Building a National Research Agenda for the Community Health Worker Field
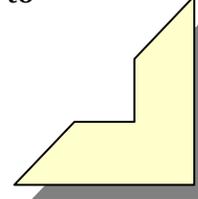
an Executive Summary of Proceedings from
"Focus on the Future," an Invitational Conference

Community Resources, LLC
San Antonio, Texas

October 2007

Further comments and commitments are welcome. Please send all comments to
Community Resources LLC, P.O. Box 5533, San Antonio, TX 78201, or by email to
carl@chrllc.net.

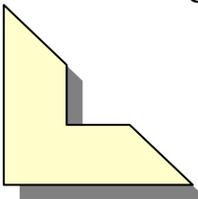# *Building a National Research Agenda for the Community Health Worker Field*

an Executive Summary of Proceedings from
"Focus on the Future," an Invitational Conference
January 26-27, 2007

a Report by
Community Resources, LLC
San Antonio, Texas

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<div align="center">

Maria Álvarez de López
Gail Ballester
Nell Brownstein
César Hernández
Teresa Hines
Sara Hoverter
Melissa Knox
Sergio Matos
Lynne McIntyre
Stacey Millett
Dannie Ritchie
Lee Rosenthal
Jack Tenenbaum
Jacqueline Scott
Lisa Renee Siciliano
Sue Swider
Anne Willaert

</div>

Preface
From the Conference Planning Committee

At a time of growing interest in the emerging occupation of Community Health Worker (CHW), much is still not clearly known about CHWs' potential to improve the lives of underserved communities and to make public programs more effective. The processes by which CHWs engage community members and produce positive change are still not completely understood.

This document summarizes the results of a unique and rich dialogue during a two-day conference, in which for the first time a diverse group of individuals including CHWs, researchers and other stakeholders produced and prioritized a set of research questions about CHWs. That set of questions is the true heart of a potential research agenda. The full conference report, including background materials and a more complete record of the conference discussion, will be available in hard copy and online through www.chrllc.net.

The conference also surfaced issues about the identity and philosophy of CHWs, and the question of whether conventional cost-effectiveness studies, using focused interventions on a medical model, can ever adequately reflect CHWs' impact. Reasonable people differ on the boundaries of the CHW field, and whether volunteers and culturally distinct groups like *Promotores de Salud* belong within or outside those boundaries.

The purpose of a "research agenda" is not to declare or influence what the future of CHWs should be, but to help clarify what information is needed about CHWs in order for the field to fulfill its potential, and in order to meet the needs of funders, policymakers and employers as well as CHWs.

We also hope that all interested parties will use this document as a tool for discussion about the future of CHWs. It is important that all stakeholders hear the perspective of CHWs about *how* research is conducted about CHWs. This conference was a milestone in opening that dialogue. We hope that the new American Association of CHWs (AACHW), along with state and local CHW networks, will carry forward the dialogue with other stakeholders, and that this document will be helpful for that purpose.

Purpose of this Document

This document is the result of an invitational conference in January 2007, the first ever to bring together Community Health Workers (CHWs), top researchers and other stakeholders to discuss research needs in the CHW field and to draft a proposed research agenda regarding CHWs. This effort began as a means to remedy the perceived shortage of conclusive data on the nature of the CHW workforce and its cost-effectiveness. That "evidence gap" is believed to hamper current efforts to incorporate CHWs more effectively in public policy and in employment and funding decisions in the private and public sectors. This document is intended to encourage public and private funders to underwrite specific research studies in this field, laying the groundwork for policy changes to support larger roles for CHWs in population health and community capacity-building; it is also intended to encourage CHWs and researchers to undertake such research.

Definition of CHW

The CHW Special Primary Interest Group of the American Public Health Association submitted the following proposed definition to the federal Bureau of Labor Statistics in 2006:

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

Conference goals

The "Focus on the Future" conference was intended to:
- Identify and prioritize key research data (questions) needed to establish the CHW field as an occupational group whose roles, value and workforce needs are widely understood and accepted within the health care system;
- Identify methodological and data quality standards for these research questions in order to meet decision criteria for public and private funders to invest more assertively in CHW services, and
- Build individual and collective commitment to the proposed research agenda to advance the field of CHWs.

