Use of community health workers in research with ethnic minority women

CRD summary
This review examined the effectiveness of community health workers (CHWs) with ethnic minority women in the United States. The authors concluded that CHWs are effective in improving access to health care, increasing knowledge and promoting behaviour. Most studies appeared to be of a poor-quality design and provided limited evidence. Thus, conclusions about the efficacy of CHWs are suggestive rather than definitive.

Authors' objectives
To examine the roles and effectiveness of community health workers (CHWs) with ethnic minority women in the USA.

Searching
MEDLINE (from 1966 to 2002) and CINAHL (from 1982 to 2002) were searched; the search terms were not reported.

Study selection
Study designs of evaluations included in the review
Inclusion criteria were not specified in terms of the study design.

Specific interventions included in the review
Studies of CHWs that were set in the USA were eligible for inclusion. The review classified the role of CHWs in the included studies as educator, 'outreacher' (e.g. promoting access to screening), case manager (e.g. assisting with access to community resources) and data collector.

The included studies differed in the training, payment, recruitment and supervision of CHWs. All CHWs in the included studies were women matched with the ethnicity of the target population. Most of the studies were set in urban environments; others were in rural settings.

Participants included in the review
Studies targeting ethnic minority women were eligible for inclusion. The included studies targeted African American, Hispanic/Latino, Alaskan and Native Americans, and Asian women.

Outcomes assessed in the review
Inclusion criteria were not specified in terms of the outcomes. The review assessed access to various types of health services, knowledge about a variety of medical conditions and behaviour.

How were decisions on the relevance of primary studies made?
The authors did not state how the papers were selected for the review, or how many reviewers performed the selection.

Assessment of study quality
The authors stated that they extracted data on methodological limitations, but no details were provided. The authors did not state how the papers were assessed for validity, or how many reviewers performed the validity assessment.

Data extraction
The authors did not state how the data were extracted for the review, or how many reviewers performed the data extraction.
Methods of synthesis

How were the studies combined?
The studies were grouped by health outcomes, with details reported in both a table and a narrative.

How were differences between studies investigated?
Differences were discussed with respect to the role of the CHW, the ethnic minority targeted, the type of intervention and some aspects of validity.

Results of the review

Twenty-four studies (n=9,468) were included: 9 experimental studies (n=4134), 6 quasi-experimental studies (n=2,198), 7 descriptive studies (n=2,890), 1 cross-sectional pre-test post-test study (n=217) and 1 qualitative study (n=29).

Access to health services (16 studies).

The studies showed that CHWs improved access to health services for prenatal care (1 study), mammography screening (5 studies), Pap testing (4 studies), sick-child visits (1 study), pre- and postnatal care (2 studies), sexually transmitted disease testing (2 studies), smoking cessation programmes (1 study) and maternal-child health visits (1 study). The overall attrition rates ranged from 19 to 60%.

Knowledge (7 studies).

Five of the 7 studies showed improvement in knowledge for general health practices among Latino farm-working women (1 study), cervical cancer among Native American Indian women (2 studies), diabetes-related self-care among African American women (1 study), and acquired immune deficiency syndrome among homeless African American and Hispanic/Latino women (1 study).

The two studies that showed no increased knowledge had methodological problems, such as high attrition rates, small sample sizes and a lack of standardised instruments.

Behaviour (6 studies).

Five of the 6 studies showed positive outcomes with CHWs: weight loss in church-based African American women (1 study); longer duration of breast-feeding in African American women (2 studies); reductions in noninjection drug use and the number of sexual partners and increased condom use in homeless ethnic minority women (1 study); and increased physical activity in African American women with type 2 diabetes (1 study).

One study showed no change in the behaviour of Hispanic women receiving diabetic education and case management.

Cost information

Two of the included studies showed improved outcomes and reduced costs associated with CHWs.

Authors’ conclusions

CHW are effective in improving access to health care, increasing knowledge and promoting behaviour among ethnic minority women.

CRD commentary

The review addressed a broad research question and inclusion criteria were only specified for the intervention and participants. The search strategy was limited to published studies listed in two databases, which might have resulted in the omission of other relevant studies and the possibility of publication bias. The methods used to select studies, assess validity and extract the data were not described, so it is not known whether any efforts were made to reduce errors and bias. A formal quality assessment was not reported.
The narrative review was appropriate, although study quality was not generally taken into account when reporting the results. Most of the studies appeared to be of a poor-quality design and provided limited evidence. Given the methodological weakness of the review and the lack of clarity about the quality of the included studies, the authors' conclusions may not be reliable.

Implications of the review for practice and research

Practice: The authors did not state any implications for practice.

Research: The authors stated that future research should include improved conceptualisation and definition of the roles of CHWs, theoretical frameworks for study design, more comprehensive methods to assess both process and outcomes, and increased community involvement. Future research should also examine the health needs of under-represented ethnic minority women.

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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.