Georgia's Community Health Workers: An Investigation Into Core Competencies

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DEDICATION

This project is dedicated to my parents and my grandparents. Through each of you, I learned the importance of running my own race, following my heart, and "never taking any wooden nickels."

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LIST OF ABBREVIATIONS

C3 Project	Community Health Worker Core Consensus Project
CHA/Ps	Community Health Aides/Practitioners
CHL	Congregational Health Leader
CHW	Community Health Worker
COVID-19	Novel Coronavirus
ED	Emergency Department
GACHW	Georgia Community Health Worker Network
GADPH	Georgia Department of Public Health
IRB	Institutional Review Board
KSA	Knowledge, Skills, and Abilities
MCO	Managed Care Organization
MSM	Morehouse School of Medicine
NACHW	National Association of Community Health Workers
PCMH	Patient-Centered Medical Homes
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
REDCap	Research Electronic Data Capture
RCT	Randomized controlled trial
UMMC	University of Mississippi Medical Center
UGA	University of Georgia
WHO	World Health Organization

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ABSTRACT

Statement of the Problem: Health disparities remain a significant challenge in the United States. Community health workers (CHWs) are crucial in bridging healthcare services and communities. In Georgia, there is a critical need to understand which competencies increase CHWs' effectiveness.

Purpose: This three-phase explanatory sequential mixed methods study aimed to identify core competencies (knowledge, skills, and abilities) that Georgia CHWs feel are important to perform their role.

Methods: An explanatory sequential mixed methods approach was utilized. Phase one involved an online questionnaire measuring the importance of the Community Health Worker Core Consensus Project (C3 Project) core competencies among Georgia CHWs. Phase two included focus groups to explore Georgia CHWs' perceptions regarding core competencies ranked during phase one. Phase three included one-on-one interviews to further explore participant perceptions and experiences with each core competency.

Results: Findings indicated that competencies related to communication, advocacy, outreach, and interpersonal and relationship building are highly valued by Georgia CHWs. Challenges include a lack of resources, barriers to building trust with clients, inadequate pay, and high levels of stress. The themes identified in phases two and three reinforced phase one findings and led to the development of a core competency framework and strategic action plan pilot for Georgia CHWs.

Conclusion: A standardized core competency framework for CHWs in Georgia may be essential in improving their training, performance, and overall effectiveness.

Keywords: Community Health Workers, Core Competencies, Health Disparities, Georgia, Public Health, Training Programs, Professional Development

INTRODUCTION

CHAPTER I

INTRODUCTION

Health disparities persist as one of the most pervasive challenges for healthcare delivery within the United States (Barr, 2019; Baumann & Cabassa, 2020; Wilkins et al., 2020). Health disparities are defined as systematic differences in health outcomes or disease prevalence among specific populations, often delineated by factors such as race, ethnicity, socioeconomic status, geographical location, or access to healthcare resources (Alhalel et al., 2022; Fourquet et al., 2019; Magesh et al., 2021). Healthcare disparities are a subset of health disparities that are delineated by unequal access to healthcare services and insurance coverage among socioeconomic groups (Baumann & Cabassa, 2020; Elmore & Fayanju, 2023; Saeed & Masters, 2021; Wilkins et al., 2020). Healthcare disparities result in persistent, expensive, and harmful variations in healthcare quality and delivery (Elmore & Fayanju, 2023; Husain et al., 2023; Thuo et al., 2023; Trinh et al., 2017). In the United States, racial/ethnic minorities, indigenous groups, socioeconomically disadvantaged communities, and sexual and gender minorities are greatly affected by health and healthcare disparities (Elmore & Fayanju, 2023; Estime et al., 2022; Husain et al., 2023; Phillips et al., 2020; Washington et al., 2022). The World Health Organization (WHO) recommends employing community health workers (CHWs) as a critical strategy for achieving more healthcare coverage and reducing health disparities (Ferrer et al., 2022; Hodges et al., 2023; Kangovi et al., 2018; WHO, 2021).

