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Extent of Influence of Community Health Workers in Improving Health Equity and Access to Care Among Residents of Selected Barangay

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Abstract

Community Health Workers (CHWs) play an important role in helping communities access healthcare services and promoting fairness in health outcomes.This study aims to determine the extent of the CHWs' role in their communities and their capacity to influence equitable and accessible healthcare.This study quantifies the influence of Community Health Workers on improving healthcare equity and access to care among the residents. The selection of respondents was done randomly consisting of 300 residents from the barangays of Sangali, Tetuan, and Labuan. The data were analyzed using statistical tools such as frequency and percentage, weighted mean, T-test, and ANOVA.The findings indicate that the extent of the Community Health Workers' influence on both better access to health care and higher health equity was assessed as high for all the indicators. The statistical comparison indicated no significant differences in the perception of Community Health Workers effect according to age, sex, marital status, educational level, race, and social class. The results not only affirm the role of CHWs in the community health of the less privileged population but also their consistent and significant contribution. Based on these findings, it is recommended that continued support, expansion of programs, and stronger integration of CHWs into community healthcare systems be prioritized to further enhance access to health services and promote better health outcomes for all.

Keywords: *Selected Barangay, Community Health Workers, Access to Care, Health Equity*

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Introduction

In recent years, global health systems have increasingly emphasized health equity and community-based healthcare delivery as essential components of sustainable development. Despite progress toward Universal Health Coverage, disparities in access to healthcare services remain evident, particularly among populations in rural, remote, and socioeconomically disadvantaged communities. To address these gaps, Community Health Workers (CHWs) have been widely recognized as a key strategy in strengthening primary healthcare systems by bridging the divide between formal health services and underserved populations (Hirschhorn et al., 2023).

Globally, CHWs are trusted community members who serve as vital links between health systems and the populations they serve. Their responsibilities include health education, disease prevention, household visits, monitoring of vulnerable groups such as pregnant women and children, and facilitating access to healthcare services. Through these functions, CHWs contribute significantly to improving health outcomes and advancing Sustainable Development Goal 3, which promotes good health and well-being through equitable and inclusive healthcare access, particularly in marginalized communities (Hirschhorn et al., 2023).

In the Philippine context, persistent disparities in healthcare access continue to affect geographically isolated and disadvantaged areas. Barangay Health Workers (BHWs), functioning as CHWs, play a crucial role in delivering frontline health services at the community level. They assist in promoting preventive health behaviors, supporting maternal and child health programs, and linking community members to formal healthcare facilities. Evidence suggests that CHWs enhance healthcare utilization and strengthen primary care delivery, especially in resource-limited settings (Basman & De Vera, 2022).

At the local level, particularly in selected barangays such as Tetuan, Labuan, and Sangali in Zamboanga City, CHWs serve as the first point of contact for healthcare needs. These communities are often affected by poverty, limited education, geographic isolation, and inadequate health infrastructure, all of which contribute to reduced access to timely and quality healthcare services (Reyes et al., 2023). In this context, CHWs play a vital role in ensuring that essential health services reach vulnerable populations.

Recent studies highlight that CHWs play a significant role in reducing health inequities by extending healthcare services to underserved populations. Their community-based approach helps address social determinants of health such as poverty, low education levels, and

geographic barriers, thereby improving equity in health service delivery (Reyes et al., 2023). CHWs have been shown to improve access to healthcare services by serving as intermediaries between communities and formal health systems. They facilitate early disease detection, promote preventive health practices, and encourage timely utilization of health services (Basman & De Vera, 2022). Despite their critical role, CHWs encounter significant challenges that limit their effectiveness, including lack of financial compensation, insufficient training, limited resources, and inadequate institutional support (Pepito et al., 2025). CHWs play an essential role in building trust within communities and promoting positive health-seeking behaviors. However, their contributions are often underrecognized within formal health systems (Jainal et al., 2023). Existing literature consistently recognizes the importance of CHWs in improving healthcare equity and access. However, most studies are broad in scope and focus on national or global perspectives. There is limited localized empirical evidence examining the extent of CHWs' influence in specific barangays within Zamboanga City. There is a need for context-specific evidence that examines the extent of influence of Community Health Workers in improving healthcare equity and access to care among residents of selected barangays such as Tetuan, Labuan, and Sangali.

