Executive Summary

What distinguishes Community Health Workers (CHWs) from other health care providers is their unique ability to understand and navigate the local norms and culture of underserved communities as members of those communities themselves. While their position as a peer is their greatest asset, it can also put them at a disadvantage to thriving in this role if they do not receive the adequate training and support from their supervisor. As CHWs are non-traditional frontline healthcare workers, supervisors must be prepared to support CHWs through the distinct challenges they will face in this unique position.

CHW supervisors must act as a mentor, advocate, coach, and counselor. To fill all of these roles, a supervisor should meet regularly with a CHW to review their work, discuss their needs and upcoming events, provide feedback, and problem-solve any issues that have come up. CHW supervisors should also be available to the CHW outside of meeting times to respond to any needs that have come up, complete program planning activities, and conduct evaluation activities. To ensure a supervisor can fully support the CHW and the program, staff time, funds, and resources should be carefully budgeted to recruit, hire, train, and support a CHW supervisor.

Supervising Community Health Workers

Community Health Workers (CHWs) have been used to forge a link between health care providers and underserved, vulnerable communities in the United States since the 1950s. Over the decades, there has been ample evidence documenting the effectiveness of CHWs in improving the quality of care delivered and the health outcomes of high-risk patients. However, research has consistently shown that a CHW’s success is directly tied to the support and supervision they receive within the organization. Moving from the role of a peer to a professional within a community puts CHWs in a unique position, in which proper guidance and support is crucial to their success. Too often, the full impact of a CHW program is not realized because of poor or no supervision. This oversight not only jeopardizes the success of the program, but for some organizations, it also poses a threat to funding, and thus sustainability. Some insurers require that CHWs receive supervision in their work in order to be reimbursed for their services. This brief report outlines the key elements of meaningful CHW supervision, as well as planning considerations for an effective supervision system.
Supervising Community Health Workers

Supervision Basics

Studies have shown that poor supervision of CHWs is as ineffective as no supervision\(^1\), so it is important to understand the basic framework of successful supervision before considering the details of a supervision system.

A CHW supervisor should be responsible for four to eight CHWs. Supervision primarily occurs through regularly scheduled meetings between the CHW and the supervisor. Supervision meetings are typically 45 minutes to an hour, although they may last longer. It is considered best practice for supervision meetings to occur on a weekly basis; however, the frequency of the meetings will depend on what is best for each program. For some programs it may be more appropriate to meet bi-weekly, monthly, or at another interval determined by the CHW and their supervisor.

During supervision meetings the CHW and their supervisor should review the CHW’s work, discuss any of the CHW’s needs and upcoming events, and provide each other with feedback on how the program is progressing. These meetings allow the supervisor to track the accomplishments and needs of the CHWs, to monitor their progress towards certain goals and objectives, to provide them with a time to share input on the program, to problem-solve challenges that have come up in their work, to plan future activities or events, to provide feedback to the CHW on their work, to provide encouragement, to enforce personnel policies and organizational procedures, and to build a trusting relationship. Above all, interactive supervision meetings provide CHWs with emotional support.

When working so closely with at-risk and high-need populations, CHWs are confronted with very difficult and emotionally challenging situations that can cause stress, burnout, and other forms of emotional distress. Reviewing and processing these cases together during supervision meetings is one of the best tools a supervisor has to support the CHW.

However, supervision is not limited to meetings. Supervision also includes recruiting and training CHWs, planning program details, assuring quality of all program forms and other data collection, evaluating overall progress towards goals and objectives, and adjusting workflow, as needed. Outside of supervision meetings, the CHW supervisor will also be responsible for responding to any questions or needs of the CHWs as they arise.

Supervision can occur as a group or individually. As seen in Figure 1, there are different benefits and drawbacks to each format. The best fit for your program will depend on variables such as geographic location of the CHWs or their level of experience.

