

The analytic framework postulates the pathway leading from interventions engaging community health workers (CHWs) to promote cervical cancer screening to downstream effects and economic outcomes.

Interventions engaging community health workers to increase cervical cancer screening are delivered to people who are eligible for cervical cancer screenings. These interventions could increase access to, or demand for, cancer screening services, improve patients' understanding of available social services and the quality of care they receive. This, in turn, would be expected to increase the number of completed or repeat screenings, which would increase follow-up diagnoses or treatment. This is expected to decrease cervical cancer-related incidence, morbidity, and mortality.

The economic outcomes are costs of the interventions, economic benefit, other economic outcomes, cost-effectiveness, and cost-benefit. Some of the costs are cost drivers, because they are the unit costs that drive the total costs of the intervention. The costs of the interventions consist of cost drivers such as wages of the CHW and supervision and training costs. Other costs, which are not drivers, include providing educational materials to patients, overhead, and any other costs. Additionally, should the CHW be on a team, the cost driver of additional staff is included. If there are additional interventions, those cost drivers are added.

Economic benefit measures benefit in monetary terms and comprises changes in healthcare costs resulting from use of the cost driver of healthcare facilities including inpatient, outpatient, or emergency room costs. Additional drivers are treatment costs from medications, surgeries, or radiation therapies. Healthcare costs not considered drivers are those resulting from labs and tests. Changes in productivity are also categorized as an economic benefit due to the intervention. Another economic outcome is the incremental cost per additional person screened. This is the cost of screening an additional person targeted for screening by the intervention. Cost-effectiveness is either measured as the incremental cost per life year or quality-adjusted life year saved or disability-adjusted life year averted. The cost benefit is the monetized benefit to cost resulting from the intervention.