This study, entitled "Extent of Influence of Community Health Workers in Enhancing Health Equity and Access to Care among Residents of Selected Barangays," aims to assess the role and effectiveness of CHWs in promoting equitable healthcare access at the community level. The study specifically seeks to determine the extent of CHWs' influence, identify challenges in service delivery, and evaluate the support provided by health systems. The findings are expected to benefit healthcare administrators, local government units, policymakers, and CHWs themselves by providing evidence-based insights for strengthening community health programs. Moreover, the study contributes to academic literature on community-based healthcare systems and aligns with Sustainable Development Goal 3 (Good Health and Well-being) and Sustainable Development Goal 10 (Reduced Inequalities), promoting equitable and accessible healthcare delivery.

Statement of the Problem

This study aimed to assess the extent of the influence of Community Health Workers on health equity and access to care among the selected barangays.

Specifically, this study sought to answer the following question:

1. What is the extent of influence of the community health workers on improving healthcare equity and access to care among the

residents when grouped according to age, gender, sex, civil status, educational attainment, ethnicity, and socio-economic status?

2. Is there a significant difference in the extent of influence of the community health workers on improving healthcare equity and access to care among the residents when grouped according to age, gender, sex, civil status, educational attainment, ethnicity, and socio-economic status?

Hypothesis

This study was guided by the null hypothesis below.

There is no significant difference in the extent of the influence of the community health workers on improving healthcare equity and access to care among the residents when grouped according to age, gender, sex, civil status, educational attainment, ethnicity, and socio-economic status.

Conceptual Framework

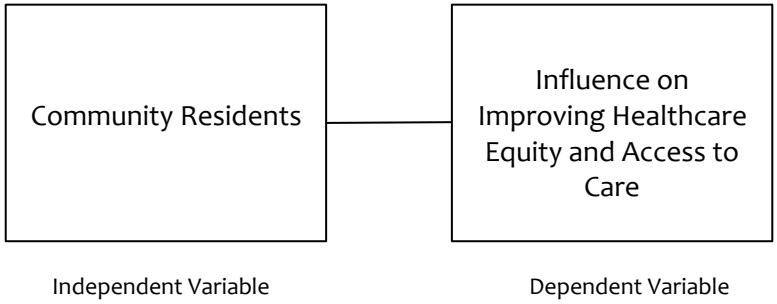


Figure 1. *The Conceptual Paradigm of the Study*

This study's conceptual framework is designed to assess the role of Community Health Workers (CHWs) in improving health equity and access to care within a selected community. The independent variable is the level of involvement of CHWs, while the dependent variable is the improvement in health equity and access to care. This framework will guide the conduct of the study by establishing how (CHWs) engagement through health education, outreach, and support can influence the accessibility and fairness of healthcare delivery. It serves as a basis for designing research tools, analyzing data, and interpreting how CHWs contribute to more inclusive and equitable health outcomes. Community Residents Influence on Improving Healthcare Equity and Access to Care.

Methodology

This study utilized a quantitative descriptive research design to assess the extent and impact of health equity and access to care among residents of selected Barangays in Zamboanga City in collaboration with Community Health Workers (CHWs). Descriptive research systematically organizes and presents the characteristics of a population or phenomenon under investigation. The study focused on documenting the functions, activities, and nursing practices of CHWs, as well as residents' experiences and perceptions related to health equity and healthcare accessibility. The study was conducted in three purposively selected barangays, Tetuan, Labuan, and Sangali, due to their diverse geographic and demographic characteristics and varying levels of access to healthcare services. Tetuan represents a more urbanized area, Labuan is a semi-rural coastal community, and Sangali is a rural inland barangay. The inclusion of these communities allowed for a broader understanding of how CHWs contribute to improving health equity and access to care across different community contexts.

Participants and Sampling

The target population consisted of permanent residents aged 18 years and above who had prior interaction with Barangay Health Workers (BHWs) or had utilized services from their local health centers. A simple random sampling technique was employed to ensure equal opportunity for selection among eligible participants. Barangay health records were used as the sampling frame to minimize sampling bias and enhance representativeness within the selected communities. Data collection was conducted through household visits and designated community centers, depending on accessibility and participant availability, over a period of seven to ten days.

