BRIEF REPORT

Is There a Role for Community Health Workers in Tobacco Cessation Programs? Perceptions of Administrators and Health Care Professionals

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ABSTRACT

Introduction: Studies have shown that with appropriate training, Community Health Workers (CHWs) can be actively involved in health promotion and disease prevention (including tobacco cessation). This study examined the perceptions of administrators and health care professionals regarding the actual and potential role(s) of CHWs in a tobacco cessation program (TCP) within a universal health care system.

Methods: This study was part of a larger exploratory, cross-sectional comprehensive assessment of the implementation of the TCP through the primary care public health system in 7 towns in the state of Paraná, Brazil. Questionnaires were administered to 84 administrators at different levels (regional, municipal, and health units) and 80 health care professionals who were directly involved in the TCP. For this study, we assessed the perceptions of administrators and health care professionals on the actual and potential role(s) of CHWs in the TCP.

Results: The overall response rate was 56.2%. Although 48.4% of respondents indicated that CHWs already participated in the TCP, there was a wide range in the participants' responses regarding their involvement (33.3% among regional administrators and 65% among health care professionals). Identification/referral of patients and promotion of the TCP in the community were the most frequent CHWs' activities reported. Overall, respondents were very receptive about trained CHWs having multiple roles in the TCP, except for delivery of a brief intervention.

Conclusion: With appropriate training, health care administrators and health care professionals are very receptive regarding the involvement of CHWs in a TCP delivered through a public health system.

INTRODUCTION

Tobacco cessation is a complex process that requires not only a personal commitment, but also access to cessation resources (e.g., pharmacotherapy and counseling), and the availability of a social support system. Although the combination of counseling and pharmacotherapy is the evidence-based treatment for tobacco dependence (Fiore et al., 2008), interventions incorporating social support, have been shown to be successful (Nollen, Catley, Davies, Hall, & Ahluwalia, 2005).

The Community Health Worker (CHW) model is a promising approach that could augment evidence-based tobacco cessation programs by providing social support for tobacco users to seek, adhere, and complete the tobacco dependence treatment (Cox, Okuyemi, Choi, & Ahluwalia, 2011). The CHW model is based on the premise that, with appropriate training and supervision, "natural helpers" from within a community can provide community members with culturally relevant

motivation strategies, education, social support, and connection to health care services in their community (Cherrington et al., 2008; Krantz et al., 2013; Lehmann & Sanders, 2007; Lewin et al., 2009, 2010; Suarez et al., 2012). Within the health care system, CHWs also serve as a voice for the community so that services that meet the needs of the population are developed and implemented (Cherrington et al., 2010).

The CHW has been widely used in the United States and abroad in prevention efforts, such as the promotion of cancer screenings, healthy eating habits, physical activity, prenatal care, oral health, etc. (Castle et al., 2011; Cesar, Mendoza-Sassi, Ulmi, Dall'Agnol, & Neumann et al., 2008; Feltner, Ely, Whitler, Gross, & Dignan, 2012; Frazão & Marques, 2009; Krantz et al., 2013; Scarinci, Bandura, Hidalgo, & Cherrington, 2012; Smith & Blumenthal, 2012; White, Garces, Bandura, McGuire, & Scarinci, 2012) as well as disease management (Depue et al., 2013; Heisler et al., 2009; Margellos-Anast, Gutierrez, & Whitman, 2012; Peretz et al., 2012).

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Some tobacco cessation studies have also incorporated the CHW model with promising results. A recent study has shown greater tobacco abstinence (21%) when compared with a control group (9%) when the intervention program incorporated the CHW model (Cox et al., 2011). Another study with Latinos in the United States found that an intervention led by CHWs increased the identification of smokers within the community, and enrollment in quitlines (Suarez et al., 2012).

Even though article 14 of the World Health Organization FCTC (WHO, 2013) highlighted that treatment of tobacco dependence must “include diagnosis and treatment of tobacco dependence ... with the participation of health workers, community workers and social workers ...” it does not define the role and training for CHWs. Although it is clear that CHWs can be integrated as part of the health care team, it is important that their roles and responsibilities are clearly defined (Cherrington et al., 2008; Findley et al., 2012). Therefore, the goal of this cross-sectional, exploratory study was to examine the perceptions of administrators and health care professionals regarding the actual and potential role(s) of Community Health Workers in a tobacco cessation program (TCP) delivered through a public primary care system.

