

Evaluating the Impact of Community Health Workers: **The Common Indicators Pilot Project**

November 2025



Launched in December 2024, the Common Indicators Pilot Project brought together six Rhode Island community-based organizations and Health Equity Zones (HEZs)—Refugee Dream Center, The Autism Project, Connecting for Children and Families, OneCranston HEZ, Central Providence HEZ, and 02907 HEZ—to gauge and enhance community health workers (CHWs)' impact on underserved populations.

About the Common Indicators

The CHW Common Indicators are a set of 12 process and outcome measures developed with leadership of CHWs and longtime allies from around the US and support from the Centers for Disease Control and Prevention (CDC). The Indicators can help to:

- demonstrate the importance of the CHW role,
- improve working conditions for CHWs, and
- provide evidence of how CHWs help to address health disparities and support community well-being and empowerment.

For more information, see "[A Guide to Using the CHW Common Indicators](#)" on the CHW Center for Research and Evaluation website.

Project Goals

Evaluate CHW impact with standardized measures

Evaluate the impact of CHWs by using nationally validated and standardized measures to track improvements in health and well-being.

Integrate indicators seamlessly into practice

Support organizations to implement the CHW Common Indicators into their existing case management practices by providing a comprehensive orientation and monthly educational and interactive sessions.

Contribute to a national data set

Contribute to a growing national data set that supports CHW infrastructure, sustainability, and financing, helping to build a stronger foundation for community health initiatives nationwide.

Measure key health outcomes

Collect data on 3 key indicators related to participant health, social support, and empowerment to identify needs and track progress.





Methods

From January to May 2025, CHWs from Connecting for Children and Families, Refugee Dream Center, and The Autism Project served and evaluated 19 participants as part of the Common Indicators Pilot Project. Services provided by CHWs focused on addressing the social determinants of health. For example, CHWs helped families access assistance to meet basic needs (e.g. food, clothing, utilities, housing), identify support for children with special needs (Autism Project), and integrate successfully into the community (Refugee Dream Center).

CHWs administered surveys to participants at the beginning and end of the project period to assess self-reported changes in three indicators: physical, mental and emotional health; social support; and empowerment. Each organization received an initial orientation, including training on how to implement surveys into their existing screening tools and processes. They also joined monthly, interactive technical assistance sessions and optional one-on-one meetings led by Mitchell Abuna, lead evaluator for the CHW Program at the Rhode Island Department of Health (RIDOH), with support from Noelle Wiggins and CHW Pennie Jewel from the CHW Center for Research and Evaluation.

Indicators of Focus

Participant self-reported physical, mental, and emotional health

Type of measure: Outcome measure

Definition: The self-reported assessment of perceived physical, mental, and emotional health and quality of life.

How it was measured: Participants rated their physical and mental/emotional health on a scale from Poor (1) to Excellent (5).

Why measure this? An indicator of self-reported health is important for monitoring and assessing the perceived general and functional health and quality of life of individuals and populations. It is widely used in the US and worldwide, relatively easy to measure, and generally correlates well with clinically measured health status, use of health services, and healthcare costs. Self-reported health incorporates the voices of individuals and provides a more holistic view of overall health.





Participant social support

Type of measure: Outcome measure

Definition: The level of support (i.e., assistance/help) that participants perceive from others to deal with regular and emergent life challenges, including economic, social, health, and emotional challenges.

How it was measured: Participants indicated their level of agreement on a scale from Strongly Disagree (1) to Strongly Agree (4) with statements about having people to talk to, knowing where to access food, housing, financial, or job resources, and feeling supported in times of need.

Why measure this? The presence of social support has been associated with faster recovery from illness, responsiveness to treatment in stress-related illnesses, fewer pregnancy complications, decreased levels of depression, greater life satisfaction, and better well-being. Lack of support is strongly associated with increased morbidity and mortality. CHWs provide social support both directly, by accompanying community members, and indirectly, by linking them to existing groups and starting new ones.

