

CHWs and Social Determinants of Health: How Far Upstream Are We Looking?

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Session Objectives

1. Identify ways CHWs help ameliorate ill effects of social determinants of health.
2. Describe risks associated with imprecise thinking about CHW impacts and the growing emphasis on support for licensed clinicians as the primary CHW role.
3. Distinguish between linking people to services and transforming systems of oppression that underlie health disparities.
4. Engage in critical consciousness raising about mutual roles and responsibilities in “addressing” the social determinants of health.

Critical Consciousness



Health equity = heart of CHW identify and practice

- Improve health outcomes & reduce disparities for
 - Racially and ethnically diverse patients, clients, community members
 - Patients with—or at risk for—high cost, complex conditions
- Come from, understand communities they serve
- Core values based in equality, justice, empathy



Basis of CHW effectiveness

- Core competencies
- Home and community based practice
- Identify and address non-medical problems that underlie poor health
- Core members of Integrated Care Teams
 - Connect people with health services
 - Navigate health systems
 - Promote adherence, care utilization



“Upstreamists”

“...rare innovators on the front lines of health care who see that...health begins in our everyday lives, in the places where we live, eat, work, and play.”

“They see how policies that afford or deny opportunity, fairness, and justice can be reflected in patients’ faces as well as in their DNA.”

“The upstreamist considers it her professional duty not only to prescribe a chemical remedy but also to treat sickness at its source.”

Rishi Manchanda, *The Upstream Doctors: Medical Innovators Track Sickness to its Source*

CHWs help “address” SDOHs

“As the Affordable Care Act and other pressures push the health care system to move beyond the traditional provider-centric model to one that also addresses the broader social and environmental determinants of health, **engaging CHWs as critically important members of the primary care team is one of the most important strategies available to us.**”

“CHWs also serve as the intermediaries that link **clinical services to practical actions in the community to address the social determinants of health.** The information they glean about patients’ health status and their unique understanding of patients’ social and cultural barriers to health can be shared with the team, vastly improving care.”

Pittman, M., et al. “Bringing Community Health Workers into the Mainstream of US Healthcare.” Institute of Medicine, 2/4/2015.

How far Upstream?

- What does it mean for CHWs to “address” the social determinants of health?
- What risks may be associated with imprecise thinking about CHW impacts and roles?

Risk #1

Medicalization of the CHW role and marginalizing the effective work many CHWs do outside the health care delivery system.

Risk #2

Diminishing advocacy as a CHW core competency

- CHWs use advocacy as one of our core roles-skills to help clients and communities navigate systems
- CHWs must often confront institutional barriers to quality care *within* their own organizations.

Risk #3

Undervaluing CHWs in health care systems and financing.

- Limiting flexibility to address complex needs.
- Optional roles for CHWs within Integrated Care Teams?
- Allocation of savings that accrue from CHW effectiveness?
- Structural integration of funding for CHWs?

Risk #4

Placing excessive expectations on CHWs.

Critical Distinction:

Mediating ill effects of SDOHs for individuals and families by linking people to services

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Changing national, state, and institutional policies undergirding racism, poverty, and other foundations of structural inequality.

Constraints on CHW upstream impact

- Limited availability of referral and support resources.
 - *Example: Civil legal aid community in Massachusetts turns away approximately 65% of income-eligible residents due to lack of resources.*
- Health system administrators may not support CHWs in home and community-based work.

Constraints

- Reality of work for many CHWs includes
 - poor pay and benefits
 - insecure jobs
 - ill-defined roles
 - unlimited expectations
 - uneven supervision
 - lack of respect
 - toxic personal stress

Risk #5

Diversion of focus from health system's potential roles, responsibilities, and capacities to promote primary prevention and address underlying causes of structural inequality.

