

COMMUNITY HEALTH WORKERS IN RURAL AND FRONTIER AMERICA



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Throughout the world CHWs have been an integral part of healthcare delivery in rural and frontier areas.



ACA implementation and rising interest in health equity has heightened interest in the USA to integrate CHWs into the healthcare delivery system.

WHAT DOES THIS MEAN FOR RURAL AND FRONTIER COMMUNITIES?

- CHWs assure the geographic equity of the service system.
- Unique CHW interventions may be required to meet rural/frontier population needs.
- Establish local capacity to allow CHWs to provide effective, high quality interventions.
- Establish payment systems that do not depend on volume (e.g. fee-for-service).
- Recognize the full continuum of CHW services, including health promotion, management and care coordination (from healthy to severely unhealthy).

CHALLENGES

- Integration with care teams (team members are often outside of rural/frontier communities)
- Transportation needs of patients and CHWs
- Access to training to meet state/organizational requirements
- Supervision
- Evaluating effectiveness
- Computer literacy
- Peer support
- Generalists vs specialties
- Community vs. clinic

