Listening to mothers: experiential quality of community health worker and facility-based care for children under-5 in rural Liberia

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01 BACKGROUND

- While technical quality (delivering care according to protocol) is important for clinical effectiveness, delivering people-centered primary care and increasing willingness to use services also requires high experiential quality.
- Experiential quality is the patient's perspective on how care is provided, including respect, communication, timeliness and responsiveness to their needs. Experiential quality can be measured through patient-reported experiential quality measures (PREMS) and is associated with health system quality outcomes including needs met and trust.
- Community health workers (CHWs) provide primary care for children under-5 (U5) in many resource-limited settings, but little is known about their experiential quality and how it compares with facility-based care.

02 OBJECTIVE

Assess PREMS among women who sought care for U5 children from CHWs, known locally as community health assistants (CHAs), or facilities during scale-up of the Liberia National Community Health Program (NCHP)

03 METHODOLOGY

Setting: Grand Bassa County, Liberia following the implementation of NCHP

Survey and population: Data were collected from April to November 2022 from women in households >5 km from nearest health facility

Data collected: Sociodemographic; recent care seeking for children U5 with fever, diarrhea or respiratory symptoms including source of care; and PREMS (dignity, autonomy, confidentiality, quality of amenities, communication, prompt attention, health met needs, trust, confidence, and likelihood to recommend the provider) (Table 1)

Analysis: Pearson's chi square tests were used to determine significant differences for the PREMS measures by provider type seen (CHA vs. facility provider) (Figures 1 & 2). Multivariable analysis using Poisson regression with log link and linear regression, adjusting for respondent characteristics, were used to determine the association between provider type and PREMS measures (Figures 3-5).

Table 1. Health system responsiveness and outcomes questions & definitions (adapted from Ratcliffe et al.)

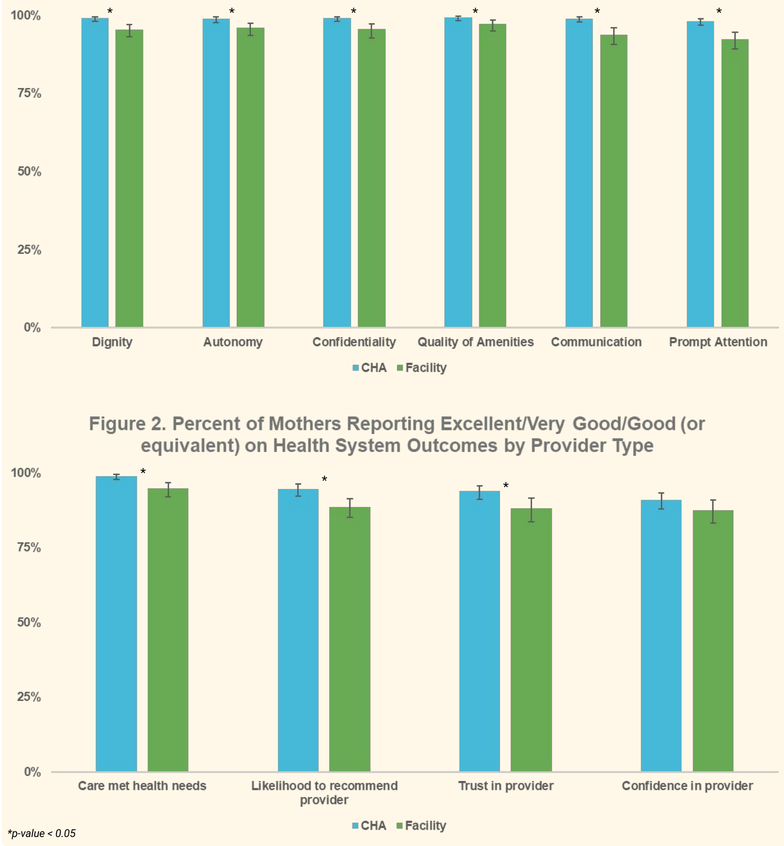
Domain	Question/Definition
	Responsiveness domains
Dignity	What would you say is the level of respect the provider showed you and your child? (5 point scale from poor to excellent)
Autonomy	What will you say about the way you, yourself take part in the decision about how to treat your child? (5 point scale from poor to excellent)
Confidentiality	What will you say about the way the provider is making sure that anything you and them talk about, it should be your secret? (5 point scale from poor to excellent)
Quality of basic amenities/ environment	How do you feel about the way the provider can clean the place, and material they can use, and the place they can keep the medicine? (5 point scale from poor to excellent)
Communication	What would you say about the way the provider can explain things for you to understand? (5 point scale from poor to excellent)
Prompt attention	What would you say about the time you waited before the provider helped you with your sick child? (5 point scale from poor to excellent)
Composite health system responsiveness score	Sum of the six responsiveness domains described above divided by the total number of points possible, multiplied by 100. If a responsiveness question was skipped, it was treated as 0.
	Patient-reported health system quality outcomes
Health needs met (satisfaction)	All in all, when you think about all the time you took your child to the provider for treatment, will you say all the treatment helped your child? (5 point scale from poor to excellent)
Likelihood to recommend provider (satisfaction)	How likely or possible would it be for you to recommend this provider to someone you know? (4 point scale from very unlikely to very likely)
Trust in skills	How much do you trust the way the provider is able to do his or her health work? (5 point scale from not at all to very much)
Confidence in provider	How sure are you that if you or someone in your family became very sick tomorrow, the provider would be able to check them and help you or your family with treatment or good advice? (4 point scale from not at all sure to very sure)
Composite health system quality score	Sum of the four patient-reported health system quality outcomes described above divided by the total number of points possible, multiplied by 100. If a quality outcome question was skipped, it was treated as 0.