Participant empowerment

Type of measure: Outcome measure

Definition: A composite measure assessing both actual and perceived empowerment.

How it was measured: Participants responded to 10 questions, rating their ability to make change in their life on a scale from Strongly Disagree (1) to Strongly Agree (4). Specific questions included:

1. I can do the things I need to do to take care of myself.
2. I feel like I belong in at least one community.
3. I can work together with others in my community to make positive change.
4. I can make important decisions about my life.
5. I have the information I need to make decisions about my life.
6. The way others see me does not control how I see myself.
7. I am hopeful about the future.
8. I have healthy ways to deal with the bad things that happen to me in my life.
9. I can advocate for myself.
10. I have access to the basic resources I need to live a healthy life.





Why measure this? Empowerment is recognized by the World Health Organization and health agencies around the world as a core concept in health promotion and integral to the achievement of social equity. Empowerment independently predicts self-reported health status and depression, and is in the pathway to improved health, making it a good intermediate measure of health status. Increasing empowerment is seen as a critical CHW function; it has also been hypothesized that CHWs are unique among other health and social service professionals in their ability to support participants to increase their empowerment.

Results

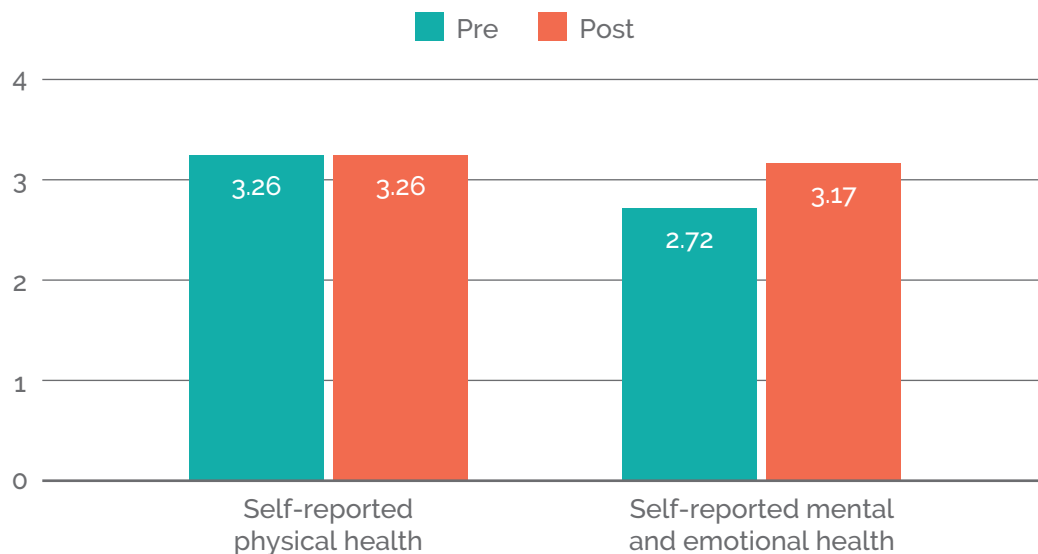
Survey results suggest that support from CHWs during the pilot project helped strengthen participant well-being, confidence, resilience, and awareness of services.

Participant health

No changes were observed in self-reported physical health, possibly due to the short duration of the intervention or other external factors (like access to medical care). There was an increase in self-reported mental/emotional health, as shown in the figure below.

This suggests that the program had a positive impact on mental and emotional well-being.

