

MINNESOTA Health Care News

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Community health workers

*Bridging barriers
to care*

By Joan Cleary, MM



Minnesota consistently ranks among the nation's healthiest states, but below our stellar averages lie significant health disparities. While the causes are complex, community health workers are an integral part of the solution.

Community health workers (CHWs) are bicultural, often bilingual, health personnel who address health disparities by serving low-income, medically underserved, hard-to-reach populations to improve access to coverage and care, promote healthy behaviors, and help manage chronic illness.

Local assets

Minnesota CHWs reflect the state's diversity, as they include members of African American, Native American, Bosnian, Cambodian, Hmong, Karen, Lao, Latino, Liberian, Somali, Vietnamese, Caucasian, and deaf communities.

CHW LaTrisha Vetaw checks a client's blood pressure.

"Our goal is to educate deaf people to become active participants in their own health and wellness," says Anita Buel, a nationally recognized deaf CHW who heads the Minnesota Deaf CHW Project and works for the Deaf and Immigrant Center for Education at Hennepin County Medical Center (HCMC). She and her colleagues help deaf immigrants, seniors, cancer survivors, and others access culturally and linguistically appropriate care and navigate the complicated health system.

Varied titles, varied roles

CHWs are known by different titles and encompass multiple roles, including patient navigator, peer advisor, care guide, community health representative, and promotores de salud. In 2010, the Department of Labor Standard Occupational Classification system first rec-

ognized CHW as a distinct profession with the following job responsibilities:

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 health data to help identify community health needs.

"The diversity of our roles and functions is a strength that enables us to meet both community and system needs," explains Sophia London, CHW, vice president of the Minnesota CHW Alliance, co-chair of the Minnesota CHW Peer Network and a care coordinator in the Health Care Home Program at HCMC's Richfield Clinic. "We operate within a defined scope of practice."

Training

"Our state is the first in the U.S. to develop and implement a statewide, competency-based CHW curriculum based in higher education," reports Anne Willaert, South Central College, Mankato, who led CHW curriculum development on behalf of the Minnesota State College and University System. With funds from Blue Cross and Blue Shield of Minnesota Foundation and the Robert Wood Johnson Foundation, CHW training was designed through a collaborative

process involving CHWs and other health disciplines.

Training was launched in 2005 and requires an internship and 14 credits, including core competencies and health promotion and disease management competencies. Five training programs are currently available in Minnesota, including Mankato's South Central College pilot online program, designed to expand CHW training into rural communities to improve access to health care for the state's rural population.

Willaert adds, "What we've found is that CHW students, often the first in their families to enroll in post-secondary schools, both inspire and guide relatives and other community members to pursue higher education. It's another key benefit because we know that people with more education earn more and live longer."

More than 500 CHWs have completed this training thus far, earning a certificate of completion. While this certificate is not currently required for CHW employment, it is increasingly identified as a preferred credential for job applicants. Diagnostic-specific health education services provided by CHW certificate holders under clinical supervision are covered by insurance under Minnesota's Medical Assistance and MinnesotaCare programs. Minnesota and Alaska are the only states to date that have this Medicaid authorization.

Teaming up for better outcomes

Health providers, social service agencies, and community-based organizations find CHWs to be critical links with the communities they serve. For example, community clinics employ CHWs to facilitate patient enrollment in public programs, conduct outreach, and provide health education services to uninsured and underinsured patient populations.

Increasingly, CHWs are being hired by hospitals, clinic systems, and local public health agencies to strengthen team-based services to patients and families and are integral members of clinic care teams at Hennepin County Medical Center, NorthPoint Health and



Minnesota community health workers reflect our state's diversity.

Wellness in north Minneapolis, and HealthEast Care System in the east metro.

CHWs reduce demand on overburdened providers by promoting healthy behaviors and helping patients understand how to access and use care appropriately. "Providers appreciate what we do because we can follow up on a lot of things and make sure they get done—we can also get to the bottom of certain issues," explains CHW Mariela Adremagni-Tollin at HCMC's East Lake Clinic. "In a short visit, it's impossible for the physician to do everything; we need a care team."

The American Academy of Pediatrics-Minnesota Chapter (AAP-MN) is funding a pilot project at several Twin Cities pediatric practices to improve preventive care for Somali children by contracting CHW services from Wellshare International, Minneapolis. "Partnering with CHWs is an effective way for pediatricians serving foreign-born families to improve cultural competence as well as increase rates of well-child care such as immunizations," reports Kathi Cairns, AAP-MN executive director.

Measurable impact

Growing evidence and recognition of CHW contributions to better outcomes indicate an increasing role for CHWs in the health system of the future.

"Research studies show that community health workers improve health outcomes among minority and immigrant populations," says Jose Gonzalez, director of the Minnesota Department of Health's Office of Minority and Multicultural Health. "That's why our state's Eliminating Health Disparities Initiative invests in many projects that use CHW strategies as an evidence-

based practice."

For example, studies of CHW programs show significant improvement in patient use of preventive services such as mammography and cervical cancer screening among low-income and immigrant women. Economic analysis published by Wilder Research Center in June 2012 found that every dollar invested in CHW cancer outreach and prevention saves society \$2.30.

Another example of the benefit of CHWs is found in Seattle and Boston, where CHW interventions improve childhood asthma in low-income neighborhoods, reducing costly hospital admissions. In those cities, specially trained CHWs conduct home visits to reinforce provider messages about asthma control, identify and address family needs, and provide home interventions. "CHWs have been found to play an important role in promoting healthy housing, leading to better health and lower costs," reports Dan Newman, executive director of Sustainable Resources Center, Inc., Minneapolis, which offers specialized training for CHWs on healthy housing practices. CHW asthma interventions are planned for Minnesota.

Key to healthier communities

"As a best practice for tackling health disparities, CHWs are an essential component of Minnesota's health reform strategies," emphasizes Julie Ralston Aoki, JD, board president of the Minnesota CHW Alliance. "We see exciting opportunities for CHWs to make a difference in new structures such as health care homes, accountable care organizations, and our state's health insurance exchange ..." CHWs bring trust and know-how to the federally required navigator role charged with facilitating enrollment of low-income, uninsured individuals and families into coverage options under the new health insurance exchange. ■

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