METHODS

Setting

This study was conducted in the state of Paraná, Brazil. Brazil has a universal health care system, which is decentralized and managed by the state and municipal governments with primary care being delivered through Basic Health Units (Brasil, 1990). The Basic Health Units are neighborhood outpatient clinics that deliver primary care services to specific areas or neighborhoods and are staffed by health care teams as well as paid CHWs (Lavor, Lavor, & Lavor, 2004).

CHWs were officially incorporated in the Brazilian public health care system in 1991 with the purpose of reducing infant mortality and their primary role was to facilitate health care access among at-risk populations. Since 2002, CHWs have been fully integrated within the Brazilian public health care system as full-time employees and are recognized by law as health care professionals (Giugliani, Harzheim, Duncan, & Duncan, 2011). They live within the geographic area served by a particular Basic Health Unit and are responsible for identifying and addressing the health needs of inhabitants within their coverage area (Johnson et al., 2013). Some of their duties include: education of families about health issues, patient referrals, home visits, etc. (Brasil, 2006; Johnson et al., 2013).

The Brazilian National Cancer Institute has developed an evidence based TCP that is implemented through the Basic Health Units nationwide (Instituto Nacional do Câncer, 2004). It consists of group-based cognitive-behavioral therapy that is delivered, at minimum in four sessions, and pharmacotherapy. Although all Basic Health Units employ CHWs whose primary responsibilities are to identify and address the health needs of inhabitants in the coverage area, they currently have not been formally involved in the TCP beyond assessment of tobacco use status and referral.

Sample

This study was part of a larger cross-sectional, comprehensive evaluation of the implementation of the TCP through the

primary care public health system (i.e., Basic Health Units) in seven towns in the state of Paraná, Brazil. Assessments for the larger study were conducted at the administrative level as well as health care professionals involved in the TCP and patients.

Given the hierarchical and cultural context of the Brazilian public health system, it was critical to first obtain support from the State Health Officer who provided an endorsement letter about the importance of the study. The State Health Department is divided into Regional Offices that encompass a number of towns, and these “regions” are managed by Regional Health Officers who answer directly to the State Health Officer. Parallel to this structure are the Municipal Health Departments that are managed by Municipal Health Officers who answer directly to their respective city mayors. As such, the next step consisted of the endorsement and buy-in of the Regional and Municipal Health Officers as well as Regional and Municipal Managers of the TCP. These individuals were visited in person by the Principal Investigator and provided with a choice of completing the questionnaire through a face-to-face interview or electronically. Through the Paraná State Health Department, we obtained a list of all the Basic Health Units that provided the TCP in the targeted towns as well as a list of health care professionals who have been trained to deliver the TCP. The Municipal Managers confirmed which health care professionals were still active in the program. These health care professionals were randomly selected according to the total number of health care professionals in each town ranging from 2 (Irati) to 71 health care professionals (Maringá). The Basic Health Units Managers and health care professionals were contacted via email by investigators, and completed the questionnaire online.

Procedure

We first conducted 11 qualitative interviews with health care professionals directly involved in the delivery of the TCP within the public health system in order to develop a comprehensive quantitative assessment. The potential questionnaire items were then reviewed by tobacco control researchers, members of the Network for Tobacco Control among Women in Paraná (Brazil) (Scarinci, Bittencourt, Person, Cruz, & Moysés, 2012), the Brazilian National Cancer Institute, and leadership from the Paraná State Health Department. The questionnaire included 50 questions assessing the different components of the TCP and took approximately 20–30 min to complete. The focus of this paper is on the two questions related to the role of CHWs in the TCP: (a) “Do CHWs in your regional health center/town/Basic Health Unit participate in the TCP? If yes, what are their responsibilities?” (open-ended question), and (b) “In your opinion, which of the activities could CHWs be responsible for in the TCP after training?” (multiple choice).

The study was approved by the Brazilian National Ethics Committee and Institutional Review Boards at the involved institutions.

RESULTS

The study included Regional Administrators (Regional Health Officers/TCP Regional Coordinators), Municipal Administrators (Municipal Health Secretariat and TCP Municipal Coordinators), Health Unit Managers, health care professionals involved in the delivery of the TCP. The response

Perceptions of the administrators and health care professionals

rate was 92% (23/25 responded) among Administrators; 62.22% (61/98 responded) among Managers, and 47.34% (80/169 responded) among health care professionals. [Table 1](#) describes the demographic profile of the sample.

