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Introducing Motivational Interviewing Skills to Community Health Workers

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Abstract

Background: Rural population accounts for 15% of the population in the United States of America. Rural residents have a higher risk of health disparities than urban populations. The significant health inequities in the underprivileged population include a higher incidence of chronic diseases, lack of access to healthy foods, unhealthy eating habits, lack of access to health care, poor socioeconomic status, lack of health insurance, cultural and language barriers, and lack of health literacy. **Local Problem:** The population in Fresno and Tulare Counties in Central Valley, California is underprivileged, lacks access to proper health care and has higher rates of health disparities. The Save the Children organization's Community Health Workers (CHWs) work in these counties. **Methods:** An integrated literature review was conducted searching the databases resulting in eleven studies of various levels and strength.

Interventions: Motivational Interviewing (MI) is an evidence-based communication skill, which helps alleviate ambivalence associated with behavior change and enhance healthy lifestyle modifications such as smoking cessation, reduce substance abuse and unhealthy eating habits. Literature suggests that the use of MI skills has been proven effective in changing high risk behaviors in the community. Educating the CHWs in MI would aid in improving healthy behaviors. **Results:** This integrated literature review reveals with strong and compelling evidence that CHWs trained in MI promote healthy behaviors in the community. **Conclusions:** It is evident from the literature that the rural populations, especially Latinx, have poor health outcomes and face several health inequalities compared to the urban population. Improving healthy behaviors in rural areas is proven effective with the MI help. Therefore, using competent CHWs trained in the use of MI would be beneficial in impacting community behavior change, resulting in improved health outcomes in rural areas.

Introducing Motivational Interviewing Skills to Community Health Workers

Rural population accounts for 15% of the population in the United States of America (USA) (The Centers for Disease Control and Prevention [CDC], 2019). According to the Health Resources and Services Administration (HRSA, 2022), rural populations are people who live in the rural areas that are not urban. HRSA (2022) consider the term “rural” to include all people, housing, and territory that are not within an urban area.

The United States Census Bureau (2018) revealed that Latinos are the most significant ethnic or racial minority in America, making up 58.9 million people or currently 18.1% of the total population. As of 2010, the largest minority group in rural areas are Latinos, adding up to 9.3 percent of rural populations (Housing Assistance Council [HAC], 2012). More than one-quarter of the U.S. population is projected to represent the Latino population by 2060 (Figueroa et al., 2021).

Rural residents have a higher risk of health disparities than urban populations (CDC, 2022). The significant health inequities in the underprivileged population include a higher incidence of chronic diseases, lack of access to healthy foods, unhealthy eating habits, lack of access to health care, poor socioeconomic status, lack of health insurance, cultural and language barriers, and lack of health literacy (CDC, 2019).

Background

Six in ten Americans live with at least one chronic disease, such as cancer, heart disease, or diabetes (CDC, 2019). In the U.S., the main demographic contributing to these chronic disease cases is the Latinx minority group (Vega et al., 2009). The key lifestyle risk factors associated with chronic disease are tobacco use, poor nutrition, lack of physical activity and excessive alcohol use (CDC, 2022). These preventable chronic health issues in the rural population are the

leading driving force of increased mortality, disability, and health care costs in the USA (AJMC, 2021). According to the CDC (2022), 90% of the national health care costs are used for managing chronic health conditions and mental health issues. Furthermore, low health literacy is associated with higher health care utilization and costs (Haun et al., 2015)

Low health literacy rates in Hispanics impacts their ability to make a critical health decision. An exploratory study by Becerra et al. (2017) used the California health interview survey to learn about the critical determinant of low health literacy in the minority immigrant Hispanic population. Becerra et al. (2017) concluded that factors affecting health literacy include poverty, lack of consistent health insurance, and limited English language proficiency. Furthermore, low health literacy inadvertently affects the overall health of the patient. Hickey et al. (2018) found that Hispanic participants scored higher (41%) than the white participant (16%) for inadequate health literacy measures. Hence, it is evident that low functional health literacy impacted a patient's ability to comprehend their healthcare and make important decisions regarding their health and was associated with multiple chronic conditions (Hickey et al., 2018).

Inadequate health insurance negatively affects health and wellbeing and is the main barrier to access to health care and proper screening. Mondragon et al. (2016) highlighted that risk of acquiring a non-communicable disease is paired with decreased health care access among Hispanics. Hispanics are vulnerable to significant health risk factors such as obesity, tobacco use, teen pregnancy, and substance abuse (Mondragon et al., 2016). Furthermore, the low socioeconomic status of many Hispanics relates to their uninsured status because employer-based health insurance is the leading portal for health care services in the USA (James et al., 2017). However, the Affordable Care Act in 2014 has reduced this burden, but the knowledge of using the proper resources remains unknown (James et al., 2017).

