



Advancing Health Equity through Community Health Workers and Peer Providers: Mounting Evidence and Policy Recommendations

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Speakers

- ▲ Denisse Sanchez, Policy Analyst, Families USA
- ▲ Emmett Ruff, Policy Analyst, Families USA
- ▲ Vallabh O. Shah, PhD, Professor, Director, Zuni Project Senior Fellow, New Mexico Center for the Advancement of Research, Engagement, & Science on Health Disparities

Agenda

- I. What is Patient-Centered Outcomes Research and Why Does It Matter to Health Equity?
- II. Brief CHW and PP Overview
- III. Presentation of CHW and PP Patient-Centered Outcomes Research
 - ▲ The Zuni Project
- IV. Policy Implications



CENTER ON

HEALTH EQUITY ACTION

FOR SYSTEM TRANSFORMATION

AT **FAMILIESUSA** 



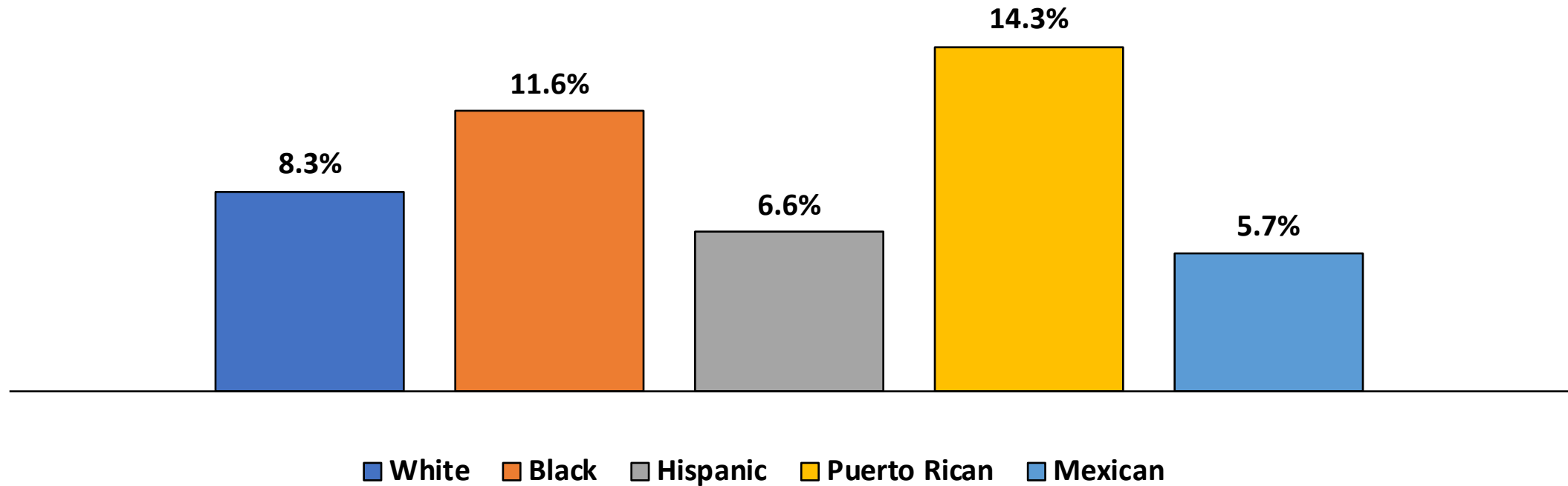
Evidence for Equity Initiative

Limitations of Our Current Evidence Base

1. Research subjects have mostly been young white males, but results are generally assumed to apply to everyone, defaulting into a “one-size-fits-all” approach.
2. Research generally focuses on what scientists, providers, and payers want to know, and rarely on what matters most to people.
3. Even when subjects are more diverse, researchers rarely stratify data.

Asthma Inequities and the Significance of Subgroup Analysis

Percent with Current Asthma (2016)



Centers for Disease Control and Prevention. (n.d.) *Most Recent Asthma Data*. Retrieved February 19, 2019.

Patient-Centered Outcomes Research Institute (PCORI)



Patient-Centered Outcomes Research Institute

PCORI has funded **70 active or completed comparative clinical effectiveness research studies** that use community health workers in an intervention, an investment of **\$248 million**.

As of August 2019

Research Involving PPs & CHWs

- ▲ New report from Families USA focuses on nine PCORI-funded studies.
- ▲ Covered a variety of health issues
- ▲ Included participants from diverse backgrounds
- ▲ Produced new evidence that CHW and PP interventions are effective in advancing health equity, improving outcomes, and potentially generating savings.

