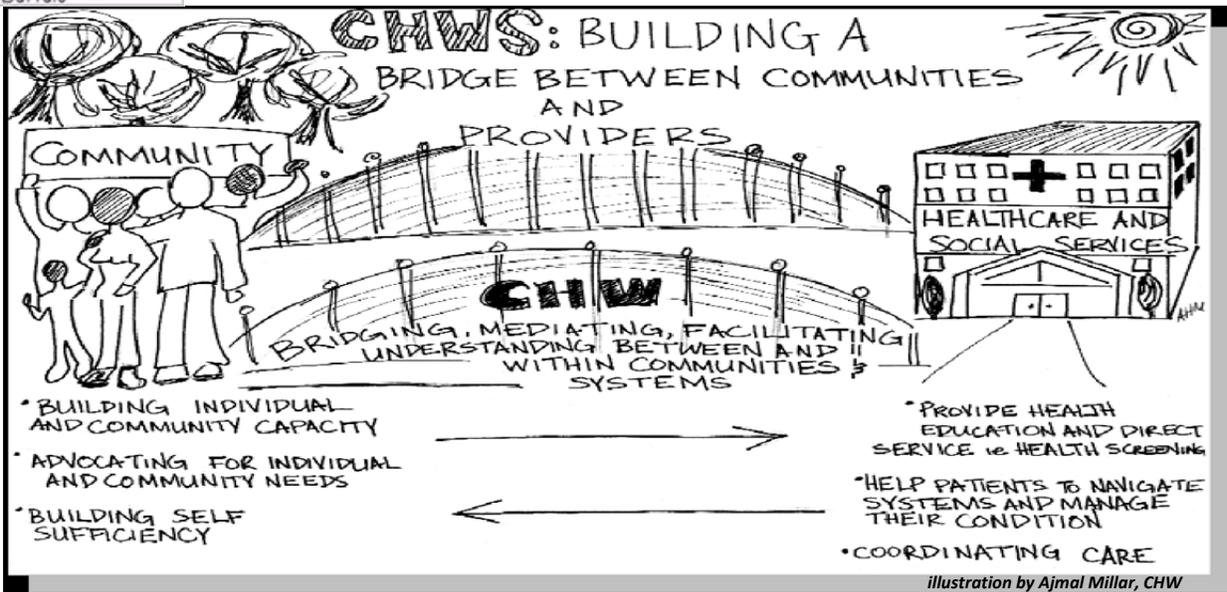


Community Health Workers

A cost effective solution for individual and community health



Community Health Workers are a proven way to improve health outcomes while reducing costs by addressing the social determinants of health.

This article describes several dimensions of this cost effectiveness, thereby making the **business case for the employment of Community Health Workers.**

What is a Community Health Worker?

Community Health Workers (CHWs) go by many names, including outreach workers, patient navigators, peer health educators, and lay health advocates. CHWs help people overcome obstacles by accompanying them through treatment, monitoring needs for food and housing, leading education campaigns, and empowering community members to take charge of their own health. As members of the communities they serve, CHWs establish relationships of trust with those they serve, bridging the gap between the clinic and community.¹ Community Health Workers embrace a holistic conception of health, working not only in health care, but also with the social determinants of health such as poverty, education, and housing. CHWs make connections between individuals, communities, and systems. CHWs help build individual and community capacity through a range of activities such as outreach, health education, home visiting, community organizing, informal counseling, social support, translation/interpretation and advocacy.² As of 2005, there were over 120,000 CHWs in the United States, working in a wide variety of settings, ranging from hospitals to churches, from neighborhood centers to schools.³

What are some roles that CHWs serve?

- Providing cultural mediation between communities and health and human services systems
- Providing informal counseling and social support
- Providing culturally appropriate health education
- Advocating for individual and community needs
- Ensuring that people obtain necessary services
- Building individual and community capacity
- Providing basic direct services⁴

The Business Case for Community Health Workers (October 2014) was compiled by Renee Cadzow, PhD and Jessica Bauer Walker, BA, CHW with input from the Community Health Worker Network Academic Advisory Council composed of experts from colleges, universities, health care institutions, and the Erie County Department of Health. For more information, go to <http://chwbuffalo.org>.



