

Community Health Workers Annotated Bibliography

Rural Community Health Worker Programs

Schoenberg, N.E., Howell, B.M., & Fields, N. (2012). Community strategies to address cancer disparities in Appalachian Kentucky. *Fam Community Health*, 35:1, 31-43.

In order to address the disparities in healthcare related to living in rural and remote locations, researchers attempted to determine what strategies would reduce negative health outcomes and increase preventative cancer screenings in Appalachian Kentucky. Focus groups were held at local churches, which all community members were invited to attend. From these focus groups, three challenges were noted for members of rural communities: 1) inadequate awareness of the need to screen, 2) insufficient access to screening services, and 3) concerns over lack of privacy. Suggestions to help address these challenges were also noted, including the use of lay health advisors to share personal stories and 'witness' to their community about what screenings were available at different times, how to travel to and from screenings, and what to expect from providers. Additionally, story-telling by cancer survivors or those who had undergone the screenings was mentioned as an effective method to increase awareness and decrease privacy concerns. Other suggestions included 'bundling' screening services, giving community members the day off in order to get appropriate preventative care, and making awareness-raising literature available in places other than health clinics, such as churches, schools, and libraries.

Hunter, J.B., Guernsey de Zapien, J., Papenfuss, M, Fernandez, M.L., Meister, J., & Giuliano, A.R. (2004). The impact of a *promotora* on increasing routine chronic disease prevention among women aged 40 and older at the U.S.-Mexico border. *Health Education & Behavior*, 31(4), 18S-28S.

Hispanic women over the age of 40 who live near the U.S.-Mexican border were the target of this intervention. Women were enrolled in the study and randomized into control and experimental groups. Both groups had a comprehensive preventative health exam at the beginning of the study. Those in the control group received a postcard reminder when their follow-up appointment was scheduled. Those in the experimental group received the postcard reminder as well as a visit from a local community health worker who helped the women schedule their appointments and addressed any other concerns related to keeping their follow-up appointment. Those women in the experimental group were 35% more likely to return for their follow-up appointment, with rates of 65% making their appointment as opposed to only 48% of women in the control group. As a result of these findings, the researchers suggested that incorporating CHWs into primary care practice could be a way to reach women with limited access to

health care. Additionally, the authors suggested that CHWs receive careful training related to services offered in the surrounding areas, transportation options, and skills in maintaining confidentiality.

Infante, A., Knudsen, A., & Brown, A. (2011). Promising practices for rural community health worker programs. *Walsh Center for Rural Health Analysis, Y-Series, No. 1.*

The HRSA Federal Office of Rural Health Policy has funded rural communities to create community health worker programs as part of the 330A Outreach Authority Program. As these funds become available, it is necessary that those involved in creating and implementing rural CHW programs know what has worked in the past. This study examines different rural CHW programs described in the academic literature and makes recommendations in order to ensure that programs receiving funding follow best practices. Six different roles for CHWs were found to be effective in rural communities, including *promotoras*, members of the care delivery team, care coordinators, health educators, outreach and enrollment agents, community organizers and capacity builders. Certain liabilities were found to be more present and difficult to overcome in rural CHW programs, including the need to transport patients in the CHW's car, and the safety of the CHW as he or she travels to remote locations. Additionally, programs that were the most successful had used the CHW's input in the evaluation design, especially if the results were shared with the CHW regularly. Finally, sustainability of CHW programs is a barrier that the rural community may be more equipped to handle than the urban community, as there is a general culture of groups cooperating in order to achieve results. Many CHWs were able to find sustainable financing and funding through the support of local coalitions and consortiums that often donated in-kind resources like vehicles and cell phones to ensure CHW safety, especially after CHW programs were viewed as effective by the community.

Horner, S.D., & Fouladi, R.T. (2008). Improvement of rural children's asthma self-management skills by lay-health educators. *Journal of School Health, 78:9, 506-513.*

As asthma affects 13.9% of children ages 5-14, it is necessary to develop self-management tools catered to this population. This study enrolled 183 rural children enrolled in 2nd through 5th grades in Texas, equally divided into Caucasian, Hispanic, and African-American groups. Those enrolled in the control group had weekly lessons on general health topics, such as washing hands, brushing teeth, nutrition and exercise, while those in the experimental group received weekly lessons in asthma causes, triggers, and self-management. Both the control and the experimental courses were delivered by volunteer lay-health educators, who followed a curriculum designed for children. As a result of this intervention, those students who received asthma education lessons had a 10% increase in scores from pre-test to post-test, as opposed to a 5% increase by those children in the control group. Additionally, children in the experimental group reported better skills in

self-management throughout the year compared with no change for those in the control group. Finally, children in the experimental group also experienced a statistically significant increase in self-efficacy scores compared to the control group. Overall, the study shows that asthma-education, delivered by lay-health workers, is an effective way to increase self-management for rural children of various ethnicities.

Gammonley, D. (2006). A lay helper intervention for rural elders with severe mental illness. *Social Work and Mental Health, 4*(4).

Rural elders with a history of severe mental illness were matched with rural elders without mental illness in an attempt to determine if the increased social interaction given would reduce the symptoms of mental illness. The intervention consisted of a 12-hour training program for the lay helpers prior to a year of interventions, occurring at about 20 hours per month per patient. All adults enrolled in the program completed it successfully, and none of the experimental group had either mental-illness nor physical health related issues throughout the year. However, because of the small sample size (only 10 enrolled in the experimental group), it was very difficult to determine whether the intervention led to these numbers or not. Recommendations include conducting the same experiment with a much larger sample size and training lay helpers in how to handle chronic health issues of their patients, as many comorbidities exist among both elderly and the mentally ill populations.

Arcury, T.A., Marin, A., Snively, B.M., Hernandez-Pelletier, M., & Quandt, S.A. (2009). Reducing farmworker residential pesticide exposure: Evaluation of a lay health advisor intervention. *Health Promotion Practice, 10*:3, 447-455.

Rural farmworkers generally have higher levels of pesticide exposure, which can lead to negative health outcomes. In an attempt to educate the female heads of households within rural agricultural areas, a lay health advisor curriculum was delivered. Using a pre-post test intervention, women in the exposure group were taught about the harmful effects of pesticides, how a household could be better protected, and behavioral changes that could reduce the amount of exposure. Women randomized into the control group were given nutrition counseling for the test period. As a result of the intervention, those women in the exposure group increased their knowledge of pesticide-related health issues and were able to identify the key messages at follow-up. However, there was uncertainty among this group that they would be able to make the changes they learned about, especially in attempting to change the behavior of other adults – especially men – in the household. Recommendations include incorporating more culturally-sensitive tailoring to such interventions, addressing self-efficacy issues, and bringing men into the interventions for maximum impact. Additionally, policies related to housing codes need to be considered, as this is one of the most effective ways to protect

against pesticide exposure and is not within the realm of possibility for most farmworkers to change on their own.

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