Challenges for Upstreamists

(Manchanda)

- Lack of provider socio-cultural competence
- Lack of provider diversity
- Fee-for-service based “financial ecosystem” that favors downstream health care over prevention
- Regulations and policies that prevent data sharing, practice innovation, and primary prevention.

Health System Transformation Path

Episodic, Non-Integrated Care

Lack integrated care networks;
Lack quality & cost performance transparency

Outcome Accountable Care

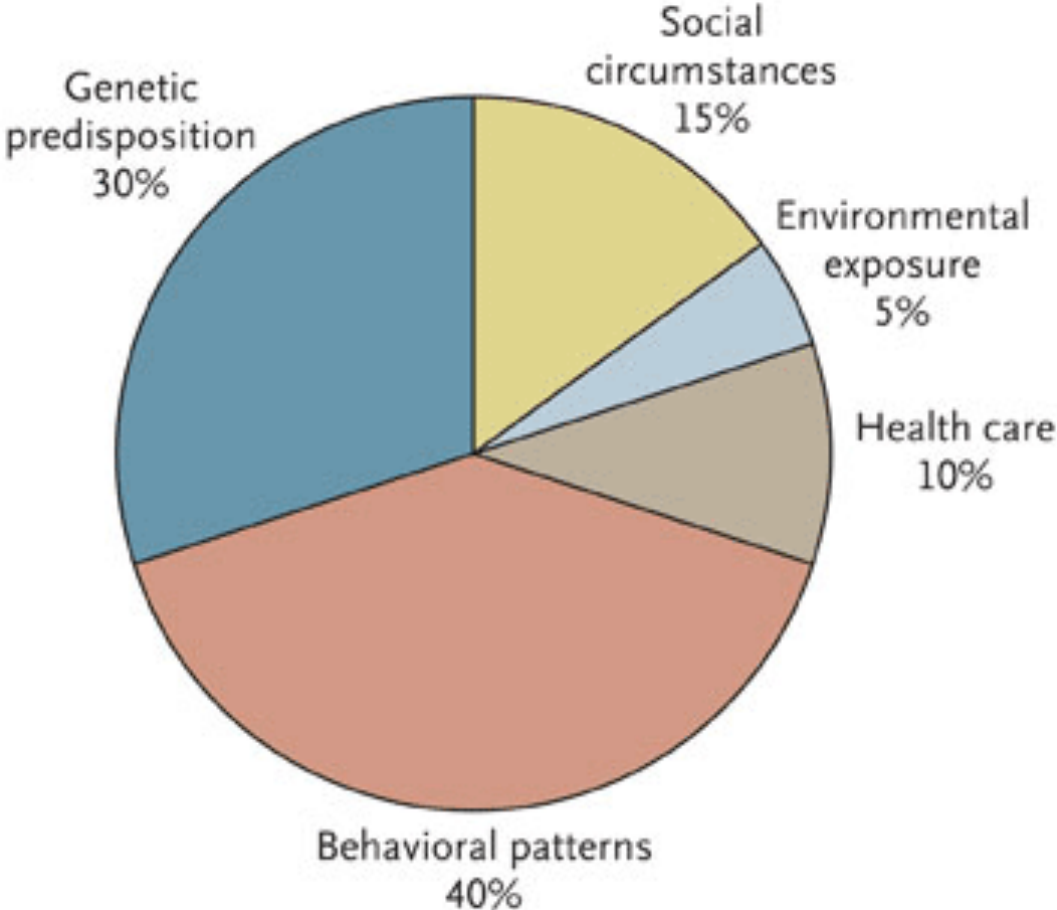
Patient/person centered; transparent cost & quality performance; focus on care management and preventive care

Community Integrated Care

Healthy population focus; integrated care networks linked to community resources capable of addressing psycho-social & economic needs; population based payment

Neil Halfon, MD, UCLA Center for Healthier Children, Families & Communities; adapted by Richard Antonelli, MD, Boston Childrens Hospital