As demonstrated on [Table 2](#), 48.4% of the respondents indicated that CHWs already participated in the TCP. However, there was a wide range of responses among the administrative/professional categories as only 33.3% of Regional Administrators indicated that they are involved in the TCP as compared to 65% of the health care professionals.

If respondents indicated that CHWs are involved in the TCP, they were asked to describe the CHWs' activities. Identification and referral of patients as well as promotion of the TCP in the community were the most frequent activities reported by all categories of respondents. Home visits to patients in the TCP were identified by some of the Municipal Administrators, Health Unit Managers, and health care professionals. However, other functions such as organizing the TCP's schedule and home visits, although less frequent, were also activities described as delivered by CHWs.

All participants were asked what role(s) CHWs could have in the TCP. [Table 3](#) shows that participants agreed on all potential roles listed (at least 80.2% agreement rate) except for Brief Intervention, which had answers varying from 25.0% and 57.1%. While the answers from Administrators were more polarized regarding provision of Brief Intervention by CHWs (either 0% or 100%), Health Unit Managers and health care professionals' answers were less polarized, ranging from 30.0% to 100% and 42.9% to 100%, respectively.

DISCUSSION

This study examined the perception of administrators and health care professionals regarding the actual and potential role(s) of CHWs in a TCP at primary care settings within a public health system. A majority of the health care professionals reported that the CHWs already participate in the TCP even without any specific training. However, only 33.3% of Regional Administrators pointed out that CHWs are involved in the program. Perhaps Regional Administrators based their answers on the federal government law that states that only health care professionals with a college degree can be trained to deliver the TCP within the public health system, and such a mandate currently does not include CHWs ([Ministério da](#)

[Saúde, 2004](#)), while the health care professionals' answers were based on their actual experience in the TCP. Although CHWs do not have a formal role in the TCP, each state, municipality or health unit can utilize them in the TCP as they see fit.

In Brazil, all CHWs who are part of the public health system undergo 12 weeks of training where general skills to promote health in their communities are addressed, particularly as they refer to identification of health problems, risky behaviors and appropriate referrals ([Brasil, 1991](#)). Clearly, the majority of CHW's responsibilities that were pointed out by the Administrators, Managers, and health care professionals are part of the core functions of the CHWs, such as home visits, patient referrals, and identification of patients and are not specifically related to the TCP ([Brasil, 2009](#)). Even though their capacity building addresses tobacco use and cessation, CHWs do not have a defined role within the program ([Brasil, 2009](#)). This was evidenced in the range of perceptions regarding CHWs' roles and responsibilities within the TCP by administrators, health unit managers, and health care professionals. Although they agreed on the major roles of identification and referrals, such an agreement was reduced regarding other responsibilities such as follow-up visits, involvement in the groups, etc.

Recent studies have highlighted the importance of well-trained CHWs, the positive impact on quit rates and improved access to quitlines. For example, [Suarez et al. \(2012\)](#) implemented a 14-h tobacco cessation training covering topics about medication, cessations stages, and disseminating information, and their results showed an increase in the utilization of tobacco cessation resources among Latinos in the state of Kansas in the United States. In fact, there has been an increase in the use of the CHW model to address specific health issues in Brazil. For instance, [Coutinho et al. \(2013\)](#) developed a 24-h training to train CHWs in the delivery of breastfeeding counseling. Their results showed that after the training, the CHWs were able to deliver breastfeeding counseling as well as an increase in breastfeeding frequency. Additionally, a Brazilian study showed that after web-based training for infant hearing health, the CHWs were able to apply their knowledge to their daily activities ([Araújo, Freitas Alvarenga, Urnau, Pagnossin, & Wen; 2013](#)). However, recent systematic review of the literature on the effectiveness of the CHW model in Brazil concluded that although there is some evidence that CHW-based interventions are beneficial (particularly in children's health), there is great need for additional research on the effectiveness

