

Community Health Workers (CHW)

The Challenge

Patients who frequent the hospital and Emergency Department (ED) often have unmet needs driving the root causes of their returns. Addressing Social Drivers of Health (SDOH) in patients is critical for effectively developing strategies to reduce readmissions and unnecessary ED visits. Staff are often pressed for time; assessing these drivers thoroughly and creating a plan can be challenging.

The Idea

Community Health Workers (CHWs) can help address the root causes of health issues. They can be a valuable resource in healthcare organizations' efforts to establish trusting community relationships and to address SDOH. Whether employed by a healthcare system, pharmacy, or a community-based organization, CHWs are an important and supportive link between services and the communities they serve. From assessment to facilitating access to healthcare and other services, CHWs positively impact the lives of a community's most vulnerable groups through education, advocacy and assistance with navigating resources.

The Results

Numerous studies such as <u>JAMA's</u> have shown that CHW interventions can reduce 30-day hospital readmissions by nearly 50%. Also, they help reduce the frequency of ED visits by providing preventive care, health education and connecting patients to primary care services. This approach helps manage health issues before they escalate to emergencies. By reducing hospital readmissions and ED visits, CHWs contribute to significant cost savings for the healthcare system.

Steps for Implementation and Success

- Define the responsibilities and scope of the CHW role.
- Secure funding and determine the budget for hiring, training and supporting CHWs.
- If program funding is not possible, consider partnering with local community organizations, pharmacies or groups with CHWs for a more sustainable program.
- Recruit candidates with strong ties to the community, cultural competencies and experience.



- Provide training in communication, health education and care coordination competencies.
- Integrate CHWs into existing care teams with strong communication channels.
- Enable CHWs to provide creative, individualized social support to individuals.
- Offer continuous support, supervision and professional development opportunities.
- Evaluate the impact of the CHWs on patient outcomes and community health.
- Provide regular feedback to CHWs for ongoing improvements.

Resources

- National Association of Community Health Workers | NACHW
- How to Become a Community Health Worker | BLS
- CHW Networks and Associations by State | NACHW
- CHW Certifications and Training Programs | NACHW
- CHI Reimbursement Tips
- A Beginner's Guide to Building Your First Community Health Worker Program -Community Health Worker Training
- HQIN webinar recording: CHWs Addressing SDOH
- PRAPARE (National protocol to understand and act on SDOH)
- Quick Start Guide: Screening for Social Determinants of Health | HQIN
- Health Equity Learning Module Series | HQIN
- Guide to Reducing Disparities in Readmissions | CMS

Put new ideas to work in your community:

Using CHWs is one of several care transition interventions highlighted in HQI's <u>Ideas That Work</u> series. To explore other strategies for strengthening care coordination activities in your community, check out our <u>YouTube Playlist</u> and the <u>HQIN Resource Center</u>.

This material was prepared by Health Quality Innovators (HQI), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW/HQI/QIN-QIO-0815-07/16/24

