



CENTER FOR
COMMUNITY HEALTH
ALIGNMENT



Investing in a Healthier South Carolina: Community Health Worker Pilot Report Update

JANUARY 2022

Thank you for investing funding in the FY 2021–2022 General Appropriations Bill to address South Carolina’s existing health inequities in our state and reduce cost of care through the creation of a Community Health Worker (CHW) Pilot Program. Funding for this pilot is being implemented by the Center for Community Health Alignment (CCHA) and the SC Community Health Worker Association, with evaluation conducted by the Center for Rural and Primary Healthcare.



ON THE PATH TO HEALTHIER COMMUNITIES

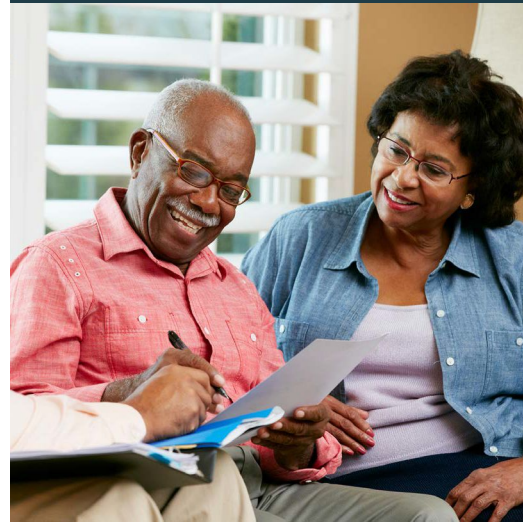
Progress Update (At-A-Glance)



COMMUNITY HEALTH WORKERS: THE FRONT- LINE OF A HEALTHIER SOUTH CAROLINA

WHO	A Community Health Worker (CHW) is a trusted, frontline public health worker with a deep understanding of the communities they serve. They are trusted peers of the people they serve. CHWs connect clinical care and the patient’s home and community environment to best support individuals.
WHAT	CHWs help people in high-need, high-priority communities by increasing access to needed health services and resources. They provide culturally appropriate health education to improve the health of the overall community.
WHY	CHWs reduce the cost of health care and improve the quality of care for minority and rural communities.
HOW	<p>CHWs improve health and well-being through:</p> <ul style="list-style-type: none"> • Patient navigation and coaching; • Chronic disease prevention and management education; • Identifying culturally appropriate health education; • Facilitating home visits; and • Creating connections to health care services.

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COMMUNITY HEALTH WORKERS IMPACT ON COMMUNITY HEALTH:

Research on CHWs shows proven effectiveness in reducing health inequities, containing costs, and improving outcomes across a wide range of diseases and conditions, including:

1

Diabetes

Following participation in a CHW program, African American patients with diabetes in West Baltimore City resulted in a decline in emergency room (ER) visits by 40%, ER admissions to hospitals declined by 33%, and Medicaid payments declined by 27%. The CHW program resulted in an average savings of \$2,245 per patient per year, and a total savings of \$262,080 for 117 patients.

2

Pediatric Asthma

CHWs provided in-home support among 74 low-income households with a child aged 4–12 years who had asthma. The CHW intervention resulted in decreased exposure to indoor asthma triggers and showed a projected four-year net savings per participant among the high intensity group was \$721.

3

Blood Pressure

Patients assigned to the CHW group had a 26% higher rate of improvement in medication compliance than the control group. At the end of the 36-month RCT, 44% of the CHW group had controlled blood pressure as compared to 31% of the control group.

4

Primary care vs. ED Utilization

CHWs provided patient education for up to six months with 448 Medicaid Managed Care Organizations (MCO) enrollees in 11 counties in New Mexico. There was a significant reduction in both numbers of claims and payments for the CHW intervention group, including a greater reduction in costs for the CHW-intervention group in use of ambulatory and ED services, and an overall 4:1 return on investment for the CHW intervention group.

Additional health disparities, including improved birth outcomes for South Carolina's moms and babies, will be a focus as the pilot program expands. Data collection will continue with a full report provided in early 2023.

The Solution and Ask

We ask that the General Assembly reallocate funding in the FY 22–23 budget to allow the Community Health Worker (CHW) Pilot Program to continue the pilot without a disruption in health care services to South Carolinians, especially those in rural areas without much access to care.

In order for South Carolina's citizens to reap the benefits and cost savings of CHWs employed at their full capacity, payment for their services needs to be financially sustainable.

We need a budgeting mechanism in South Carolina for CHW positions that is not dependent on applying for program or project grants, and that creates stability and sustainability for these programs throughout South Carolina.

We currently have a five year plan, which encompasses two more years of the pilot, followed by proposed policy changes that allow for the expansion and sustainability of CHW services.