Origins of the Conference

Research for a national workforce study on CHWs for the U.S. Health Resources and Services Administration (HRSA) in 2005-2006 included an extensive examination of CHW literature since the 1960s, focusing particularly on nine literature reviews published since 2000. Despite a large volume of published research on CHWs, limitations were clearly apparent, such as: (a) methodological problems, (b) lack of evaluation or publication of results of many ongoing programs, (c) lack of research measuring cost effectiveness or clinical outcomes and (d) few studies comparing CHW effectiveness with other methods or professions producing similar outcomes.

The California Endowment agreed at the end of 2005 to commit the first financial support to a research agenda conference, in the hope that a research agenda with broad support would help to close the "evidence gap" for the CHW field. A Planning Committee was empanelled and staffed by Carl Rush, then of the New Jersey CHW Institute, and Dr. Lee Rosenthal of the University of Texas at El Paso.

In preparation for the Conference, briefing materials were assembled, including the summary of recent literature reviews prepared for HRSA and a research agenda on CHWs proposed in 2004 by the USDHHS Office of Minority Health and Agency for Healthcare Research and Quality as part of a research agenda on cultural competence in 2004. The Planning Committee reviewed and prioritized a list of invitees in three categories: CHWs (20%), Researchers (40%) and Other Stakeholders (40%, mainly funders, policymakers and employers). A total of 72 individuals attended.

Conference process: drafting an initial set of questions

As part of pre-conference preparation, participants voted on an initial set of broad Topic Areas for CHW research, designed to help organize small-group discussion at the conference. Six of the Topic Areas appeared to draw the broadest support. Small groups were organized around these six Topic Areas for the initial brainstorming sessions on specific questions, plus one group open to all remaining topics. These groups produced a total of 164 specific research questions. On the second day of the conference, participants voted again to prioritize the lists of questions.

The following **research themes** can be identified from the outcomes of this process:

1. What is the impact of CHWs on clinical outcomes? Does it differ by the type of intervention used by the CHW? Do interventions including CHWs produce greater impact than similar interventions *without* CHWs?

2. What is the impact of CHWs on *intermediate* outcomes, such as access to care and increases in social capital?

3. What is the process through which CHW activities result in outcomes? What aspects/models of CHW interventions lead to what outcomes? How do processes and outcomes differ between volunteer and paid CHWs?

4. What is the cost-effectiveness/return on investment of CHW programs and interventions?

5. How can CHWs be more effectively integrated into the healthcare system, and into leadership roles in research?

6. What skills and personal attributes are most essential to CHW effectiveness?

A complete set of research questions produced by the conference appears in the full Conference Report. A summarized and edited version of top priority questions from the conference process follows this Executive Summary.

Commitments - **Compromisos**

Numerous commitments (*compromisos* in Spanish) were declared in writing by participants regarding support for the development and promotion of a national research agenda and advancement of the CHW field. These included publications, outreach to the National Association of State Medicaid Directors, and an educational campaign for State legislators.

General Findings and Recommendations of the Conference

Conference participants expressed a number of views on the state of CHW research and preferred conditions for future research activity. Details of all conference commentary are available in the full report and online record of the conference. Some of these points receiving general agreement from the group included the following:

- Community-based participatory research (CBPR)[1] holds promise as a means to engage CHWs, researchers, community members and consumers of research in the research process. Inclusion of CHWs in leadership and partner/collaborator roles from the design stage of research is essential and extremely valuable.

- Researchers should consider a range of methods, both quantitative and qualitative, from multiple disciplines in order to capture the unique and wide-ranging roles, techniques and community environments of the CHW field, including culturally distinct models such as *Promotores de Salud*. Traditional clinical research models are not always adequate for this purpose.

