

Reducing Disparities in Access to Hearing Health Care: The Community Health Worker Model



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Community Health Workers 101



Connection with audiology & hearing care



Current research & future directions

Community Health Workers 101



- Who are Community Health Workers?
- How do Community Health Workers improve health & access to care?

Who are Community Health Workers?



- Frontline public health workers
- Trusted member of the community served
- Liason/link/intermediary between health/social services & community
- Facilitate access to services
- Improve quality & cultural competence of service delivery

(American Public Health Association
Community Health Workers Section, 2009)

Community Health Worker Job Titles



- Community Health Workers
- Community Health Advisor/Aids
- **Promotora de Salud**
- Community Health Representatives
- Peer Health Promoters
- Lay Health Educator
- Patient Navigator

CHW Core Competencies



1. Communication
2. Interpersonal
3. Knowledge Base
4. Service Coordination
5. Capacity Building
6. Advocacy
7. Teaching
8. Organizational Skills

National Community Health Advisor Study
(1998)

Important Roles of Community Health Workers

- Provide cultural mediation between communities and health and human services system
- Advocate for individual & community needs
- Ensure culturally appropriate health education & support



What is distinctive about CHWs?

- Do not provide clinical care
- Generally do not hold another professional license
- Have expertise based on shared culture and life experience with population served
- Can achieve certain results that other professionals can't
- Home visits & participatory research
- Rely on relationships and trust more than on clinical expertise
- Relate to community members as peers rather than purely as client/patient

(Rosenthal et al., 2010)



Impacts on Health & Access to Care

- Improved access to care
- Successful chronic disease prevention & management
- Improved utilization of services, especially reducing inappropriate use of the ER
- Help to control costs
- Cost-saving “return on investment” (without third party payment or dedicated grant/contract funding)



(Selected references: Fedder et al., 2003; Ingram et al., 2007; Ingram et al., 2012; Johnson et al., 2012; Redondo et al., 2010; Reinschmidt & Chong, 2008; Rosenthal et al., 2010; Sabo et al., 2013; Staten et al., 2005; Staten et al., 2012; Teufel-Shone, Drummond, & Rawid, 2005; Viswanathan et al., 2009)

Addressing Health Disparities

Evidence shows that CHWs have ***proven effectiveness*** in addressing health disparities in minority populations:

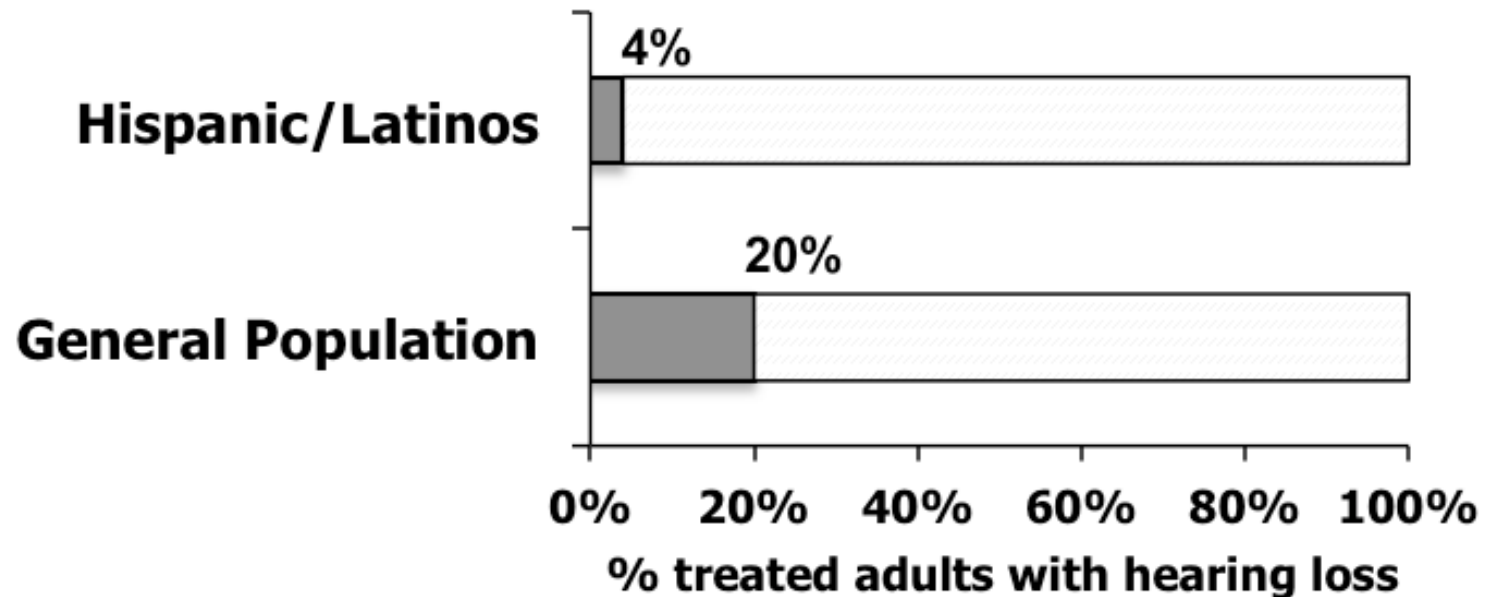
- Increasing healthcare utilization,
- Providing culturally competent health education,
- Advocating for patient needs.

(Brach & Fraser, 2000; Kaufman, et al., 2006; Kuhajda, et al., 2006; Rosenthal et al., 2010; Sheppard, Nemcek & Sabatier, 2003; Van Duyn, Reuben, & Macario, 2006; Zambrana & O'Malley, 2004)

Connection with Audiology & Hearing Care



Hearing Loss as a Public Health Issue



(Data from NIDCD, 2010; Lee et al., 1991)

Community-based Audiologic Rehabilitation

- Identification of untreated hearing loss
- Efficacy of education and peer support groups held in a community setting
- Need for further research



Rationale

- Diversity and aging of population
- Growing prevalence of chronic health conditions, including hearing loss
- Increasing focus on prevention & wellness in health care
- Growing complexity of health care
- Recognition of social/behavioral determinants of health
- Cost pressures on system
- Commitment to reducing health inequities
 - Healthy People 2020 Goals

Current Research & Future Directions



Mariposa Community Health Center, Nogales, AZ

Health Disparities Along the U.S.-Mexico Border

- ~1/3 of population uninsured
- Health professions shortage area
- Language barriers
- Limited health literacy



Demographics of Nogales, AZ

93.6% Hispanic

34% income below poverty level

64% income below 200% poverty level

11% unemployment

52.4% without high school degree or GED

Reducing Disparities in Access to Hearing Healthcare on the U.S.-Mexico Border R21DC013681-01

- Identify barriers and facilitators of access to hearing health care in a rural, underserved community
 - *R21 Phase: Community Needs Assessment (2013-2014)*
- Develop culturally and linguistically relevant materials
 - *Translation, development, and validation studies (2013-2015)*
- Test the effectiveness of a community health worker intervention for hearing loss
 - *R33 Phase: Randomized controlled trial (2015-2017)*

- Test effectiveness in other geographic regions with underserved populations
- Further integrate with audiology services
- Establish cost-effectiveness of early intervention
- Develop new models of care for CHWs ...



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