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# COMPREHENSIVE REVIEW OF COMMUNITY HEALTH WORKER PROGRAMS AND ASSESSING ROLES, TRAINING, AND IMPACT ON POPULATION HEALTH OUTCOMES

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#### **ABSTRACT**

CHWs (community health workers) have gained recognition as vital constituents of community health requirements in all countries, including disadvantaged communities. This exhaustive process will analyze the roles, training modes, and influence of CHW in promoting public health. This review begins with thoroughly inspecting relevant articles, highlighting many of CHW's most successful program indicators and suggesting several improvement opportunities for their optimal functioning. The results point out that CHW's activities are fundamental in upholding health equity and improving health conditions, only presenting the need to carry out further research and give CHWs adequate support and training.

**Keywords**: community health workers, CHW programs, healthy populations, health equity,

#### INTRODUCTION

CHWs are promoters of public health who work at the grassroots level and are the heart of health service delivery for underserved populations. CHW programs have been proven efficient in the struggle against healthcare inequity, navigating care access, and attaining health equality. This far-reaching post thoroughly examines the CHW programs, including their roles, training methods, and value for population health consequences. This review strives to achieve such a goal by integrating all the available literature studies, thereby helping to align and advance feasible strategies for the efficiency of CHW programs and CH goals (Goniewiczet.,al 2020).

### **BODY**

Community health workers (CHWs) who act in various forms within their communities with the potential to address diverse health needs and meet their populations' priorities are the representatives. These positions deal with various duties, like fighting health issues, reducing diseases, and helping people become well. Through the lenses of trusted intermediaries, CHWs partake in the process of connecting healthcare providers with community members by the possible means of eliminating the gaps ascribed to healthcare access and delivery, especially where underserved persons are incredibly involved.

### 1. Health Education:

In addition to humanizing the primary mission of CHWs, which is to raise awareness about health and transfer it to community members, they allow individuals to make well-informed health-related decisions. At educational classes held by CHWs, several issues are covered in detail, ranging from health advice to preventive measures, how to lead an active and balanced lifestyle, handling chronic diseases, and getting healthcare services. CHWs conduct work sessions, presentations, and practical cases for the community to learn about health issues and thus change how people behave. Interestingly, a combination of various approaches can be effective.

#### 2. Outreach

CHWs are involved in activities such as screening, identification of risk factors, and community outreach, which aims at providing healthcare services to those who are in need or at risk. This will be fulfilled by distributing through door-to-door visits, community gatherings, health fairs, etc., to concentrate on different community members and spread information about available resources. Outreach efforts are essential in developing the level of trust and hospitality necessary for meaningful engagement of people in the community who experience health issues on time.

#### 3. Care Coordination

Community health workers are a crucial care coordination pillar for individuals with multiple healthcare challenges. They collaborate with healthcare professionals, social services, and community organizations to offer uniform healthcare and affiliated services. CHWs stand alongside individuals in medical systems' meeting scheduling, obtaining prescriptions, medication pickups, and accessing social assistance. Working as an intermediary between all the healthcare entities, the CHWs revamp the care delivery to make it more efficient, thereby creating better health outcomes for the individuals or families served.

# 4. Advocacy

CHWs are the loud criers for the needs and rights of their communities and, therefore, the more vigorous advocates for health services that value this population and are called for, amongst others, removing the barriers to accessing healthcare. They lobby for policy changes, healthcare budget allocation, and the implementation of interventions to reduce health disparities and create fair access to healthcare. CHWs enable the community's members to come forward and advocate for themselves in decision-making and health and well-being processes (Goniewiczet.,al 2020). Using a grassroots advocacy approach, CHWs build supportive communities, improving individuals' health status.

### **Training Methods for Community Health Workers:**

Successful training is undoubtedly essential for community health workers (CHWs) to initiate and sustain their projects on a community level successfully. CHW training is a comprehensive process where these critical players in public health receive coursework on the diverse health issues of the populations they work with to achieve the maximum possible impact. The training programs are diverse and depend on the requirements of the community and the CHWs' scopes of practice; they are also characterized by the kind of content and duration of the programs. Nevertheless, the framework elements of CHW educational programs are learning knowledge diversity, practicum, and advisory support and supervision.

