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# **The Value of an Educational Curriculum for Community Health Workers to Decrease Health Disparities**

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## **Abstract:**

**Introduction:** Community health workers (CHWs) are a group of health care workers that work with underserved populations in rural areas. Community health workers seldom require any formal education for their role, which may cause disparities in the information they present to the populations they serve.

**Problem:** Underserved communities contain many low-income and marginalized populations that do not have access to adequate healthcare. Healthcare provider shortages can be particularly severe, leaving residents without access to primary care and emergency services from physicians, nurses, and allied health professionals.

**Aim/Objective:** The purpose of the article is to propose a framework for developing an educational curriculum that will be useful in training community health workers. The proposed framework will be the Health Belief Model.

**Solutions:** An understanding of HIPPA and cultural competence should be imparted through training. Other training that should be included are aspects of culture which may also impact a community health worker's performance.

**Conclusion:** Providing standardized training will increase awareness of racial and ethnic disparities in health care among the CHWs and serve as a bridge in the current educational gap.

**Keywords:** community health workers, population health, community health curriculum, education for CHWs, health disparities

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## **1 Introduction**

Community health workers (CHWs) have been a backbone for the healthcare workforce for more than 70 years. CHWs go by various names, such as home coordinators, that are distinctive to their work environment<sup>1</sup>. The CHWs are an integral part of the US healthcare system and serve as a valuable resource to underserved communities facing health inequities. There are 50,000 CHWs in the United States who provide their local population's assistance with various aspects that may affect their health. CHWs usually share a common language, culture, and history with the people they serve. The CHW interacts with the residents of the local community daily and is uniquely able to coordinate healthcare services for individuals at a grassroots level.

The role of the CHW has flourished in recent years as they have assumed a pivotal role in health education and increasing the quality of healthcare in their communities<sup>2</sup>. The community health worker interacts with the local community and generates a trusting relationship; as such, they need to be equipped with the necessary knowledge and tools to effectively interact and educate their community's population, which will ultimately lead to improved health standards in the regions they serve.

CHWs must be armed with up-to-date tools and knowledge to help fill in the gaps to persuade most people to adopt a healthy lifestyle and avoid chronic diseases<sup>3</sup>. CHWs are in a unique position in the population to effect positive health developments in the most vulnerable groups<sup>1</sup>. Therefore, it is critical to provide them with the education and training needed to provide the best possible evidence-based care.

### *1.1 Evaluation of CHWs in the USA*

The Health Resources and Services Administration's CHW National Workforce Study from 2007 documented the development of the CHW workforce during four major periods<sup>4</sup>:

- Early Documentation Period (1966-1972): Efforts to involve CHWs in low-income neighborhoods dominated this time. However, rather than focusing on specialized health promotion/disease prevention programs, the focus tended to be on anti-poverty initiatives.
- Involvement of CHWs in Special Projects (1973-1989): Short-term, private, and public sector special initiatives frequently tied to university-based research characterize this period.
- State and Federal Initiatives (1990-1998): CHW training was given more attention during this time. At the national and state levels, several laws for CHWs were suggested, but none were approved.
- Public Policy Options (1999-2006): The government made some of the most significant policy decisions during this time. There was a wide range of interconnected and comprehensive regulations, such as criteria for specialized CHW qualifications and the establishment of sources of funding.

## **2 Problem**

One of the issues that community health workers face when working with community members is health disparities. Factors such as cultural diversity, equity, equality, and inclusion can be affected when working with underserved populations<sup>5</sup>. If the CHWs have access to education to increase their knowledge, they will be able to contribute to the quality of healthcare delivery.

CHWs are sometimes the only access to healthcare that underserved community members may have. It is feasible to improve people's health care standards by increasing the knowledge of CHWs and providing them with better instruments to do their jobs<sup>6</sup>. In the United States medical system, CHWs are an essential element, but the lack of competency

standards and training results in healthcare disparities that disproportionately impact the underserved communities. To bridge the gaps in healthcare delivery, organizations like Save the Children have employed CHWs in the Central Valley of California to connect community members to healthcare resources. The current demand is to consistently provide knowledge and resources to CHWs to close healthcare gaps<sup>7</sup> that currently exist. CHWs serve as an essential link to people on a local level and are charged with the primary responsibility of providing healthcare in the community.

