

Review of Literature: Community Health Workers

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## **Introduction**

Community health workers (CHW) play an essential role in providing basic health care services to underserved populations. The United Nations Sustainable Goals include good health and well-being for the people of the world. The goal of achieving a reduction in premature deaths due to non-communicable diseases by one-third by the year 2030 will necessitate the cooperation and collaboration of various stakeholders. Health care systems and health care practitioners, local, state, and federal governments, and non-governmental organizations must work with members of the community willing and able to help translate goals into actions. On January 28, 2019, the World Health Organization (WHO) released a resolution supporting the use of community health worker's roles in delivering primary health care. The WHO has developed guidelines to support nations in their creation and investment in a community-based workforce. The WHO encourages a diverse mix of community health workers and mid-level health workers to work in conjunction with health care professionals to best address the health care needs of communities. They encourage health care delivery systems to improve the design, implementation, interventions, and evaluations of CHWs to optimize their contributions to universal health coverage. CHWs are often the first link in the health care chain of services. They play an important part in achieving health care equity among all populations as well as fulfilling a social service role. However, the vital work done by these individuals cannot be accomplished without acknowledging their important contributions and by empowering them in their roles. They must be facilitated in communicating and interacting with the health care systems, provided support and all necessary resources, educated, trained, and properly supervised, and provided appropriate and stable remuneration. CHWs are unable to effectively serve their communities

when they find themselves in a precarious employment situation. CHWs cannot empower communities unless they, too, are empowered.

### **The History of Community Health Workers**

In 1989, the World Health Organization defined community health workers as being members of the community where they work, selected by and answerable to those communities, be trained to provide the needed services, and be supported by, but not necessarily part of, the organized health care system. (Lehmann,2007) Community health workers (CHW) have played an integral role in fulfilling the health care needs of communities for centuries. In 2014, Wilcox described how archeologists in Egypt found evidence of governmental health care services provided to the community. In the ancient world, doctors and midwives attended women in the community through the perinatal and post-natal periods. (Gazzaniga,2000) A paper by Perry (2013) details CHWs in Russia, in the late 1800s, called Feldhsers. These workers were trained to provide basic healthcare to communities in rural areas. In China in the 1920s, “farmer doctors”, the precursors of the barefoot doctors of the 1950s through 1970s, were trained to bring healthcare to the population of rural China. (Xu, 2017) In the 1960s and 1970s CHW programs were developed in a number of nations, primarily in Latin America as well as parts of Africa and Asia. The Alma Ata Declaration by the World Health Organization in 1978, included community health workers as essential in responding to the healthcare needs of a community. (Lehmann,2007) During the early years of the HIV epidemic, as described by Tulenko (2013), existing networks of CHWs were crucial in reaching out to the communities devastated by the unknown disease. They were able to collect data on the affected communities that assisted in determining the mode of transmission and provided care and support to patients and the community.

## **Effectiveness of Community Health Workers**

Community health workers can effectively address the needs of the communities they serve. They are especially useful among sub-populations, marginalized groups, and in rural, underserved areas. They play a vital role in surveilling communities for infectious diseases, monitoring the effectiveness of health care interventions, and decreasing the utilization of emergency and specialty services. (U.S. Department of Health and Human Services, 2014)

Findley's research (2012) showed that CHWs provide crucial education to communities regarding nutrition, exercise, tobacco cessation, HIV and other STDs, pre-natal and post-natal care, and child and elder care. In 2018, Han demonstrated that interventions within communities struggling with HIV has been shown to result in improved psychosocial outcomes. The 2017 study by Jack found that CHWs may lower costs and increase efficiency in delivering health services. Integrating these workers into chronic care management has been found to be cost-effective. In 2014, Perry's study found that CHWs are able to expand family-planning services and increase the rate of health screenings among underserved populations. They are able to complement the health care workforce bridging the gap between health care facilities and practitioners and communities. (Olaniran, 2017) In areas served by CHWs there are demonstrable increases in health outcomes. Research by London (2017) noted that they increase communication between individuals and health care practitioners, increase the quality of life among those they serve, decrease costs, decrease missed work days within the community, and increase productivity in the population served. CHWs show a positive return on investment. CHWs were found to increase accessibility to basic care and there is robust evidence that the interventions of CHMs can improve health outcomes, most notably in the area of children's

