

Community Health Worker (CHW) Common Indicators Project: Strengthening the Science Regarding CHW Contributions to Health and Health Care

Community Health Workers (CHWs) are trusted community members who improve health through a variety of strategies. They have been an integral part of the health workforce in the U.S. since the 1960s. In the context of health care reform, CHWs (also called *promotores/as de salud* and Community Health Representatives) have received increasing recognition for their unique ability to improve health and reduce health inequities.

The Need for Common Indicators

Although demonstrated outcomes of CHW programs have been impressive, lack of sustainable funding has impeded the development of the evidence base. Shortcomings in the evidence base, in turn, discourage sustained investment. To break out of this vicious cycle, we need answers to *two pressing questions*:

- 1) Which specific process and outcome *indicators* can and should be used across CHW programs, regardless of setting and community, to allow aggregation of data, better understanding of CHW processes, and promotion of sustainable funding?
- 2) What process and outcome *constructs* should be recommended as guidelines for CHW research and evaluation nationally?

The purpose of the CHW Common Indicators Project is to fill a gap in the science regarding the population health impact of Community Health Workers (CHWs). In the short-term (1-3 years), we aim to finalize identification, development and validation of a core set of process and outcome indicators, and a larger set of recommended constructs, to systematically assess the impact of the CHW workforce, and the processes by which they achieve impact. Our long-term goal is nationwide adoption of these indicators and development of a sustainable infrastructure to collect, aggregate, and analyze data, and report results.

Accomplishments to Date

Our team has already made substantial progress towards achieving our goals. In 2014 members of the Michigan CHW Alliance (MiCHWA) began development of a common set of evaluation constructs and potential indicators for CHW practice. Building on this work, in October 2015, with funding from the Cambia Health Foundation, members of the Oregon CHW Consortium organized a two-day Common Indicators (CI) Summit that brought together 16 CHWs, researchers, evaluators and program staff from five states. This group drafted a list of 11 process and 10 outcome constructs. Since the 2015 summit, through active networking, monthly conference calls, presentations at conferences, and sub-committee work, the group has: 1)

refined the list of constructs and indicators; 2) identified multiple relevant measurement tools for collecting data; and 3) identified and, in some cases, fomented regional CI initiatives, which are now part of our network.

Next Steps

To answer our questions and achieve our short-term goals, we will use a *participatory, multi-site and multi-method approach* that will include:

- 1) Employing qualitative methods to develop new tools and adapt existing tools, and quantitative methods to refine and validate tools that are reliable, valid, easy to use, and appropriate across communities, settings and systems;
- 2) Planning and facilitating face-to-face and web-based meetings of the CI project leadership team, the larger project team, and CHW networks and associations across the nation;
- 3) Reciprocally supporting and learning from state- and regional-level Common Indicator projects, two of which have already been identified; and
- 4) Developing systems and infrastructure to aggregate and analyze nationwide data derived from consistent measurement of common indicators.

Leadership and Participation

The CI Project now involves over 50 CHW leaders; deans and faculty at universities; leaders at county, state and federal health agencies; and leaders of culturally specific community based organizations employing CHWs in more than 10 states. The leadership team includes: *Ms. Keara Rodela*, MPH, CHW, Health Programs Coordinator for the Immigrant and Refugee Community Organization in Portland, OR; *Ms. Gloria Palmisano*, BS, MA, Project Manager for Chronic Care Management at the Community Health and Social Services Center, Inc., in Detroit, MI; *Dr. Edith Kieffer*, Professor of Social Work at the University of Michigan; *Dr. Kenneth Maes*, Associate Professor of Anthropology at Oregon State University; and *Dr. Noelle Wiggins*, Director of Research and Evaluation at the Oregon Community Health Workers Association.

Get Involved!

We continually welcome new participants to the project. To get involved, please email Dr. Wiggins at noelle@orchwa.org. We will add you to our distribution list and you will receive invitations to our conference calls, which occur every two months. In addition, you will receive invitations to in-person meetings at annual conferences and other gatherings.