Changes in self-reported physical and mental/emotional health among Rhode Island Common Indicators Pilot Project participants, January - May 2025



Data source: CDC CHW Initiative – Rhode Island, Common Indicators Pilot Project (n = 19 participants across 3 community organizations, 2025)



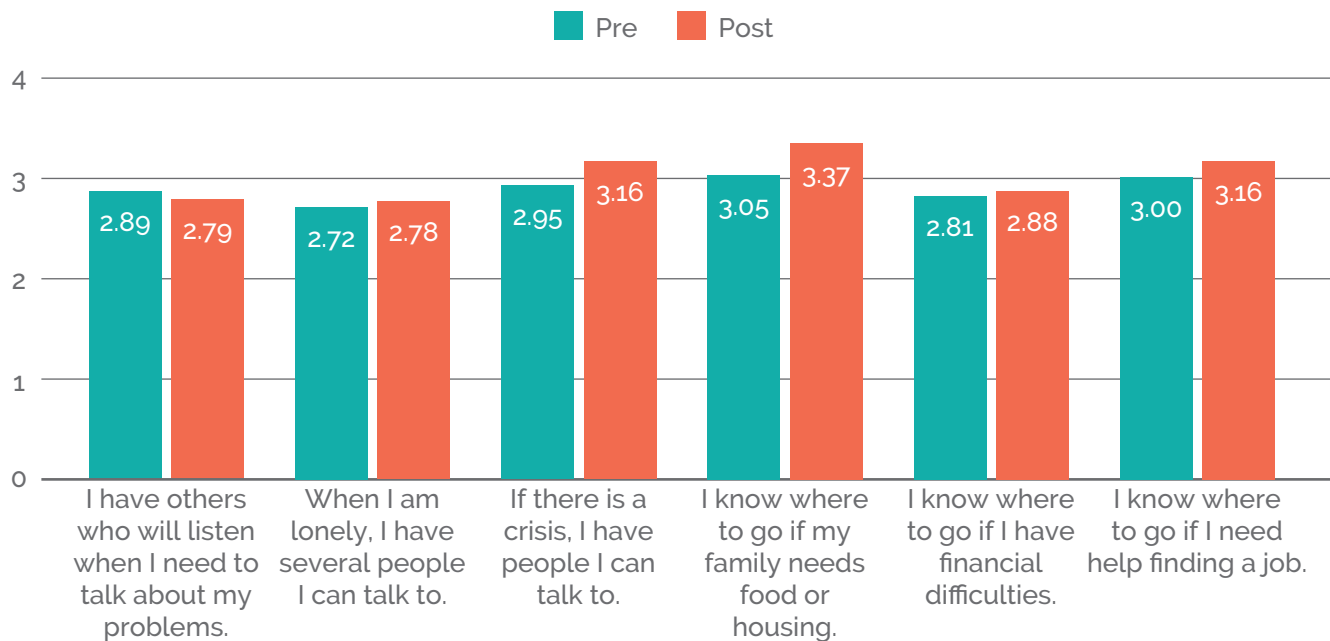


Social support

The post-survey revealed modest gains in measures of social support, suggesting room for deeper support. As shown in the figure below, knowledge of how to access tangible resources, such as food, housing, and employment, improved slightly, as did the perception of having people to talk to in a crisis. Responses to other questions did not change much, perhaps reflecting the short interval between surveys.

As shown in the figure below, knowledge of how to access tangible resources, such as food, housing, and employment, improved slightly, as did the perception of having people to talk to in a crisis. Responses to other questions did not change much, perhaps reflecting the short interval between surveys.

Changes in social support among Rhode Island Common Indicators Pilot Project participants, January - May 2025



Data source: CDC CHW Initiative – Rhode Island, Common Indicators Pilot Project (n = 19 participants across 3 community organizations, 2025)