Additionally, per CDC (2019), rural populations have a higher incidence of unhealthy behavior and tobacco and substance abuse. Several unhealthy behaviors result in poor health outcomes, such as smoking, substance use, lack of exercise, unhealthy eating habits, lack of exercise, and lack of health screening (CDC, 2022). It is evident from the literature that the rural populations have poor health outcomes and face several health inequalities compared to the urban population. Most chronic health issues in rural communities are preventable and manageable with proper and timely interventions, especially by improving healthy behaviors. Early identification, such as proper screening, educational awareness, utilizing effective communication and advocacy skills to encourage healthy lifestyle modifications, and culturally competent support from health care providers, would be beneficial in curbing these health inequities in the rural Latinx population.

Motivational Interviewing

Motivational Interviewing (MI) is an evidence-based communication skill that helps alleviate ambivalence associated with behavior change and enhance healthy lifestyle modifications (Magill & Hallgren, 2019). MI has a unique way of communicating and approaching the patients by not educating or suggesting a change but enabling the patients to express their desire to change and leveraging the change talk into the actual behavior change (Keeley et al., 2016). The core skills of MI include using a technique described by the abbreviation OARS: asking Open ended questions (O), offering Affirmation (A), Reflective listening statements (R), and summarizing the conversation (S) (Rosengren, 2018). Literature supports that using MI skills has proven effective in changing high-risk behaviors in community settings (Katigbak et al., 2015). Although initially MI had been primarily used for substance abuse counselling, there are other health care avenues where MI has been proven effective such

as adherence to treatment or medications, lifestyle modifications and even mental health realms (Edwards et al., 2015).

Health care professionals trained in MI have proven to elicit positive behavioral outcomes in their patients. An experimental study by Edwards et al. (2015) revealed that healthcare providers improved and sustained their knowledge and confidence in counseling abilities after learning brief MI skills. A meta-analysis results showed statistically significant effects of MI in intervention group of medical care regarding various health behaviors in comparison to standard treatment in control group (Bischof et al., 2021). Statistically significant effect sizes were reported for physical activity, body weight, substance consumption, dental hygiene, willingness to change behavior, treatment adherence, and mortality (Bischof et al., 2021).

Community Health Workers

Community Health Workers (CHWs) are a crucial part of the community providing care, education, and advocacy for residents. The term CHWs is frequently used for the frontline public health workers serving their local community (CDC, 2019). Other names used for CHWs are "lay health workers, home visitors, Promotoras de Salud, promotores, health advocates, lay health educators, community outreach workers, health coaches, and patient navigators" (CDC, 2019; Bureau of Health Workforce, n.d.). The use of CHWs is not widespread in the USA. Most states, including California, have not used the services of CHWs in local communities to their fullest potential but these states do have a standardized certification program to practice as a CHW (CDC, 2019). However, in the last fifteen years, the CHW workforce has expanded dramatically and has been recognized as public health workers and employed for a pay or as volunteer across the USA and around the world (CDC, 2019).

Hispanic communities are often underserved due to a scarcity of culturally and linguistically appropriate programs (CDC, 2019). CHWs are the connecting entity between the underserved population in the community and health care systems (CDC, 2019). Moreover, CHWs are effective in reaching this population due to shared common cultural backgrounds, language, food habits, housing, and economic status. (Balcazar et al., 2011). These health care workers can establish trusting relationships and rapport with the community while promoting healthy behaviors (Rosenthal et al., 2010). CHWs have been used in several health promotion programs addressing outcomes such as asthma, hypertension, obesity, cancer screening, infectious disease, and maternal and child health (Balcazar et al., 2011; Kangovi et al., 2017; Perry et al., 2014; Rosenthal et al., 2010). Therefore, introducing CHWs with adequate skills training is crucial in delivering quality service in underserved areas and closing health disparities (Perry et al., 2014). This integrated literature review sought support and evidence for the use of Motivational Interviewing skills to enhance the CHW role among rural populations and prevent healthcare disparities.

