



COMMUNITY HEALTH VOLUNTEERS

A PATHWAY TO SUSTAINABLE CARE

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Numerous studies have documented the effectiveness of utilizing volunteer workers as a strategy for community health promotion. Referred to in the literature by a number of names (e.g. community health workers/volunteers/educators/aides, lay health workers, navigators, promotores/as, etc.), these workers help members of their own communities access health and social services and/or educate them about various health issues.¹⁻² For the purposes of this review, these volunteer community workers will be referred to as Community Health Volunteers (CHVs). CHVs are thought to reduce health disparities through a variety of mechanisms such as increasing access to care through awareness of available services and providing culturally competent health education and counseling. Additionally, since services are delivered by trusted members of the community, CHVs are thought to minimize cultural barriers to care such as stigma and deeply ingrained health beliefs.³

Community Health Volunteer Interventions Compared to Professional Care

Preliminary results of Family Bridges own quasi-experimental research study on the AVANCE model of volunteer relationship education show statistically significant improvements in a number of programmatic outcomes among a participant pool consisting of 99% Latinx individuals. These include increases in perception of parenting skills, relationship satisfaction for married couples, and volunteer skills. Outside of this study, the potential for volunteer-led initiatives to strengthen various health outcomes has been well-established. For example, one study found that lay facilitators were at least as effective as doctoral counseling students at delivering successful smoking cessation counseling. The author concluded that the results of the study lend evidence for the generalizability of certain behavioral health interventions to community-based settings.⁴

In yet another study comparing the effects of a volunteer vs professionally delivered Parent-Child Interaction program, which teaches parents to take an active role in the education of their young children, researchers found no significant differences between groups led by professional parent educators and those led by volunteers.⁵ The researchers concluded that “volunteers can be successful parent educators in the Parent Child Interaction (PCI) Program. In fact, volunteers may be superior to professionals in some respects; volunteers tended to be more enthusiastic about PCI and more eager to work overtime to ensure program success. They appeared less worried about evaluation and more concerned about parent’s participation than the overworked extension personnel. Since PCI participation was a new experience for them, volunteers devoted much time and energy to their involvement.”⁶

These results seem to hold true with a variety of family health interventions, including premarital counseling. In a study comparing the impact of the PREP premarital counseling curriculum when administered by clergy and lay leaders versus Denver University staff, researchers found no statistically significant differences between the two groups on

measurements of satisfaction with the premarital training or on improvements in couples' interactions over time.⁷ However, both groups showed statistically significant improvement in couple interaction when compared to a control group. In reference to the clergy and lay leaders administering the PREP program, researchers noted that "Whatever these leaders may have lacked in experience with this specific program seems to have been offset by their skill at marriage education, the user-friendly program format, and the fact that they were working in settings familiar to them and the couples they serve."

Apart from these examples, non-professional volunteers have been successfully utilized to supply a variety of health services throughout the U.S. and abroad such as the diagnosis and treatment of malaria, counseling and testing for HIV, distribution of medication, dissemination of health messages, psychosocial support of individuals suffering from mental illness,⁸ and primary child abuse prevention services via post-natal home visitation and parent mentoring and education.⁹

Health Benefits of Volunteerism

In addition to the extensive research supporting the efficacy of community health volunteer (CHV) based strategies, volunteer service also yields substantial health benefits to the volunteers themselves, adding a new dimension to the utilization of CHV interventions to promote overall community well-being.¹⁰ For example, a survey of a large, ethnically diverse sample of older adults showed that providing social support for others was associated with lower rates of mortality, even when controlling for education, marital status, age, gender, socioeconomic status, and ethnicity.¹¹ In another study, volunteers reported having a greater sense of life satisfaction and better physical health than their non-volunteering counterparts. At the same time, their life satisfaction and physical health seemed to improve at a greater rate as a result of their volunteering, solidifying the relationship between the two variables.¹²

Remarkably, several studies which looked specifically at the effects of volunteering on persons suffering from serious or chronic illness have found that patients who volunteer receive health benefits well beyond what can be achieved through standard medical care. For example, in one study, participants suffering from chronic pain experienced declines in the intensity of their pain, their level of disability, and their feelings of depression when they served as peer counselors for others suffering from chronic pain.¹³ In another study, individuals with post-coronary artery disease who volunteered after their heart attack reported reduced levels of despair and depression---both of which have been linked to an increased mortality rate for this type of patient. Additionally, these individuals reported feeling a greater sense of purpose in their lives.¹⁴ Thus, community volunteer-based programs create a grassroots level change that is simply not afforded by professionally led interventions.

Discussion

The relevant literature on the subject of community health volunteers represents a long history of effectiveness as it relates to community well-being. This evidence suggests that lay -workers can be as effective as professionals when it comes to the delivery of certain wellness interventions, especially those that are focused on prevention and education. Moreover, unlike professionally delivered services, volunteers in the community health volunteer model are, by definition, members of the community. Thus, the benefits of volunteerism are recycled back into the community creating a reciprocal benefit on both ends of the exchange. Estimates of the average cost of a volunteer's work are currently set at \$27.20 an hour¹⁵ indicating that, even when subtracting the cost of recruiting, training, and maintaining volunteer participation, CHV programs are a cost-effective strategy to improve community well-being.

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