- Research should be targeted to produce findings that are relevant to the needs of policymakers and advocates for the CHW field.

- Research studies must recognize and accommodate the balance in CHW *roles* between advocacy/community action/social support and direct patient/client interventions aimed at specific clinical outcomes. Researchers should also anticipate potential value conflicts for CHWs between their role in research and their desire to respond unconditionally to community and individual needs.

- Research on outcomes and cost-effectiveness from CHW interventions is a priority, but efforts to better understand CHWs' roles and functions, especially in community capacity building, are of similar importance.

[continued on next page]

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[1] "Community-Based Participatory Research in public health is a partnership approach to research that equitably involves community members, organizational representatives, and researchers in all aspects of the research process.[26] In CBPR, all partners contribute their expertise and share responsibilities and ownership of projects designed to enhance understanding of a given phenomenon as well as integrate the knowledge gained with action to improve the health and well-being of community members." (American Public Health Association Policy Statement 2004-12)

- Greater efforts are needed to evaluate *ongoing* programs involving CHWs, which are seldom documented in published literature.

- A standard list of CHW roles/functions should be developed so that projects can be described in common language.

- Standard methods and metrics should be developed for CHW studies to allow comparisons between studies and pooling of data.

- Research is needed on multiple *models* of CHW programs. Examples include paid vs. volunteer CHWs, and CHWs as integral members of the healthcare system vs. acting as advocates and change agents outside the system.

- Researchers and policymakers should only create or support volunteer CHW models when the volunteer structure is essential and integral to the intent and community environment of the project or program; otherwise, paid employment for CHWs is preferred, and inclusion of volunteers purely for the purpose of reducing program costs should be discouraged.

- Researchers, employers and policymakers who choose to create CHW positions with other job titles should acknowledge that these positions are CHWs, to avoid continued fragmentation of the field.

Future activity

Growing interest in CHWs suggests the need for an ongoing process or clearinghouse for past, current and proposed research. The unique interdisciplinary dialogue at this conference produced a rich base of insights which should be shared with public and private decisionmakers. A second gathering of participants to refine and advance this agenda would be very desirable.

FOR MORE INFORMATION

For a copy of the complete conference report, including background materials and the record of research questions in their original form, please contact Community Resources LLC, (210) 745-0560 or toll-free (866) 388-4893, or email carl@chrllc.net. Materials are available as Adobe Acrobat PDF files on the Internet at http://www.famhealth.org/researchagenda.htm

"Focus on the Future"
CONFERENCE PARTICIPANTS[*]

Rosario Alberro, California-Mexico Health Initiative, Univ. of California, Office of the President
María Álvarez de López (CHW), Spectrum Health, Grand Rapids, MI
Angela Anderson, Institute for Diversity in Health Management, American Hospital Association
Veenu Aulakh, California Health Care Foundation
Hector Balcázar Ph.D., University of Texas School of Public Health
Gail Ballester, Massachusetts Dept. of Public Health
Sarita Bhalotra MD, PhD, Heller School for Social Policy and Management, Brandeis University
América Bracho, Latino Health Access, Santa Ana, CA
Ellen Braff-Guajardo, The California Endowment
Carol A. Brownson MSPH, Diabetes Initiative National Program Office, Robert Wood Johnson Foundation
J. Nell Brownstein Ph.D., Centers for Disease Control & Prevention
Graciela Camarena (CHW), Migrant Health Promotion, Progreso, TX
Kimberly Camp, CHRISTUS Health, Houston, TX
Eugenia S. Canaan MALS, HealthPartners Institute for Medical Education, St. Paul, MN
Frank Cantú, HRSA/ORHP Field Director, Dallas
Nuria Ciofalo Ph.D., The California Endowment
Jason Cooke, Principal, Health Management Associates
Jim Cultice, Bureau of Health Professions, USDHHS-HRSA
Shelley Davis, National Center for Farmworker Justice
Isabel Dominguez (CHW), U.C.S.D. Free Clinic, UCSD Department of Family & Preventive Medicine
Eugenia Eng Dr.P.H., MPH, Univ. of North Carolina at Chapel Hill
Angelina Esparza, American Cancer Society
Alma Esquivel (CHW), Vision y Compromiso, Los Angeles, CA
Brent Ewig, MHS, Grantmakers In Health
María Lourdes Fernández (CHW), President, Arizona Community Health Outreach Workers
Durrell J. Fox (CHW), Co-Chair, American Association of CHWs
Shelly Gehshan, National Academy for State Health Policy
Calvin George, National Association of Community Health Centers
César Hernández (CHW), Central Coast Alliance United for a Sustainable Economy, Ventura,
Wandy Hernández (CHW), Chicago Health Connection
Teresa Hines MPH, Texas Tech University Health Science Center