CHW training programs are based on two fundamental pillars: core competency development and core competencies. This section of the CHW training will provide participants with fundamental information and the abilities needed to conduct health promotion, disease prevention, and community engagement. Professional skills include communication, health literacy, basic medical knowledge, and being familiar with community resources (Goniewiczet.,al 2020).

This means that they have to account for the many unique cultural aspects that form the beliefs and behaviors found in health. In this process of training CHWs, they acquire attributes of cultural competence and understanding, allowing them to communicate with people of diverse cultural backgrounds in a manner that is respectful and effective. Cultural sensitivity training should cover how people's customs, myths, values, and traditions influence their behaviors and strategies for respecting cultures and working humbly with different cultures that could be barriers to the treatment.

Training methods with mentorship and oversight display the critical parts of the CHW training program that assure the achieved level of proficiency as well as guarantee service quality. CHWs' work is primarily supervised by their office coworkers, who are experienced in health care and provide CHWs with guidance, feedback, and mentorship to receive continual professional progress. There should be support structures like peer support groups, continuous education platforms, and access to resources that will maintain the motivation and involvement of CHWs in the work.

Cognitive self-regulation

Basic cognitive skills

Collaborative learning to learn

Cooperative regulation and control

Copenative regulation

Cooperative regulation and control

Figure 1: Crucial elements include classroom learning and practical skill development.

(Neff et., al 2020).

# **Impact on Population Health Outcomes:**

Community Health Worker (CHW) programs are efficient intervention vehicles in the process of bridging the health gaps and medication of overall population health, which have been realized, mainly in the realm of the socially disadvantaged and the ones that are not accessible. As

evidenced by extensive research, CHW programs have shown striking results covering a multitude of health indicators. These programs have proven the ease of getting care services, using more healthcare systems, reducing healthcare-related expenses, and having better health status among all population groups. Figure 2 lays out the impact of CHW programs on population health outcomes, presenting the change CHW has brought forward in public health.

#### 1. Access to Care

CHW programs are based on the science that overcoming problems in the health care of a public with limited resources or access to care is the critical function. By being credible intermediaries facilitating the entry of healthcare providers in the neighborhood together with community members for release from access and connection to the necessary services, CHWs play a vital role in healthcare delivery. Reports indicate that the CHW programs targeting community health care, prevention and management of chronic diseases, maternal and child health services, and mental health have increased access to care. Further, CHWs have the task of filling the void in the social determinants of health that plan many people's healthcare access, such as transportation barriers, language barriers, and no health insurance.

### 2. Healthcare Utilization

CHW programs have been noted to significantly contribute to higher healthcare utilization among the target population of those who are vulnerable. Such earlier detection of diseases and better management have led to better care for those types of illnesses. CHWs regularly contact the people they serve in the community to promote health education regarding preventive care, routine check-ups, and proper treatment seeking. Being culturally competent and addressing the health issues related to their communities, the CHWs will help the members overcome all the barriers to health care utilization(Neff et.,al 2020). As a result, improved health outcomes and the introduction of healthcare disparities are likely to happen. Not only that, but CHWs help reduce system fragmentation by serving as the link between health-care services, thus providing people with appropriate care and support.

#### 3. Healthcare Costs

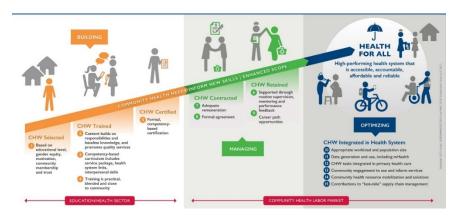
The research has revealed that the CHW programs embed the concept of lowering healthcare expenditure by cutting hospitalization rates, emergency department visits, and healthcare costs. By helping promote preventive care and early treatment, CHWs prevent the progression of complications and the endpoint of chronic diseases, which in turn causes less use of hospital services. The CHWs guide the patients in medication adherence and utilization of health care; as a result, costs are lowered considerably. Cost-effectiveness reasoning is standard, with studies displaying that CHW programs are economical and have a positive return on investment concerning cost savings and better health outcomes.

