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A community health worker intervention to address the social determinants of health through policy change

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Abstract

Objectives: Public policy that seeks to achieve sustainable improvements in the social determinants of health, such as income, education, housing, food security and neighborhood conditions, can create positive, sustainable health impacts. This paper describes preliminary results of *Acción Para la Salud*, a public health intervention in which Community Health Workers (CHWs) from five health agencies engage their community in the process of making positive systems and environmental changes.

Methods: *Acción* CHWs were trained in community advocacy and received ongoing technical assistance in developing strategic advocacy plans. *Acción* CHWs documented community advocacy activities through encounter forms in which they identified problems, formulated solutions, and described systems and policy change efforts. Strategy maps described the steps of the advocacy plans.

Results: Findings demonstrate that CHWs worked to initiate discussions about underlying social determinants and environmental-related factors that impact health, and identified solutions that improve neighborhood conditions, create community opportunities, and increase access to services.

Public health must necessarily be concerned with social conditions at the root of many inequities (Braveman, 2006). Public policy that seeks to achieve sustainable improvements in the social determinants of health- income, education, housing, food security and neighborhood conditions, can contribute to positive health outcomes (Anderson, Scrimshaw, Fulilove, & Fielding, 2003). One approach lies in building capacity for communities to increase their participation and effectiveness in civic engagement, to generate collective action, and to engage private and public institutions to create systems that protect health (Wallack, 2003).

Community health workers (CHWs) are members of the communities they serve, have intimate knowledge of community needs and resources, and are considered leaders among their peers (Rosenthal, Wiggins, Ingram, Mayfield-Johnson, & De Zapien, 2011). While recognized for their role in impacting health downstream (Viswanathan et al., 2009), there is evidence that CHWs can also successfully facilitate community efforts to impact social and structural issues related to health (Eng & Young, 1992; Kent & Smith, 1967; Perez & Martinez, 2008). In fact, advocating for individual and community needs is a core competency of CHWs in the U.S. (Rosenthal et al., 2011). This report describes preliminary results from *Acción Para La Salud* (Action for Health) an intervention that relied upon CHWs to engage community members in three Arizona border communities in pursuing public policy contributing to sustainable health improvements. The Arizona border population is much poorer, attends fewer years of school, and suffers a higher rate of unemployment than the population of any State. Not surprisingly, these conditions translate into greater health risks, which are exacerbated by the lack of insurance and health care resources (U.S.-Mexico Border Health Commission, 2003).

Theoretical Background

Two theories guide *Acción*. The first centers on the importance of community engagement in addressing relevant and meaningful policy change. The second postulates an avenue through which CHWs can engage communities in the policy process.

Community engagement:

Gaventa and Barrett (2010) presented the results of an international meta-case study that surveys types of citizen engagement (Gaventa & Barrett, 2010). Analysis of 100 studies from 20 countries found that people engaged civically through local associations, social movements/campaigns, and as members of formal participatory spaces such as advisory committees. Outcomes with implications for public policy development include: 1) construction of citizenship; 2) strengthening practices of participation and capacity for collective action; 3) strengthening responsiveness and accountability of states and institutions; and 4) development of inclusive and cohesive societies. *Acción* used this framework to describe ways CHWs engage their communities as precursors of changes in social determinants of health.

Policy development:

Kingdon's conceptual framework for policy change (2003) envisions three streams, problem, policy, and political, which operate independently (Kingdon, 2003). In the problem stream, issues are identified and defined based on various indicators or events. The policy stream represents solutions generated about an issue. The political stream describes factors that bring a particular problem into focus or favor a specific policy solution, such as national mood. Policy change most likely to occur when conditions in all three streams are interconnected. Kingdon calls this alignment a policy window. Change agents can act to open policy windows and/or take advantage of those that have opened.

In *Acción*, CHWs serve as catalysts for change on a local level in all three streams. In the problem stream they interact with community members to identify salient issues. In the policy/solution stream they engage them in creating ideas to improve their community. In the political stream they develop relationships and advance the community's policy agenda with such entities as school districts, health care delivery system(s), or municipalities. Thus, CHWs both create and seek to capitalize on policy windows in diverse systems. (Figure 1)

Methods

Members of an academic-community partnership Community Action Board (CAB) developed *Acción* through a community-based participatory research process. The five partnering organizations, which have CHWs as core to their health efforts, included two community health centers, a county health department, a grassroots clinic and a grassroots organization. Each agency identified experienced CHWs on their staff to work on *Acción*. The eleven *Acción* CHWs had at least five years of experience.

Intervention:

The CAB training committee developed the *Acción* community advocacy curricula guide using strategies from existing advocacy and leadership tools. The 18-month training consisted of four participatory and reflective workshops with the *Acción* CHWs and their supervisors (<http://azprc.arizona.edu/resources/curricula>). The CHW supervisors were strategically included to ensure that the CHWs had organizational support for advocacy activities. Activities to foster community advocacy were initiated during the training in which *Acción* CHWs were asked to talk to community members about issues and identify existing power structures within their communities. After the first year, the CHWs began to identify community advocacy projects based on needs they identified in their contact with clinic patients and participants in CHW prevention activities, during outreach efforts, and in community conversations and meetings. In ongoing technical assistance, CHWs were then assisted in using strategy maps to identify steps to their desired policy outcome (Zacoks, Dobson, Kabel, & Briggs, 2010). *Acción* CHWs met regularly with their supervisors and engaged in monthly peer network conference calls to share challenges and successes with their colleagues.