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[*] NOTE: affiliations are listed for identification purposes only, and do not imply endorsement of this report by the institution or organization. Furthermore, this is a report prepared by conference staff at the request of funders based on expert advice of these individuals; and although it has been presented to them individually for review and incorporates comments from some of them individually and in conference calls, it is not a report of these individuals as a group.

Agnes Hinton RD, DrPH, Center for Sustainable Health Outreach, Univ. of
    Southern Mississippi
Sara Hoverter, Harrison Institute for Public Law, Georgetown Law Center
David Hunsaker , President, APS Public Programs, APS Healthcare
Jewelean Jackson (CHW), American Lung Association of Minnesota
Genita Johnson MD, MPH, Harvard School of Public Health
Vicki Karlan, Pfizer Health Solutions
Melissa Knox, Center for the Health Professions, University of California at San
    Francisco
James Krieger MD, MPH, Public Health - Seattle and King County
Harris (Ken) Lampert, MD, CEO, Community Premier Plus Health Plans
Sandra Lopacki, Local Initiative Funding Partners, Robert Wood Johnson
    Foundation
Andrew Lorentine (CHW), Tohono O'odham Department of Health & Human
    Services, Sells, AZ
Konane M. Martinez Ph.D., National Latino Research Center
Sergio Matos (CHW), CHW Network of New York City
Joel Meister Ph.D., University of Arizona
Stacey Millett, Northwest Area Foundation, Saint Paul, MN
Dwyan Y. Monroe, Director, New Jersey CHW Institute, UMDNJ-SOM
Frank I. Moore Ph.D., Univ. of Texas School of Public Health
Eva M. Moya, Texas Health Institute
José Luis Olmedo Vélez (CHW), Comité Cívico del Valle, Brawley, CA
Carol B. Payne, Baltimore Office, U. S. Dept. of Housing and Urban Development
Athena Philis-Tsimikas MD, Ph.D., Whittier Institute for Diabetes, La Jolla, CA
Humberto Ramos, CHRISTUS Spohn Health System, Corpus Christi, TX
Christine C. Reisdorf, Minnesota Department of Human Services
Teresa Rios-Campos (CHW), Community Capacitation Center, Portland, OR
Dianne Ritchie MD, MPH, Transcultural Community Health Initiative, Brown
    University
E. Lee Rosenthal Ph.D., MS, MPH, University of Texas at El Paso
Gloria Sayavedra, Ph.D., California Institute for Rural Studies
Amy Schulz PhD, University of Michigan
Jacqueline R. Scott JD, Center for Sustainable Health Outreach, Harrison
    Institute for Public Law
Lisa Renee Siciliano LSWA (CHW), Massachusetts Association of Community
    Health Workers (MACHW)
Susan Swider PhD, RN, Rush University College of Nursing
Kimbrow Talk (CHW), Diné (Navajo) Nation, Shiprock, NM
Jacob E. Tenenbaum DPA, MPH, HRSA/MCH (ret.)
Laura Tobler, National Conference of State Legislatures
Shin-Ping Tu MD MPH, University of Washington
Adriane Tuttle, PACT Project, Partners in Health, Dorchester, MA
Kathleen Warnick RN, M.S., McKesson Health Solutions
Elizabeth M. Whitley PhD, RN, Director, Community Voices, Denver Health
Anne Willaert, Healthcare Education Industry Partnership, Minnesota State
    University