Integrated Review of the Literature

Search Methodology

A comprehensive electronic database search for peer-reviewed English language articles from 2010 to 2022 was performed in PubMed, Scopus, and Cumulative Index to Nursing and Allied Health Literature Complete (CINAHL complete). Keywords and Boolean phrases included *community health worker* OR lay health worker* OR promotoras OR "barefoot doctor" OR "home visitor "AND "motivational interviewing," community health worker OR lay health worker*. Initially, PubMed revealed 37 studies, Scopus yielded six articles, and CINAHL

retrieved 51 results. Furthermore, the search strategy was extended to search the reference list of the chosen study, and a Scopus search of other databases yielded similar study results.

The author used inclusion and exclusion criteria to narrow the search process, including rural populations and studies conducted in the USA and other countries. This refining process retained 26 studies, within which eleven were selected after duplicate studies were located and removed from the search results. Additionally, the writer used John Hopkins Nursing Evidence-Based Practice (JHNEBP) (Dang & Dearholt, 2018) appraisal tool to evaluate the evidence's quality and strength. There were two experimental and quasi experimental studies in each level I and level II quality respectively and two non-experimental level III studies with good quality. Four of the chosen studies were level V literature reviews. Lastly, one Level IV clinical practice guideline article of good strength was included.

Summary of the Evidence

Although there is a paucity of literature regarding CHWs training in MI, this literature review has identified a few themes in supporting the PICOT question and the proposed intervention of educating the CHWs in MI to improve health outcomes in the rural population.

The Use of CHWs' Role in Rural Areas

The CHWs are crucial in improving the overall quality of life in underserved and rural populations (Brown et al., 2022; Portillo et al., 2020; Schroeder et al., 2018). Better understanding and knowledge of the risk factors associated with poor health outcomes empowers the CHWs to persuade the community residents effectively to adopt a healthy lifestyle and behavioral modifications (Brandford et al., 2019; Brown et al., 2022; Portillo et al., 2020; Schroeder et al., 2018). CHWs collaborate well with the residents and reach them whenever needed. Moreover, the CHWs are available within the community in the geographical area unlike

other healthcare providers, which promotes access to healthcare information and guidance easily available and is more convenient to the community residents (Spencer et al., 2010).

Furthermore, Portillo et al. (2020) assert that CHWs provide culturally and linguistically appropriate care as they share a similar background with the locals. Hence, residents are comfortable and open to sharing their fears and barriers to CHWs in achieving their healthy life goals. It is evident that CHWs have many roles in health care improvement in their community. Preventive health care screening, health education, motivation, behavioral change, and lifestyle modifications are the crucial avenues where CHWs play a crucial part (Brandford et al., 2019; Brown et al., 2022; Portillo et al., 2020; Schroeder et al., 2018). A systemic review by Schroeder et al. (2018) revealed that CHWs play various roles in interventions, although they most commonly deliver health behavior education or counseling.

The Importance of CHWs' Training in MI Skills

Proper education and training are imperative in providing quality care to the people. CHWs lack standardized training and certification in several states in the USA (Glenton et al., 2013; Schroeder et al., 2018). Having sufficient knowledge about the health care conditions, contemporary health care requirements, screening protocols, communication/counseling skills, and options for healthy choices would equip the CHWs to guide the residents to make an informed health care decision (Brandford et al., 2019; Dewing et al., 2014; Louwagie et al., 2014; Portillo et al., 2020; Schroeder et al., 2018). Indeed, it improves overall health literacy in the community resulting in positive, healthy choices.

Literature supports that CHWs training in MI is crucial to influence the residents to change their high-risk behaviors such as smoking, tobacco use, medication adherence, and poor eating habits (Barrett et al., 2018; Brandford et al., 2019; Dewing et al., 2014; Naar et al., 2021;

Schroeder et al., 2018). In addition, MI education improves CHWs' role and competency and enables them to provide and execute proper MI techniques (Brandford et al., 2019; Brown et al., 2022; Louwagie et al., 2014; Portillo et al., 2020). Brandford et al. (2019) identified that periodical evaluation, constructive feedback, and refresher MI sessions have proven effective in retaining learned MI skills. Moreover, CHWs identified that an educational session about MI skills empowered them to be confident and competent enough to face the residents and provide better guidance and motivation (Brandford et al., 2019).

The impact of CHWs' MI education on behavior change

MI is a practical communication skill used to motivate people to behavior change (Louwagie et al., 2014; Portillo et al., 2020). Educating the CHWs in MI skills to influence the community resident into a healthy lifestyle and behavior change could result in an inevitable outcome. MI techniques are proven effective in reducing high-risk behaviors such as smoking, substance abuse, poor eating habits, and lack of exercise (Barrett et al., 2018; Brown et al., 2022; Louwagie et al., 2014). Similarly, MI is vital in improving preventive health care measures such as cancer, tuberculosis, and colorectal screening (Brandford et al., 2019; Brown et al., 2022). Behavioral modification is achieved through proper use and a consistent approach of the community members using MI techniques (Portillo et al., 2020). Furthermore, CHWs used MI skills to improve medication adherence, follow-up treatment adherence, and seek health care on time (Louwagie et al., 2014).

