

THE EFFECTIVENESS OF A COMMUNITY HEALTH WORKER OUTREACH PROGRAM ON HEALTHCARE UTILIZATION OF WEST BALTIMORE CITY MEDICAID PATIENTS WITH DIABETES, WITH OR WITHOUT HYPERTENSION

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Some people do not go to the doctor until they feel really sick, even though they may have an illness that can be treated at an early stage. Because they do not know that they have a treatable illness, they do not get the benefit of early medical care. Often, this may lead to a heart attack, stroke, kidney disease, and other health problems that could have been prevented with early and regular treatment.

Not checking regularly for preventable diseases can be hard for patients and their families in the long run and can increase the cost of treatment. These excess costs on the health system could be used to help others who need treatment. Early treatment of high blood pressure and diabetes would save an individual much pain and suffering, because it would slow the development of complications. For example, did you know that most amputations resulting from diabetes could be prevented by better blood sugar control? Stroke and heart attack can also be prevented in many cases, if the right medicines are taken and a patient sees a doctor regularly.

For generations, community residents with no formal healthcare training have helped to improve the health of people. Of course, our mothers and grandmothers certainly have performed such a role—just think of the “Doctor Mom” seen in recent TV ads.

THE *ENABLE* CHW PROGRAM

In response to the growing numbers of emergency room visits and hospitalizations for preventable complications in patients with diabetes and/or high blood pressure in Maryland, authors of this study proposed copying a program developed in China in the 1950s. In 1991, The Office of Community Pharmacy Programs at the University of Maryland School of Pharmacy established the Community Health Worker Out-

reach (CHW) program. Volunteers were recruited from the neighborhoods of their patients and trained to serve as case managers. These volunteers usually had experience working in the community (in their churches or schools), and were interested in helping others. CHWs were given 60 hours or more of training over a 6-month period.

After training, CHWs began working closely with patients. Meetings were held twice a month to help the CHWs understand their patients' problems and how to best help them. At the first supervision, each CHW was assigned one or two patients. New assignments were added as both the CHW and supervisor felt comfortable. No more than 10 patients were assigned to any CHW. A total of 68 CHWs were selected and trained during the first 3-year period. Thirty-eight CHWs were actively involved in providing services to patients from March 1992 to October 1994. All but one were female and the average age was 59 years. Most had less than 12 years of school.

The CHWs had to build the trust of the patient, helping them to agree to take their medicine regularly and to make and keep appointments with a doctor. These “behaviors” have been shown to improve control of illness, such as diabetes and high blood pressure, that, although they cannot be cured, they can be better controlled to improve their health.

This study found that CHWs were helpful in assisting individuals with disease to understand the disease, take their medicines, and see a doctor regularly. The patients visited by the CHWs had fewer visits to the emergency room and fewer were admitted to the hospital than others not receiving CHW help.

The study showed that not only did the CHWs help patients understand what they had to do to help themselves to better health, but the program also saved almost \$3,000 over the three year period for each patient “treated” by a CHW. This neighbor-helping-neighbor concept was a win-win program. It saved much pain and suffering—and healthcare dollars so that more persons could be helped.