Research Instrument

Data were gathered using a standardized survey questionnaire adapted from the framework of Ban et al. (2024), which examined the effectiveness of CHWs in improving healthcare utilization in rural communities. The instrument was contextualized to reflect the local setting of Zamboanga City by incorporating culturally appropriate language and relevant community health considerations. The questionnaire consisted of four sections: (a) demographic profile, (b) extent of CHW involvement, (c) impact on health equity, and (d) impact on access to care. A five-point Likert scale was utilized to measure frequency, accessibility, and perceived impact. Prior to the actual data collection, the instrument underwent pilot testing to ensure clarity, coherence, and reliability. Necessary revisions were made

based on feedback from the pilot test to improve content relevance and comprehensibility.

Data Collection Procedure

Ethical approval was obtained from the Research Ethics Committee before the conduct of the study to ensure compliance with ethical principles, including respect for autonomy, beneficence, confidentiality, and voluntary participation. Letters of permission were sent to the Dean of the Nursing Department, the SAM Director, the City Health Officer, and the barangay chairpersons of the selected barangays.

Eligible participants were informed of the study's objectives, procedures, and voluntary nature. Written informed consent was secured prior to participation. Participants were assured of their right to withdraw at any time without penalty and were guaranteed confidentiality of their responses. All collected data were handled in accordance with Republic Act No. 10173, ensuring strict data privacy and restricted access to authorized personnel only. Upon completion of the study, all data were securely disposed of following institutional ethical guidelines.

Statistical Analysis

Descriptive statistics, including frequency counts and percentages, were used to summarize the demographic characteristics of respondents. The Average Weighted Mean was computed to determine the extent of CHWs' influence on health equity and access to care. One-Way Analysis of Variance (ANOVA) was employed to determine significant differences in perceptions when respondents were grouped according to demographic variables. A significance level of .05 was set for all inferential analyses.

Results and Discussion

Table 4 presents the extent of influence of Community Health Workers (CHWs) on improving healthcare equity and access to care among residents. The findings revealed a cluster mean of 3.98 with a standard deviation of 0.52, verbally interpreted as "Agree" with an interpretation of "High." This indicates that respondents generally perceived that CHWs have a high level of influence in improving healthcare equity and access to care within their communities. The low standard deviation further indicates that the responses were closely clustered around the mean, suggesting consistency in the perceptions of the respondents regarding the influence of CHWs.

A closer examination of the individual indicators reveals important trends in the data. The statement, "Community health workers show genuine kindness and compassion towards me," obtained the highest mean score of 4.22 and was verbally interpreted as "Strongly Agree" with an interpretation of "Very High." This suggests that respondents highly recognized the compassionate and caring behaviors demonstrated by CHWs. The findings indicate that interpersonal relationships, empathy, and emotional support are among the strongest qualities observed in CHWs by community residents. Similarly, indicators related to encouragement of self-confidence in improving health (M = 4.19), listening to health concerns (M = 4.09), involving residents in healthcare decision-making (M = 4.09), and respecting beliefs and traditions (M = 4.09) also received high ratings. These results demonstrate that respondents perceive CHWs as supportive, respectful, and culturally sensitive healthcare providers who actively engage residents in their own healthcare management.

In contrast, the indicator "I have better access to health services because of the support from community health workers" obtained the lowest mean score of 3.67, although still verbally interpreted as "Agree" with a "High" interpretation. This trend may imply that while respondents recognize the valuable support of CHWs, certain barriers to healthcare access may still persist within the community. Factors such as geographical distance, limited healthcare resources, transportation difficulties, financial limitations, and healthcare facility availability may continue to affect access to healthcare services despite CHW assistance. Likewise, indicators concerning fair distribution of healthcare services (M = 3.73) and emotional support during healing (M = 3.72) received comparatively lower mean scores, suggesting areas where CHW programs and healthcare systems may still be strengthened.

The overall findings indicate that CHWs are perceived not only as providers of healthcare services but also as trusted community advocates who foster empowerment, trust, and inclusivity among residents. The consistently high ratings across the indicators suggest that CHWs effectively contribute to promoting healthcare equity by helping residents navigate healthcare services, increasing awareness regarding health concerns, and encouraging active participation in healthcare decisions. These findings highlight the importance of community-based healthcare approaches in improving healthcare accessibility and strengthening relationships between healthcare providers and community members.

The findings of the study strongly support Jean Watson's Theory of Human Caring, which emphasizes the importance of caring relationships, empathy, trust, compassion, and holistic care in achieving positive health outcomes. Watson's theory explains that authentic caring interactions

between healthcare providers and individuals contribute to healing, dignity, and human connection. The high ratings related to kindness, compassion, emotional support, and respect for beliefs and traditions reflect the caring values emphasized in the theory. The ability of CHWs to establish trusting and culturally sensitive relationships with residents demonstrates the practical application of Watson's caring principles within community healthcare settings.

