

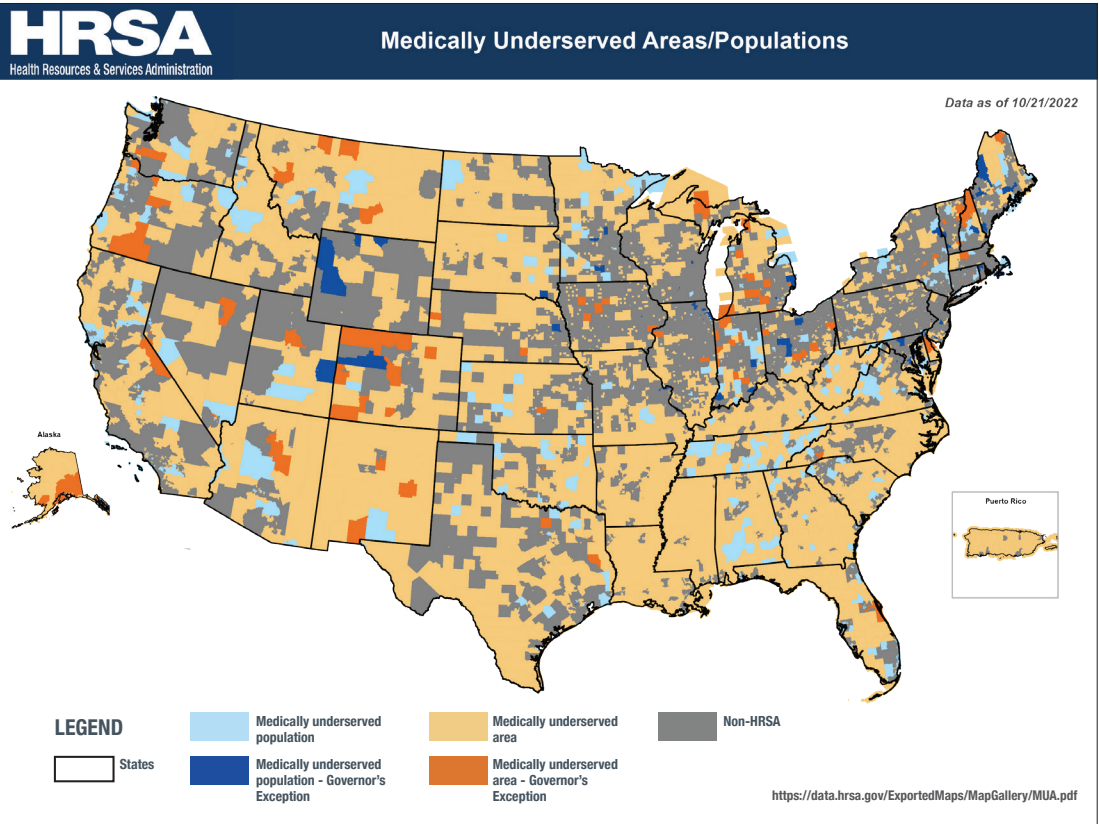
Academic Medical Centers' Role in Addressing Provider Shortages

Strategy #2: Partnering With Community Health Worker Programs

BACKGROUND:

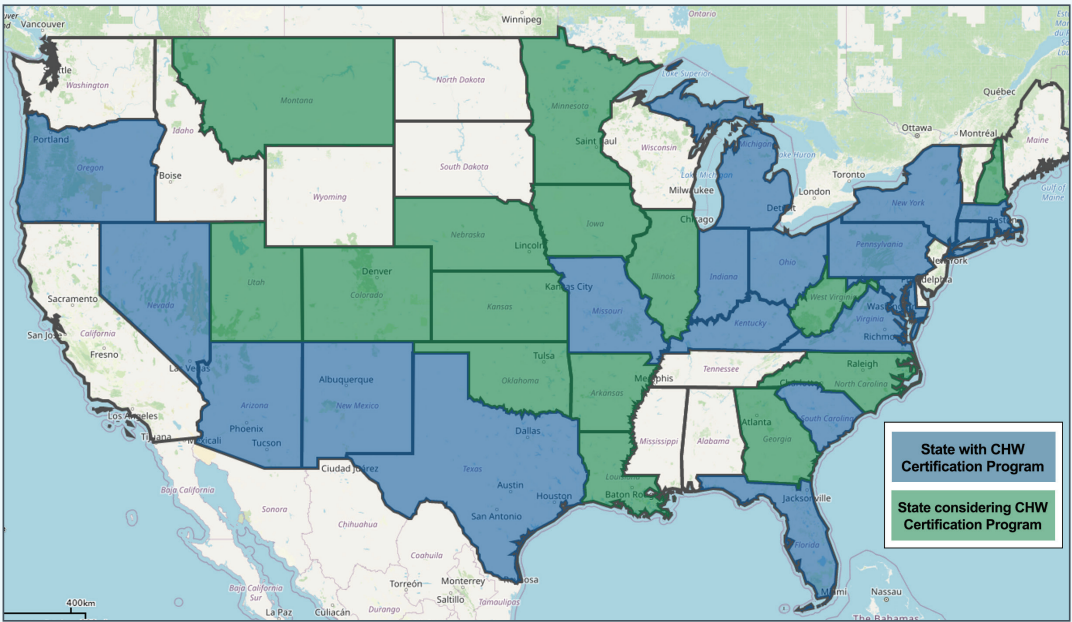
The National Institutes of Health (NIH) classifies a community health worker (CHW) as a member of an urban and/or rural community who connects citizens to health and social resources at local hospitals and beyond. The first CHW programs began in 1970 with the primary goal of improving public health in these communities. Current CHW programs consist of trained community members who assist patients in several ways, including but not limited to, language translation during doctor visits, transportation to and from clinics, education on the proper use of medication and utilization of emergency departments (ED), and other at-home services.¹

