The Case for Investing in CHW Navigation programs

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Outline

- Why do we need this?
- What is the evidence of their impact and effectiveness?
- What is required to make them work?

Need

Increasing complexity of care	• Chronic disease, multimorbidity, • Complex care needs requiring health literacy to self manage. • compounded by socio-economic disparities, diversity of culture and language and the social and physical environment
Fragmented service delivery	• Complex interventions requiring multidisciplinary care across services • Funding and accountability to different levels of government, private and non-government organisations • Lack of communication & coordination, inter-operability of health IT.
Capacity of primary health care	• Health workforce shortages and funding models • Funding models • Evidence for inverse care provision especially for Aboriginal and Torres Strait Islander people, those living in remote areas and people from low socioeconomic backgrounds.

Community health workers as navigators

What are CHW?

- “frontline public health workers who serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery”
- Extensive use in LDC promoted by WHO
- Developed as care navigators and outreach workers in US and Canada often employed by community and faith based organisations.
- In Australia – Aboriginal Health Workers and other sorts of lay and peer workers for specific conditions

Roles

- Outreach (home visits, telephone etc)
- Education and counselling,
- Addressing barriers to accessing care, (including scheduling, reminders, assistance with transport, or accompanying patients); and
- Providing navigation support and follow up
- Identifying and linking patients to community resources.
- Bridge between consumers/families and the health system

Effectiveness

Access to care

- ↑ Cancer screening(breast, colorectal, cervical)
- ↑ Access and continuity of primary care and follow up
- ↓ Smoking

Quality of care

- ↑ Chronic disease outcomes (BP, glucose control in diabetes, cholesterol levels, cardiovascular risk
- ↑ Patient satisfaction (especially socially disadvantaged patients)

Effectiveness

Health service use

- ⇩ use of secondary and tertiary services – ED, Hospitalisation

Cost effectiveness

- ⇧Quality of life
- ⇧Return on Investment

Return on investment

IMPaCT CHWs (Kangovi 2020)

- CHW Roles
  - Assessed social needs (eg housing instability, food security, social support)
  - Tailored patient driven action plans developed
  - Communicated weekly to support them to carry out their action plans.
- ROI of US$2.47 for every dollar invested – 36% reduction in cost largely due to reduced hospitalisation.

COLORADO COMMUNITY HEALTH NETWORK
Access for All Colorado

Arkansas Community Connector (Felix et al 2011)

- CHW Roles
  - Identified people with unmet long-term care needs and who may be at risk for entering nursing homes
  - Provided home and community-based long-term care outreach which "connected" them to community agencies offering needed services
- ROI $2.92 per dollar invested - 23.8 percent average reduction in annual health spending per participant

AR CHWA

Equity

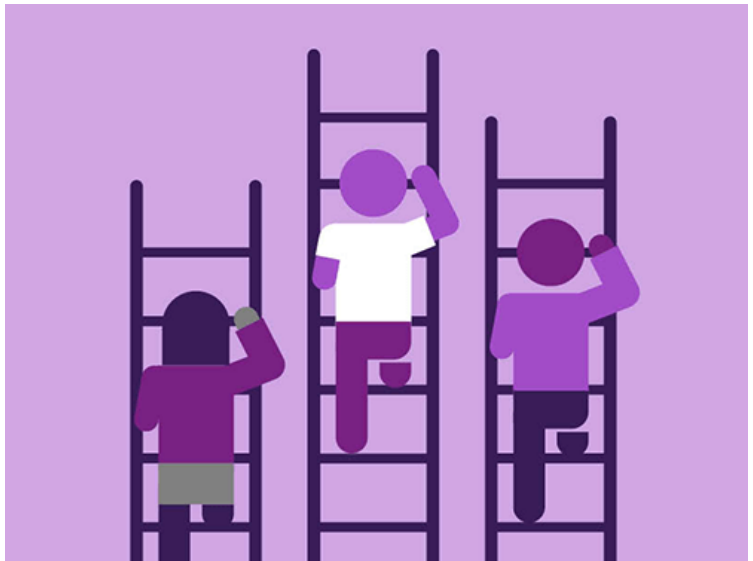
Access to care

CHWs are able to reduce barriers of marginalised population to accessing health care (refugees, indigenous populations) related to lack of education, low literacy and health literacy, language, cultural differences, discrimination, poverty disability.

https://www.thecommunityguide.org/pages/community-health-workers.html

Education and advocacy

CHWs build community and individual capacity to plan and implement interventions addressing to address inequities, and meet community needs in a culturally appropriate manner.