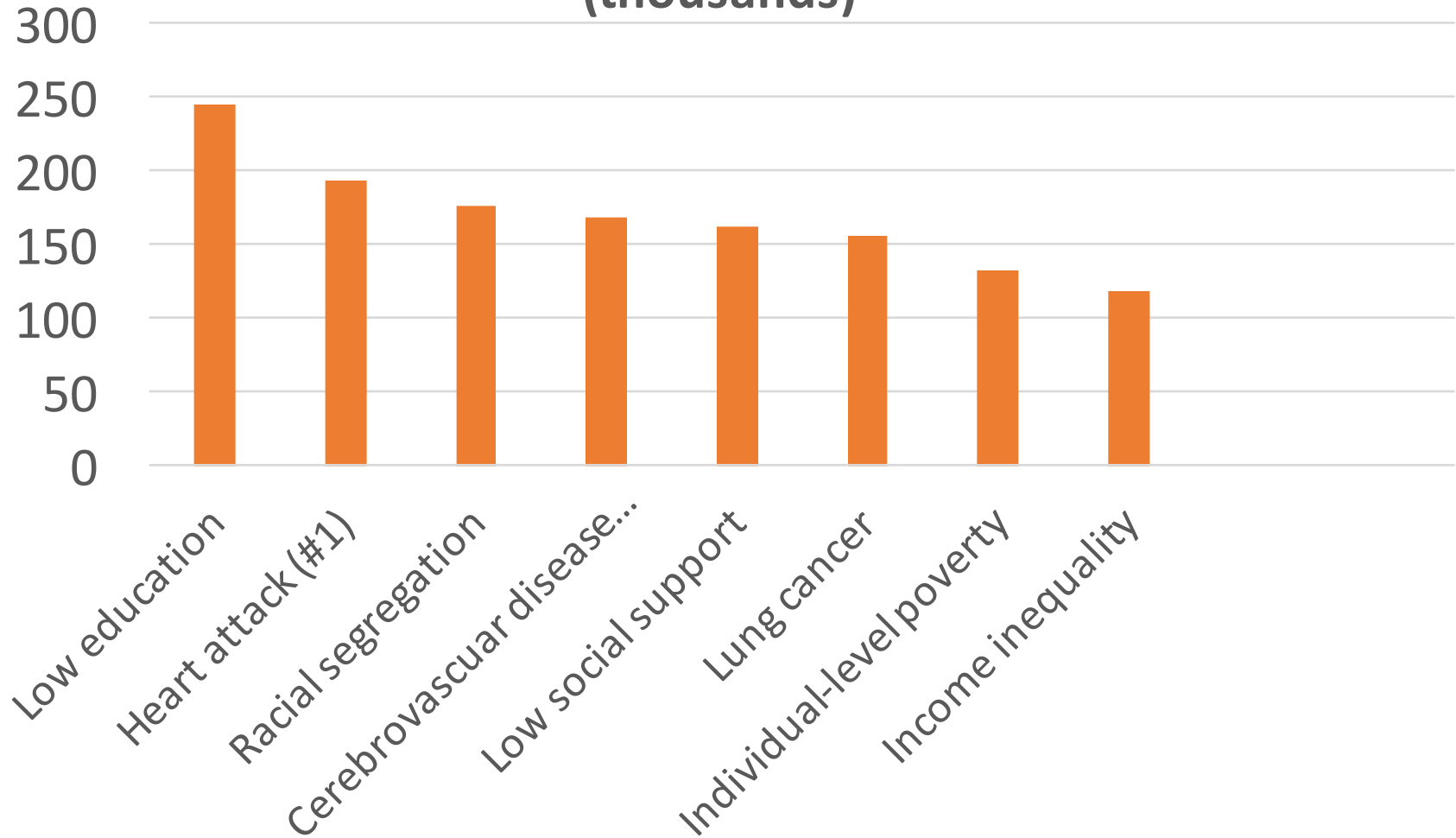
Causes of Premature Death in US



Source: McGinnis, Russo, and