The Business Case for Community Health Workers

Hiring frontline workers of and from the communities they serve who address social determinants of health makes good economic sense!

Communities that have Community Health Workers

Have happier and healthier community members

Spend less time and money treating illness

Hiring Community Health Workers in your Agency/Institution SAVES MONEY and IMPROVES OUTCOMES. Here's how:

HEALTH CARE

CHWs help to improve access, quality, and coordination of care

- **Reduced use of hospital emergency department^{5,6}**
Community residents become aware of resources other than the emergency room to meet health care needs. One study found that CHWs linking people to primary care, social services, and other prevention resources resulted in a **\$2.38 ROI for every dollar** invested with the CHWs.
- **Access to health/disease screening⁷**
Community outreach efforts target underserved community residents and help link them to disease screening and prevention, and to facilitate early awareness of health problems and link to needed treatments.
- **Improves transitions of care⁵**
Improves the quality of hospital discharge and helps controlling recurrent readmissions in high risk patients.
- **Better adherence to medical advice^{8,9}**
Community residents receive assistance in getting to doctor's visits, filling prescriptions, understanding prescription dosage, and communicating with their doctors. Overall, CHWs enhance patient trust. In one study, CHWs working with people with diabetes resulted in a 38% reduction in emergency room visits leading to a 27% drop in Medicaid costs for the patients. Each CHW was responsible for **\$80,000 to \$90,000 dollars** in savings.⁹

WORKFORCE

CHW work is an ideal door for non-traditional students and unskilled workers to come through

- **Job opportunities for community members with lower educational attainment and/or limited English proficiency¹⁰⁻¹²**
Community members who may be considered "under-qualified" for most jobs actually make ideal CHW candidates, because they have much in common with the community.
Often people with limited formal education are funneled into difficult and low wage jobs like home health aides and nursing assistants. CHW work is another option, and can be designed with tracks for other careers and educational advancement.

Want to learn more? See the references cited and much more data to support hiring CHWs in your organization at <http://chwbuffalo.org>!

EDUCATION

Parents and students are ideally positioned to be CHWs through their peer-to-peer relationships with families

- **Better parent engagement in child school/learning environment¹³**
Parents in the community are encouraged and supported to become engaged and active participants in their child's learning and school environment.
- **School districts better meet the academic and non-academic needs of their students¹⁴**
CHWs help **promote health education** and facilitate policy change regarding the need for children to be active, eat well, and be physically and emotionally safe in order to perform well academically. Education, health, income are extremely interconnected, and schools integrating public health practices is smart prevention strategy for population health and a more productive society.

HOUSING, MENTAL HEALTH, SUBSTANCE ABUSE, PRENATAL CARE AND MORE!

Community members who have dealt personally with these issues are excellent candidates for CHWs

- **Improved access to safe housing^{15,16}**
CHWs first and foremost address basic needs of housing, food, and safety. It is well established that once community members are in safe places to live they are more able to address other social determinants of poor health and well-being. This results in fewer arrests, days in jail, injuries, emergency room visits, and nights spent in the hospital. Programs that link homeless people to housing have been found to save taxpayers **upwards of \$1.8 million**.
- **Linkage to substance abuse treatment services^{17,18}**
Community outreach targets high risk community residents to assist them in finding safe places to live followed by treatment for addiction and its associated complications.
- **Linkage to mental health services^{15,19-21}**
CHWs meet community residents "where they are" and help them acquire basic needs for survival and well-being. They also help secure treatment for mental health issues that often accompany poverty, discrimination, and violence.
- **Improved birth outcomes^{22,23}**
Mothers and families in the community receive assistance to maximize chances for healthy pregnancies, births, and children and increase spacing between pregnancies.



The Business Case for Community Health Workers
Hiring frontline workers of and from the communities they serve who address social determinants of health makes good economic sense!