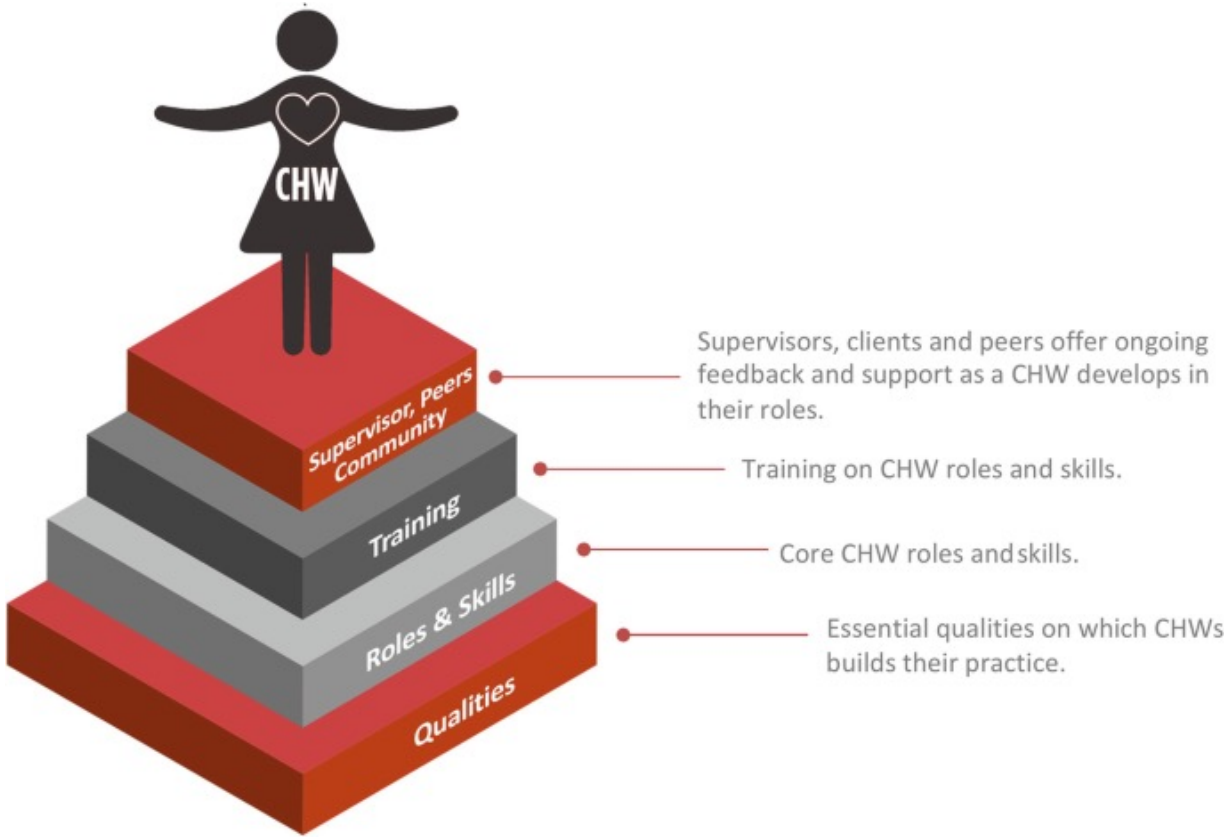
What is required to make this work?

Training

- education on specific diseases and screening related information, risk factors of specific diseases,
- motivational interviewing, and communication skills. patients readiness to change, patient centeredness,
- navigation processes and
- case management care planning,
- conducting community education,, and identification and use of local resources.

Supervision

Mostly by the program managers, in weekly or bi-weekly supervision meetings where case allocation, problem solving and CHW audit were performed



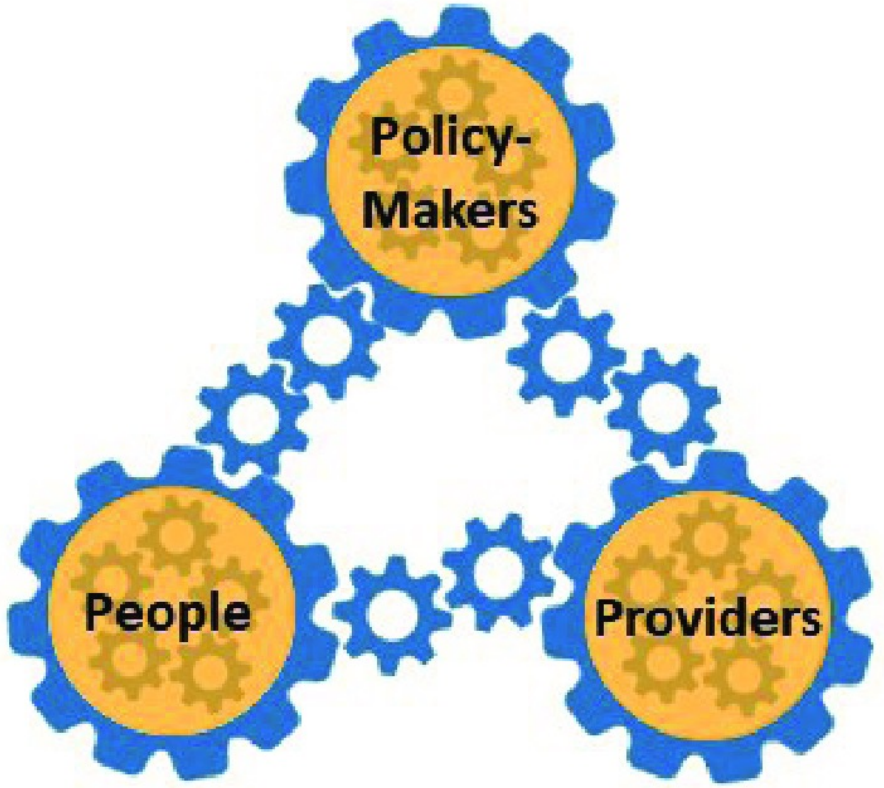
What is required to make this work?

Funding model

- Medicare fee service payments
- Direct employment

Integration with other initiatives

- Leadership and coordination



Barriers to adoption

Barriers

- Lack awareness of the potential value of and how to integrate CHWs in care delivery models.
- Skepticism by other health staff about CHWs, their role, and competencies.
- Lack of standards for CHW selection, training, scope of practice, roles, responsibilities, workload, reimbursement, and important outcomes to measure.
- Lack of financial reimbursement for the services provided;

Enablers

- Engagement of community and other key stakeholders including key health staff in community based organisations

Next steps

Where do CHW fit in health system – disease or population groups based models, in government/non government organisations?

How do we create sustainable training and supervision?

What are the financing models?

Do we have an alliance with community and CHWs themselves?