Knickman, 2002

US Causes of Death, 2000

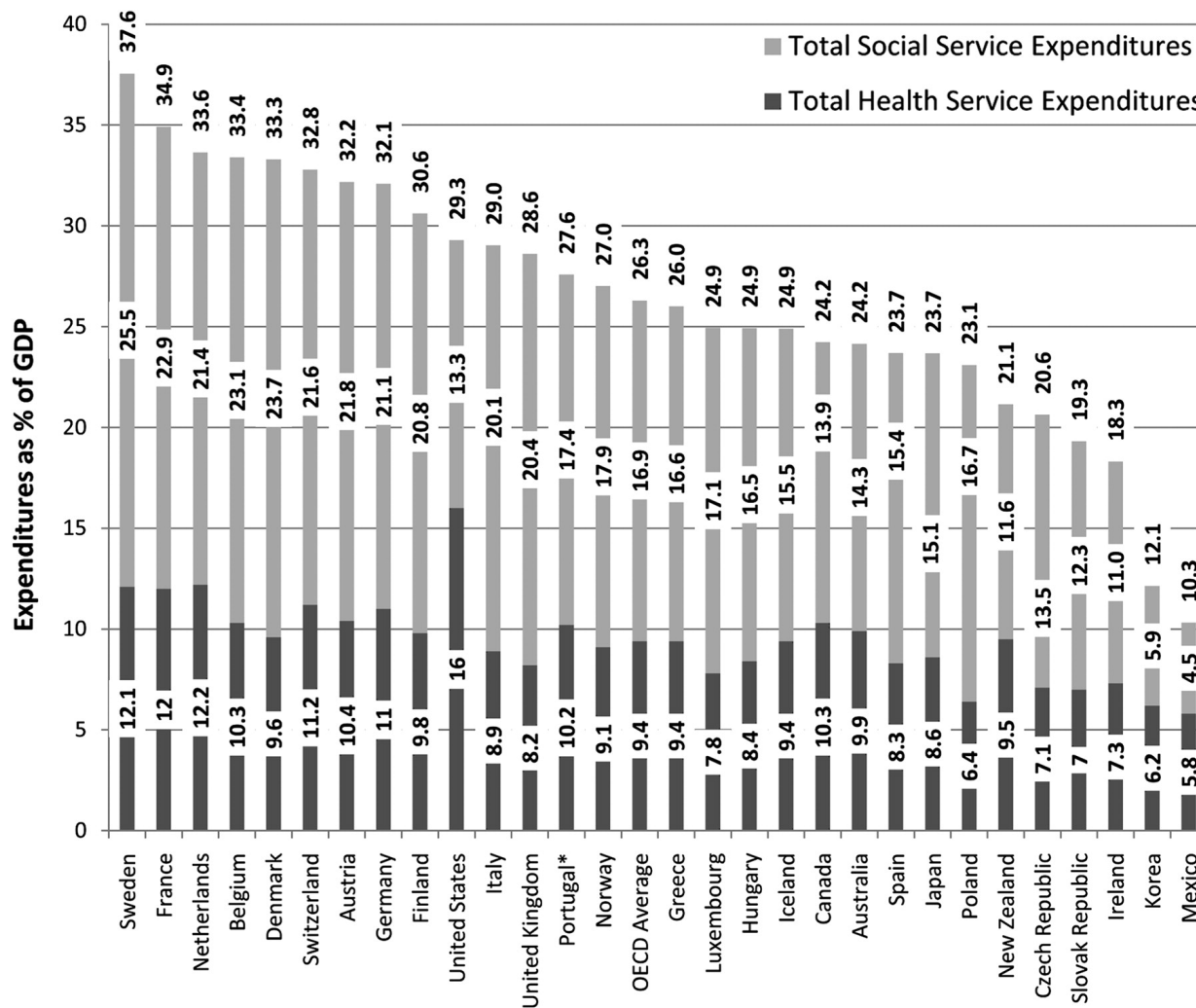
(thousands)