Overview of CHWs and PPs

CHWs and PPs

Community Health Workers (CHWs):

- ▲ Umbrella term for a variety of job titles
- ▲ Community-based, share a sociocultural background with patients
- ▲ Bridges between their communities and the health care system
- ▲ Address social determinants of health

CHWs and PPs

Peer Providers (PPs):

- ▲ Often considered a subset of CHWs
- ▲ Typically work in behavioral health settings
- ▲ Shared experience of recovery
- ▲ Separate processes for Medicaid reimbursement and certification

CHWs and PPs

What do they have in common?

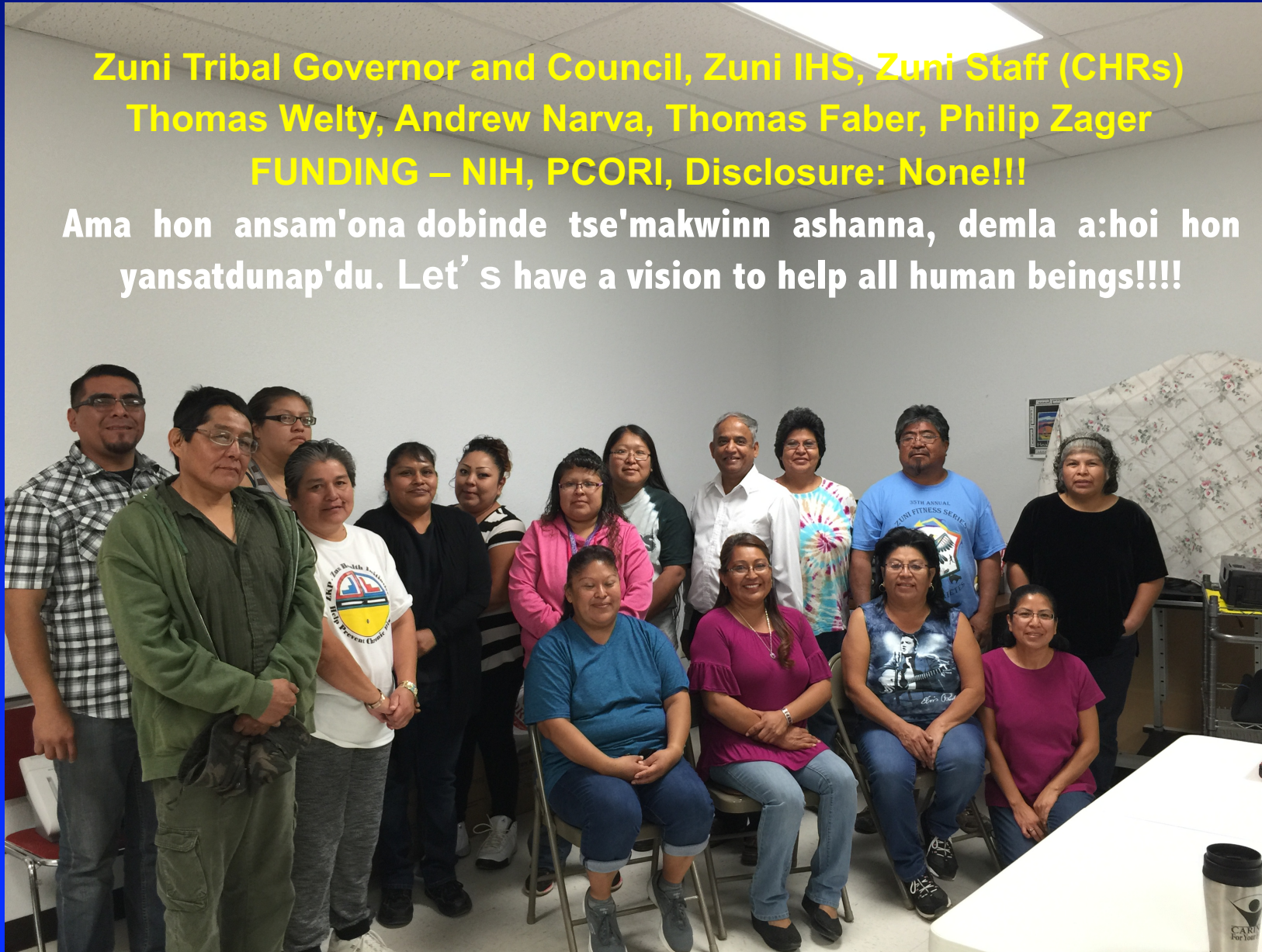
- ▲ Share key life experiences with patients
- ▲ Based in or originate from the same communities as their patients
- ▲ Provide non-clinical supports for their clients
- ▲ Work both in clinical and non-clinical setting

Enhancing Kidney Care in Native Communities Using Zuni Model of Home-based Kidney Care (HBKC)

Enhancing Kidney Care in Native Communities using Zuni Model of Home-based Kidney Care (HBKC) – Raj Shah

Zuni Tribal Governor and Council, Zuni IHS, Zuni Staff (CHRs)
Thomas Welty, Andrew Narva, Thomas Faber, Philip Zager
FUNDING – NIH, PCORI, Disclosure: None!!!