References

1. Partners in Health. www.pih.org, 2012.
2. Rosenthal EL, et al. *The Final Report of the National Community Health Advisor Study: Weaving the Future* Tucson: University of Arizona 1998.
3. Rosenthal EL, Brownstein JN, Rush CH, et al. Community health workers: part of the solution. *Health Affairs*. Jul 2010;29(7):1338-1342.
4. Community Health Worker Section. *American Public Health Association*. 2010.
5. Kangovi S, Mitra N, Grande D, et al. Patient-centered community health worker intervention to improve posthospital outcomes: a randomized clinical trial. *JAMA Internal Medicine*. Apr 2014;174(4):535-543.
6. Wells KJ, Luque JS, Miladinovic B, et al. Do community health worker interventions improve rates of screening mammography in the United States? A systematic review. *Cancer epidemiology, biomarkers & prevention : a publication of the American Association for Cancer Research, cosponsored by the American Society of Preventive Oncology*. Aug 2011;20(8):1580-1598.
7. Whitley EM, Everhart RM, Wright RA. Measuring return on investment of outreach by community health workers. *Journal of Health Care for the Poor and Underserved*. Feb 2006;17(1 Suppl):6-15.
8. Pew Health Professions Commission. *Community health workers: integral yet often overlooked members of the health care workforce*. Pew Health Professions Commission, Center for the Health Professions, University of California, San Francisco; 1994.
9. Fedder DO, Chang RJ, Curry S, Nichols G. The effectiveness of a community health worker outreach program on healthcare utilization of west Baltimore City Medicaid patients with diabetes, with or without hypertension. *Ethnicity & Disease*. Winter 2003;13(1):22-27.
10. The Earth Institute. *One Million Community Health Workers: Technical Task Survey Report*. Columbia University, New York, NY: The Earth Institute; June 9 2011.
11. Lerman RI, Skidmore F. Helping Low-Wage Workers: Policies for the Future. Paper presented at: Urban Institute- Future Work: Trends and Challenges for Work in the 21st Century 1999; Washington, D.C.
12. Tucker CM, Odedina F. *The University of Florida-Florida A&M University Community Health Workers Research and Training Institute*. The University of Florida-Florida A&M University Community Health Workers Research and Training Institute; 2014.
13. Chrzanowski D, Rans S, Thompson R. *Building Mutually-Beneficial Relationships Between Schools and Communities: The Role of a Connector*. Evanston, IL: Asset Based Community Development Institute at Northwestern University 2010.
14. School Based Health Alliance - Redefining Health for Kids and Teens. Community Health Worker Reference Center 2014. Accessed May 6, 2014.
15. Chen FP. Developing community support for homeless people with mental illness in transition. *Community Mental Health Journal*. Jul 2014;50(5):520-530.
16. Price M. Study: Charlotte's apartments for homeless save money. *The Charlotte Observer* 2014; Local News.
17. Allan J. Engaging primary health care workers in drug and alcohol and mental health interventions: challenges for service delivery in rural and remote Australia. *Australian Journal of Primary Health*. 2010;16(4):311-318.
18. Dixon L, Stewart B, Krauss N, Robbins J, Hackman A, Lehman A. The participation of families of homeless persons with severe mental illness in an outreach intervention. *Community Mental Health Journal*. Jun 1998;34(3):251-259.
19. Cabral L, Strother H, Muhr K, Sefton L, Savageau J. Clarifying the role of the mental health peer specialist in Massachusetts, USA: insights from peer specialists, supervisors and clients. *Health & Social Care in the Community*. Jan 2014;22(1):104-112.
20. Pitt V, Lowe D, Hill S, et al. Consumer-providers of care for adult clients of statutory mental health services. *The Cochrane Database of Systematic Reviews*. 2013;3:CD004807.
21. Walker G, Bryant W. Peer support in adult mental health services: a metasynthesis of qualitative findings. *Psychiatric Rehabilitation Journal*. Mar 2013;36(1):28-34.
22. Godecker AL, Harrison PA, Sidebottom AC. Nurse versus community health worker identification of psychosocial risks in pregnancy through a structured interview. *Journal of Health Care for the Poor and Underserved*. Nov 2013;24(4):1574-1585.
23. Roman LA, Lindsay JK, Moore JS, et al. Addressing mental health and stress in Medicaid-insured pregnant women using a nurse-community health worker home visiting team. *Public Health Nursing*. May-Jun 2007;24(3):239-248.