Data Collection:

Acción data collection instruments were determined through a participatory process with partners (Israel, Schulz, Parker, Becker, & Health, 2001). The data were primarily qualitative and collected systematically across all five intervention sites to capture the span of their activities. *Acción* CHWs used encounter forms to document conversations and meetings with community members, groups, and local officials. On the forms they described the issue being discussed, their next step(s) in addressing it, and which of Kingdon's streams they were working in. The strategy maps identified the advocacy outcome and corresponding strategies. Corroborating data sources included quarterly program narratives and technical assistance notes.

Analysis:

Three members of the research team were responsible for analysis. Information on the forms was validated using program narratives and technical assistance notes. The description of the encounter was used to verify whether the CHWs had categorized it in the correct stream(s). Among the 211 encounter forms, approximately 29% was re-categorized as individual advocacy, community programming or education, leaving 150 forms for analysis. Content from the encounter forms and strategy maps was coded to types of community engagement.

Results

The remaining 150 encounter forms across the five partner agencies were analyzed to ascertain the extent to which CHW advocacy activities were related to Kingdon's theory. The number of forms per agency was 17–55. CHWs most often reported working only in the problem stream (61% of total encounters) reflecting the first step of engaging community members in identifying issues of importance. Many of these encounters were conversations between the CHWs and community members during normal job activities in clinic visits, health education classes, and support groups, and reflected concern over a broad range of issues such as the adequacy of public services, community safety and cleanliness, and activities for youth. Over time, the encounter forms documented a shift from individual to group encounters in the problem stream; e.g., CHWs brought community members together in house meetings or community forums to discuss a problem. Encounters in the problem stream were coupled with the policy stream in 20% of total encounters reflecting activities in which CHWs began identifying and working on solutions to a previously identified problem.

A small percentage of policy encounters were activities (10%) not connected to a problem identified through *Acción* (attending an anti-tobacco coalition). The policy stream and political stream overlapped in 3% of encounters, all of which occurred in one organization in which CHWs had the opportunities to discuss organizational policy change not directly connected to a previously identified problem. In 3% of encounters CHWs began engaging in all three streams, taking their community-generated solution to decision-makers in their agency or town. The remaining 3% of total encounters were political, in which CHWs in one agency held informational meetings with political or organizational leaders (Table 1).

Critical to the *Acción* intervention is community engagement to address the power relationships that underlie disparities in the social determinants of health. To describe strategies CHWs used to involve community members in the policy development process, we also analyzed encounters by type of engagement. Most often, CHWs used local associations to strengthen practices of participation (70%), typically by engaging their clients in conversations about the wellbeing of their community and what might be done to improve it. The CHWs also involved community members in efforts to increase access to services and to make systems more accountable to community needs (27%), for example through petitions and group meetings with public officials. In two instances (3%), CHWs engaged in activities related to the construction of citizenship, one informing community members of their rights under immigration law, and the other discussing the potential impact of proposed state redistricting on community members. Finally, the strategy maps further documented advocacy strategies and desired outcomes including plans to address transportation infrastructure, clinic hours, safe routes to schools, the safety net for domestic violence victims and sales of energy drinks to minors.

Discussion

Using theories of community engagement and policy change, *Acción* sought to empower CHWs and their communities to advocate for sustainable change targeting underlying social determinants. To varying degrees across organizations, *Acción* CHWs encouraged community members to think ecologically about their health and identify advocacy-oriented solutions to improve neighborhood conditions, enhance community opportunities, and increase access to services. In three organizations, *Acción* CHWs initiated activities in the political stream, in several cases directly involving community members. In looking at types of community engagement, CHW advocacy activities most often focused on strengthening practices of participation, and the majority of these took place within the problem stream. Our findings indicate the value of long-term testing of effectiveness of *Acción* in identifying specific advocacy activities leading to policy development, and potential policy and environmental changes impacting community health. In the future, it will be important to investigate organizational factors that facilitate or discourage CHW advocacy and determine optimal conditions for successful CHW public health advocacy activities.

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Figure 1:
CHW Community Advocacy: An adaptation of Kingdon's (2003) Three Streams Theory

Table 1:

CHWs community advocacy activities in the Kingdon (2003) policy streams

Percent of Encounter Forms Categorized by Policy Stream N = 150						
Stream	Partner 1 n = 17	Partner 2 n = 28	Partner 3 n = 55	Partner 4 n = 30	Partner 5 n = 20	Total
Problem	47%	57%	87%	40%	40%	61%
Policy	29%	11%	0	23%	0	10%
Political	24%	0	0	0	0	3%
Problem & Policy	0	14%	13%	27%	60%	20%
Problem & Political	0	0	0	0	0	0
Policy & Political	0	14%	0	0	0	3%
Problem & Policy & Political	0	4%	0	10%	0	3%
Total	100%	100%	100%	100%	100%	100%