients on importance of medical compliance.
- Educating clients in healthier behaviors.
- Teaching clients chronic disease self-management.
- Enrolling clients in community-based epidemiological studies.

Data and Methods

Data Sources for 2005-2010 :

- HRSA's MUA-P and Health Professions Shortage Area (HPSA) web-based locator.
- Kentucky Homeplace database (client characteristics and community health worker services).
- Area Resource Files and Kentucky State Data Center (population socio-demographic characteristics).
- Kentucky Board of Medical Licensure (active physicians) for the 49 rural counties served by the Kentucky Homeplace Program during this period.

Methods:

Data from the Homeplace database were used to determine the socio-demographic characteristics of clients, their health conditions and access to physician and other related services arranged by Homeplace CHWs. A tabular analysis was done to determine socio-demographic and health status profiles of Homeplace clients. The dollar-value of physician and related medical services accessed by clients through interventions by Homeplace CHWs was estimated using Redbook subscription services and Rural Health Works economic impact methods.

Key Findings

- Forty-nine counties were MUA and 6 MUP also with low-income population groups.
- Thirty-four counties were Appalachian high-poverty (20% or higher), with one non-Appalachian high-poverty county.
- Forty-nine of the counties were primary medical HPSAs.
- Homeplace CHWs served 39,277 clients.
- Clients accessed 4,397 free physician examinations (initial, preventive, and follow-up), with a value of \$468,062.
- Clients accessed 23,365 medically related services, such as donated medications, eye care, dental care, and transportation, with a value of \$ 1,987,388.
- CHWs provided 341,642 teaching interventions, including self-management of chronic illnesses, health behavior improvement, health prevention, and health utilization.
- Enrolled 637 clients in colorectal cancer prevention study; clients showed increased awareness and asked physicians about colorectal cancer screening (from 27.6% at baseline to 34.1% at follow-up, $P=.013$).

Conclusions

1. CHWs can increase healthcare access for poor and underserved populations in both rural and non-rural communities, including both physician care and broader related enhancing or facilitative services.
2. CHWs can also play a key role in the emerging health infrastructure that is needed to identify and overcome nonfinancial barriers (e.g., poor literacy skills and cultural and social competency) to access to healthcare because CHWs are chosen from populations with which they work and therefore have direct insight into the personal values and life conditions of clients.
3. CHWs can facilitate more effective linkages with existing physician services by encouraging patients to keep appointments and follow physician orders for preventive care, improved health behaviors, and self-management of chronic health conditions.
4. CHWs can help prevent worsening health status for persons in rural areas who have been medically underserved for many years and still face continuing shortages of primary care physicians by providing crucial health education and screening and referral for the most serious untreated conditions.
5. CHW programs such as Homeplace with nearly 20 years of experience can play a vital role in an emerging patient-centered healthcare system in which physicians are trained to communicate not only with individual patients but also with families, communities, and other social networks through which individuals articulate their own health needs and programs to accomplish them.

Areas of Future Study

- Study of health literacy using *ice cream label* and *Rx label* tests with random sample of clients (N~2,000).
- Grant-funded study of diabetes self-management education by CHWs with random sample of clients— (N~2,000).

