



What Works: Partnering with Successful Community Health Worker Models

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Program Objectives



Participants will:

Learn about the impetus, objectives and models for integrating CHWs into team-based approaches to childhood asthma treatment and control

Be able to compare and contrast the CHW home visiting models presented

Be able to identify ways in which CHW home visiting models reduce asthma disparities, improve outcomes and reduce ER and hospital admissions for asthma



Audience Survey



History of CHWs

- Role dates back to the 17th century
- Began as a societal position
- Appointed by the community
- Role was to ensure access to healthcare, information, resources and care.

APHA Definition of a Community Health Worker



Catheline Legagneur, CHW
Boston Medical Center
leaving BMC for a home visit.



Bonita Quick, CHW
Boston Medical Center
leaving BMC for a home visit.

American Public Health Association:

- > Is a trusted member of, or deeply understands, the community served
- > Is a liaison between health and social services and the community
- > A CHW builds individual and community capacity through:
 - Outreach
 - Community education
 - Informal counseling
 - Social support
 - Advocacy

www.apha.org

What is Distinctive About CHWs ?

- Do not provide clinical care
- Relate to community members as peers rather than purely as clients
- Rely on *relationships and trust* rather than clinical expertise
- Expertise based on *shared culture and life experience* with the population served
- Generally do not hold another professional license

CDC, Promoting Policy and System Change to Expand Employment of Community Health Workers; http://www.cdc.gov/dhdp/pubs/chw_elearning.htm

Massachusetts CHW Training



Training emphasizes three skills

- Conducting educational sessions at community sites to various cultural groups
- Expanding proficiency to provide information and referrals on a range of health topics
- Shaping health messages by the community's language and cultural traditions

Massachusetts CHW Supervision



Supervision addresses three different areas:

- Quality Assurance
- Communication and information
- Supportive Environment
- RN, MD, MPH

Barriers to Good Asthma Control

- Cultural health practices
- Skepticism
- Barriers to accessing health care
- Minimizing the risk of poorly controlled asthma
- Misinformation about asthma
- Social challenges (housing, food, unemployment, domestic violence, low literacy)
- Language

Barriers to asthma care in urban children: parent perspectives.
Mansour ME1, Lanphear BP, DeWitt TG; Pediatrics. 2000 Sep;106(3):512-9
<http://www.mass.gov/eohhs/docs/dph/com-health/asthma/burden-in-mass.pdf>

CHW Models in Asthma: Overcoming Barriers to Optimal Care

HARP Focus



- > Young children following an ER visit for asthma;
- > Reducing emergency room visits thereby reducing overall cost of healthcare
- > Home-based services to accommodate complex family situations which often prevent parents from keeping scheduled appointments
- > Funding from RI Department of Public Health

HARP Visit Overview



Following an ER visit, family receives 3 home visits to assess home environment and removal/remediation of asthma triggers

Visit one includes an RN, AE-C and subsequent visits are performed by community health workers

Supplies provided include HEPA-filter vacuum, mattress and pillow encasements and asthma-friendly cleaning supplies

Supervision by an RN, AE-C

HARP Preliminary Outcomes

Of 115 families seen 9/2013 through 4/2014

- 77% did NOT have AAPs upon entering HARP
- HARP intervention includes contact with PCPs to clarify and obtain AAP

- By the end of HARP intervention, 80% of families had AAPs
- Reduction in Daytime symptoms ($p=0.08$)
- Reduction in Nighttime symptoms ($p=0.002^*$)
- Reduction in Activity Limitations ($p=0.11$)

Return on Investment Analysis

- RI Dept of Health conducted analysis of ROI for participants with HARP data enrolled as of the end of 12/2012 (n=68 cases)
(actual cost without research costs)
- ROI is \$2.37 for every \$1.00 spent on the intervention

Boston Asthma Home Visiting Collaborative Boston Public Health Commission

Asthma Home Visiting

- Clinical sites refer patients with poorly controlled or severe asthma
- Educational visits with trained community health worker
- Reinforce individualized plan and environmental trigger reduction
- Low cost asthma supplies
- Assistance/referral regarding housing, tobacco, other