Community health workers are frontline community members actively engaged with local healthcare systems (Gronowski et al., 2022; Hodges et al., 2023; Kangovi et al., 2018; National Institutes of Health, 2020). With their close connection to the populations they serve, both geographically and culturally, CHWs are crucial links between health services and communities. Community health workers are instrumental in improving access to care for marginalized, poor, and hard-to-reach populations usually deprived of proper care by institution-based programs (Ahmed et al., 2022; Kennedy et al., 2021). Effectively addressing health disparities through the engagement of CHWs is imperative for constructing a more fair and inclusive healthcare system in the United States. Community health workers often hold diverse titles, reflecting the roles, responsibilities, and specific communities they serve (Andrews et al., 2004; National

Association of Community Health Workers [NACHW], 2020; National Heart, Lung, and Blood Institute, 2014). These titles may vary based on geographical location and cultural differences to align closely with the nature of their work. In some areas, CHWs are called Promotores de Salud or promotoras in Hispanic communities, highlighting their roles as health promoters (Matthew et al., 2017; Steinman et al., 2023). Other common synonyms for CHWs include auxiliary health workers, canvassers, community health advisors, community health advocates, community health aides, community health representatives, community helpers, and health outreach workers (Andrews et al., 2004; NACHW, 2020; National Heart, Lung, and Blood Institute, 2014).

Researchers have proposed solutions to address health disparities through a community-based approach, including the deployment of CHWs (Ferrer et al., 2022; Hodges et al., 2023; Logan & Castañeda, 2020; Malcarney et al., 2017; Rodriguez et al., 2020). By forming multidimensional relationships with community members, CHWs can coordinate healthcare services and improve patient outcomes (Gronowski et al., 2022; Kangovi et al., 2018; Kennedy et al., 2021; Wennerstrom et al., 2022). Community health workers also serve as health equity champions by connecting marginalized and underserved populations to healthcare information and services (Ahmed et al., 2022; Knowles et al., 2023; Meghea et al., 2023). The effectiveness of CHWs depends on a foundation of core competencies encompassing the necessary knowledge, skills, and abilities (KSAs) for delivering quality care and support (Covert et al., 2019; Jones et al., 2021; Rataj et al., 2016). Given the dynamic nature of the healthcare landscape, ongoing education is essential for CHWs to stay abreast of evolving best practices (Rosenthal et al., 2018; Schleiff et al., 2021).

Background and Significance

The inception of community health work dates back to the 17th century, characterized by a shortage of physicians, notably in Russia (Balzer, 2016). In response to this scarcity, laypeople were trained to provide medical services to military soldiers during that era (Boyce & Katz, 2019). This early form of community health work emerged out of necessity due to the shortage of medical professionals (Balzer, 2016). The concept of community health work began to formalize and spread to other regions, especially in China. In this context, laypersons were trained to address everyday medical

needs within their communities. The emphasis was not only on responding to acute health challenges but also on establishing a network of individuals equipped to handle the routine healthcare needs of the community. The early development of utilizing CHW demonstrated the importance of community-based care and the potential impact of empowering laypeople with essential medical knowledge and skills (Huang et al., 2018).

Community health workers are critical in advancing public health and addressing health disparities (Alcaraz et al., 2019; Wallerstein et al., 2018). Community health workers actively participate in preventive care and health education initiatives, significantly raising awareness about wellness, disease prevention, and healthy lifestyles (Balcazar et al., 2011; Gronowski et al., 2022; Kangovi et al., 2018; Kennedy et al., 2021; Wennerstrom et al., 2022). Community health workers are vital in reducing the disease burden and cultivating a more inclusive and resilient healthcare system (Gronowski et al., 2022; Hodges et al., 2023; Kangovi et al., 2018). Because CHWs are engaged with their communities, they understand local dynamics intimately, enabling effective navigation of diverse cultural landscapes and addressing language barriers (Danso, 2018; Steinman et al., 2023). This cultural sensitivity ensures that healthcare services are not only accessible but also personalized to the unique needs and beliefs of the communities they serve.

Utilizing CHWs has led to a decrease in the frequency of emergency department visits, hospitalizations, nursing home placements, and hospital readmissions, thus reducing healthcare costs (Heisler et al., 2022; Jack et al., 2017; Moffett et al., 2018; Pinto et al., 2020; Smith et al., 2019). The Center for Medicare and Medicaid Innovation created the Health Care Innovative Awards to test innovative payment and care delivery models such as transitional care coordination interventions, coordinated comprehensive care approaches, utilizing CHWs, and evidenced-based practices (Centers for Medicare & Medicaid Services, n.d.). Among the six innovative models presented using strategies such as health information technology, CHWs, medical home intervention, behavioral health, telemedicine, and workflow improvement, only models employing CHWs were observed to reduce overall costs effectively (Bir et al., 2018).