#### 4. Health Outcomes

CHW programs are essential assets, bringing medical and preventive approaches closer to the populations in need, disadvantaged, and frail. The marginalized groups are the ones who benefit the most. Scholars have proven that areas with CHW programs record improvements in several health indicators, such as morbidity, mortality, the management and control of non-communicable diseases, and improved quality of life. CHWs are instrumental in developing healthy life behaviors, delivering the needed behavior changes, and empowering people to take action to maintain their health. CHWs do this by prioritizing social determinants in their work and utilizing the integration of the whole health approach to wellness, which ultimately leads to achieving the stated health outcomes and reducing health inequities in the community,

To sum up, CHW programs make a tremendous difference in the health outcomes of populations, primarily by increasing access to care due to better utilization of healthcare and consequently lowering healthcare costs and health outcomes for different populations. Figure 2 shows how home-based CHW programs changed the face of public health, taking responsibility for healthcare equality issues and policing disparities in healthcare. Through their policies, governments should invest in CHW programs and provide a platform to enable CHW to integrate into the healthcare systems to realize better health outcomes and advance social and economic justice for all.

Figure 2: Changing the Equation: Community Health Workers' Role in Population Health
Outcomes



(Rajkumar, 2020).

# **Challenges and Considerations**

Nevertheless, even though Community Health Workers (CHWs) programs have shown a good tendency towards decreasing the number of vulnerable people in this community, this respect for the quality of the services the program facilitates CHWs encounter various issues that can, in some situations, inhibit the sustainability and scalability of those programs. These problems derive from systemic deficiencies in the provision of funding, staff, training and supervision, healthcare systems, and the challenges that must be addressed if the workforce is going to be Chelonian Conservation and

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integrated. Addressing those challenges is essential to reinforce CHRN programs and optimize them in a preventive context.

# 1. Inadequate Funding and Resources

An aspect of the CHW program is the need for more funding and resources. Most CHW initiatives need access to enough resources; therefore, the scope and scale of such interventions, which are bound to reach a more significant population segment and sustain these initiatives in the long run, are restricted. Financial problems may be in place with recruitment, training, and maintaining the jobs of CHWs, as well as in the provision of supplies, equipment, and infrastructure for program costs. Besides, CHW programs encounter difficulty as they depend on continuous training and supervisory support funding.

# 2. Limited Training and Supervision

CHWs need continuous training and regular supervision as part of the process. Therefore, they can be efficient and successful in their service delivery. Nevertheless, most CHW-facilitated programs face drawbacks of inadequate training and supervision caused by resource constraints, a lack of authenticated training curricula, and rare accessibility to qualified mentors and supervisors. Appropriate capacity building and supervision are the reins on the quality of CHW performance, resulting in less than optimal health results, performance, and the program's overall effectiveness. On the other hand, CHWs should be prepared to tackle the complex healthcare system, incline their staff to be on time, and be eligible to ask for a supervisor's advice at strict intervals(Rajkumar, 2020).

### 3. Fragmented Healthcare Systems

In addition to their coordination and connectivity issues, CHW programs usually have to propose improved ways for service delivery to individuals and communities suffering from the fracture of care within healthcare organizations. Community health workers (CHWs) usually work in decentralized health systems, primarily representing disintegrated services, segmented care delivery, and poorly connected channels between healthcare providers and community-based organizations. The fracturing causes the part to be lost, resulting in duplicating tasks and obstacles to reaching unrestricted medicine. To effectively tackle these challenges, CHW programs should develop solid partnerships and collaborations with healthcare providers, social services agencies, and other relevant stakeholders. We aim to achieve integrated care and enhance coordination more efficiently.