Boston Breathe Easy at Home

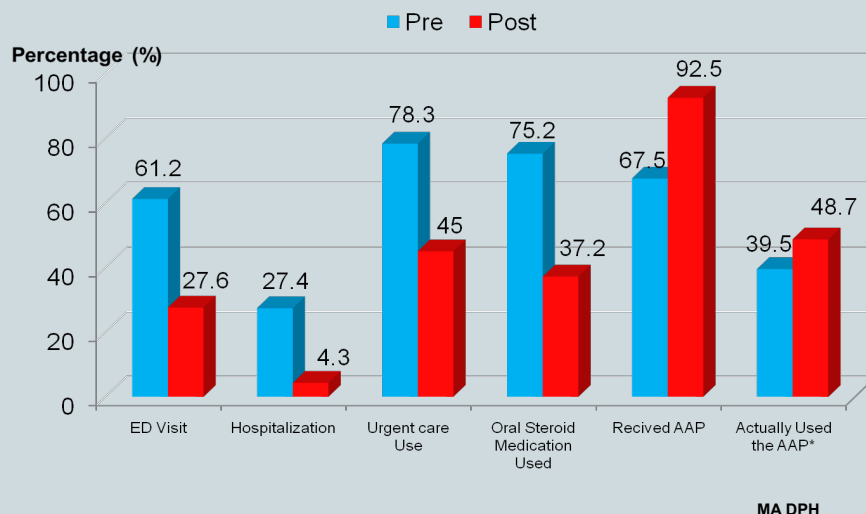
- Clinical sites request housing code inspections for their patients with asthma
- Through a web-based referral system
 - Receive status updates through system
 - Inspections by a Boston Inspectional Services - Department housing code inspector

Funded through MDPH

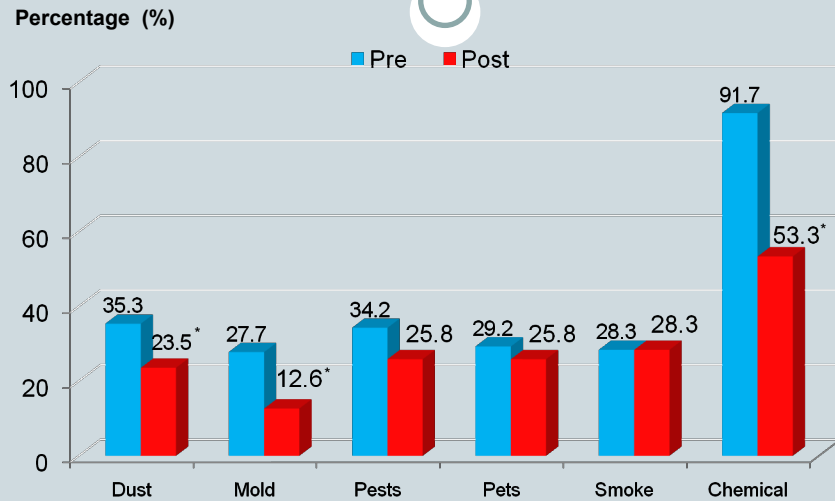
READY Study – Home Based Reducing Ethnic/Racial Asthma Disparities in Youth

- Clinical sites refer patients (ages 2-13) with poorly controlled asthma
- 5 home visits by a trained CHW for asthma education and trigger identification
- Reinforcement of the individualized AAP and environmental trigger remediation
- Low cost asthma supplies including HEPA-filter vacuum cleaner and pillow encasements, natural cleaning supplies and a pest control kit
- Assistance/referral regarding housing, tobacco cessation and leg
- Supervision by an RN, AE-C

READY Study Preliminary Results Asthma Control Pre vs Post (N=119)



READY Study Environmental Factors Pre vs Post (N=119)



MA DPH

CHW Home Visiting Focus Group Feedback

"They show they care. People from the program made the kids want to learn about asthma."

Caregiver, Focus Group Participant.

"They are so helpful. We know everything because of them."

"They take their time, they listen, they value what you are saying."

Caregiver, Focus Group Participant.

"I just liked that they were so supportive of me and my daughter. I learned so much. The communication, they showed that they cared."

Caregiver, Focus Group Participant.

Challenges of CHW Home Visiting Programs

- > Helping staff to understand the work of CHWs and accept them as valued members of the health care team.
- > Keeping CHWs from being pulled into outside tasks... “mission creep” “role confusion”.
- > Availability of comprehensive CHW & CHW Supervisor training programs

Questions?