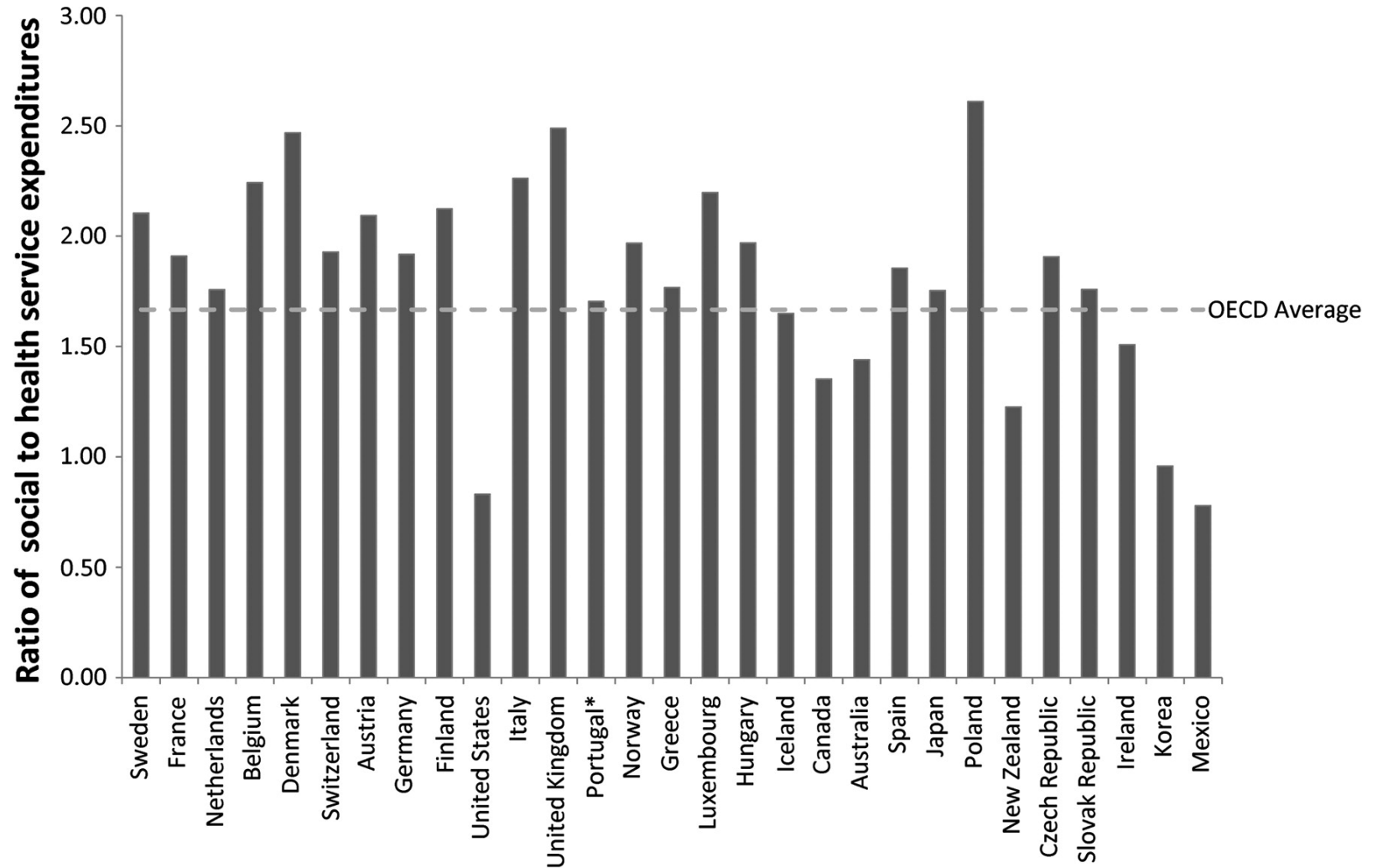
Galea, S., et al. Estimated Deaths Attributable to Social Factors in the United States. *AJPH* 101:8, Aug., 2011.