# 4. Insufficient Recognition and Integration

CHWs usually need help when staff recognition and integration in the structured healthcare field occur, which, in turn, limits their opportunities for career development and advancement as well as proper employment. Although their activities aim to achieve high health outcomes, their contributions may need more formal acknowledgment, a certificate, or duly licensed within an

environment, depending on the setting. This can prevent them from receiving the funding, resources, and support required to design and realize the programs. Moreover, CHWs may find that health workers in many institutions and government officials need clarification about their role and power, which can complicate the process of being accepted and integrated into the healthcare system(Waters, 2020).

All involved parties, including advocates and policymakers, need to fight these challenges to strengthen CHW programs and optimize their contributions to community health. One of the roles is that community health workers (CHWs) correlate with policymakers to increase budgeting and resources. Set a standard training and supervision process for these individuals to boost the healthcare system. Ensure CHW integration and recognition within healthcare systems and improve care coordination and service delivery by partnering with appropriate organizations. Health equity and population health outcomes can be better served by looking at the challenges and focusing on the sustainability and efficacy of the CHW programs that ensure them(World Health Organization. (2022)..

### RECOMMENDATIONS FOR IMPROVING CHW PROGRAMS

It is necessary that CHW training, supervision, and support systems are available to ensure that CHWSare well-skilled enough to carry out their roles competently. Such training includes standardizing the training curriculum, certification programs, and avenues for CPD and lifelong learning.

Ensuring CHWSare incorporated into the formal healthcare system through policy reform, reimbursement mechanisms, and collaborative linkages between healthcare providers, community organizations, and the government.

Comprehensive evaluation of CHW programs intended to measure their impact and costeffectiveness should be intensified by focusing on rigorous research and lifestyle evaluation, including the outcome of randomized controlled trials and implementation of science methods.

### **CONCLUSION**

CHW programs provide a vital part of the solutions, empowering vulnerable communities to better their health and contribute to improving the overall health system. Cultural sensitivity plays a significant role, as does their qualification for meeting the community's needs. Finally, they have the potential to improve population health outcomes significantly. Indeed, CHW programs are vital to resolving significant concerns, provided innovative solutions and research-based policies are advocated. Through investing in CHW training, support, and their integration approach, experts can jointly try their best to perfect CHW programs and meet public health goals.