The present findings are also consistent with previous and current studies regarding the significant role of CHWs in improving healthcare equity and access to care. Studies conducted by Mallari et al. (2020) emphasized that CHWs contribute substantially to strengthening healthcare accessibility, promoting health education, and increasing patient engagement within communities. Similarly, Ban et al. (2024) found that CHWs play a critical role in improving healthcare utilization and reducing healthcare disparities through patient-centered and community-based interventions. The consistency between the present findings and previous studies further strengthens the evidence that CHWs are effective frontline healthcare workers capable of addressing healthcare needs within communities.

Moreover, the findings have important implications for nursing practice, healthcare administration, and policy development. The high perceived influence of CHWs suggests the need for continuous support and investment in CHW programs through training, professional development, adequate compensation, and institutional support. Strengthening CHW programs may further improve healthcare accessibility, promote equitable healthcare delivery, and enhance community trust in healthcare services. In addition, healthcare institutions and local government agencies may utilize the findings in designing sustainable healthcare programs that prioritize community engagement, preventive healthcare, and culturally responsive care.

Overall, the findings demonstrate that Community Health Workers have a significant and positive influence on improving healthcare equity and access to care among residents. Their compassionate approach, advocacy, cultural sensitivity, and community engagement contribute substantially to strengthening healthcare delivery and improving the overall well-being of the community.

Table 4. *Extent of Influence of the Community Health Workers on Improving Healthcare Equity and Access to Care Among Residents*

This study determines the extent of influence of community health workers	Mean	SD	Verbal Description	Interpretation
1. Community health workers show genuine kindness and compassion towards me.	4.22	0.75	Strongly Agree	Very High
2. Community workers encourage me to believe in my ability to improve my health.	4.19	0.82	Agree	High
3. I feel that my health concerns are fully listened to by community health workers.	4.09	0.87	Agree	High
4. Community health workers involve me in making decisions about my healthcare.	4.09	0.90	Agree	High
5. I community health workers explain health information in a way that respects my beliefs and tradition.	4.09	0.95	Agree	High
6. I am treated fairly and equally by community health workers, regardless of my background.	4.06	0.90	Agree	High
7. I feel empowered by community health workers to take better care of my own health.	4.06	0.86	Agree	High
8. Community health workers take time to build trusting relationships with residents.	4.05	0.86	Agree	High
9. Community health workers help remove barriers (like distance, cost, or language) so I can access healthcare.	4.05	0.86	Agree	High
10. I can easily approach community health workers when I have health concerns.	4.05	0.92	Agree	High
11. Community health workers advocate for my right to receive the healthcare services I need.	4.00	0.93	Agree	High
12. Community health workers coordinate with other healthcare providers to meet my health needs.	3.99	0.90	Agree	High

13. Community health workers are sensitive to my feelings when discussing my health problems.	3.98	0.91	Agree	High
14. Community health workers have made it easier for me and my family to reach and use the health center's health care services.	3.95	0.93	Agree	High
15. I feel supported by community health workers when facing health challenges.	3.90	0.98	Agree	High
16. With the support of community health workers, I am less afraid to visit a doctor or health center.	3.88	0.96	Agree	High
17. Community health workers assist vulnerable groups (such as the elderly, disabled, or poor) in getting healthcare.	3.74	1.01	Agree	High
18. I believe community health workers help ensure that healthcare services are distributed fairly in our community.	3.73	1.01	Agree	High
19. Community health workers encourage healing by being present and emotionally available.	3.72	0.91	Agree	High
20. I have better access to health services because of the support from community health workers.	3.67	1.03	Agree	High
Cluster Mean	**3.98**	**0.52**	**Agree**	**High**

Legend: *4.21- 5.00 – Strongly Agree–Very High* *2.61-3.40- Moderately Agree- Moderate*
3.41- 4.20 – Agree– High *1.81-2.60-Disagree-Low*
1.00-1.80- Strongly Disagree

Table 5 presents the significant difference in the extent of the influence of the community health workers on improving healthcare equity and access to care among residents in terms of age. The Analysis of Variance (ANOVA) presents a p-value of 0.747, which is higher than the significance level (0.05), leading to the conclusion that there is no significant difference in the perceptions of the respondents with respect to age. Thus, the null hypothesis is retained. This means that age has no considerable effect on the residents' recognition of the role of community health workers in healthcare equity and access to care.