Over time, states such as New York, Ohio, Indiana, and South Carolina have begun to establish CHW certification programs, increasing the supply of CHWs across the country. Interestingly, in states with these programs, the number of primary care health professional shortage areas (HPSA) appears to be lower in comparison to states without such programs.^{2,3} For example, in New York and South Carolina, there are 68 and 39 HPSAs, respectively; however, in California and Alabama, where there are no CHW certification programs, there are more HPSAs (i.e., 129 and 56, respectively).⁴ Given the role CHWs can play in the continuum of patient care, academic medical centers (AMCs) that incorporate them as part of a care team may be able to improve access to healthcare services. This could be impactful not only in HPSA-designated areas, but also in any community experiencing provider shortages. Additionally, CHW programs may also benefit from these partnerships by gaining visibility and increased funding to drive public health initiatives.



ROLE OF CHWs IN ADDRESSING PROVIDER SHORTAGES:

Currently, CHW programs typically focus their efforts on chronic care management, cardiac disease management, and helping citizens overcome certain social determinants of health.⁵ CHWs may include community navigators, health coaches, community health advisors, or outreach workers. In some locations, CHW services may be reimbursed by Medicaid, though requirements and eligibility vary state to state.⁶ Overall, in PYA's experience, communities with CHW programs may be more likely to positively impact a population's health. Such programs provide resources that can improve access to health services and, in turn, can decrease provider demand, thus alleviating the burden and burnout for already overextended medical professionals.



CHWs were able to reduce the average annual ED visits per person from 3.1 to 2.8.

Emergency medicine, for example, is a specialty that can be positively impacted by the use of CHW programs.^{7,8} EDs across the country are overcrowded—a fact exacerbated by inappropriate and/or repeated ED visits.⁹ The University of Michigan Institute for Healthcare Policy and Innovation conducted a study on the impact of CHWs on ED utilization in inner-city Detroit, a primary care HPSA and medically underserved area.¹⁰ From the study population, CHWs were able to reduce the average annual ED visits per person from 3.1 to 2.8.¹¹ By reducing the number of ED visits, CHWs' efforts may not only impact overall population health, but also could decrease the workload for emergency medicine providers and other specialty clinicians responsible for follow-up visits.

CONSIDERATIONS

CHWs are increasingly acknowledged as integral contributors to public health goals. Specifically, the U.S. Department of Health and Human Services recently announced \$226.5 million in American Rescue Plan funding to train 13,000+ CHWs nationwide.¹² By partnering with CHW programs, AMCs may expand and enhance their existing care networks, reduce provider burnout, and serve their respective communities.



U.S. Department of Health and Human Services recently announced \$226.5 MILLION in American Rescue Plan funding to train 13,000+ CHWs nationwide.

- SOURCES
- 1

NIH's *Role of Community Health Workers*

2

Health Resources & Services Administration's October 2022 Medically Underserved Areas/Populations Map

3

Rural Health Information Hub's State Certification Programs

4

<https://data.hrsa.gov/tools/shortage-area/hpsa-find>

5

Health Research Policy and Systems' *Community Health Workers at the Dawn of a New Era: 11. CHWs leading the way to "Health for All"*

6

National Academy for State Health Policy *State Community Health Worker Models*

7

<https://www.pyapc.com/insights/pya-launches-infographic-series-on-amcs-role-in-addressing-provider-shortages/>

8

Healthcare Dive's *Emergency physicians' level of burnout jumped last year*

9

NIH's *Reasons for Overcrowding in the Emergency Department: Experiences and Suggestions of an Education and Research Hospital*

10

<https://data.hrsa.gov/tools/shortage-area/by-address>

11

Patient Engagement HIT's *Medicaid Community Health Workers Cut Emergency Department Utilization*

12

U.S. Department of Health and Human Services' *HHS Announces \$226.5 Million to Launch Community Health Worker Training Program*