If regular supervision meetings are offered as a group, it is ideal to also schedule a time for individual supervision meetings. Individual supervision meetings may occur more infrequently, but it is important to provide this time for the CHW to check-in with their supervisor one-on-one.

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Planning Considerations

The most commonly reported barriers to providing meaningful supervision to CHWs are a lack of consistent funding, a lack of time to provide ongoing support, a lack of experience working with CHWs, a lack of training and preparation for the CHW supervisor, a lack of support for the CHW supervisor, and the supervisor not providing the appropriate support to CHWs. These issues can be resolved or avoided entirely by appropriately planning and developing a supervision system for a new program or making adjustments to an old program.

<table>
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<tr>
<th>Supervision Type</th>
<th>Pros</th>
<th>Cons</th>
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| Individual       | • Able to learn the CHW’s personality and work style better  
• Better opportunity to build trust  
• Troubleshoot any challenges directly  
• Easier to monitor the CHW’s individual progress and needs  
• Allows supervisor to provide individual feedback | • CHWs may not feel as much a part of a team  
• CHWs may feel there is favoritism for one employee |
| Group            | • CHWs can share stories and frustrations  
• CHWs will learn from each other  
• CHWs can give and receive mutual support  
• Supervisor can facilitate team-building activities  
• Able to discuss team’s overall progress towards program objectives  
• Opportunity to brainstorm and plan as a group | • Coordinating schedules  
• May involve lengthy travel for some CHWs  
• Doesn’t allow for in-depth individual discussions  
• Some CHWs may feel overshadowed by others  
• More difficult to monitor the individual progress and needs for each CHW |

*Figure 1: Individual vs. Group Supervision*
Budgeting

In recent years, more and more evidence has been published demonstrating the high return on investment in both cost effectiveness and health outcomes that CHWs programs have the capacity to produce. However, there must be an initial investment in the program to achieve these results. The costs for training the CHW supervisor and any other supervision related expenses (travel, video-conferencing technology, phone usage, etc.) should be accounted for in the budget. It is also important to allocate sufficient funds to compensate the appropriate person to be the CHW’s supervisor, which could mean hiring additional staff, such as a Program Coordinator or Manager. There should be enough staff included in the budget to ensure that the workload of the CHW supervisor will allow them to conduct regular supervision meetings, trainings, and respond to the needs of CHWs throughout the week.

Training and Support

In order to train and support the CHWs, their supervisor should also be provided with training and support from their superiors. The most successful CHW supervisors receive a clear job descriptions from the leadership team of the organization. They understand that the goals for supervision are to ensure program quality, to provide communication and information to the CHWs, to create a supportive environment, to empower CHWs in decision-making, and to provide mentorship for professionalism. Regardless of their prior experience or qualifications, CHW supervisors should be given an orientation to review these expectations. Depending on their background, it may also be necessary to provide training on the foundations of a CHW program, how to best support the CHWs through challenging situations and cases, and how to mentor and coach CHWs in their work. Their supervisor should provide the same, continual support as they grow in their role as CHW supervisor.

<table>
<thead>
<tr>
<th>Title</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Program Coordinator/Manager</td>
<td>71%</td>
</tr>
<tr>
<td>Clinical Director</td>
<td>14%</td>
</tr>
<tr>
<td>Nurse</td>
<td>10%</td>
</tr>
<tr>
<td>Doctor</td>
<td>5%</td>
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*Figure 2: CHW Supervisors’ Professional Positions*


Supervising Community Health Workers
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Developing Standards

Finally, a supervision system with evaluation processes should be developed to ensure that there is accountability on all levels. Weekly assessments of a specific task, regular performance reporting, and/or regular site evaluations are reporting measures that CHW supervisors can use to ensure that meaningful supervision is regularly being conducted.¹

References

5. Allen, Caitlin, et al. "Strategies to Improve the Integration of Community Health Workers Into Health Care Teams: "A Little Fish in a Big Pond". Preventing Chronic Disease, 12. DOI: http://dx.doi.org/10.5888/pcd12.150199