

EvidenceBoost

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for Quality A series of essays highlighting evidence-informed management and policy options for improving quality of care

INCORPORATE LAY HEALTH WORKERS TO PROMOTE HEALTH AND PREVENT DISEASE

The Problem: Limited health human resources leave some patients underserved

Certain practices, such as immunization and breastfeeding, are known to be cost-effective and beneficial to public health.ⁱ However, the rates of these are less than desirable in North America.^{ii,iii} In addition, there is growing concern over a perceived health human resource shortage.^{iv,v} These barriers to healthcare quality and access have sparked interest in opportunities to train community members to promote health and provide healthcare services to “hard-to-reach” (profiled as poor, less-educated or minorities)^{vi} or otherwise underserved communities.^{vii} Allowing these trained persons — or *lay health workers* as they are often called — to stand in for health professionals, where appropriate, can create breathing room for physicians and other health professionals, allowing them to make the best use of their limited time, enabling improved quality of care and extending the reach of health services.

Strategy for Change

Lay health workers have an important role to play in improving quality in the healthcare system as well as in providing needed support services.^{viii} They may be called by many names — community health workers, natural helpers, peer educators or community outreach workers, among other titles^{vi,viii} — and can be involved in either paid or voluntary care.^{ix,x} They are neither certified health professionals, nor do they have formal, professional or paraprofessional health education.^{ix,x} They are often recruited for their familiarity with a target community or because of their experience with a particular health condition.^x

Lay health workers may play a number of roles in health promotion and disease prevention. For example, they may promote immunization uptake in children and the elderly or act as birth attendants or *doulas* to provide support to pregnant women and new mothers. This kind of support means that an individual or member of the community who is not a healthcare professional is involved as the support person for patient care.^{ii,xi}

Instead, lay health workers come from a range of educational backgrounds; carry out a variety of patient interventions; and undergo various types of training. While they are sometimes required to have a particular level of education, such as a high school diploma or equivalent,^{vi} some have a primary school education, a university degree, or something in between.^x Intervention type also varies, from being delivered in a healthcare facility or a patient’s home through community meetings or via telephone.^{ix} Their training curriculum, on the other hand, typically incorporates health information and tools specific to the condition the lay health workers are expected to address. It may also include such topics as patients’ rights and responsibilities; communication skills to improve consumer-provider relationships;^{viii} or culturally appropriate health education.^{vi}

What the Research Says

In 2005, a Cochrane systematic review examining the global evidence from randomized controlled trials on the effects of lay health worker interventions in primary and community healthcare showed that, compared to usual care, lay health worker programs increase immunization in children and adults.^{ix} The same review found promising benefits in increasing breastfeeding and decreasing death in the elderly through providing home aide services.^{ix}

In 2006, an updated systematic review by the same authors also found evidence of moderate-to-high-quality of effectiveness of lay health workers in improving immunization uptake in children under five compared to usual care.^x Moreover, the authors found lay health worker programs were effective in promoting breastfeeding and exclusive breastfeeding up to six months in high-income countries.^x

According to the Cochrane review, lay health worker programs appear to be effective for only some kinds of healthcare.^{ix,x} In other cases, lay health worker initiatives appear to show promise, although the findings are not as conclusive. For instance, there appears to be evidence that lay health worker initiatives are effective for increasing cervical cancer screening among minority populations,^{xii,xiii}

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but the research base is slim, making it difficult to draw conclusions. One 2007 study found lay health worker outreach combined with a media-based education intervention significantly increased pap testing (from 65.8 to 81.8 percent) among Vietnamese-American women — more so than the education intervention alone.^{xiii} For women who had never been screened, the combined intervention was also more successful, with 46 percent obtaining tests versus 27.1 percent in the media-only group.^{xiii}

In terms of strategies for training lay health workers, there is inadequate evidence to identify which kinds of lay health worker training strategies are most effective. However, the authors of the 2005 Cochrane review found that the median amount of training provided to lay health workers was six days, with the longest period including six months of practical field training.^{ix} A 2006 document, *Training Community Health Workers*, which is co-funded by the U.S. Department of Health and Human Services' Office of Rural Health Policy, also provides recommendations for those entrusted with the responsibility of training lay health workers.^{xiv}

Lay health workers offer an opportunity to reach underserved communities to improve access to care and understanding of disease. Many health professionals may not fully grasp the special knowledge and skills of lay health workers or their potential role in expanding access to quality healthcare.^{viii} But their value comes in their personal understanding and experience of their clients' needs and their easy accessibility by healthcare consumers. It is this intimate knowledge that allows lay health workers to serve as change agents to others within their community — be it someone who shares elements of their cultural background, economic status or experience of condition.

For more information about improving quality of care, see the Foundation's managing for quality and safety web page at www.chsrf.ca/research_themes/safety_e.php.

Conclusion

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