

# Impact of Community Health Worker Intervention on Addressing Patient-, Institutional-, and Community-level Barriers to Primary Care in a Safety Net Setting

Emily Y. Chang<sup>1</sup>, Savanna Carson, PhD<sup>3</sup>, Clemens Hong, MD<sup>2</sup>, Heidi Behforouz, MD<sup>2</sup>, Jenebah Lewis, LCSW<sup>2</sup>, Ami Shah, MPH<sup>2</sup>, Sheba George, PhD<sup>4</sup>, Lydia Dixon, PhD<sup>5</sup>, Courtney Porter<sup>3</sup>, Maria Morales<sup>3</sup>, Stefanie Vassar, MS<sup>3</sup>, Arleen Brown, MD, PhD<sup>1,3</sup>

<sup>1</sup>UCLA David Geffen School of Medicine, <sup>2</sup>Los Angeles County Department of Health Services (LAC DHS), <sup>3</sup>UCLA CTSI Community Engagement & Research Program, <sup>4</sup>Charles R. Drew University of Medicine and Science, <sup>5</sup>California State University Channel Islands

## Background

- Safety-net hospital systems serve as critical sites of primary care for low-income patients where medically and socially complex patients disproportionately face barriers to care.
- The Care Connections Program embedded community health workers (CHWs) in 7 primary care clinics in the Los Angeles County Department of Health Services (LAC DHS).
- Through clinic, home, and phone visits, CHWs helped patients with health system navigation, medication review, health coaching, care transitions, and linkages to community resources.

## Objectives/Aims

- Explore patient-identified barriers to care in safety-net primary care.
- Understand the potential role of CHWs in addressing barriers to care for socially and medically complex patients.

## Methods

- Five focus groups with patients and CHWs were conducted to obtain perspectives regarding barriers and facilitators to accessing care and the impact of CHWs on their engagement in care.
- Two focus groups were conducted in English (n=12) and three were conducted in Spanish (n=12), in Spring 2018.

## Analysis

- Qualitative analysis was performed on CHW and patient focus groups using a reflexive six-phase thematic analysis approach.<sup>1-2</sup>

## Results

- CHWs and patients described multiple CHW-mediated mechanisms to reduce or influence barriers to primary care engagement on a patient-, institutional, and community level.
- CHW intervention improved patient level engagement through health coaching, linkage to social resources, and patient empowerment (Box 1).
- CHWs addressed system level barriers by optimizing visits through improved patient-provider communication, increased continuity of care, and counteracting perceived discrimination or unequal treatment through advocacy (Box 2).
- CHWs linked patients to community resources but limitations existed for influencing entrenched community-level barriers to primary care (Box 3).

## Conclusions

- CHWs can address multilevel barriers to primary care faced by medically and socially complex patients.
- These mechanisms have the potential to expand and augment existing conceptual models of CHW impact.
- Further work is needed to examine the relative effectiveness of these different CHW mechanism on the individual, health system, and community barriers in primary care and understand the long-term impact on patients and health systems.

## References

1. Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology*. 2006;3(2):77-101.
2. Braun V, Clarke V, Hayfield N, Terry G. Thematic Analysis. In: Liamputtong P, ed. *Handbook of Research Methods in Health Social Sciences*. Singapore: Springer Singapore; 2019:843-860.

### Box 1: Impact of CHWs on patient level barriers

*“In the past, we didn’t trust them [the physicians] because we didn’t know how the doctor would react due to the way we talked, but now I feel more confident and trust my doctor. I can now ask questions. I didn’t ask any questions before because I felt embarrassed. She [the CHW] told me, “You don’t have to feel embarrassed. Speak up. Ask questions. That’s their job.”*

*“[The CHW] also helped me to improve my self-esteem. There is a time when you think you just don’t want to continue. And she has helped to increase my self-esteem, she talked with me and she used the phrase ‘let’s do’ and you feel that she is accompanying you in this effort and she tells you, “Your family needs you.” They make you feel there is something important for you to continue living.”*

*“[The CHW] gave me the insight on how medications work and how they would work for me if I allowed them to, because I wasn’t really stopping to think about that. I just thought it was a bunch of junk the doctor was giving me.”*

### Box 2: Impact of CHWs on institutional level barriers

*“Like I said, if something is wrong or if I feel sick, I would call [the CHW] and she would try to make an appointment with my primary care doctor as soon as possible. Otherwise, she would try to schedule an appointment with another doctor who can see me right away. She has helped me a lot with that, but I didn’t know about the appointments over the phone until now.”*

*“Mainly because when we go to see the doctor alone – yesterday I went to see the doctor alone and I had to wait six hours. When I go with [the CHW] I see the doctor in 30 minutes.”*

*“I didn’t care the way he [my doctor] was speaking to me, you know? And I’m trying to tell him, and he talks to me like I’m a child, and I know that I’m in bad health, but it’s just the way you say things. Yeah, [the CHW] she was in the room with me to witness. And when I went to the bathroom or something, I think she talked to him too and he kind of tried to clean it up a little bit, you know.”*

### Box 3: Impact of CHWs on community level barriers

*“[The CHW] got me to the food pantry and the transportation. And, and she gave me some kind of, a, uh, list, you know, on how to shop and, you know, being on budgets and, you know, the income and all of that.”*

*“They have programs here to do yoga. [The CHW] lets me know when a new program is available. She would contact me to see if I want to go, which are free of cost. She is always keeping track of those kinds of things.”*