INTRODUCTION

- Community health workers (CHWs) serve to supplement governmental health infrastructures by providing basic medical care and education in low-resource areas throughout the world.
- Successful utilization and quality assurance of CHW services is cited as a research priority by the World Health Organization.
- Differences in program philosophy ranging from government-sponsored national systems to community-based organizational initiatives often manifest as variability in both access to care and health outcomes.\(^1\,2\)

BACKGROUND & PROBLEM

- Though many CHW programs increase access to care and improve health outcomes for their service users, some are measured to be more successful than others.\(^3\,4\)
- Often cited as the cause are readily identifiable variables between programs such as frequency of training, performance oversight, and availability of resources, which have been shown to directly impact success.\(^1\,2\)
- To accurately measure the positive impact on health outcomes following an investment in these variables, community aspects such as service user buy-in, awareness of resources, and utilization rates must also be assessed.
- Measurement of these community aspects:
  - proves difficult to gauge
  - lacks standardization in cross-cultural assessments
  - functions as a confounding factor in impact studies when omitted.

OBJECTIVES

- To assess efficacy of CHW programming through assessment of:
  - community investment in CHWs
  - service users’ awareness of available resources
  - rates of appropriate utilization
- To develop a standardized process of evaluating service user attitudes to eliminate confounding factors and enable cross-cultural comparison of program outcomes
- To compare community attitudes toward CHWs between three distinct programs and identify variables that may impact investment, awareness, and utilization.
- To provide a forum for feedback among users

METHODS & MEASUREMENT

- Anonymous surveys were conducted among service users of three rural CHW programs in non-clinical settings:
  - Government-sponsored Community-based Health Planning and Services (CHPS) in Central Region, Ghana
  - NGO-sponsored Guardianes de Salud (GDS) in Francisco Morazán, Honduras
  - University-affiliated clinic Centro Médico Humberto Parra (CMHP) Promotoras de Salud program near Palacios, Bolivia
- Analysis of quantifiable data was summarized into two indices to reflect outcomes dependent upon modifiable factors in programming:
  - Community Investment Index (CII): Represents degree of ownership and perceived importance of CHWs.
  - Awareness & Utilization Index (AUI): Proficiency in and usage of currently available services.
- Indices were compared in context of major variables between CHW programs.

RESULTS

- All cohorts support an active, education-based CHW program
- AUI discrepancy likely not due to lack of user interest

- Community awareness of program resources was evaluated based on service users’ ability to:
  - state whether their community had CHWs
  - discuss the program-stated CHW role
  - recognize the CHW’s name
  - describe how to locate the CHW

MEASUREMENTAL QUALITATIVE PROGRAM VARIABLES

- Awareness of resources was combined with user-reported utilization rates to form an AUI which differed significantly between cohorts.
- Reasons for not utilizing services between cohorts were associated with lack of exposure/access or explanation as to the nature of the program rather than to reservations about seeking its use.

CONCLUSIONS

- Nearly all community members in each area served by CHWs among all cohorts strongly support such programming.
- The majority of beneficiaries underutilize services due to a lack of awareness as to the availability, location, and perceived role of CHW.
- Although training, support, and supervision have been convincingly linked to utilization rates,\(^5\) data here suggest that other program variables such as selection methods and residence within communities may impact AUI and should be investigated.
- The significant discrepancy in AUI between cohorts demonstrates that measured health outcomes between programs should not be directly compared without a proper assessment of service user attitudes to avoid confounding bias in addressing the relationship between variables and impact.

REFERENCES


ANECORTAL COMMENTS

- Over 45,800 CHWs are employed in the US\(^6\)
- Strong evidence for sustained improvement of health outcomes in chronic disease\(^7,9\)
- Increasing access to CHWs is CDC goal\(^7\)
- Community investment and awareness of new CHW programs should be assessed in order to reach full outcome potential.

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