

# The Role of Community Health Workers in the Surgical Cascade: A Scoping Review

*H.W. Li, Indiana University School of Medicine, Indianapolis, IN, USA; M.L. Scanlon, Indiana University Center for Global Health, Indianapolis, IN, USA; D.K. Litzelman, Indiana University Center for Global Health and Regenstrief Institute Inc, Indianapolis, IN, USA*

Leave Empty

This space will be automatically filled with a QR code and number for easy sharing

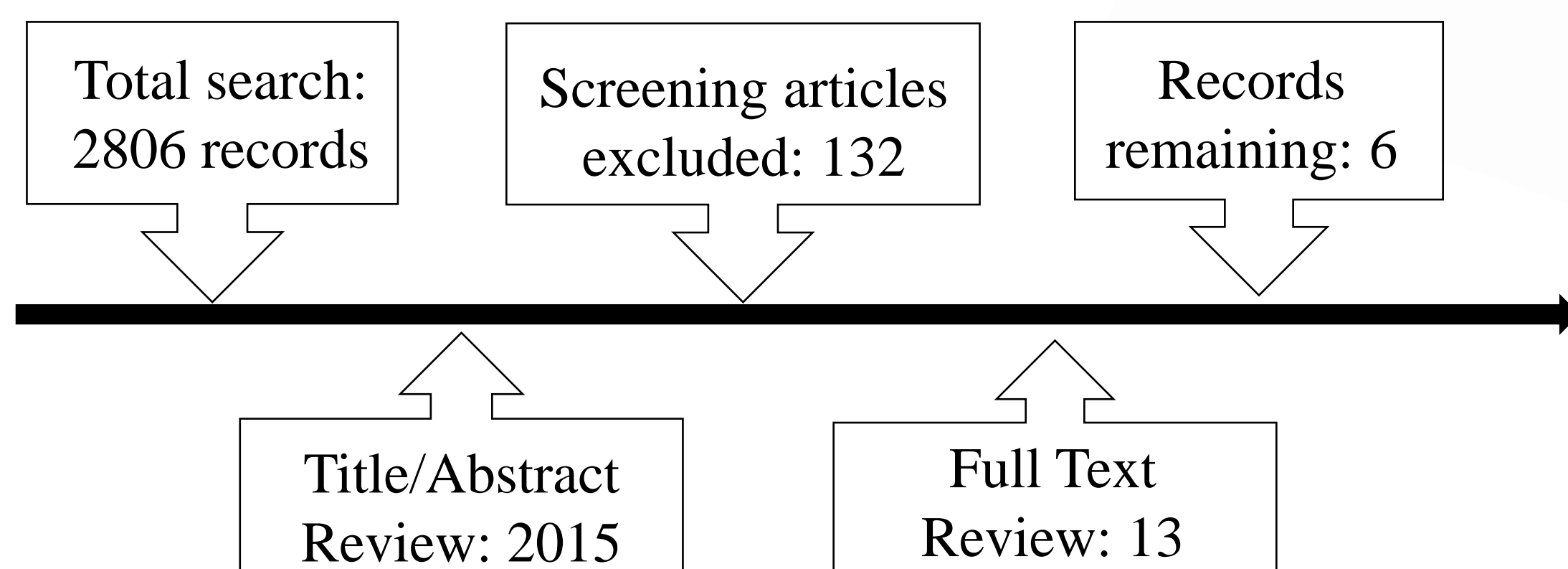
## Introduction

- Low- and lower-middle-income (LLMIC) countries host 48% of the world's population but only 19% of the world's surgeons
- There is an urgent need to expand access to quality surgical care across the surgical cascade, including screening, linkage to operative management, and post-operative follow-up care
- Role of Community Health Workers (CHWs) in surgical cascade in surgery is under-explored and mostly focused on screening
- We conducted a scoping review for literature on role of CHWs in linkage to operative management and post-operative follow up

## Methods

- Searched for studies published in any language from January 1, 2000 to May 1, 2020 using the following databases: Pubmed/MEDLINE, Web of Science, SCOPUS, and Google Scholar
- Two overarching "concept" terms were identified: "community health worker" and "surgery", that each included approximately ten related terms and combined using Boolean operators
- Two authors independently reviewed titles, abstracts, and full texts. Commentaries, editorials, letters to the editor, and dissertations were excluded.

## PRISMA Search Results



## Role of CHW's in Surgical Cascade

### Post-Operative Care

#### Patient Benefit

- Monitoring for surgical site infections
- Completing post-operative rehabilitation
- Psychosocial support related to life-altering diagnoses & events

#### Provider Benefit

- Encourage patient adherence & understanding of post-operative care instructions
- Maintain retention in post-operative care

### Linkage to Surgical Care

#### Patient Benefit

- Making health appointments
- Transport to appointments
- Coaching in communication with medical providers
- Completing paperwork
- Insurance enrollment
- Identify financial support

#### Provider Benefit

- Facilitate understanding of patients' cultural habits or traditions

## Results

### Linkage to Surgical Care

Some evidence that CHWs can address potential barriers to care by:

- Assisting with completing paperwork and insurance, communication between patient and medical team about complex diagnoses (1,2)
- Improving medical teams' understanding of cultural backgrounds and helped deliver appropriate, respectful surgical care (3)
- Providing individualized patient navigation at health and community levels to empower traditionally underserved patients (4)

### Post-Operative Care:

More limited evidence on post-operative care:

- CHWs may assist in early recognition of surgical site infections (SSIs)
  - Using mobile apps, one study found CHWs had 85% accuracy compared to physician diagnoses of SSIs (1)
- CHWs may increase participation in rehabilitation and post-operative psychosocial support
  - Two studies found CHW acting as peer advisors encouraged healthy coping mechanisms, adherence to post-operative care instructions, and retention in post-operative care (5,6).

## Conclusion

- Limited data on role of CHWs in surgical cascade outside of screening for potential surgical care
- Evidence that CHWs may assist with improving communication, building trust, monitoring post-operative care, and increasing care retention
- Additional high-quality research is needed to explore the setting-specific barriers to care and feasibility of CHW integration into the latter two steps of the surgical cascade

### Articles included in the review

1. Matousek AC, et al. Patient Navigation by Community Health Workers Increases Access to Surgical Care in Rural Haiti. *World J Surg.* 2017;41(12):3025-30; 2. Crane-Okada R, et al. Senior peer counseling by telephone for psychosocial support after breast cancer surgery: Effects at six months. *Oncology Nursing Forum.* 2012;39(1):12; 3. Ivers R, et al. Home to health care to hospital: Evaluation of a cancer care team based in Australian Aboriginal primary care. *Australian Journal of Rural Health.* 2019;27(1):88-92; 4. Hendren S, et al. Patients' barriers to receipt of cancer care, and factors associated with needing more assistance from a patient navigator. *J Natl Med Assoc.* 2011;103(8):701-10; 5. Crane-Okada R, et al. Senior peer counseling by telephone for psychosocial support after breast cancer surgery: Effects at six months. *Oncology Nursing Forum.* 2012;39(1):12; 6. Carroll DL, et al. The effects of a collaborative peer advisor/advanced practice nurse intervention - Cardiac rehabilitation participation and rehospitalization in older adults after a cardiac event. *Journal of Cardiovascular Nursing.* 2007;22(4):313-9.