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Targeting the Non-Clinical Needs of Older Adults through the Integration of Community Health Workers into Primary Care: Final Evaluation Findings

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INTRODUCTION

- Interdisciplinary home visit teams with Community Health Workers (CHWs) were established in 6 primary care offices.
- CHWs identified non-clinical needs and facilitated linkages to community resources in geriatric patients (aged 60 or older) during home visits.
- After more than 3 years of implementation, CHWs performed nearly 1,700 home visits.
- This presentation reports the impact of CHW home visits on geriatric patients' health care service utilization.

METHODS

- A one-group pretest-posttest evaluation of health care service utilization was performed using data retrieved from the electronic medical record.
- ED visits and hospitalizations were measured 6 months and 12 months pre- and post-enrollment.
- Pre- and post-enrollment service utilization medians were compared using non-parametric Wilcoxon signed-ranked tests due to highlyskewed distributions. A p-value of <0.05 was considered to be statistically significant.

RESULTS

Table 1. Cumulative ED Visits Pre-Post Enrollment in Geriatric Patients (n=326).

Pre-Post Enrollment Period	Pre- Enrollment	Post- Enrollment	Absolute Change	Relative Change
6 months	225	196	-29	-13%
12 months	327	366	+39	+12%

Table 2. Cumulative Hospital Admissions Pre-Post Enrollment in Geriatric Patients (n=326).

Pre-Post Enrollment Period	Pre- Enrollment	Post- Enrollment	Absolute Change	Relative Change
6 months	82	78	-4	-5%
12 months	120	132	+12	+10%

Table 3. Wilcoxon Signed-Ranks Test Results for Pre-Post Enrollment Health Service Utilization

	6-Month Pre-Post Enrollment		12-Month Pre-Post Enrollment	
	Z Statistic	P-Value	Z Statistic	P-Value
ED Visits*	-1.613	.107	-1.200	.230
Hospital Admissions*	454	.650	427	.669

^{*}Service utilization medians were zero for 6 months and 12 months pre- and post-enrollment.

DISCUSSION

- Slight reductions in ED visits and hospitalizations were observed in the short-term but utilization increased after the 6-month post-enrollment period.
- Analyses indicated that service utilization medians before and after enrollment were not statistically different.
- Service utilization may not be a good measure of the impact of CHWs on geriatric patients' health outcomes. Other outcome measures should be considered to evaluate the impact of CHW programs, such as quality of life and patient engagement.

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