Challenges Faced by Community Health Workers

One primary challenge faced by CHWs is limited access to resources and training, which can hinder their ability to stay updated on best practices and provide

comprehensive support to their communities (Allen et al., 2018; Catalani et al., 2009; Chaidez et al., 2018; Dunn et al., 2021; Holcomb et al., 2022; Lee et al., 2021). Another significant issue is the need for standardized certification and recognition, leading to variations in their roles and responsibilities across different regions (WHO., 2021). Additionally, CHWs often face challenges related to cultural competency, language barriers, and the need for effective communication with diverse populations (Mobula et al., 2014; Rataj et al., 2016; Smithwick et al., 2023). Community health workers encounter challenges related to their workforce identity, professional growth, and access to research-oriented training opportunities (Allen et al., 2018; Klein et al., 2022; Smithwick et al., 2023). Ambiguity exists surrounding CHWs' distinct roles within the healthcare sector, often leading to a lack of recognition and respect for their contributions and thus inhibiting their integration into healthcare teams. The limited avenues for professional development hinder their ability to acquire advanced skills and competencies for addressing complex community health issues. The scarcity of tailored research training initiatives designed specifically for CHWs limits their capacity to engage in evidence-based practices and contribute substantively to community health research efforts. These compounded challenges impede the ability of CHWs to address health disparities and stifle their potential for upward mobility and recognition (Allen et al., 2018; Catalani et al., 2009; Chaidez et al., 2018; Klein et al., 2022; Rataj et al., 2016; Smithwick et al., 2023).

Competency-Based Education for Community Health Workers

Competency-based education for CHWs holds significant importance in ensuring the effectiveness and impact of frontline healthcare providers (Cueva et al., 2018; Perry et al., 2021; Porterfield et al., 2023; Ruiz et al., 2012). Competency-based education equips CHWs with the specific skills and knowledge required to navigate their communities' diverse and often complex healthcare landscape by defining essential competencies (Ferrer et al., 2022; Hodges et al., 2023; Malcarney et al., 2017; Perry et al., 2021). The emphasis on core competencies, ranging from health promotion to cultural competence, ensures that CHWs are well-prepared to address their populations' unique health needs and disparities (WHO, 2021). The tailored nature of competency-based programs allows for a more relevant and responsive training experience, acknowledging

different communities' distinct challenges and cultural nuances (Porterfield et al., 2023; Ruiz et al., 2012; Van Melle et al., 2019).

The hands-on learning components incorporated into competency-based programs further enhance the practical application of knowledge (Musoke et al., 2021; Perry et al., 2021). Community health workers engage in real-world scenarios, enabling them to develop the critical problem-solving and communication skills necessary for effective community healthcare (Musoke et al., 2021). Regular assessment and evaluation mechanisms ensure that CHWs continually refine and apply their competencies, fostering a dynamic and adaptable workforce (Perry et al., 2021). Competency-based education is crucial for elevating the quality of CHWs' performance, thus enhancing their ability to serve as trusted community resources (Musoke et al., 2021).

