

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

Submission Id: 7004

Title

Implementation Evaluation of a Community Health Worker Program for Patients with Type 2 Diabetes or Hypertension

Priority 1 (Research Category)

Dissemination and implementation research

Presenters

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Abstract

Context: Disparities in type 2 diabetes mellitus (T2D) and hypertension (HTN) control are well-described. Community health worker (CHW) interventions show promising outcomes for T2D and HTN control particularly among low income and historically marginalized patients. However, studies on the generalizability and implementation of CHW interventions in clinical and community settings are limited. Objective: Evaluate the implementation of a CHW program and its impact on the control of T2D and HTN outcomes among patients with social vulnerabilities. Study Design: Retrospective, mixed-methods study evaluating the implementation of a CHW intervention using Reach, Effectiveness, Adoption, Implementation, Maintenance (RE-AIM). Setting: 3 primary care clinics in SW Virginia. Population Studied: Adult patients with T2D and/or HTN. Intervention: Exposure to a CHW vs. usual care. Outcome Measures: R) Demographics and social vulnerability index (SVI) of patients with at least one CHW encounter and those without CHW encounters compared using student's t-test and chi-squared test. E) Patients were matched using propensity score to compare Last hemoglobin A1c (A1C) and systolic/diastolic blood pressures (SBP, DBP) at baseline and six-months in CHW-exposed vs. propensity score matched patients. A) Themes from referring clinician focus groups. I) Number of CHW encounters were compared to program goals. M) Themes from semi-structured interviews with patients. Results: 10,509 unique patients with T2D and/or HTN visited the primary care clinics. R) Of these, the 551 patients exposed to a CHW tended to be younger, female, insured by Medicaid, live in a higher SVI area, work full time or were unemployed, or identified as Black and/or African American or Hispanic and Latino. E) No significant difference was found for A1C, SBP, and DBP control for matched patients, but there was a significant difference (58% CHW vs 57.2% usual care, $p < 0.04$) in A1C control (<9%) among White patients when stratified by race. A) Clinicians preferred warm-hand offs when referring patients and typically referred medically and socially complex patients to CHWs. I) There was a mean of 2.8 CHW

encounters and mean engagement of 32.8 days compared to program goal of 120 days. M) Patients exposed to a CHW expressed the value of the social and emotional support CHWs provided. Conclusions: Our findings will inform future best practices for the implementation of CHW interventions in primary care settings.

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