

Community Health Workers: Integral Members of the Health Care Work Force

ABSTRACT

As the US health care system strives to function efficiently, encourage preventive and primary care, improve quality, and overcome nonfinancial barriers to care, the potential exists for community health workers to further these goals. Community health workers can increase access to care and facilitate appropriate use of health resources by providing outreach and cultural linkages between communities and delivery systems; reduce costs by providing health education, screening, detection, and basic emergency care; and improve quality by contributing to patient-provider communication, continuity of care, and consumer protection. Information sharing, program support, program evaluation, and continuing education are needed to expand the use of community health workers and better integrate them into the health care delivery system. (*Am J Public Health.* 1995;85:1055-1058)

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Introduction

Current national and state health care reform efforts have resulted in many proposals for restructuring the delivery and financing of care.¹ These efforts to rationalize and streamline the health care system have uncovered the need for a health care work force armed with the knowledge, skills, and attitudes to successfully implement change.² As health care delivery systems make primary and preventive care their principal organizing structures and are increasingly held accountable for health outcomes, they will be under pressure to identify and address nonfinancial barriers to care. This will require providers able to understand these barriers and to assimilate a variety of cultures, languages, and health beliefs into their practices.³ To date, health work force reform initiatives have largely focused on the mix, training, and distribution of primary care providers.^{3,4} An important but largely overlooked member of the health care work force is the community health worker.

Background

There is no single accepted definition of a community health worker or of any of the other titles commonly applied to lay health providers.⁵⁻⁷ We define community health workers broadly as community members who work almost exclusively in community settings and who serve as connectors between health care consumers and providers to promote health among groups that have traditionally lacked access to adequate care. By identifying community problems, developing innovative solutions, and translating them into practice, community health workers can respond creatively to local needs.

The essential concept of community health work—empowering community members to identify their own needs and implement their own solutions—is not new in the United States.⁸⁻¹² During the 1960s, the federal government supported community health worker programs as a vehicle for expanding access to health care for underserved communities. Since 1968, the Indian Health Service has supported the only categorical community health worker program in states with large Native American populations.¹¹ Federal and state grants to community-based health programs continue to support community health worker programs. Legislation pending in Congress would authorize a new grant program to support community health worker programs in medically underserved areas.¹³

Limited data exist on the number, use, scope of work, and funding of community health worker programs in the United States. A variety of health promotion and medical care programs in this country have used lay or peer workers recruited from local communities. A recent national survey identified community health worker programs operating in every state (K. Clarke, written communi-

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cation, August 1994). Historically, partnerships have formed with community-based care systems such as community and migrant health centers, homeless health care programs, and public health departments.¹² More recently, community health worker programs have developed partnerships with academic medical centers and managed care organizations¹⁴⁻¹⁷ (S. Graham, written communication, October 1993).

The type and length of community health worker training depend on the range of services provided. Training periods vary from weeks to 6 or more months and usually combine lectures with supervised field experiences. Community health aides in Alaska, for instance, participate in a standardized curriculum to learn how to perform basic emergency care, provide patient education, and conduct prenatal and well-child checks.¹¹ Community health workers can be volunteers or paid workers. Typically, community health worker programs receive funding from multiple agencies, and these funds are used to support program management, instructor salaries, clerical services, and training materials.

Contributions of Community Health Workers in the United States

The contributions of community health workers to the delivery of primary and preventive care in the United States can be assessed by the impact of these individuals on health care access, quality, and cost.

Increasing Access to Health Care

As community, ethnic group, and family members, community health workers can translate health and system information into the community's language and value system.⁶ Working largely in underserved areas and with high-risk populations, they can facilitate health care access through outreach, health promotion, and disease prevention services. Evaluations of maternal and child health programs have demonstrated that community health workers can successfully teach concepts of primary or secondary prevention and improve access to prenatal care.¹⁸⁻²³ They have been shown to effectively link mentally ill persons and those at risk for human immunodeficiency virus (HIV) infection to needed services.²⁴⁻²⁶ At least one managed care organization has used community health

workers to increase access to preventive care for its Medicaid enrollees.^{14,15}

Improving the Quality of Care

Community health workers can facilitate community participation in the health system and educate providers about community health needs, cultural relevance, and outcomes of care.^{6,9,11,12,16,17} With the community as their main constituency, they can also promote consumer protection and advocacy.

As part of a comprehensive team, community health workers can contribute to the continuity, coordination, and overall quality of care. Also, they can facilitate appointment keeping^{14-18,21,22,27} and increase compliance with prescribed regimens.¹⁴⁻¹⁸ Their role in health education and outreach can contribute significantly to increased detection of breast and cervical cancer,²⁸ improved childhood immunization rates,²⁰ decreased rates of infant mortality and low birth-weight,^{18,19,21,23} hypertension control,³⁰ and smoking cessation.^{24,29,31} In managed care settings, as mentioned earlier, community health workers have contributed to greater use of preventive and primary care services by Medicaid enrollees.^{14,15}

