

Community Health Workers Annotated Bibliography

Cost-Effectiveness and Sustainability of CHWs

Columbia University Center for Community Health Partnerships & Center for Primary Care at Morehouse School of Medicine (2010). Financing community health workers: Why and how. *Public Sector Consultants Inc.*, Lansing, MI.

A review of 5 successful community health worker programs was conducted in an effort to recommend reasons and ways to finance such efforts with stable funding approaches. The programs reviewed include Denver Health's Community Voices, the Ingham County Community Voices (Michigan), the University of New Mexico School of Medicine and Molina Health Care of New Mexico, Ohio's Community Health Access Project, and New York's Community Premier Plus. Each program is described in detail, including the rationale and methodology and the next steps toward financing CHWs. From summarizing these five organizations, three essential factors are identified as necessary within organizations hoping to allow CHWs to compete for scarce resources: analytical capacity, community and organizational 'will', and the recognition and use of mainstream funding.

Rosenthal, E.L., Brownstein, J.N., Rush, C.H., Hirsch, G.R., Willaert, A.M., Scott, J.R. ... Fox, D.J. (2010). Community health workers: Part of the solution. *Health Affairs*, 29:7, 1338 – 1342.

Experts Lee Rosenthal and Carl Rush, along with others, explain why the Affordable Care Act creates an incentive for increasing the number and scope of CHWs in the U.S. In addition to a general background on the roles, responsibilities, contributions, and state actions related to CHWs, they also review the programs in Massachusetts and Minnesota, which are leading the way with their comprehensive CHW networks. Several policy recommendations are made, including to find sustainable financing for CHW services, and to create workforce development resources, occupational regulations, and guidelines for outcome evaluations. Additionally, four principles to follow are identified, including to promote and support the participation and leadership of CHWs in policies that will affect them, minimize the barriers to training and employment of the workers, allow and encourage providers to contract with community-based organizations, and to incorporate the full range of CHW roles and competencies in the positions for these workers.

Johnson, D., Saavedra, P., Sun, E., Stageman, A., Grovet, D., Alfero, C. ... Kaufman, A. (2011). Community Health Workers and Medicaid Managed Care in New Mexico. *Journal of Community Health*. doi: 10.1007/s10900-011-9484-1

Molina Health Care of New Mexico (MHNM) partnered with the Community Access to Resources and Education in New Mexico (CARENEM) and the University of New Mexico

Health Sciences Center (UNM HSC) to determine whether a partnership that incorporated CHWs would help achieve their joint goals of providing health insurance to hard-to-reach people or groups, especially those who regularly used hospital emergency departments for non-urgent needs. Six CHWs were employed to reach 448 patients for a 25-month study. Findings showed that after the intervention, the overall decrease in cost was \$2,044,465 post-intervention compared to pre-intervention.

Viswanathan, M., Kraschnewski, J.L., Nishikawa, B., Morgan, L.C., Honeycutt, A.A., Thieda, P. ... Jonas, D.E. (2010). Outcomes and costs of community health worker interventions: A systematic review. *Medical Care*, 48 (9), 792-808.

A systematic review was conducted to examine general outcomes of CHW intervention effectiveness in five key areas: knowledge, behavior, satisfaction, health outcomes, and utilization. In addition to the five general outcome areas reviewed, this paper also addressed the costs associated with implementing CHW interventions. Overall, the paper's authors found considerable gaps in the growing CHW literature: first, there are few articles addressing whether CHWs have an effect on closing the knowledge gaps of their patients; second, there is sparse literature that measures patient satisfaction with CHW interventions. Additionally, future research is needed in the area of costs related to implementing CHW interventions and returns on investments of such programs.

Whitley, E.M., Everhart, R.M., & Wright, R.A. (2006). Measuring return on investment of outreach by community health workers. *Journal of Health Care for the Poor and Underserved*, 17 (1), 6-15.

The goal of measuring the return on investment related to the use of community health workers was reached by creating a pre-post method study, following a group of patients for a total of 18 months. Findings showed that those patients involved in the study increased their number of health care visits; however, the increase came from primary care and medical specialty visits while urgent care, behavioral health, and inpatient visits all decreased significantly. Total charges related to health care visits dropped by nearly \$300,000, with a total ROI of 2.28:1. Policy recommendations as a result of these findings included the importance of clearly defining the roles of CHWs, having trainings and certifications for CHWs, and identifying mainstream funding for CHWs instead of relying on soft monies.

Alvillar, M., Quinlan, J., Rush, C. H., & Dudley, D. J. (2011). Recommendations for developing and sustaining community health workers. *Journal of Healthcare for the Poor and Underserved*, 22(2011): 745-750.

A Community Health Workers summit was held January 2010 in San Antonio, Texas with 65 local CHWs, health policy experts, and insurance providers. Out of the summit and the follow-up meetings, four main areas of policy recommendations were argued to be the most important to developing a sustainable CHW workforce at the national level:

defining the CHW workforce, creating training standards for patient navigators, evaluating the financial benefit of integrating CHWs into existing systems through cost/benefit analyses, and pursuing strategies for reimbursement of CHW services from major third-party payers. Additionally, local recommendations were made, which included outreach, education, and creating local support networks to help integrate CHWs into the workforce, with the goal of developing and creating standards for the local CHW population.