Developing Common Community Health Worker Evaluation Indicators to Measure and Increase Program and Policy Impact

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BACKGROUND

As members of the communities they serve, community health workers (CHWs) develop trusting relationships with their clients, empower them, and link them to health and human services systems. Many studies demonstrate that employing CHWs is a cost-effective means to improve health outcomes, quality, and access to health and human services in vulnerable communities. A challenge for CHW program sustainability is a gap in evidence demonstrating *how* CHWs uniquely contribute to successful program outcomes. Existing published evaluations rarely measure the processes by which CHWs address the social determinants of health and other non-clinical issues faced by clients and communities.

PURPOSE

The objective of this research is to develop a low-burden, adaptable measurement tool or strategy that would be appropriate for a wide range of CHW programs and would capture how CHWs uniquely address social determinants of health.

Graphic based on concepts from: Sinai Urban Health Institute. (2014). *Best practice guidelines for implementing and evaluating community health worker programs in health care settings.* Chicago: Sinai Urban Health Institute.

METHODS

Mixed methods study design with three iterative phases:
1. Eight semi-structured key informant telephone interviews with CHW program evaluation experts.
2. Three focus groups with 22 CHWs from three Michigan regions.
3. Survey of evaluation methods and measures used by Michigan CHW programs.

Data Collection and Analysis Plan:
- Key informant and focus group interviews were audio recorded and professionally transcribed.
- Grounded theory-based inductive content analysis and consensus-driven approach used to design codebook and analyze key informant and focus group transcripts.
- Results will inform creation of an online web-based survey of Michigan-based CHW program administrators.
- All results will inform the development of CHW evaluation indicators and a process tool or approach.

Unique CHW Qualities and Roles
Our preliminary results show the following roles and unique qualities of CHWs. In this graphic the relative size of each item reflects its emphasis (calculated as code-application frequency) by key informant and focus group participants.
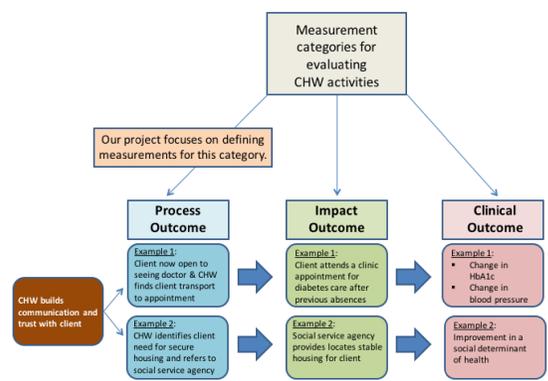
PRELIMINARY RESULTS

Table 1. Focus Group Participant Characteristics and Roles

	n(%)
Number of Participants	22
Race/Ethnicity	
Hispanic/Latino(a)	7(32)
Non-Hispanic White	2(9)
Black/African American	10(45)
Other	2(9)
No Answer	1(5)
Gender	
Female	18(82)
Male	3(14)
No Answer	1(4)
Geographic Setting of Work	
Urban	19(86)
Suburban	9(41)
Rural	7(32)
Detroit	6(27)
Grand Rapids	8(37)
Saginaw	8(37)
Common Issues CHWs Address*	
Health Conditions and Behaviors	
Nutrition	14(64)
Chronic Disease**	13(59)
Maternal and Child Health***	12(55)
Mental/Behavioral Health	10(45)
Oral Health	9(41)
Physical Activity	9(41)
Social Determinants of Health	
Resource Connection	15(68)
Housing	13(59)
Health Literature	11(50)
Food Security	11(50)
Employment	10(49)
Educational Assistance	8(36)
Income Assistance	8(36)
Other	8(36)
Major Roles	
Case Management & Care Coordination	12(55)
Outreach & Community Mobilization	12(55)
Health Promotion & Health Coaching	11(50)
Home Based Support	11(50)
Community-Cultural Liaison	8(36)
System Navigation	7(32)
Participatory Research or Other	4(18)

* Respondents could choose more than one issue.
** *Chronic Disease* is an aggregate of the following conditions: Asthma, Hypertension, Diabetes, Obesity, Heart Disease, Cancer, and HIV/AIDS.
*** *Maternal and Child Health* includes Infant Mortality.

Unique Qualities – Example Quotations
"And that's our focus—that trust that 'you can count on me' situation that I don't think they can get anywhere else. I think that's the biggest thing that a CHW does. We basically become the auntie down the street that knows everything and, you know, if you need something, call your auntie. You don't call the actual building. You don't call your doctor. You call your auntie because you need help and you don't know how to ask for that help" – Key informant interview

"Like you said about the community, everything you say I agree with…we're part of the community but we are not only a part of the community. We not scared of the community. Do you know what I'm saying?"– CHW focus group 2

Barriers to Evaluation – Example Quotations
"I had a community health worker that saved a lady. She was on the railroad tracks and she called her and she went. And she was going to kill herself when the next train was coming. She talked to her, she stayed out there with that lady and she brought the lady home. And her husband was like, who is this? Stuff like that. You can't record things like that." – CHW focus group 1

"…as a community health worker, your best attribute is not trackable—which is being a people person….you did awesome talking to this person. You can't track that….Okay, as far as the company goes, who cares? You know as long as they came back and got the treatment, but as far as the CHW, you care a lot the fact that that person came back and requested you because now you have actually created a relationship there and now you can build on that…"– CHW focus group 1

"…I think it is that the people in charge tend not to be the people who are doing the actual work in the field so one of the things when you say documenting, people who get these grants…they are really focused on data and systems and what not…'it's not that hard, add one code.' And, well, no, it's not that hard for one person but it's hard when you have to do it for 20 more people and it's challenging at the end of your day when you had…somebody crying because their child is in sex trafficking….I think even a little bit of acknowledgement like, yeah, this is harder to do. It looks simple on a piece of paper to add it….I would be more apt to be wanting to document this but giving the explanation as to why we needed to do it…" – CHW focus group 2

Recommendations for Future Evaluation – Example Quotations
"I think another motivation is knowing what they are going to do with that information. Are they going to do something positive with it or do you just want it for wanting it? …If we know that somebody is going to benefit out of what I am going to do, then I'm going to want to do it." – CHW focus group 1

"So the other concern I think I mentioned is not to make it too detailed so that nobody can do it and nobody wants to take the time to do it. So it's—you know you've got to keep it short and simple, as much as possible." – Key informant interview

"So you have to somewhere keep track of what they do that supports the medical team because the medical team wants it. In the ideal world, the CHW has a section within the medical record that they can update that keeps the whole medical team apprised about what's going on with the family." – Key informant interview

POTENTIAL POLICY IMPACT

Further analysis will help us generate a novel evaluation approach informed by national experts, CHWs, and CHWs program administrators to capture how CHWs address social determinants of health and further define the valuable role of CHWs in health and human services systems. The ultimate aim is to better characterize and systematically evaluate the work and impact of CHWs on the health of underserved populations, and to support the case for CHW sustainability to health plans, CHW employers and policy and program leaders nationwide.

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