This indicates that regardless of age group, residents were aware of the caring and timely intervention of CHWs living within their barangay. It

demonstrates that CHWs can relate to people across generations through their dedication to broad based service. This commonality across generations is a good sign of how easily CHWs manage to build trust and stay engaged with an entire community whether young adults or older people.

This finding supports Jean Watson´s Theory of Human Caring (1979) which emphasizes that caring has its best effects when based on human relationships and trust. Ban et al. (2024) also highlighted that CHWs are trusted voices who adjust their messaging torque on age groups. The service they provide to residents of all ages.

Table 5

Profile Variable		Mean Response	F value	p-value	Interpretation	Decision
Age	40 and above	4.08	0.485	0.747	Not Significant	Accept Ho
	36 – 40	3.99				
	24 – 30	3.98				
	36 – 40	3.96				
	36 – 36	3.93				

p<0.05

Table 6 presents the significant difference in the extent of the influence of the community health workers on improving healthcare equity and access to care among residents in terms of sex. The analysis involved the execution of an independent sample t-test which resulted in a p-value of 0.491 that surpassed the previously established alpha level of 0.05. Consequently, this indicates that regardless of the difference in gender among the participants, their opinions were not significantly different. Subsequently, the null hypothesis was not rejected, and it now follows that gender does not affect to any considerable extent the way the community perceives the health workers' contributions in terms of equity and access to care.

Thus, community CHW roles are recognized equally by both men and women. The lack of a significant difference implies that the community 's perception of the CHWs' role in healthcare access and equity victory does not vary with gender.

The study results corroborate there of Jahangir et al. (2020), who stated that gender is not a factor to influence health-related preferences or perceptions.

Table 6

Profile Variable		Mean Response	F value	p-value	Interpretation	Decision
Sex	Male	4.03	0.476	0.491	Not Significant	Accept H_o
	Female	3.92				

Table 7 presents the significant difference in the extent of the influence of the community health workers on improving healthcare equity and access to care among residents in terms of civil status. The Analysis of Variance (ANOVA) shows a p-value of 0.572, which is greater than the level of significance (0.05), indicating no significant difference in the respondents' perception in terms of civil status. Therefore, the null hypothesis failed to be rejected. This implies that civil status does not significantly influence how residents recognize the influence of community health workers on healthcare equity and access to care.

This shared view suggests that strong connections to community members from all walks of life are able to be built by CHWs. Their approach remains sincere no matter if they talk to an elderly widow or a young single adult. Their service remains consistent too. To meet people's needs is a focus, beyond any social roles or labels reinforced by their work.

This finding supports Jean Watson's caring framework, which reminds health workers to focus on human dignity as well as wholeness in their care, and the result supports it. Hirschhorn et al. (2023) also highlighted how CHWs can serve various family types effectively. They offer guidance with empathy and without judgment. They work to ensure that the barangay is fair and conducive.

Table 7

Variable	Mean Response	F value	p-value	Interpretation	Decision
Single	4.01	0.560	0.572	Not Significant	Accept H_o
Widowed	3.99				
Married	3.95				

Table 8 presents the significant difference in the perceived influence of Community Health Workers (CHWs) on improving healthcare equity and access to care among residents when grouped according to educational level. The result of the One-Way Analysis of Variance (ANOVA) revealed a p-value of 0.540, which is greater than the alpha level of 0.05. Therefore, the researchers conclude that there is no significant difference in the respondents' perceptions when grouped according to educational level. Hence, the null hypothesis is accepted. This indicates that educational level does not significantly influence the respondents' perceptions regarding the influence of Community Health Workers on healthcare equity and access to care.

This consistent perception reflects just how CHWs are able to perceive and then explain health concepts so easily, regardless of someone's educational level. They communicate clearly respectfully, ensuring no one is left behind, especially when they learn about their health or know where to seek help.

This aligns with Jean Watson's call for empathy and of presence echoes this same finding, most especially when one is addressing each single person's unique set of needs. Chen et al. (2024) support this claim, stating that CHWs are most effective when their approach is tailored to the learning styles and abilities of the people served by them. They can bridge educational gaps as an influential tool to improve community well-being.