Reducing the Costs of Care

Community health workers potentially offer a cost-effective mechanism to promote the appropriate use of health care resources. In comparison with other health care providers, they are relatively inexpensive to train, hire, and supervise.⁶ Since many community health worker programs depend on volunteers, labor costs are further reduced. Most important, however, is the potential savings generated from the services community health workers can provide. As extensions of the primary care team, they can prevent unnecessary reliance on costly emergency department and specialty services.¹⁴⁻¹⁶

Broader Social Contributions

In addition to their direct role in health care, community health workers can further other social agendas by contributing to community empowerment and growth. Community health worker programs can enable low-skilled unemployed workers and welfare recipients to pursue a new occupation and career advancement. These programs could also be tied to national service programs and high school enrichment programs, allowing young people exposure to health careers. Community health worker pro-

grams can also assist health profession schools in better preparing their graduates for the realities of practice.¹⁷

Characteristics of Successful Community Health Worker Programs

Although no single community health worker model is applicable to all communities and circumstances, international and domestic studies have identified common characteristics of successful programs.^{6,8,9,12,32-36} In these contexts, success has been measured by completion of program objectives, program sustainability, or impact on health care access, cost, and quality.

Community health worker programs should be based in, and should be reflective of, the community served. In practical terms, such programs should continually assess community health needs and demographics, hire staff from the community who reflect the linguistic and cultural diversity of the population served, and promote shared decision making among the program's governing body, staff, and community health workers. The curriculum should incorporate scientific knowledge about preventive and basic medical care, yet relate these ideas to local issues and cultural traditions. The programs should have established partnerships and referral protocols with community-based health and social service agencies. They should also provide opportunities for career mobility and professional development. Finally, sustained resources should be available to support the program.^{6,8,9,12,32-36}

Barriers to the Expanded Use of Community Health Workers

The benefits of community health workers have primarily been recognized in connection with the needs of poor, underserved, minority, and high-risk populations. There are several important barriers that have contributed to the relative lack of use of such workers by the health care delivery system as a whole. First among these barriers is the lack of a standard definition and conceptualization of who community health workers are and what they do.⁵ Although a single definition may not adequately capture the diversity among community health worker programs, consensus on a working definition is needed. Workers' varied scope of practice and level of training, as well as

concerns about the quality of care they provide, must also be addressed.

The lack of legitimacy granted to community health workers by degreed health professionals is another barrier to the expanded use of these individuals. Concerns about the quality of care provided can stymie the development of community health worker programs. Furthermore, the media and popular culture often reinforce the dominant paradigm of professionalism in health care delivery.³⁷

The lack of secure funding and dependence on multiple sources pose a continuous threat to community health worker programs and hinder their ability to conduct rigorous evaluations.¹³ Until their value in other settings has been demonstrated, these programs will largely remain a province of community-based systems of care with explicit missions to serve such populations.

Recommendations for Strengthening and Expanding the Use of Community Health Workers

The current health care reform environment presents a valuable opportunity to acknowledge and capitalize on the contributions of community health workers. The following recommendations are intended to overcome barriers, build on program strengths, better integrate community health workers into the health care delivery system, and empirically document the contributions of they make.

In presenting these recommendations, we wish to warn policymakers about the potential risks inherent in building a formal infrastructure for community health worker programs. Although such support can offer financial and other securities, it can also threaten what makes community health workers unique and effective. The strength of the programs appears to be their flexibility to provide innovative solutions and adapt to changing community health needs and circumstances. Imposing rigid structures and restrictions may inhibit innovation and flexibility, thereby minimizing the effectiveness of programs.

Information Sharing and Technical Assistance

The experiences of existing programs should be disseminated to policymakers, health care delivery organizations, and developing programs. As an initial step, a national forum of community health worker programs would facilitate this

exchange. A national clearinghouse would be an invaluable resource for tracking and cataloging model programs, curricula in specific areas, potential funding sources, and program evaluations.

Program and Training Support

A community health worker/community partnerships grant program with funds from federal and/or private sources would expand and strengthen existing programs as well as create new ones. Funds could encourage innovative partnerships between communities and diverse health care delivery systems and be used to support staff, curriculum development, training, evaluation, and information dissemination. Community health worker programs could also serve as vital resources for recruiting community members into health-related careers.

Basic Research and Program Evaluation

Documenting the role that community health workers play in facilitating better access to health care, lowering health care costs, and improving health outcomes is essential to further defining the roles of these workers in a reformed health system. The federal government should fund basic research on community health workers, including randomized trials of community health worker interventions such as those currently being supported by the National Heart, Lung and Blood Institute and the National Center for Nursing Research (L. Bone, written communication, October 1993).

Continuing Education and Career Advancement

It is essential to provide community health workers with opportunities for continuing education, professional recognition, and career advancement. Access to educational scholarships and low-interest loans would help foster continuing education and career development.

Conclusion

In a health care system largely focused on acute care needs, the community-oriented approach of community health workers must not be overlooked as a strategy for expanding access, reducing costs, and improving quality. Community health workers have an important role to play as the health care system strives to function efficiently, encourage preventive and primary care, and accommodate

previously underserved populations. An investment in new community health worker programs, technical and financial support to strengthen existing programs, and broad dissemination of the capabilities of community health workers are needed to expand their recognition and use as integral members of the health care work force. □

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