#### REFERENCE

- Bhaumik, S., Moola, S., Tyagi, J., Nambiar, D., &Kakoti, M. (2020). Community health workers for pandemic response: a rapid evidence synthesis. *BMJ Global Health*, *5*(6), e002769.https://gh.bmj.com/content/5/6/e002769.abstract
- Beckel, J. L., & Fisher, G. G. (2022). Telework and worker health and well-being: A review and recommendations for research and practice. *International Journal of Environmental Research and Public Health*, 19(7), 3879. <a href="https://www.mdpi.com/1660-4601/19/7/3879">https://www.mdpi.com/1660-4601/19/7/3879</a>
- Mistry, S. K., Harris-Roxas, B., Yadav, U. N., Shabnam, S., Rawal, L. B., & Harris, M. F. (2021). Community health workers can provide psychosocial support to the people during COVID-19 and beyond in low-and middle-income countries. *Frontiers in Public Health*, 9, 666753. https://www.frontiersin.org/articles/10.3389/fpubh.2021.666753/full
- Sabo, S., O'Meara, L., Russell, K., Hemstreet, C., Nashio, J. T., Bender, B., ...& Begay, M. G. (2021). Community health representative workforce: meeting the moment in American Indian health equity. *Frontiers in Public Health*, 9, 667926.https://www.frontiersin.org/articles/10.3389/fpubh.2021.667926/full
- Kontoangelos, K., Economou, M., &Papageorgiou, C. (2020). Mental health effects of COVID-19 pandemia: a review of clinical and psychological traits. *Psychiatry investigation*, 17(6), 491.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7324731/
- Edú-Valsania, S., Laguía, A., & Moriano, J. A. (2022). Burnout: A review of theory and measurement. *International journal of environmental research and public health*, 19(3), 1780. <a href="https://www.mdpi.com/1660-4601/19/3/1780">https://www.mdpi.com/1660-4601/19/3/1780</a>
- Kang, Y., Zhang, F., Gao, S., Lin, H., & Liu, Y. (2020). A review of urban physical environment sensing using street view imagery in public health studies. *Annals of GIS*, 26(3), 261-275.https://www.tandfonline.com/doi/abs/10.1080/19475683.2020.1791954
- Connor, J., Madhavan, S., Mokashi, M., Amanuel, H., Johnson, N. R., Pace, L. E., &Bartz, D. (2020). Health risks and outcomes that disproportionately affect women during the Covid-19 pandemic: A review. *Social science & medicine*, 266, 113364.https://www.sciencedirect.com/science/article/pii/S0277953620305839
- Spoorthy, M. S., Pratapa, S. K., &Mahant, S. (2020). Mental health problems faced by healthcare workers due to the COVID-19 pandemic–A review. *Asian journal of psychiatry*, *51*, 102119. <a href="https://www.sciencedirect.com/science/article/pii/S1876201820302306">https://www.sciencedirect.com/science/article/pii/S1876201820302306</a>
- Rajkumar, R. P. (2020). COVID-19 and mental health: A review of the existing literature. *Asian journal of psychiatry*, 52, 102066. <a href="https://www.sciencedirect.com/science/article/pii/S1876201820301775">https://www.sciencedirect.com/science/article/pii/S1876201820301775</a>

- World Health Organization. (2022). *National workforce capacity to implement the essential public health functions including a focus on emergency preparedness and response: roadmap for aligning WHO and partner contributions*. World Health Organization. <a href="https://books.google.com/books?hl=en&lr=&id=6rKFEAAAQBAJ&oi=fnd-depg=PP1&dq=Comprehensive+Review+of+Community+Health+Worker+Programs+an-d+Assessing+Roles,+Training,+and+Impact+on+Population+Health+Outcomes&ots=LK-5favEm-C&sig=qkr A-djJFuFeF0Gvm88css7 BU
- Howard, L. M., & Khalifeh, H. (2020). Perinatal mental health: a review of progress and challenges. *World Psychiatry*, 19(3), 313-327.https://onlinelibrary.wiley.com/doi/abs/10.1002/wps.20769
- Manisalidis, I., Stavropoulou, E., Stavropoulos, A., &Bezirtzoglou, E. (2020). Environmental and health impacts of air pollution: a review. *Frontiers in public health*, 8, 505570. <a href="https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2020.00014">https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2020.00014</a>
- Mendez, D. D., Scott, J., Adodoadji, L., Toval, C., McNeil, M., & Sindhu, M. (2021). Racism as public health crisis: assessment and review of municipal declarations and resolutions across the United States. *Frontiers in public health*, 9, 686807.https://www.frontiersin.org/articles/10.3389/fpubh.2021.686807/full
- Waters, R. (2020). Community Workers Lend Human Connection To COVID-19 Response: Article examines the role of community health workers in responding to the COVID-19 pandemic.https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2020.00836
- Kangovi, S., Mitra, N., Grande, D., Long, J. A., & Asch, D. A. (2020). Evidence-Based Community Health Worker Program Addresses Unmet Social Needs And Generates Positive Return On Investment: A return on investment analysis of a randomized controlled trial of a standardized community health worker program that addresses unmet social needs for disadvantaged individuals. *Health Affairs*, 39(2), 207-213.https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2019.00981
- Zhu, C., Huang, S., Evans, R., & Zhang, W. (2021). Cyberbullying among adolescents and children: a comprehensive review of the global situation, risk factors, and preventive measures. *Frontiers* in public health, 9, 634909. <a href="https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2021.634909/full">https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2021.634909/full</a>
- Neff, J., