Richmond City Health District (RCHD), Bon Secours Richmond City Hospital (RCH), and Virginia Commonwealth Universities (VCU) Department of Health Behavior Policy (HBP): Partnering with Community Health Workers (CHW) to Improve Community Health Outcomes and Reduce Emergency Department (ED) Use

Anita M. Kumar, MPH  
*Virginia Commonwealth University*

Stephanie Toney, RN BSN

Tamera Langhorne, MBA CHW

Bassan Dahman, Ph.D.

Follow this and additional works at: https://scholarscompass.vcu.edu/gradposters

Part of the Medicine and Health Sciences Commons

Kumar, MPH, Anita M.; Toney, RN BSN, Stephanie; Langhorne, MBA CHW, Tamera; and Dahman, Ph.D., Bassan, "Richmond City Health District (RCHD), Bon Secours Richmond City Hospital (RCH), and Virginia Commonwealth Universities (VCU) Department of Health Behavior Policy (HBP): Partnering with Community Health Workers (CHW) to Improve Community Health Outcomes and Reduce Emergency Department (ED) Use" (2020). *Graduate Research Posters*. Poster 97.  
https://scholarscompass.vcu.edu/gradposters/97

This Poster is brought to you for free and open access by the Graduate School at VCU Scholars Compass. It has been accepted for inclusion in Graduate Research Posters by an authorized administrator of VCU Scholars Compass. For more information, please contact libcompass@vcu.edu.
Introduction

- Inappropriate and frequent ED use is a key contributor to the overall rising cost of healthcare in America.
- Inappropriate ED use often includes patients with non-emergent or primary care physician treatable health issues.
- Frequent ED use accounts for under 5% of the ED population but is responsible for up to 20% of the visits.
- Social Determinants of Health are a common thread among frequent and inappropriate ED users.

The Richmond City Health District and Richmond City Hospital pilot study aimed to implement processes allowing the Community Health Worker program to initiate outreach to improve health knowledge and outcomes and to reduce non-emergent ED use by addressing key social determinants of health in eight public housing areas.

Methods

- Randomized experimental pre-post design to assess the differences in outcomes between intervention and control groups both before and during exposure to the intervention program.
- High Utilizers were defined as study participants with 2 or more visits in the Pre-Intervention Period.
- Data Collection:
  - Richmond City Hospital ED Visit date, charges, and diagnosis codes.
  - Treatment Group Surveys at baseline, midpoint, and post-intervention.
  - Community Health Worker Encounters, ED follow-up, social support referrals.
- Process for the Community Health Worker ED Follow-Up and Social Supports Intervention.

Results

- McNemar Test: Significant change in the percentage of respondents reporting access to care.

Conclusion

- Collaborations between hospitals and community health worker programs may be a viable path to mitigating the high cost associated with frequent ED use.
- Notifying RCHD of participants visits to the ED created an opportunity for CHWs to reach out to community residents soon after an ED visit to educate participants on appropriate ED use and offer assistance with access to care, as well as, social and economic supports.
- Improving access to care, acquiring the necessary social and economic supports, and the general healthy living and chronic disease knowledge gained by the participants resulted in health outcomes and ED utilization improvements which should also be reflected in the long-term.

Acknowledgements

Richmond Memorial Health Foundation for funding.
Certified Community Health Workers, Richmond City Health District.
Stephanie Carrington, Ivy Bell, Patrice Shelton, Shanteny Jackson, Alante Cannon, Keandra Holloway, Sherrell Thompson.
Yangyang Deng for helping with programing and statistical analyses.