SUMMARY

SB85 extends the use of community health workers (CHWs) in medically underserved communities around Utah. As trusted members of their community, CHWs are well positioned to teach individuals how to make prudent use of health care systems and insurance benefits. They also help families engage in healthy behaviors and identify barriers to seeking care in the appropriate settings. Given the state’s interest in Medicaid accountable care, the timing is right to extend the use of CHWs across the state by freeing up federally matched Medicaid dollars and other funding to support CHW activities.

EVIDENCE FOR THE COST EFFECTIVENESS OF CHWs

The research literature points to cost savings and better health outcomes in populations that are served by community health workers. Three states have arranged for Medicaid match funding to support CHW activities. Under these models the health plan receives capitated payments from Medicaid. These dollars are then used to employ CHW services.

COMMUNITY HEALTH WORKERS IN UTAH

Here in Utah CHWs perform five of the seven typical roles of CHWs, including patient navigation and education. When asked to identify the greatest policy or system change needed to support CHW activities, the most common answer was more federal and state funding.

CLOSING THE GAP IN UTAH’S USE OF CHWs

The CHW model is well established in Utah, but what’s missing are sufficient resources to support CHW activities. In states and communities where the use of CHWs is more extensive, financing (including Medicaid) is generally more available for CHW activities. With financing comes a responsibility to define the scope of CHW professional practice and consider certification standards. To this end, SB85 creates an advisory committee to map out these and other possible next steps in the evolution of community health worker strategies in Utah.

Frequently Asked Questions

What is a community health worker?

A CHW is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a link between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy (American Public Health Association).

Are community health workers effective in reducing health care costs?

Yes. An Oregon-based accountable care initiative identifies so-called "frequent fliers" who visit the E.R. at least 10 times a year. Becky, a community health worker based in Bend, helps such patients connect with primary care at much lower cost to all payers. These and similar strategies have decreased emergency room visits by 49% during the first 6 months of 2012.

A Colorado-based E.R. diversion initiative focuses on 3 goals: 1) educating Medicaid patients about non-E.R. options; 2) making referrals to non-E.R. care through use of CHWs; and 3) promoting health homes as a permanent alternative to E.R. use for Medicaid patients.