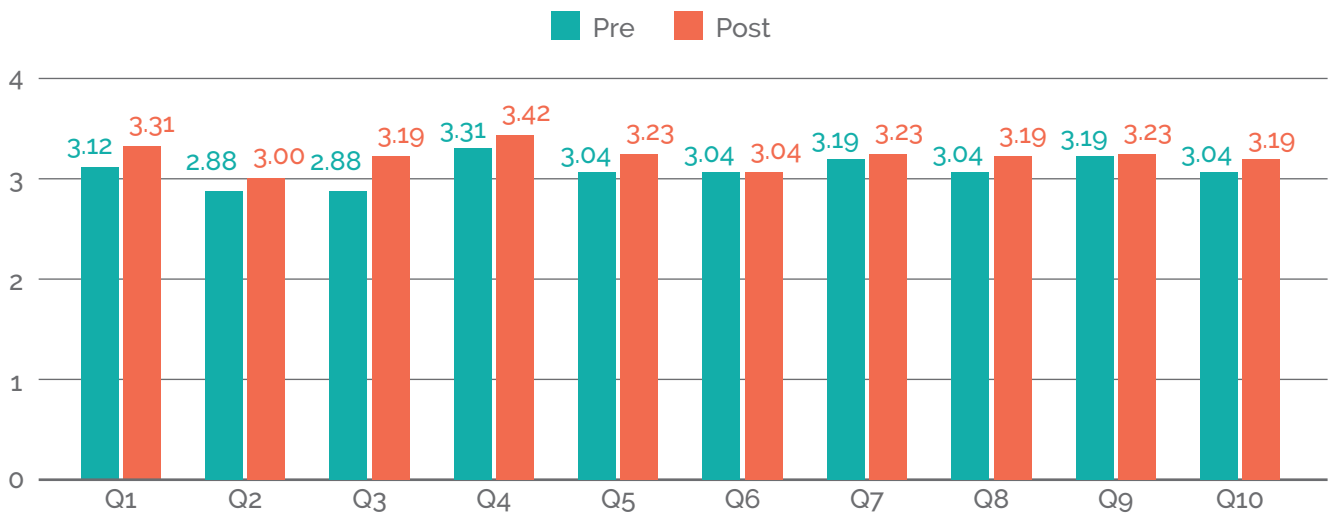




Empowerment

Self-reported levels of empowerment rose across all 10 areas assessed. Slight increases were even seen in areas that already reflected high baseline levels of empowerment, like decision-making (question 4) and self-advocacy (question 9). The biggest jumps were seen in responses to questions about belonging (question 2), collective action (question 3), and information access (question 5), suggesting that CHWs helped participants become more connected, capable, and informed. **Findings emphasize the important role of CHWs in empowering community members** in addition to connecting them to resources.

*Changes in levels of empowerment among Rhode Island Common Indicators
Pilot Project participants, January - May 2025*



*Data source: CDC CHW Initiative – Rhode Island, Common Indicators Pilot Project
(n = 19 participants across 3 community organizations, 2025)*





Participant Experiences

The Common Indicators Pilot Project provided CHWs and organizations a powerful opportunity to reflect on community needs. It became a vehicle for building trust, uncovering challenges, and supporting holistic care, especially for underserved populations.

Deepening understanding and holistic care

CHWs found that asking deeper questions about well-being opened meaningful dialogue, allowing them to support caregivers as well as children. *"It gave us an opportunity to ask questions about the caregiver's mental health as well."* - CHW at The Autism Project

Building trust

By adding questions to their screening and case management processes, CHWs used them as conversation openers to build trust and capture a broader picture of client needs. *"These questions helped us understand our families more holistically."* - CHW at Connecting for Children and Families

The power of one-on-one engagement

Administering surveys individually built trust and yielded more meaningful responses. *"They weren't just answering a question—they were giving me background in hopes of getting more resources."* - CHW at Refugee Dream Center

Storytelling as a catalyst for action

The narratives sparked by open-ended questions revealed insights that numbers alone could not, often leading directly to service referrals. *"When people are comfortable giving you a narrative... it shows a level of trust and honesty."* - CHW at Refugee Dream Center

Learn More

- To access guiding documents on the CHW Common Indicators, visit rb.gy/sumjv7.
- To participate in a Common Indicators Project training, visit chwcre.org/trainings.
- To learn more about Rhode Island's CHW initiatives, visit health.ri.gov/community-health-workers



Rhode Island's
Community
Health
Workers:
Your bridge to
better health

