



MHP Salud Executive Summary

Promotoras Make Cents: Return-on-Investment Analysis of Community Health Workers

Community Health Workers (CHWs), or *Promotores(as) de Salud*, encompass a wide variety of roles and titles in the public health field, but they always serve as a link between community members and existing local resources.¹⁻⁴ The grassroots nature of CHW work makes it easy to treat outcome evaluation as an afterthought, and simple and effective means of tracking outcomes can be difficult to set up after an outreach program has been initiated. Regardless, growing evidence suggests these programs lead to improved health outcomes and are a cost-effective alternative to other preventative outreach programs.³⁻⁸

One possible method to further evaluate and understand CHW programs' economic impact is a "return on investment" (ROI) analysis, which calculates the total benefit derived from each dollar invested in a program.

As part of its "Promotoras Make Cents" study, MHP Salud partnered with four Federally-Qualified Health Centers (FQHCs) with CHW programs that targeted specific outcomes: Ampla Health, the Community Health Partnership of Illinois, Whittier Street Primary Care, and Franklin Primary Health Center.⁹⁻¹² Financial data was collected for a period unique to each program. Relevant costs for each program included staff and management salary and benefits (including retirement), outreach supplies, event space rental, communications, mileage and vehicle repair, insurance, promotional expenses, and some training. Outcome data was dependent on program aims, but it included health insurance enrollments and changes in A1C, blood pressure, and weight over time.

Results

Ampla Health's health insurance enrollment program was used to determine the estimated change in avoidable hospitalizations based on newly enrolled patients (community level impact) and the average value in services received by these patients for each dollar invested in the program (individual level impact). **Reduction in avoidable hospitalizations resulted in a total return of \$1.68-2.43 for the two combined years of enrollment. The average values of services received by patients was \$36.38 for each dollar invested.** Both of these estimates are based on the impact over the year following enrollment.

Community Health Partnership of Illinois had an education-based program that provided screenings for hypertension and diabetes. Referred patients with follow up appointments were tracked for changes in blood pressure and A1C. **Using two separate methods of estimating the impact of controlled diabetes, the return ranged from \$1.41 (1.25-1.56) to \$1.68 for the combined impact on diabetes and hypertension.** Based on previous research, these estimates are for three years following the initial referral, as diabetes management can cause an initial increase in service utilization, and savings may only become apparent in subsequent years.

About MHP Salud

MHP Salud implements Community Health Worker programs to empower underserved Latino communities and promotes the CHW model nationally as a culturally appropriate strategy to improve health.



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Results (continued)

Whittier Street Health Care ran a health education program that targeted diet, exercise, and mental health. Changes in weight and hypertension were collected for this analysis. For individuals with complete data, which represented less than half of all participants, no changes in weight or blood pressure were statistically significant. Mental health indicators showed improvement, but they were difficult to link with existing research on financial impact. **In short, changes to weight and blood pressure alone were insufficient to calculate ROI in this case.** Possible methods to repeat this analysis would be to monitor enrolled patients for an extended period after the intervention to track changes in medical billing and the use of a control group from existing patients.

Franklin Primary Healthcare’s CHWs focused on patient outreach, referral, and follow up. Advanced outcome analysis proved difficult, however, as all patient-CHW interactions were recorded anonymously. No specific sub-group of patients was targeted, and several other systematic changes occurred at the time that CHWs were introduced. **At the time of this study, it would not possible to determine definitive changes in patient outcomes attributable to this follow up program.**

These results are promising. Several programs demonstrated a strong return despite including only a few specific outcomes from larger CHW programs. Challenges were identified, however, and some programs may struggle to conduct a similar analysis without changes to data collection methods. MHP Salud is developing an ROI Toolkit that will assist FQHCs and others to evaluate whether ROI is appropriate for them and guide them through the process of program evaluation. With a few changes to data collection and an emphasis on trackable outcomes, most programs should be able to estimate the impact of CHWs. This will strengthen the existing body of research on the financial impact of the CHW profession and will help to validate an emerging healthcare workforce.

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