Community Health Worker Core Consensus Project

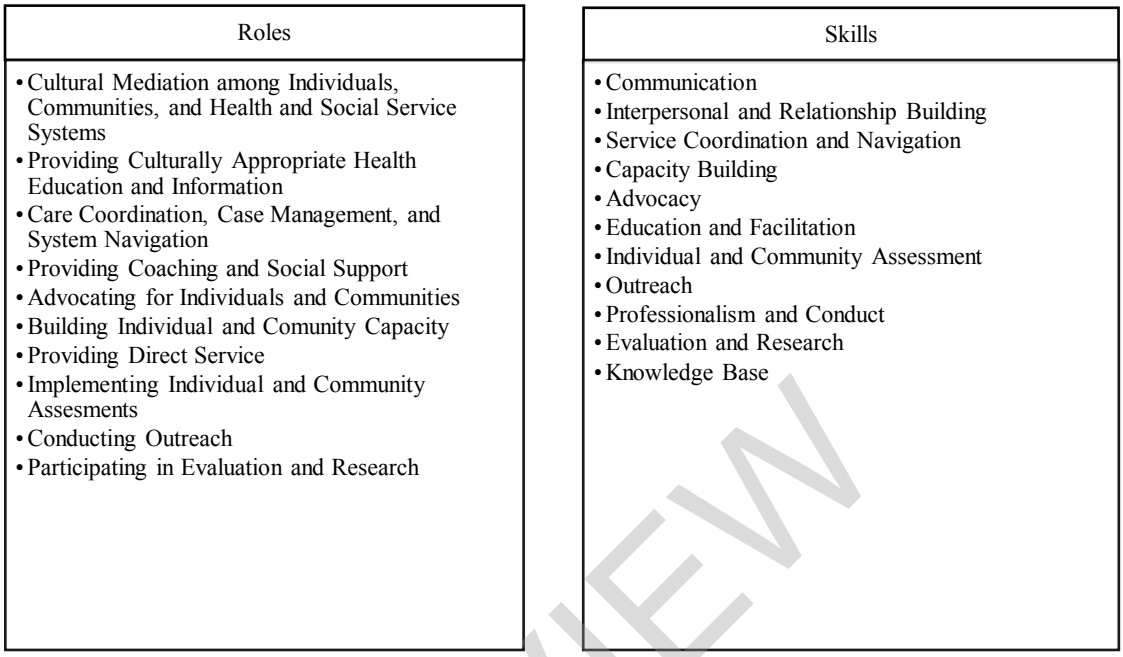
In 2016, Rosenthal et al. developed the Community Health Worker Core Consensus Project (C3 Project) at the University of Texas Houston School of Public Health Institute for Health Policy (Rosenthal et al., 2016). The mission of the C3 Project was to create a unified framework for CHWs applicable to various settings and communities to elevate their role in addressing health disparities. The objectives of the C3 Project were to define core competencies, establish consensus on the developed framework, provide training for CHWs, advocate for the integration of CHWs in the healthcare sector, and enhance the quality of care for underserved communities. Knowledge, skills, and abilities are key elements that describe the competencies required for effective performance in a specific role or profession. Therefore, developing core competencies for CHWs delineates the KSAs imperative for facilitating efficacy in their roles. Knowledge represents the information and understanding acquired through education, learning, or experience. Skills are the practical proficiencies developed through practice or training that provide individuals with the ability to perform specific tasks effectively. Abilities are often inherent or developed traits that facilitate task performance and understanding. Employers also use KSAs to evaluate candidates for jobs and provide a comprehensive view of an individual's sustainability and potential for success in a particular position. The C3 Project team analyzed previously accepted CHW roles and competencies from the National Community Health Advisor Study and

compared them to current benchmark documents (Rosenthal et al., 1998). The National Community Health Advisor Study was used as a baseline for the analysis because of its widespread use for recommended CHW roles and skills. To conduct the analysis, the C3 Project team matrixed all collected benchmarked documents with the list of core roles and skills from the National Community Health Advisor Study and refined the list. The juxtaposition identified a comprehensive list of CHW roles and skills. Afterward, the list was reviewed by a CHW advisory group, which included 23 CHW networks across the local, state, regional, and national levels. Following this pervasive review, the C3 Project released its findings to the public for review and endorsement (Rosenthal et al., 2016).

Phase two of the C3 Project began in 2018 at Texas Tech University Health Sciences Center in El Paso, which continued development alongside other national CHW networks and organizations to expand outreach nationwide and gather endorsements on the developed set of core roles and competencies (Rosenthal et al., 2018). At least 20 states have adopted the C3 Project since its inception, and during this second review, three new roles and competencies were added to the original framework to support updated practices in the field (see Figure 1). Additionally, a CHW assessment toolkit was developed using the updated framework to support employers and CHWs in reducing turnover, improving confidence, and improving capacity. A national review cycle has been proposed to update the developed roles and competencies with current practices (Rosenthal et al., 2018).

Figure 1

C3 Project CHW Roles and Skills



Core Competency Frameworks in Other States

Nineteen U.S. states have voluntary CHW certification programs and core competency frameworks (Jones et al., 2021). Developing core competency frameworks for CHWs can be a state-driven process, including multiple stakeholders such as community organizations, state health departments, and educational institutions to address the specific healthcare concerns of their communities (Bashkin et al., 2022; Mason et al., 2021). Because there is no overarching national, mandatory competency framework for CHWs, states with input from community organizations, state health departments, and educational institutions created and adopted models that best fit their unique needs for care delivery and training (see Figure 2).

