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UNDERSTANDING AND FACILITATING RURAL HEALTH TRANSFORMATION.

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StratisHealth

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Rural Innovation Profile

Using Community Connectors to Improve Access

What: Lay community members connect Medicaid-eligible seniors and adults with physical disabilities with home and community-based services so they can continue to live safely in their homes or in the community.

Who: Community Connector Program, Tri County Rural Health Network, Inc., Helena, Arkansas.

How: Creating nontraditional partnerships and establishing ongoing funding.

Key Points

- Establish nontraditional partnerships and seek connections to community resources to develop cost-effective approaches to comprehensive patient-centered care and access.
- Conduct ongoing evaluation activities to measure outcomes, including financial impact/return on investment.
- Engage lay community members who have a long-term commitment to the community and its people, and are trusted sources of information and advice.
- Maintain strong leaders who develop and inspire program staff and community partners.

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The Community Connector Program was established by Tri County Rural Health Network, Inc., in Helena, Arkansas. The program's success is the result of listening to the community and being dedicated and committed to building nontraditional partnerships among state agencies, an economic development entity, a national funder, community partners, and a university.

The aim of the Community Connector Program is to increase access to home and community-based services by creating alternatives to institutionalized living and improving the quality of life for elderly and adults with physical disabilities while maintaining or decreasing costs. The program employs 25 "community connectors," who are full-time, nontraditional community health workers, and leaders within their communities. Community connectors are laypersons who, though they often lack professional training, have special knowledge and expertise about their communities. They are trusted by, and connected to, people in their communities and can connect community members with local health and social services. Community connectors help individuals and their families to access personal care, home modifications, durable medical equipment, and/or other community services.

"We live here with the people and if they need help, we help them."

Naomi Cottoms, Executive Director, Tri County Rural Health Network

Community connectors work out of small satellite offices, publicizing their services by setting up information tables at special events (e.g., parades and community gatherings) or local businesses (e.g., a supermarket), going door-to-door, taking referrals from health care providers, and handing out brochures. Since the community connectors are known and trusted in the community, they motivate and encourage people to seek and obtain needed services.

The Community Connector Program operates in 15 counties of the Mississippi Delta in Arkansas. The program is led by an executive director (also one of the program's founders and visionaries), managed by an eight-member administrative team, and governed by a board of directors. The executive director's leadership skills, commitment, and ability inspire both her team and those in other organizations, and have been instrumental in the program's success. Board members are elected for five-year terms and represent the communities served.

Funding for the Community Connector Program has evolved over time. A pilot of the program was first supported by the Mid-Delta Community Consortium (MDCC) as part of the Arkansas Delta Rural Development Network (ADRDN) with funds from the Health Resources and Services Administration. From 2005 to 2008, a three-county demonstration of the program was funded by the Robert Wood Johnson Foundation, with matching funds from Arkansas Medicaid through a partnership with the Arkansas Department of Human Services. The Fay W. Boozman College of Public Health at the University of Arkansas for Medical Sciences facilitated the funding partnerships. Using its experience and established relationships with the funders, the University brought them together to accomplish complementary goals.

"A good leader is someone who develops the capacity of all team members and who inspires them."

Dr. M. Kate Stewart, University of Arkansas For Medical Sciences, College of Public Health

- The Robert Wood Johnson Foundation's interest in funding the project was to increase primary care access in rural areas.
- The College of Public Health received funding from the Enterprise Corporation for the Delta to evaluate the program. This organization wanted to create a source of employment and a living wage for people who do not have traditional degrees/professional certifications.
- Medicaid was seeking ways to increase use of home and community-based services for long-term care.
- And MDCC/ADRDN was investing in community-driven health improvement.

To fulfill the goals of the demonstration, the project narrowed its focus to serving Medicaid-eligible elderly and people with disabilities. Although the project aimed for net neutrality in its funding, the return on investment was $3 for every $1 invested, or a 23.8 percent average reduction in annual Medicaid spending per participant, for a total reduction in spending of $2.619 million over the three-year pilot.[1] Based on these cost savings, the program secured ongoing funding from Medicaid to expand into 15 counties in the Delta, and is now part of the state's Medicaid budget.

The Community Connector Program is developing additional program components, such as the In-Person Assisters Program that helps individuals enroll in health insurance marketplaces, established under the Affordable Care Act. The program also envisions expansion into additional areas.

[1]Holly C. Felix, Glen P. Mays, M. Kathryn Stewart, Naomi Cottoms, and Mary Olson. Medicaid Savings Resulted When Community Health Workers Matched Those with Needs to Home and Community Care. Health Affairs, 30, no.7 (2011):1366-1374.

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