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# Educating Providers on the Value of Community Health Outreach Workers in the New Mainer Population

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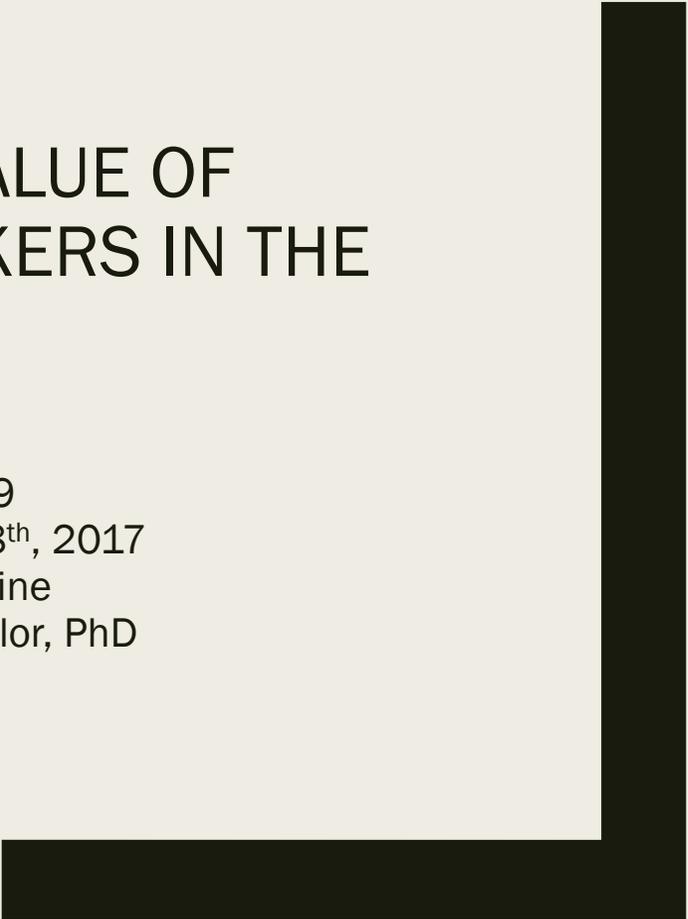
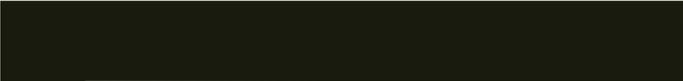
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# EDUCATING PROVIDERS ON THE VALUE OF COMMUNITY HEALTH OUTREACH WORKERS IN THE NEW MAINER POPULATION

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Family Medicine Rotation: March 13<sup>th</sup>, 2017 – April 28<sup>th</sup>, 2017  
Location: Central Maine Medical Center, Lewiston, Maine  
Project Mentors: Bethany Picker, MD and Deborah Taylor, PhD

# Problem identification

- Lewiston, Maine has seen a recent surge of asylum seekers, refugees, and migrants, mainly from African Countries.
- These individuals, termed “New Mainers”, now make up 11.2% of the area’s population.<sup>1</sup>
- New Mainers face significant challenges in accessing healthcare due to factors such as language barriers, cultural differences, and lack of understanding of the health care system.<sup>7</sup>
- Community Health Outreach Workers (CHOWs) are frontline public health workers who are trusted members of the community being served. This relationship enables CHOWs to serve as a liaison between providers and the community to improve quality of care.<sup>7</sup>
- Community Health Outreach Workers CHOWs have been found to help achieve better health outcomes, improve patient experience, and lower costs per capita.<sup>7,9</sup>
- According to community members in Lewiston, Maine, CHOW services are underutilized at the Central Maine Medical Center.
- Educating providers on the role of CHOWs may increase their utilization in the clinical setting and improve the quality of care for the New Mainer population in Lewiston, Maine.