High Priority Research Questions	Researchers	Other Stakeholders	CHWs	Total

NOTE: questions are grouped under the original Topic Areas considered at the Conference. The percentages of votes cast for that Topic Area's overall importance (shaded boxes next to the Topic Area title). Questions in each Topic Area are listed in descending order by the percent of total votes cast in that Topic Area. Voting results are reported for each stakeholder group as well as the conference as a whole (Total).[2] Topic Area C questions were all merged into other Topic Areas during review.

A. CHW Impact on Health Status	17%	65%	100%	61%
What is the impact of different types of CHW interventions on health outcomes (physical, psychological, social) and disparities?	23%	27%	30%	27%
What is the impact of CHW activities on INTERMEDIATE outcomes on the individual and community levels (social and medical determinants of health, access to health care, quality of care, system reform)?	30%	22%	15%	22%
What process takes place between a CHW and the person with whom he/she works that results in change? Is this process/capability inherent in the attributes of one who becomes a CHW, or can it be learned?	12%	14%	21%	16%

B. CHW Cost-Effectiveness /Return on Investment (ROI)	25%	62%	100%	63%
How do services (including prevention) provided by CHWs impact health care costs short- and long-term?	39%	44%	20%	37%
What is the cost-effectiveness of interventions involving CHWs compared to similar interventions which do NOT involve CHWs?	13%	16%	13%	15%
What is the cost effectiveness of CHWS in reducing missed appointments?	16%	9%	17%	13%
What are the direct and indirect economic contributions of CHWs (cost control, revenue enhancement, multiplier effects in community economic development, improving client economic status, etc.)?	10%	10%	27%	14%
Do benefits/incentives affect CHW effectiveness, work performance?	9%	11%	10%	10%
[ADDED in review] What is the optimal ratio of CHW staffing to size of population served for various CHW functions?				

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[2] "Total" vote percentages include a weighting factor to increase the weight of CHW votes, since there were more participants in each of the other two participant groups. This was not found to have a major impact on ranking of results.

	Researchers	Other Stakeholders	CHWs	Total
D. Building CHW Capacity and Sustaining CHWs on the Job	**58%**	**15%**	**47%**	**39%**
What are the skills and competencies that describe the CHW' functions and scope of practice?	46%	55%	34%	46%
What is the value added of CHWs to the public health workforce, and how do we link this to ongoing efforts to improve the public health workforce?	25%	27%	29%	27%
What are the most successful training methods for CHWs?	8%	15%	14%	13%
[ADDED in review] What are trends in career patterns and job security of CHWs? How do they differ between ongoing programs and shorter-term projects?				

	Researchers	Other Stakeholders	CHWs	Total
E. Funding Options [all are policy/advocacy issues suited for policy studies]	**54%**	**0**	**24%**	**25%**
What are the most promising models for sustainable funding of CHWs that can be replicated? What are barriers to their adoption? What information do funders/policymakers need to implement such models?	58%	51%	61%	57%
What are opportunities and barriers for reimbursement of CHW services through Medicaid? What mechanisms (waivers, State plan amendments, etc.) are available in individual states?	29%	31%	27%	29%
[ADDED IN REVIEW] What is the *demand* for CHWs?				

	Researchers	Other Stakeholders	CHWs	Total
F. CHWs as Community Capacity Builders	**38%**	**27%**	**29%**	**16%**
What are the core competencies of a CHW as a community capacity builder?	53%	37%	45%	44%
What methods do CHWs use to engage residents, institutions and other partners in the community in an effort to build capacity?	28%	41%	42%	38%
How does community capacity-building benefit the different sectors of society (private sector, hospitals, public health services, economy)?	11%	20%	10%	14%

	Researchers	Other Stakeholders	CHWs	Total
G. CHWs Promoting Real Access to Care	**4%**	**12%**	**6%**	**7%**
How effective are CHWs in promoting access to health and social services?	52%	35%	50%	45%
Are CHWs who receive disease specific training better at improving access than CHWs with more general training?	9%	15%	27%	16%
What infrastructure needs to be in place for CHWs to address access to care?	9%	20%	7%	12%
Does including CHWs in the education of health professionals (curriculum content ABOUT CHWs and/or CHWs as teachers) improve access and quality of health care services?	11%	17%	0%	10%
[added in review] What training is needed for CHWs who are asked to serve as interpreters in medical and other encounters?				