04 KEY FINDINGS

- Mothers whose child saw a CHA rated PREMS measures higher than mothers whose child saw a facility provider
- The PREMS measures of dignity, autonomy, confidentiality, quality of amenities, communication and care met health needs had the highest proportion of mothers rate them favorably

Figure 1. Percent of Mothers Reporting Excellent/Very Good/Good on Responsiveness Domains by Provider Type

Figure 2. Percent of Mothers Reporting Excellent/Very Good/Good (or equivalent) on Health System Outcomes by Provider Type



*p-value < 0.05

Figure 3. Forest Plot of Adjusted Prevalence Ratios Comparing Provider Type (CHWs vs. Facility Providers) Across Responsiveness Domains

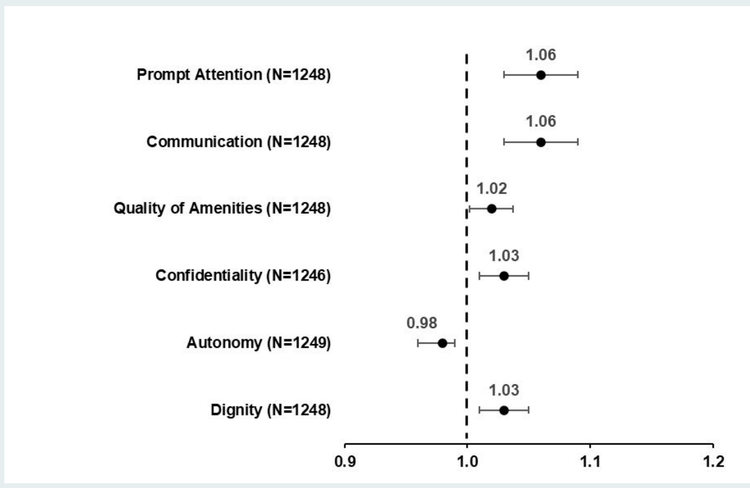
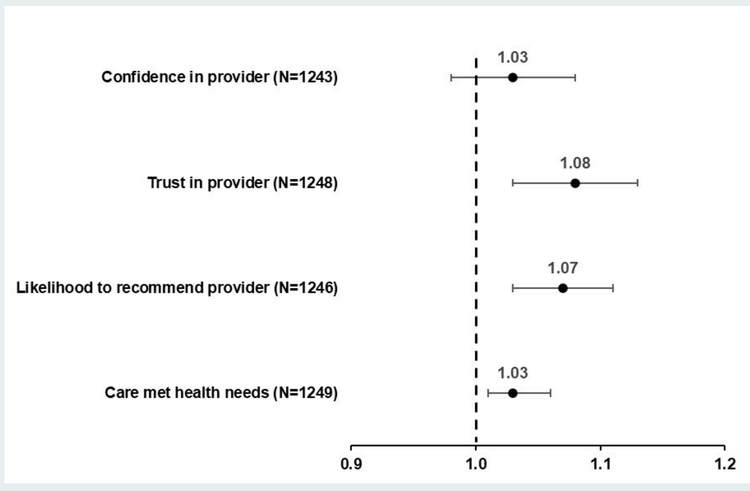
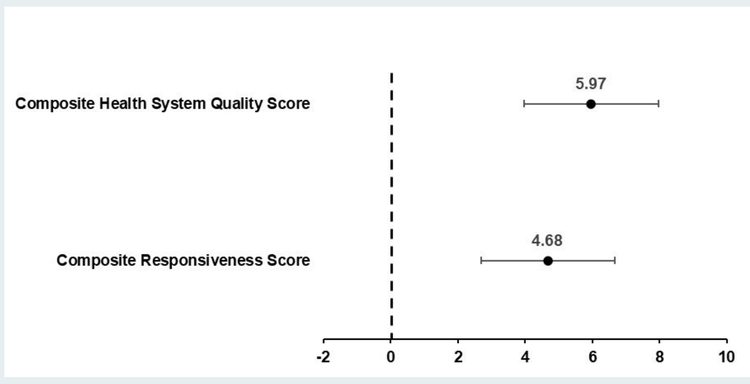


Figure 4. Forest Plot of Adjusted Prevalence Ratios Comparing Provider Type (CHWs vs. Facility Providers) Across Health System Outcomes



For Dignity, Autonomy, Confidentiality, Quality of amenities, Communication, Prompt attention and Care met health needs, responses were dichotomized as excellent/very good/good vs fair/poor (ref); For Likelihood to recommend provider, responses were dichotomized as very likely/somewhat likely vs somewhat unlikely/very unlikely (ref); For Trust in provider, responses were dichotomized as very much/quite a bit vs some/very little/not at all (ref); For Confidence in provider, responses were dichotomized as very confident/somewhat confident vs not very confident/not at all confident (ref)

Figure 5. Forest Plot of Adjusted Regression Coefficients Comparing Provider Type (CHWs vs. Facility Providers) Across Composite Scores (N=1,249)



05 CONCLUSION

- Health system responsiveness domains and most health system outcomes were rated higher when children were treated by CHAs compared to facility providers.
- Confidence in the provider was similar for those treated by CHAs and facility providers.
- Understanding how these relate to health care use of other services, adherence to treatment, outcomes and how to improve experience are important next steps.
- Simpler tools to measure PREMS that can be integrated into routine care are also needed.