Table 1. Demographic Characteristics of the Study Sample

	Regional administrators (N = 9)	Municipal administrators (N = 14)	Health unit managers (N = 61)	Health care professionals (N = 80)
Age (years): mean (SD; range)	48.1 (10.3; 33–60)	43 (8.9; 29–57)	40.9 (9.2; 25–56)	40.8 (9.7; 24–68)
Gender % (N)				
Female	66.7% (6)	71.4% (10)	93.4% (57)	71.3% (57)
Male	33.3% (3)	28.6 (4)	6.6% (4)	28.8% (23)
Education				
High school graduate	11.1% (1)	—	1.6% (1)	1.3% (1)
Some college	—	—	1.6% (1)	1.3% (1)
College	11.1% (1)	71.4% (10)	11.5% (7)	17.5% (14)
Some graduate school	22.2% (2)	—	1.6% (1)	2.6% (2)
Graduate school	55.6% (5)	28.6 (4)	83.6% (51)	77.5% (62)

Table 2. Community Health Workers' Current Role in a Tobacco Cessation Program

	Regional administrators (N = 9)	Municipal administrators (N = 14)	Health unit managers (N = 61) ^a	Health care professionals (N = 80) ^a
Yes	33.3%	57.1%	45.9%	65.0%
	Identification and referral of patients	Program promotion	24.1%—Program promotion	43.1%—Identification and referral of patients
	Program promotion in the community	Identification and referral of patients	20.7%—Identification and referral of patients	29.4%—Program promotion
		Home visits posttreatment	13.8%—Home visits	21.4%—organization of the groups and scheduling
			10.3%—Assistance during the cessation groups	9.8%—Follow-up postcessation
			6.9%—Welcome/greeting patients for the cessation groups	7.8%—Orientation
			6.9%—Assistance with the reports	3.9%—Welcome/greeting the patients for the cessation groups
			6.9%—Orientation	2.0%—Visits to patients who missed the group sessions
			6.9%—Organization of the groups and scheduling	
			3.4%—Visits to patients who missed the group sessions	

^aBreak-down with regard to percentages are possible due to larger sample size than administrators.

Table 3. Potential Roles for Community Health Workers in the Tobacco Cessation Program

	Regional administrators (N = 8)	Municipal managers (N = 14)	Health unit managers (N = 59)	Health care professionals (N = 79)
Identification of smokers in the community (%)	100	92.8	94.90	96.2
Referrals the Tobacco Cessation Program (%)	100	100	94.9	96.2
Individual education of smokers (%)	75	85.70	76.3	83.6
Home visits during the treatment (%)	100	100	84.7	86.1
Home visits after the treatment (%)	75	85.70	88.1	84.8
Brief intervention (%)	37.50	50.00	52.5	57

of this model across the spectrum of health promotion and disease management (Giugliani et al., 2011).

Overall, administrators, health unit managers, and health care professionals were very receptive about the involvement of CHWs in the TCP. However, it is important to highlight that a brief intervention delivered by CHWs was the only activity that did not have a high rate of endorsement among participants. This result may be due to the fact that all of the other activities were related to duties that the CHWs are already delivering in the context of their day-to-day activities, particularly with regard to identification of health problems and risky behaviors and referral to the health unit. Future studies should address the feasibility of formal CHW training to assist in the tobacco cessation efforts within the public health system as well as the efficacy with regard to tobacco cessation.

The present study has some limitations that should be acknowledged. First, the study was conducted in one state of a large country such as Brazil. However, the TCP is mandated by the federal government, and should be implemented similarly across the country. Second, the results were based

on self-reported perceptions of administrators, managers, and health care professionals rather than direct observation of CHWs' day-to-day activities. Third, because of the importance in getting buy-in from the administrators, some of the questionnaires were administered face-to-face and some were self-administered. Fourth, even though we only used two questions in order to assess the role of CHWs, this was an exploratory study and the two questions provided us with an understanding about the CHWs role in the tobacco cessation program within the public primary care health system as well as information that is being used in the development of an intervention to incorporate CHWs in the TCP. Despite these limitations, this study represents the first attempt to explore the perceptions of administrators, managers, and health care professionals regarding the CHWs' roles and responsibilities in a TCP delivered through a public health system. Given their receptivity to the CHWs' involvement in the TCP, the next logical step is to assess the efficacy of a CHW-based intervention in augmenting the TCP delivered through the public health system. If efficacious, the program can be implemented across the country and

serve as a model for other regions or countries with universal health care.

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DECLARATION OF INTERESTS

None declared.

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