NOTE: the remaining questions were removed from their original Topic Areas during the review process and are ranked within the categories shown.

Methodology questions				
What is an appropriate new paradigm for research CHW studies (incorporating spiritual, physical, emotional, human rights, community justice elements) overcome the weakness of "traditional" designs such as medical-model intervention studies in capturing the effects of CHW activity?	20%	16%	35%	25%
How do you isolate the intervention of the CHW from all of the other pieces of the intervention (primary care, specialists, etc.) to identify the effect of the CHW's work?	15%	36%	19%	22%
What standard criteria should be used for the 'base case' (status quo or non-CHW intervention) to compare to a CHW evaluation/intervention?	10%	8%	19%	13%
What are the best measures of the client/patient, provider/supervisor expectations placed on CHWs, and of client/patient, provider/supervisor satisfaction with CHW services?	15%	16%	8%	12%
What are appropriate measures of success for CHW work vs. program goals?	18%	16%	0%	10%

	Researchers	Other Stakeholders	CHWs	Total
Other policy/advocacy issues (potential policy studies)				
What infrastructure/support systems (e.g. employers, trainings, resources, etc.) need to be in place in order for CHWs to function to their full capacity in the community?	28%	33%	17%	25%
What funding models are appropriate to support CHWs in promoting social justice in their communities?	20%	25%	11%	18%
What are the possible models for organizing the CHW field? What is the best leadership structure to advocate for the field? How can this structure be funded?	20%	8%	23%	17%
How can CHWs be better integrated into the healthcare system?	13%	13%	9%	11%

Questions receiving less that 10% of votes cast in their Topic Area

A16. What are the differences in outcomes comparing interventions by CHWs with those of other professionals - social workers, nurses, etc. as care managers, and in other roles? How to they differ in methods used for similar interventions?

A5. How does the degree of similarity between the CHW and the client (language, education, ethnicity, SES, etc.) affect their degree of impact on health outcomes? Is it more important (in determining effectiveness) that the specific interventions they perform? How does what CHWs know about cultural, spiritual practices affect/contribute to their success?

A6. What is the relative impact of CHWs in different cultures or ethnic groups, and how do the interventions differ from or resemble one another? Does this impact vary by health issue (e.g., childhood obesity)? Do they have an impact only with low-income populations?

A20. What factors in the health system itself and in society act as barriers to CHWs' effectiveness in improving outcomes?

A10. What are the client/patient, provider/supervisor expectations placed on CHWs? How satisfied are the client/patient, provider/supervisor with CHW services?

A8. Does the participation of CHWs improve the cultural competency of other health care providers?

A17. Does greater intensity of CHW interventions (scale of program, frequency of contact etc.) increase their effectiveness?

A25. Are CHW interventions more effective than other strategies in retaining participants in programs and studies, especially given the populations (low-income, transitory, marginalized)

that these studies tend to follow? In increasing patient compliance? What are the most effective methods used by CHWs for this purpose?

A11. What kinds of information technology and systems support are most effective in increasing CHWs' impact on health status (e.g., PDAs, laptops, training, supervision)?

A15. Durability of effect - how long does the effect of intervention by the CHW last beyond the intervention itself?

A14. How do you measure the impact on the family of a CHW client?

A24. What is the definition of holistic health? What is the best research paradigm to effectively capture effects of CHWs on health when it is defined holistically?

Topic Area B (E112). Are paid CHW's more or less cost-effective in simiar interventions compared to volunteers?