Table 8

Variable	Mean Response	F value	p-value	Interpretation	Decision
College Graduate	4.04				
No formal education	3.99				
High School Graduate	3.95	0.779	0.540	Not Significant	Accept Ho
Elementary Graduate	3.93				
Others	3.87				

Table 9 shows the difference in the degree of the community health workers' impact on healthcare equity and access to care among residents by

ethnicity. The truck given by the Analysis of Variance (ANOVA) p-value was 0.540 which is higher than the level of significance (0.05) thus indicating no difference in the perception of the respondents in terms of ethnicity. So, the null hypothesis is not rejected. This indicates that ethnicity is not a significant factor in the perception of the residents about the health workers' influence on health equity and access to care.

Different groups perceive that CHWs are mindful of cultural diversity and do approach sensitively. CHWs are trusted, and health advice is followed because residents felt their beliefs and traditions were respected. Communities that are culturally rich especially benefit from this approach. In Zamboanga City, several such communities exist.

This finding supports Jean Watson's carative factors, value understanding individuals within their social and cultural context, as these findings reflect. Jainal et al. (2023) also highlighted that CHWs understand customs and speak local dialects making them successful in advocacy and health education. CHWs connect culturally strengthening work clearly.

Table 9

Profile Variable		*Mean Response*	*F value*	*p-value*	*Interpretation*	*Decision*
Ethnicity	Chavacano	4.03	0.543	0.743	Not Significant	Accept Ho
	Tagalog	4.00				
	Others	3.99				
	Samal	3.98				
	Tausug	3.92				
	Yakan	3.89				

Table 10 displays the socioeconomic status of the community and the equity of healthcare and access to care were positively affected by the community health workers, as shown in Table 10. The analysis of variance (ANOVA) results produced a p-value of 0.338, which is greater than the alpha level (0.05) indicating that the respondents' views were not different regarding socioeconomic status. As a result, the null hypothesis remains accepted. It follows that the socioeconomic status of the residents does not significantly have a significant impact on their viewpoint concerning the community health workers' impact on the equity of healthcare and access to care.

The responses showed little variation when residents were grouped by income level. People from low as well as middle-income households viewed CHWs as equally influential in improving care access. CHWs provide services with a sense of fairness. This also shows services are provided without discrimination related to economic status.

CHWs helped residents overcome common barriers to healthcare such as cost and transportation. This was in fact true without regard for income of residents or even knowledge of their healthcare. The role that CHWs play in leveling the field when it comes to health is strongly reflected in their support across diverse groups.

This finding aligns with Jean Watson when caring goes beyond condition or bias. Reyes et al. (2023) study is supported also as it stressed CHWs' healthcare effects reduction by moving services near people. CHWs, through their presence, help to make the system inclusive.

Table 10

Profile Variable		Mean Response	F value	p-value	Interpretation	Decision
Socioeconomic status	Between ₱131,484 – ₱219,140	4.11	1.140	0.338	Not Significant	Accept Ho
	Less than ₱10,957	4.03				
	Between ₱9,520 – ₱21,194	3.95				
	Between ₱76,669 – ₱131,484	3.90				
	Between ₱21,194 – ₱43,828	3.83				

Conclusion

Based on the findings of the study, the researchers concluded that: The outcome shows that Community Health Workers (CHWs) have a highly positive influence on the healthcare equity and access scale as the cluster mean was 3.98. The entire population of respondents was unanimous in indicating that CHWs are empathetic, provide care with consideration for the culture, give support to the individuals making the health decisions, and help the patients in overcoming the obstacles of cost, distance, and language. It was the result of this research that CHWs played a crucial part in reaching the underserved population and ensuring equal treatment in the most common places.

The results showed that splitting the respondents by age, sex, civil status, educational attainment, ethnicity, and socioeconomic status did not bring about a significant difference in the impact of CHWs. This means that the community health workers provide the same level of care to all the residents and thus making it easier for them to promote health equity among different groups.

Recommendation

Based on the result and conclusion presented, the following recommendations are drawn.

CHW should contribute to enhancing their skills through schooling and capacity building behavior. Regular, culturally sensitive schooling targeted on inclusive conversation, humanistic care, and emotional intelligence to sustain and decorate the positive have an impact on the community.

LGUs are encouraged to institutionalize CHW packages and increase policy frameworks that formally apprehend CHWs as vital parts of the healthcare gadget. This needs to encompass standardized roles, job safety, and profession development paths.

Future studies may examine long-term CHW effects, gender-specific roles, and urban–rural differences to enhance localized strategies.

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