Lower health care cost

CHWs trained in MI skills in rural areas have proven to provide cost-effective services in rural and underserved areas (Brown et al., 2022; Portillo et al., 2020). A resident motivated to change behavior would follow a healthy lifestyle that minimizes health care costs associated with

poor health habits. For instance, proper screening for cancer, decreasing cancer-related complications and death, quitting smoking reducing lung cancer or other lung infections, and healthy eating habits/ routine exercises lower cardiovascular disease and obesity. Moreover, CHWs use the MI skills to improve medication adherence resulting in better health outcomes and minimizing a relapse and frequent hospitalization (Barrett et al., 2018; Brandford et al., 2019; Dewing et al., 2014; Naar et al., 2021; Schroeder et al., 2018). Furthermore, utilizing CHWs trained in MI skills is a proven, cost-effective intervention in which the cost savings could be substantial, given the tremendous health care costs associated with modifiable risk factors and complications from chronic health issues (Brown et al., 2022; Portillo et al., 2020)

Synthesis of Evidence

This literature review reveals with a strong and compelling evidence that CHWs trained in MI promote healthy behaviors in the community. However, evidence shows that CHWs lack standardized training and certification. Surprisingly, there is a lack of literature pertaining CHWs training in MI and the use of those skills in the rural population. Also, some studies were conducted in countries outside of US such as developed and developing countries So, there is a considerable need for further research in the US about utilizing CHWs, their training, and the effects of MI skills in the community. Particularly randomized control studies, as opposed to qualitative studies and literature reviews, could yield higher levels of evidence. Although not all the study elaborated how the CHWs were trained to use MI skills, utilizing the scholarly prepared trainer would be beneficial. Lastly, study participants have various backgrounds such as counselors, nurses, and the local community social workers but generalizable as a health care professional. However, future studies should include a significant number of study participants

with similar educational backgrounds to produce statistically significant results with a higher level and quality evidence.

Discussion

The literature review supports that using practical communication skills such as Motivational interviewing in rural areas resulted in improved health care outcomes. CHWs, as a local, have higher chances of producing effective results while using MI skills to address basic health issues in rural communities. Significant health disparities such as obesity, substance abuse, tobacco use, medication noncompliance and unhealthy behaviors are addressed by MI, and it has been proven effective. However, the study participants lack adequate training and follow-up refresher classes to keep up with MI skills. Although there are limited studies or research on the use and efficacy measurement of MI skills among CHWs, it is crucial to have larger-scale research on this topic.

Implications for Nursing Practice

CHWs play an exponential role in improving their community's health outcomes. Studies suggests that utilizing CHWs could be beneficial for both the providers and the residents. The health care clinics, Medicare and Medicaid facilities could have the standard practice policies to include CHWs to the health care team involved in a rural patients' discharge planning process. Utilizing CHWs should be approved and policy changes in the state and federal level could improve the preventive health services in the rural population resulting in lowering health care costs. The MI skills are a crucial aspect of behavior change and incorporating MI modules in health care professional educational curriculum and in the workplace refresher course result in better communication between the provider and patients. Lastly, lack of funding to support CHWs workforce is a barrier to use their services and training. Generous funding from the

stakeholders such as the state/Federal government could aid in increased CHWS training and in conducting a higher quality study in the future pertaining CHWs services.

Conclusion

It is evident from the literature that the rural populations, especially Latinx, have poor health outcomes and face several health inequalities compared to the urban population. The most chronic health issues in rural communities are preventable and manageable with proper and timely interventions. Early identification, such as appropriate screening, educational awareness, and culturally competent support from health care providers, would be beneficial in curbing these health inequities in the rural Latinx population. More culturally nuanced health care approaches to Latinos may improve patient management of chronic diseases and lower national healthcare costs. Most importantly improving healthy behavior such as smoking cessation, routine exercise and healthy eating habit and lifestyle modifications positively impacts the community's health. Moreover, improving healthy behaviors is proven effective with the MI help. Therefore, using competent CHWs with MI training would be beneficial in impacting community behavior change, resulting in improved health outcomes in rural areas.

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