Ama hon ansam'ona dobinde tse'makwinn ashanna, demla a:hoi hon
yansatdunap'du. Let's have a vision to help all human beings!!!!



American Indians in US and Health Disparity Numbers Compared to US General Population

- US Census 2000: AI: 2.6M (0.9%); 1.6M (0.6%) reported AI plus another race
- During last decade AI (26%) increased at twice rate of general (13%) population
- AI birth rate is 25.7 vs 15.5/1000 for general population
- Median age: 28.0 yrs for AI vs 35.3 yrs for general population

5.2M in 2013 Census

Tuberculosis -750%

Alcohol -550%

Motor vehicle crash -229%

Diabetes -190%

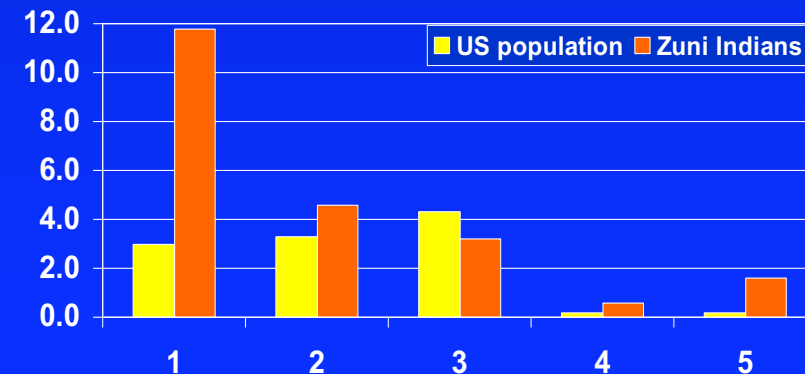
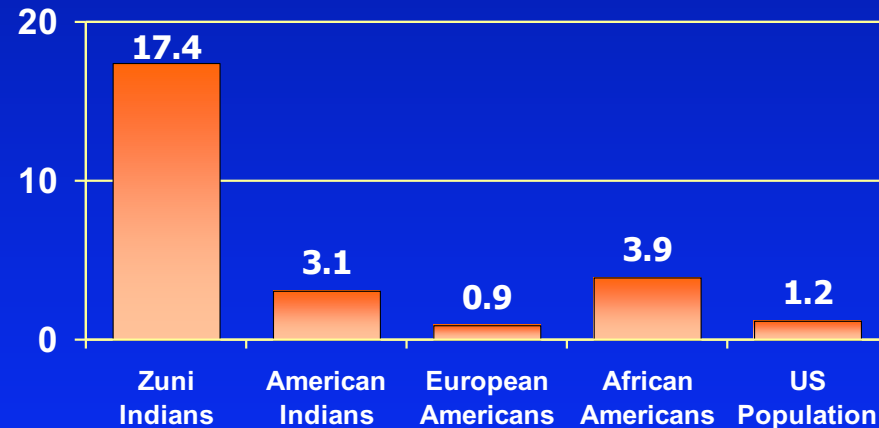
Unintended injuries -150%

Homicide -100%

Suicide -70%

Infants die at 8.5/1000 live birth compared to 6.8/1000 in US

safe and adequate water supply and waste disposal lacking in 12% of AN/AI compared to 1% of the homes in US general population



Home base health care –Why???

- 35 million (16%) US adults with CKD.
- 96% are not aware of having CKD.
- 16.8% of NM's rural Natives and 23% of Zuni Indians have CKD.
- Risk factors include Race / Ethnicity, Age, Obesity, Diabetes, HTN, Smoking.

Medicare Kidney Program -\$23 billion

- Transplant payment -\$106,000/Transplant
- \$17,000/yr anti-rejection cost
- Dialysis treatment -\$71K -120K/patient/yr

Barriers to health care in New Mexico-

Unique combination of historical, economic and cultural barriers, which limit health care utilization thereby increasing health disparities.

Moving Knowledge Instead of Patients & Providers Approach in Delivering Kidney Care

CHR delivered
Patient Preferences
POC testing
Telemedicine
Text Messaging

Zuni
Pueblo



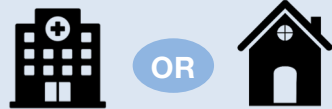
Methods



Zuni Indians with CKD



randomized to



Usual
care

OR



Home-
based care

For 12 months

Usual Care



N = 48

Home-based Care



N = 50



Initial lifestyle
coaching +

Reinforcement about



Medication
adherence



Self-
monitoring



Diet and
exercise



Coping with
stress



Patients who had home-based care had:



Patient Activation Score ↑ 8.7 points



BMI ↓ 1.1 kg/m²



Highly-sensitive CRP ↓ 3.3-fold



HbA1C ↓ 0.7%

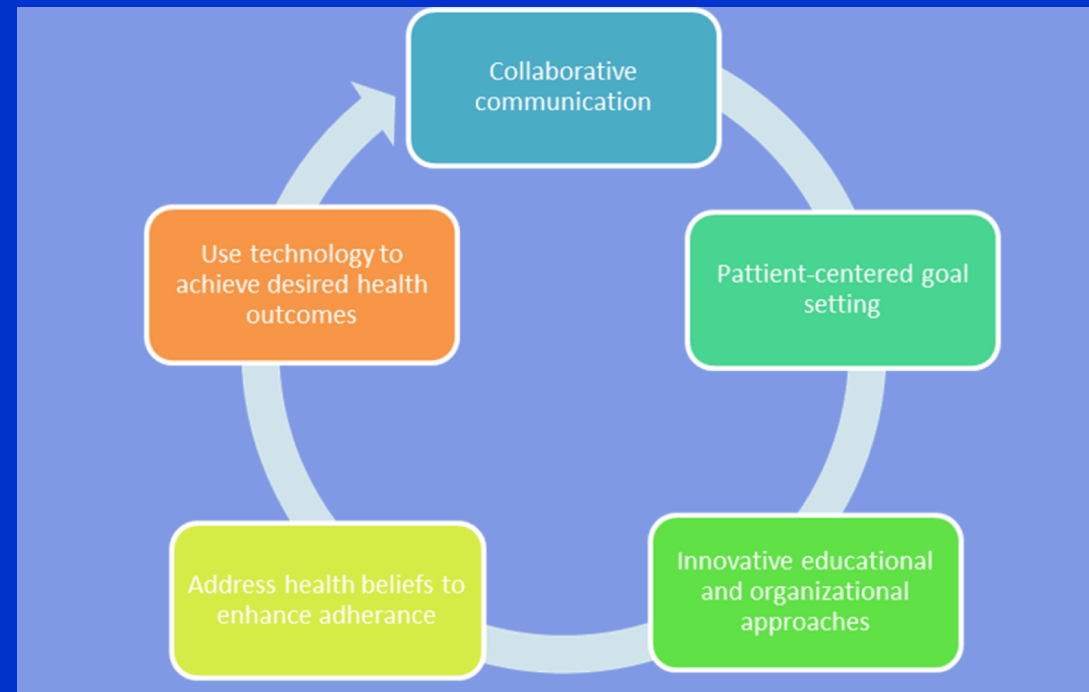


Mental score on 12-item
Short Form Health Survey ↑ 5 points

Conclusions: A home-based intervention improves participants' activation in their own health and healthcare and may reduce risk factors for CKD in a rural disadvantaged population.

Shah et al. *Home-Based Kidney Care, Patient Activation, and Risk Factors for CKD Progression in Zuni Indians: A Randomized Controlled Clinical Trial.*
CJASN doi: 10.2215/CJN.06910618. Visual Abstract by Michelle Lim, MBChB

Home-Based Kidney Care (HBKC) Care in American Indians (AI) of New Mexico - A Disruptive Innovation (PCORI/AD-1511-33553)



The HBKC program has the potential to change best-practices for CKD prevention and to reduce health disparities in a cost-effective and sustainable manner.

Policy Implications

CHWs and PPs Improve Outcomes and Reduce Costs

1. Payers and providers should include CHWs and PPs in care teams to improve outcomes and reduce hospital and emergency department (ED) utilization to potentially generate savings.
2. Take advantage of the different Medicaid reimbursement pathways to provide an integrated, sustainable funding mechanism for CHW and PP services.

CHWs and PPs Improve Outcomes for Various Health Conditions

3. Payers and providers should use CHWs and PPs to improve outcomes for people with physical and mental health conditions.

CHWs and PPs Address Health Inequities Experienced by Diverse Communities

4. Payers and providers should use CHWs and PPs to improve health outcomes in communities and patient populations that experience health inequities based on racial, sexual, geographic, linguistic, or economic characteristics.

CHWs and PPs are Effective in Transitional Care

5. Payers and providers should include CHWs and PPs in care teams to improve patients' self-efficacy and prevent avoidable hospital utilization as they transition from inpatient to community settings.

Research on CHWs and PPs Should Be Improved to Build the Evidence Base

6. Researchers should design CHW and PP intervention studies that assess the longer-term impact of these interventions and are powered for subgroup analysis.

Questions?



AT **FAMILIESUSA** 

<https://familiesusa.org/initiatives/center-health-equity-action-system-transformation>

New Report: https://familiesusa.org/wp-content/uploads/2019/11/HEV_PCORI-CHW-Report_11-04-19.pdf

Sign up for the Health Equity Action for Transformation (HEAT) Network
<https://goo.gl/forms/sx7mDPxY73LMMjGt2>