

# COMMUNITY HEALTH WORKERS: *Essential to the success of health reform*

## Community health workers (CHWs)...

- Connect hard-to-reach individuals to health, public health, and human services.
- Reflect the diversity of the communities they serve.
- Have at least 50 different job titles; Work at health centers, community and faith based organizations, and hospitals; Pursue the following activities:
  - ⇒ Health system navigation
  - ⇒ Outreach
  - ⇒ Health education
  - ⇒ Client advocacy

“Community health workers are cost-effective, often resulting in improved health, more visits for preventative and primary care (and less for costly urgent care) and fewer hospitalizations, all of which translate into cost savings.”

— *National Conference of State Legislatures, 2008 Policy Brief*<sup>1</sup>

## How do CHWs contribute to healthy communities?<sup>1, 2</sup>

### *Increase Access to Health Care by:*

- Enrolling clients in and help them maintain health insurance coverage.
- Ensuring clients utilize primary and preventive care.

### *Improve Health Care Quality by:*

- Helping clients navigate complex health and human service systems.
- Contributing to improved health literacy, patient engagement, and patient outcomes.

### *Increase Health Equity by:*

- Delivering culturally and linguistically appropriate services.
- Addressing social, environmental and economic barriers to health.

**Support H4130 to strengthen  
health system and the CHW field.**

<sup>1</sup> Kristine Goodwin and Laura Tobler, *Community Health Workers: Expanding the Scope of the Health Care Delivery System* (Washington, D.C.: National Conference of State Legislatures, 2008).

<sup>2</sup> Massachusetts DPH Community Health Worker Advisory Council, *Community Health Workers in Massachusetts: Improving Health Care and Public Health* (Boston, MA: Massachusetts Department of Public Health, 2010).

# Examples of Research Evidence for Community Health Worker Cost Effectiveness <sup>1</sup>

## ***The Effectiveness of a Community Health Worker Outreach Program on Healthcare Utilization of West Baltimore City Medicaid Patients with Diabetes, with or without Hypertension:*** <sup>2</sup>

- In this study a CHW intervention program resulted in average savings of \$2,245.00 per patient, and a total savings of \$262,080.00 for 117 patients, along with improved quality of life

## ***Measuring Return on Investment of Outreach by Community Health Workers:*** <sup>3</sup>

- A Denver Health Study of 590 men in a CHW case management intervention shows increased use of primary and specialty care, and reduced use of urgent care, in-patient, and out-patient behavioral health care use. The return on investment (program costs vs. overall reduced costs of care) was 2.28:1.

## ***The Seattle-King County Healthy Homes Project: A Randomized, Controlled Trial of a Community Health Worker Intervention to Decrease Exposure to Indoor Asthma Triggers:*** <sup>4</sup>

- CHWs in the program—who delivered services in clients' homes--helped improve caregivers' quality of life, and reduced asthma symptoms and related urgent care services use among low income children and children on Medicaid significantly more than for those patients who only received the usual care.
- The projected four year net savings per individual participant in the Seattle King County Healthy Homes Program, ranged from \$189-\$721.

1. Described in more detail in the Massachusetts DPH Community Health Worker Advisory Council Report, *Community Health Workers in Massachusetts: Improving Health Care and Public Health* (Boston, MA: Massachusetts Department of Public Health, 2010). [http://www.mass.gov/Eeohhs2/docs/dph/com\\_health/com\\_health\\_workers/legislature\\_report.pdf](http://www.mass.gov/Eeohhs2/docs/dph/com_health/com_health_workers/legislature_report.pdf)
2. Fedder DO, et al. 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 and Disease*. 2003;13(1):22-7. Retrospective comparison study.
3. Whitley EM, et al. Measuring return on investment of outreach by community health workers. *J Health Care Poor Underserved*. 2006;17(1):6-15.
4. Krieger, JW et al. The Seattle-King County Healthy Homes Project: a randomized, controlled trial of a community health worker intervention to decrease exposure to indoor asthma triggers. *Am J of Pub Hlth*. 2005;95 (4):652- 659.