Total health-service and social-services expenditures for Organization for Economic Co-operation and Development (OECD) countries, 2005.

*Expenditures for Portugal are from 2004, owing to missing data for 2005.

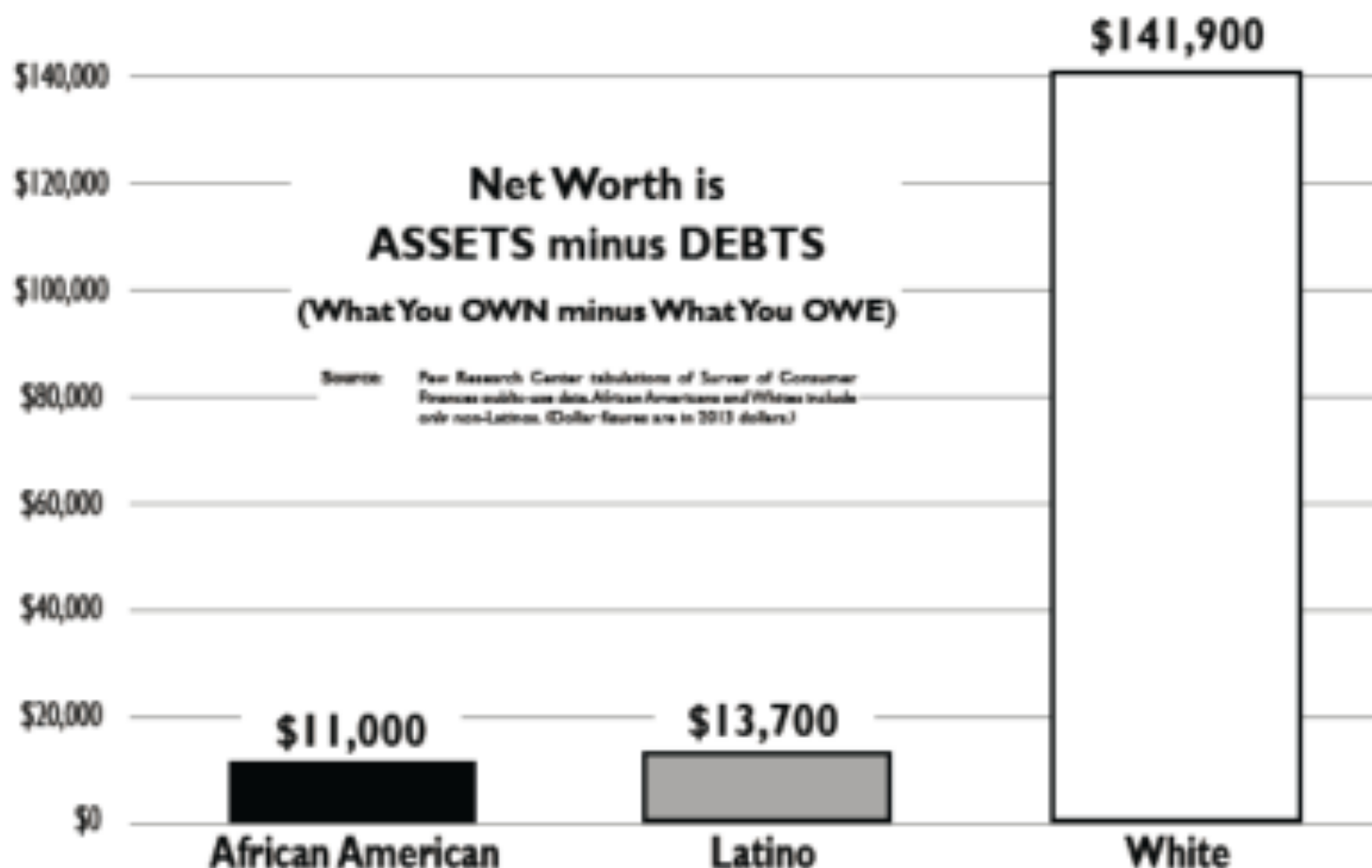


Ratio of social to health service expenditures for Organization for Economic Co-operation and Development (OECD) countries, 2005.

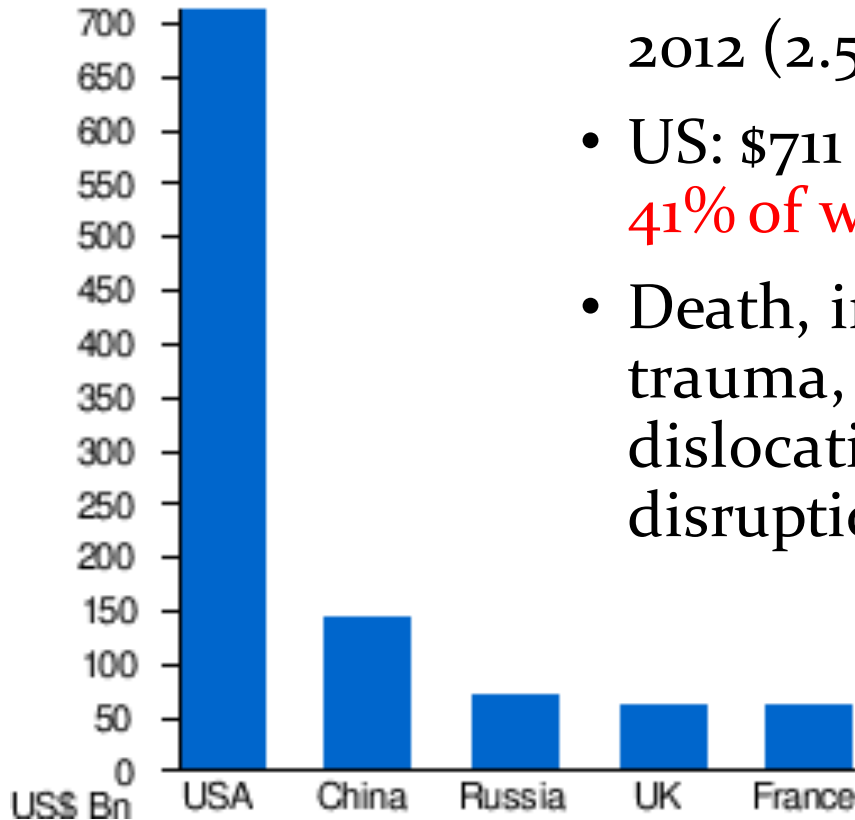


Bradley E H et al. *BMJ Qual Saf*
doi:10.1136/bmjqs.2010.048363

Household Median Net Worth by Race, 2013



Military Spending



- World Total: \$1.7 trillion in 2012 (2.5% of GDP)
- US: \$711 billion (4.7% GDP)
41% of world share
- Death, injury, disease, trauma, population dislocation, economic disruption...

Achieving the Triple Aim requires Social Justice

World Health Organization “Marmot Principles”

- **Daily Living Conditions**
 - Equity from the start, including education for girls
 - Healthy Places, Health People
 - Fair Employment & Decent Work
 - Lifelong Social Protection
 - Universal Health Care
- **Power, Money, and Resources**
 - Health Equity in all Policies, Systems, and Programs
 - Fair Financing
 - Market Responsibility
 - Gender Equity
 - Political Empowerment
 - Good Global Governance



Organizing: Challenge for Us All

“Nothing about us without us!”



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