After two decades of consensus building among key community stakeholders, the Massachusetts Board of Certification of CHWs developed 10 core competencies in 2014. The core competencies for this framework focus on domains such as assessment, planning, advocacy, health education, and service coordination. While Massachusetts' core competency framework for CHWs shares similarities with other states in focusing on essential skills and knowledge areas outlined in the C3 Project, the state emphasizes

CHWs' ability to conduct assessments, develop care plans, and navigate healthcare systems (Commonwealth of Massachusetts, 2014).

In 2016, the Minnesota Department of Health developed a comprehensive set of core competencies for CHWs, emphasizing advocacy, cultural responsiveness, communication, health education, and care coordination (Minnesota Department of Health, 2016). The framework was developed to support the statewide CHW training program. Any CHW in Minnesota that receives a certificate from the Minnesota State Colleges and Universities System qualifies for certification and CHW services reimbursement under the state's medical assistance program.

In 2014, the Nevada Division of Public and Behavioral Health piloted a CHW curriculum with the College of Southern Nevada and Truckee Meadows Community College (Department of Health and Human Services Nevada Division of Public and Behavioral Health, n.d.). A total of 39 newly trained CHWs graduated and received a certificate of completion. Several years after this initial pilot, the state of Nevada established three CHW training options for CHWs to obtain a certificate of completion, which is an eligibility requirement to become a Certified CHW I or II under Nevada's Certification Board: an online, hybrid course from the Nevada Community Health Worker Association, in-person training at College of Southern Nevada, or an online course at Truckee Meadows Community College (Nevada Community Health Worker Association, 2019). The core competencies for CHW in Nevada are an adaptation of CHW core competencies from the American Public Health Association, the National Community Health Association, Texas, and Massachusetts (Nevada Certification Board, 2023).

The Texas Department of State Health Services (DSHS) established a CHW program based on eight core competencies to educate and train CHWs (Texas Department of State Health Services, 2018). The CHW core competencies for Texas are communication, interpersonal skills, service coordination, capacity-building, advocacy, teaching, organizational, and knowledge base on specific health issues. While this list is scaled down from the C3 Project's skills, it has been adapted to best serve the healthcare needs of various communities across Texas.

Figure 2

Various State CHW Core Competency Models

Georgia Community Health Worker Networks

In Georgia, CHW networks are vital hubs for fostering collaboration, support, and professional development (McCray et al., 2020). The Department of Community Health and Preventive Medicine, Morehouse School of Medicine, the American Cancer Society/Southeast Division, and the Georgia Department of Public Health (GADPH) worked together to create and administer the first competency-based curriculum for training all CHWs (McCray et al., 2020). The Georgia CHW Network (GACHW) was established between 2002 and 2008 by representatives of over 30 health agencies and organizations (McCray et al., 2020). During this time, the group met regularly, assisted in identifying priority areas of interest, and played a crucial role in organizing and carrying out a statewide CHW reconnaissance project funded by the Healthcare Georgia Foundation. Significant discoveries from the project indicated that CHWs in Georgia were represented by at least 20 distinct titles, and most organizations had training programs to carry out initiatives. Many of the trainings were designed to prepare CHWs for program-specific activities rather than being competency-based. Other discoveries included the need for standardized training, CHW certification, regularly scheduled training and venues, formal recognition, competitive compensation, and sustainability plans, which align with national concerns regarding CHWs (McCray et al., 2020).

The Georgia Regional Cancer Coalition, an employer of Georgia CHWs, expressed significant concerns about the high turnover rates they saw among their skilled and well-trained staff as they left for higher-paying positions (McCray et al., 2020). To oversee and disseminate opportunities for CHW professional development and workforce integration into healthcare practices and public health promotion across the state, the GADPH established the CHW Initiative Program. A Georgia CHW Advisory Group was subsequently established in response to the first CHW Forum in 2017, which attracted 100 interested CHWs, supervisors, program directors, insurance payers, public health experts, academicians, and other statewide stakeholders. The Georgia CHW Advisory Group and GACHW Steering Committee discussed standardized CHW training, certification, professional development, and Medicaid reimbursement for CHWs. A Georgia CHW Coalition was established in 2018 by Georgia Watch to support the CHW workforce and encourage its sustainability through Medicaid expansion and third-party