### **3 Aims and objectives**

This article aims to propose a framework for an educational curriculum that would enable community health workers to gain knowledge on topics like cultural diversity. Obtaining education on various topics will allow CHWs to deal with complex health situations and provide resources to the community.

The absence of standardized training systems for CHWs poses risks for patients with illnesses, including psychological health, which has become more complex. The challenge necessitates the undertaking of projects to develop a suitable standard that can be implemented across the country to address current health obstacles<sup>7</sup>. The first stage is to establish a framework to help bridge the gap in the issue of CHW standards for serving the underprivileged in their communities by utilizing skilled experts, reliable sources, and a methodical experience<sup>8</sup>.

### **4 Search Methodology**

A literature search was conducted using academic databases such as ProQuest, CINAHL, PubMed, and Elsevier. The PICOT issue investigated CHW education and provided a basis for the search topic. Some of the keywords used were “*Central Valley community health workers*,” “*Central Valley health inequities*” and “*Community health workers' role*.” To extend or limit

the examination possibility, Boolean operations “AND,” “OR,” “NOT,” and “AND NOT.” Limiters were also used, such as peer-reviewed journals and article filters.

## **6 Solutions**

The type and amount of required CHW training should help CHWs meet core competencies set by their employers’ organizations and governing bodies. Both professional and social abilities should also be taken into consideration, such as communication and counseling skills. Furthermore, an understanding of HIPPA and cultural competence should be imparted through training. CHWs work in a multi-personal, multi-professional, and multi-organizational setting<sup>6</sup>. The knowledge of cultural training will allow them to understand and provide culturally sensitive education for the communities they serve.

The roles of CHWs vary by location, but they typically perform individual counseling with patients, encourage a healthy lifestyle, and assist in the coordination of care among various providers that may be rendering care. Various factors influence the efficiency of public healthcare professionals, and proper training on these factors is necessary to ensure optimal health outcomes. The severity of the patients' physical and emotional requirements and their culture and degree of education are all factors to consider when preparing an educational curriculum.

Aspects of culture may also impact a healthcare worker's performance. Factors include how attentive people in a particular country are to medical care, their views toward life-saving treatments, and their religious system. Different factors influence an individual's capacity to execute activities efficiently. People with an education are more likely to be able to follow health care advice more effectively. If CHWs are offered intensive training to improve their abilities, health inequities can be controlled. Standardized training will serve as a foundation for dealing with characteristics that contribute to healthcare gaps. These factors all influence

health inequalities in several ways, including indirectly through stigma and directly through co-morbidities. Due to a scarcity of training on these issues, incomplete knowledge contributes to impoverished communities' lack of access to excellent health care<sup>9</sup>.

The availability of proper teaching material and training regularly is critical to the success, efficiency, and community respect of CHW programs. The evaluation of academic sources for CHWs emphasizes the necessity of patient education on maintaining a healthy lifestyle, which is crucial in the management of diseases like obesity and hypertension<sup>3</sup>. Equipping CHWs with proper evidence-based training will ensure effective education for underprivileged groups on maintaining their health and implementing the information they receive. The education provided by CHWs will lead to people adopting healthier lifestyle choices.

## **7 Conclusion**

In today's world, the lack of national criteria for CHWs in helping the underprivileged in society is a significant issue. Furthermore, the lack of standardized training makes it difficult for them to provide updated, evidence-based information and care to the communities they serve. Some states have set guidelines to address this problem, but California does not have any standardized training.

CHWs can successfully keep patients engaged in their treatment plans and connect them with resources to address socioeconomic determinants of health, such as housing and transportation problems while providing culturally appropriate care to disadvantaged groups. To overcome the lack of training, research on a conceptual framework is crucial in educating and training CHWs who work with the underserved population of Central California. Providing standardized training will increase awareness of racial and ethnic disparities in health care among the CHWs and serve as a bridge for the interaction between people of different cultures<sup>7</sup>.

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