B83. What is the difference in outcomes and cost-effectiveness between CHWs and other professionals serving as patient navigators?

B32. What CHW activities/interventions are more cost effective than others?

B28a. Do CHW interventions affect costs associated with medication usage?

B28d. What impact do CHW services have on enrollment into public insurance programs, in terms of overall program costs, services provided, recipient health outcomes, costs of uncompensated care etc.?

C73. Is there a difference between male and female CHWs (in various roles) in integrating with/relationship with people in the community?

C79. Is there a difference in CHW impact and the way CHWs provide services between the U.S. and other countries?

C167. What is the impact on the effectiveness of social and health programs when CHW's are involved in program planning?

C168. What are the most effective roles for CHWs in design and implementation of research (e.g. CBPR and Health Disparities)? What evidence will persuade researchers to include CHWs in community-based studies?

D93. Are CHWs themselves more effective in training or capacity building for CHWs compared to non-CHWs? Does CHW training or supervision by other professionals (nurses, doctors etc.) influence the CHW's ultimate effectiveness? [post-conference reviewer comment: in one literature review on hypertension studies involving CHWs, those trained by nurses tended to focus on the same aspects of patient interventions favored by nurses]

D169. What is the impact of credentialing on the CHW field? Does the type of credential and credentialing body have an impact? Does the involvement of CHWs in the design and implementation have an impact? Does linking the credentialing system to an educational ladder have an impact? (Especially for career ladder opportunities)

E104. How can we bundle rates or payment plans support CHWs so they can provide holistic care? If CHW's become reimbursable, does it limit their ability to provide other services needed by community members?

E107. What other large governmental systems (other than health care, e.g. Head Start, Housing Authorities etc.) could fund CHW services?

E111. What is the best way to inform organizations about potential funding sources to support CHW's?

F125. How do research questions change when CHWs are involved in the design and development of the research from its inception? Is there a change in the direction and identification of the goals and outcomes? Are there different values placed on measures of success?

G139. How effective are CHWs in both enrollment AND retention efforts?

G161. How effective are CHWs in recruiting community members to participate in clinical trials? Does this activity compromise their relationship with the community?

G131. Are CHWs volunteers less effective in terms of enabling access than CHWs who are paid?

G160. Does client empowerment by the CHW improve access, or does improved access lead to empowerment?

G164. What is the long term impact of improved access to care - on individuals, population groups, the healthcare system?

G147. Do the culture and belief systems of the population create additional challenges for CHWs trying to improve access to care?

G155. Do HIPAA regulations impede CHWs' efforts to promote access?

G156. Do CHWs enjoy improved access to services themselves as a result of their work, and does that in turn improve their effectiveness?

G134. How do we define access? Are we looking at barriers when defining access?

E113. What kinds of research designs can be developed to take advantage of high-priority needs of the health care system, by identification of crisis points in the system, e.g. drug use?

G136. What are key methods to identify the barriers to health care in a community?

B28c. How do we evaluate the effectiveness of CHWs in variosu roles as a member of an intervention team?

B28d-e. How do we incorporate qualitative measures into quantitative evaluations, particularly as they relate to community impact?

G154. How can Federal, state and local governments most effectively partner with CHWs around efforts to improve access?

B35. Where do CHWs fit in the business model of the healthcare system?
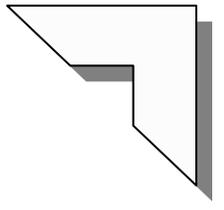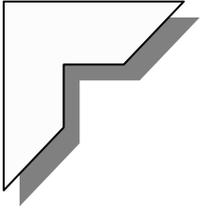
G132. Are there unique core competencies for CHWs involved in improving access?

G129. What kind of population-centered training is necessary for CHWs?

C80. How do we describe CHW job functions for standard occupational classification purposes?

G138. What are roles for CHW to ensure continued access beyond health insurance and quality of care?

G144. What is the role and value of CHWs in community assessment?