# Public health cost

- A 2015 study entitled “Role of Community Health Workers in Engaging Vulnerable Populations” used a questionnaire called the Patient Activation Measure (PAM) to assess a patient’s level of knowledge, skills and confidence with level 1 being the lowest level of activation and level 4 being the highest.
- Self-reported poor health ratings and presence of chronic diseases were highly aligned with level 1 PAM scores.
- People scoring within Level 1 tend to lack the confidence needed to be active in their healthcare.
  - *Nationwide, 26.8% of level 1 respondents had an unmet medical need compared to only 9.4% of level 4 respondents.*
- When conducted in the greater Portland, Maine area, it was found that, compared to the average U.S. population, Maine’s refugee and asylum seeker population tended to have a lower average PAM activation level.
  - *24% of respondents in the Portland study had a level 1 PAM score vs. 6.8% of U.S. adults.*
- The most frequently reported barriers to healthcare services as reported by patients included: language (82.3%); cultural issues (62.6%); and not understanding the healthcare system (50%).
- Those with a level 1 PAM score were most likely to use and benefit from the services of CHOWs.
- The study concluded that the inclusion of CHOWs into the health care team could help achieve better health outcomes, improved patient experience, and lower costs per capita.<sup>7,9</sup>

# Community perspective

## Interview with Jama Mohamed

Director of Maine Immigrant and Refugee Services (MIRS)

- The language barrier is one of the biggest challenges New Mainers face to accessing health care.
  - *Central Maine Medical Center often uses digital or phone interpreter services, leading to a high level of patient dissatisfaction.*
- Costs of doctors visits and medications are often unmanageable for New Mainers.
  - *Providers do not always prescribe the cheapest medications.*
  - *Only a small subset of New Mainers actually qualify for MaineCare, Maine's version of Medicaid. The rest have very few affordable options available to them.*
- Provider education about the challenges New Mainers experience would be useful for optimizing their care.

## Interview with Holly Lasagna

Healthy Androscoggin REACH Program Manager

- Not all providers understand the difference between a refugee, an asylum seeker and a migrant.
  - *Understanding these terms is important because their needs and medical coverage are very different.*
- Not all providers understand the difference between cultural brokers, interpreters, CHOWs and their respective roles.
  - *CHOWs in particular are underutilized at the Central Maine Medical Center.*
  - *CHOWs should be present in all care meetings.*

# Intervention and methodology

- Community member interviews were conducted with Jama Mohamed and Holly Lasagna.
- A needs assessment was performed based on the content from these interviews.
- A PowerPoint presentation was created that described the role of the community health outreach worker, defined the difference between a refugee, asylum seeker and undocumented migrant, and explained which types of medical insurance coverage for which they each qualify.
- A survey was given before the lecture to assess how much providers know about CHOWs, how often they utilize their services, and how helpful they found CHOWs to be in aiding in the patient care experience.
- A lecture entitled “The Role of the Community Health Outreach Worker in the Healthcare Team” was given on April 25<sup>th</sup>, 2017 at the Family Medicine Residency (FMR) at Central Maine Medical Center (CMMC) to a group of residents and medical students.
- A group of panelists were invited to speak at the lecture and answer questions:
  - *Fowsia Musse, Community Health Outreach Worker*
  - *Holly Lasagna, Healthy Androscoggin REACH Program Manager*
  - *Hassan Olhaye, Healthy Androscoggin REACH Health Promotion Coordinator*



# Evaluation of effectiveness and limitations

- Only 53% of survey respondents stated that they understood the role of a CHOW before the lecture, suggesting that current education for providers about CHOWs is lacking.
- 84% of respondents agreed that CHOWs are an important part of the health care team, suggesting that providers are aware of the benefits of incorporating CHOW services into patient care, even if they do not fully understand their role.
- Only 31% of survey respondents knew how to get in contact with their local CHOW, suggesting a reason for why CHOW services are underutilized at CMMC.
- Follow up data was not able to be obtained due to the time constraints of the study.
- There is no data documenting how often CHOW services are currently utilized at CMMC.
- There is difficulty in billing for CHOW encounters under current financing systems.
- This lecture was given to a group of residents and medical students at CMMC. Many of these individuals will not be staying at CMMC long term, which impacts the longitudinal efficacy of this intervention.

# Recommendations for future interventions

- Have providers repeat the “Community Health Outreach Worker Utilization Survey” in the future to assess if they use CHOW services more frequently after this intervention.
- Repeat the lecture and panel discussion in the future when new residents and students arrive at the Central Maine Medical Center to provide information about CHOWs to the new providers.
- Track the instances when physicians recommend the services of CHOWs to their New Mainer patients.
- Provide New Mainers with a survey to assess their level of satisfaction with their care. Compare results of patients who worked with CHOWs and those that did not.
- Begin a longitudinal study that assesses health care costs associated with New Mainers that utilize CHOW services vs. those that do not.

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