

TITLE: Integrating Community Health Workers into Interdisciplinary Healthcare Teams in a Federally Qualified Health Center: Outcomes and Patient's and Provider's Perspectives

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Research Objectives: Many FQHCs are establishing interdisciplinary patient care teams that include Community Health Workers (CHWs), who contribute to improved individual/population health in ways not achieved through traditional medical services. This study aims to evaluate the processes and outcomes from integrating CHWs into four interdisciplinary teams within an FQHC in Detroit, MI.

Study Design/Methods: Using participatory approach, community/academic partners conducted a non-randomized, repeated measures study to evaluate processes/outcomes from integrating CHWs into CHASS Center's healthcare teams. CHWs educated/supported adult patients with type 2 diabetes (HbA1c \geq 9%), and/or depression (PHQ9 score \geq 10). Data from EMR [at baseline (n=211), 6-months (n=179) and 1-year (n=160)], semi-structured interviews, and surveys assessed patient service use/healthcare outcomes. Individual semi-structured interviews were conducted at 6-months (n=179) and 1-year (n=160), and care team members/administration were surveyed with the Assessment of Chronic Illness Care (ACIC) at baseline (n=48) and 1-year (n=55). Interviews were audio-recorded and transcribed and common themes were identified.

Principle Findings and Quantitative/Qualitative Results: Preliminary 6-months results: Hemoglobin A1c dropped 1.3%; PHQ-9 score decreased by 1.4; and Patient Activation Measure increased by 4.9. No change in ACIC scores over-time. All teams reported reasonably good support for chronic illness care. Patients/team members overwhelmingly regarded CHWs, and their contributions to the team, favorably. Key barriers to integrating CHWs into care teams include, for some, low knowledge, lack of role clarity, CHWs members not identified as care team members, and limited direct interaction among clinical staff. Facilitators to CHW integration included receptiveness to learn more, interest in working together on a team, and value of potential collaboration.

Conclusions/Impact on Health Centers: As health care team members, CHWs may contribute to improved individual and population health by: conducting patient assessments and working with patients to develop/implement individualized care plans that support the patient's health and lifestyle goals; providing resource referrals, case management, and specific disease and self-management education; linking patients to other health care services; advocating for patients, providing peer support, and helping other team members better understand patient's issues. Creating more opportunities for face-to-face interaction among clinical staff members and CHWs and providing orientation and education about CHWs may aid in integrating CHWs into health care teams for safety net settings.