health. (Lehmann,2007) Research by Miller (2018) and Milsome (2017) found that the input of CHWs in the battle against Ebola helped break the chain of transmission in affected communities. These workers continued to deliver their services to pregnant women and children despite the risks to themselves. The two researchers note that the CHWs role in addressing the outbreak would have been facilitated if they had been included in the health system's development of a response to the disease and had received additional support and adequate resources. The World Health Organization notes that CHWs are highly effective in increasing vaccination rates, rates of breast feeding, improving tuberculosis treatment outcomes, and reducing childhood morbidity and mortality. (Tulenکو, 2013) CHWs have been determined to be cost-effective across a variety of interventions. The Center for Disease Control (2018) has shown a return on investment of \$2.00 for every \$1.00 spent and savings to Medicaid programs. The World Health Organization has found cost-effectiveness of CHWs to be as high as 10:1. CHW programs have been found to be cost-effective in an array of studies. (Christiansen,2017)

### **Community Health Workers and Precarious Employment**

Many CHWs are unpaid or paid only for brief periods of time. Their status is often unclear, to the community and the workers themselves. The lack of a defined salary, lack of benefits, and undetermined length of employment results in financial and personal insecurity. This role in a precarious employment situation has negative consequences for both the workers, their families and the communities in which they work. In 2016, Benach found that the use of temporary or contract workers had increased since the 2008 recession. In addition, decreased protections for workers, the lessened influence of labor unions, and continued deregulation of business has hindered the effectiveness of CHWs. This type of employment has resulted in difficulty in

defining the role of CHWs within the larger health care system. (Malcarney,2017) In 2014, Benach noted that precarious work has been found to result in increased self-reports of stress in workers, complaints of frequent and prolonged illnesses, increased use of prescription psychotropic medications, increased complaint so sleep disturbances, increased use of health care services, increased call outs for sick days, decreased productivity, and an increase in employees working while ill. Research by Vives (2013) found that multiple studies have linked individuals employed in precarious work situations with reports of poor mental health, a key social determinant of health. A study by Brunie (2018) found that poor mental health is related to feelings of powerlessness and insecurity. He added that those working in precarious employment situations report low financial savings. Additional studies by Moscone (2016) and Fernandez (2018) demonstrated that job insecurity impacts mental health, increases depression, decreases satisfaction with life, and results in emotional and mental exhaustion. Precarious employment has been found to be an important social determinant for the development of mental health problems among previously mentally healthy young workers. (Canivet,2016) A 2008 Canadian study by Lewchuk, found that job insecurity and limited support from employers lead to poor health indicators. CHWs unable to financially support themselves and their families and fearing their position to be temporary, will not be fully vested in their employment. The community where they serve will be unable to form the necessary bonds of trust with them if they are not fully committed to their positions. (Grant,2017)

Community health workers play an essential role in delivering basic health care services to underserved communities. They are able to link populations to the health care system and health care professionals. Their role in increasing vaccination rates, reducing maternal and child

morbidity and mortality, surveilling for new and reemerging infectious diseases, increasing health screenings, educating communities in health issues, and helping communities manage both acute and chronic health conditions cannot be understated. These vital players in the health care delivery system must be credited for their contributions. If they are to be maximally utilized they must be treated as equitable partners in delivering health care to communities in need. In order for these dedicated workers to achieve the desired goal of a healthier community, they must have a sense of job security, a living income, and a voice in their role as the link between their community and the health care stakeholders.

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