

CHW EVALUATION COMMON INDICATORS PROJECT

Project Update, October 2016

CHW Evaluation Common Indicators Project background and rationale

While research continues to demonstrate that employing CHWs improves health outcomes, quality and access to health and human services (Rosenthal et al. 2010; Martinez et al. 2011), and reduces health care costs (Johnson et al. 2012; Fedder et al. 2003; Whitley et al. 2006) in vulnerable communities, sustainability challenges plague the field. Many studies briefly describe CHW activities but rarely measure how they address the social determinants of health or other non-clinical indicators. We know social determinants of health affect health outcomes (Walker et al. 2014), but existing published evaluation tools do not often pick up the key role CHWs play in that process. There is little to no commonality across studies of CHW interventions, and there remain an insufficient number of high quality of CHW cost-effectiveness studies (Viswanathan et al. 2009). The lack of common measures across CHW evaluations hinders efforts to demonstrate the unique contributions or “added value” that CHWs make to health programs, policy makers, health and human service systems and health payers who ultimately hold the keys to CHW sustainability.

The CHW research community has made progress on outcomes evaluation, but the field is underdeveloped in process and impact measurement, and in linking them together during evaluations. Success in isolated CHW evaluation domains (e.g., return-on-investment, linking clients to social services, improved clinical outcomes) cannot substitute for the utility of having common measures to evaluate CHW programs more broadly. Without common process and impact measures that programs can use to explain their successful outcomes, it becomes difficult to make an argument for sustaining existing CHW programs and garnering support for creating new ones.

CHW advocates have called for development of a common set of evaluation measures that will facilitate comparison across studies and for pooled analyses to strengthen the overall business case and to provide consistent performance measurement tools for health systems to use in evaluating CHWs (Viswanathan et al. 2009; Sinai Urban Health Institute 2014). Time-limited grants support the vast majority of CHW programs, leading to diminished opportunities for sustaining these positive outcomes and CHW employment. The latter is, in itself, a social justice issue when CHWs who share many of characteristics as the populations they serve suffer job instability. The Patient Protection and Affordable Care Act allows for the potential of more stable CHW funding (Act 2010; Shah et al. 2014) but, without better metrics to evaluate the content, impact, and quality of CHW services, the return on investment for more stable CHW funding is a difficult case to make. The Sinai Urban Health Institute proposes three considerations central to effectively evaluating CHW interventions: (1) process, i.e., what activities occurred?; (2) impact, i.e., were actions taken as a result of a CHW intervention?; and (3) outcome, i.e., did client health improve (Sinai Urban Health Institute 2014)? However, until recently, there was no evidence that the processes necessary to develop a common set of evaluation measures had been undertaken.

Specific aims

In late 2014, the Michigan Community Health Worker Alliance (MiCHWA) developed the CHW Evaluation Common Indicators Project to begin the process of filling this evaluation gap by **creating a common set of evaluation indicators and measures to capture the unique contributions of community health workers (CHWs) to successful program outcomes and their added value to health care and human services systems, emphasizing contributions that address the social determinants of health.** We proposed to develop a common indicators evaluation tool incorporating process and impact measures that could eventually be tested and then used across different types of CHW programs in the United States. By filling the evaluation knowledge gap, we aim to bolster what many health and social services professionals know: that CHWs provide unique contributions to addressing the social determinants of health in ways that improve the behavioral and physical health status of clients and communities. The ultimate aim is to support efforts to achieve sustainability of CHW programs and systematic evaluation of their impact on the health of underserved populations.

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Accomplishments and current status of the CHW Evaluation Common Indicators Project

This project was funded by the Vivian A. and James L. Curtis Research and Training Center at the University of Michigan, School of Social Work, which was conducted by MiCHWA. MiCHWA's Evaluation Board oversaw project design.

- 1) **Identified** commonly used evaluation indicators for CHW roles, activities and impact based on existing literature; *done*
- 2) **Conducted** eight key informant interviews with national CHW experts who have advocated development of common indicators to identify their perspectives on key indicators, measures and data collection methods and build support for a larger-scale project; *done*
- 3) **Conducted** three focus groups with 23 Michigan-based CHWs to identify their perspectives on their roles and activities and identify whether and how they document these; *done*
- 4) **Surveyed** Michigan-based CHW programs to identify what data they collect, how and who collects it, particularly related to measurement of CHW roles, activities, and impact; *done*
- 5) **Identify** commonalities and gaps in what is collected, especially regarding how CHWs address social determinants of health and how data are collected/analyzed; *In process, in collaboration with national partners* during the CHW Common Indicators Summit, Portland Oregon, October 2-3, 2015, and ongoing via conference calls with a growing group of stakeholders
- 6) **Propose** a set of CHW evaluation common indicators, measures and collection methods. *In process, in collaboration with national partners* during the CHW Common Indicators Summit, Portland Oregon, October 2-3, 2015, and ongoing via conference calls with a growing group of stakeholders

Next Steps

MiCHWA is preparing final reports summarizing the methods and key findings from the national key informant interviews, Michigan CHW focus groups, and Michigan CHW program survey. We are continuing to work collaboratively with a growing number of CHWs, CHW evaluators and CHW program leaders, nationally, an effort that grew out of the Portland Oregon CHW Common Indicators Summit (Kieffer et al., 2015). A list of indicators has been drafted, and feedback on, and further development of, these indicators and measures will be solicited from national stakeholders during a participatory a pre-conference session at the 2016 Annual Meeting of the American Public Health Association. Learn more: <http://www.michwa.org/common-indicators-project-2/>.

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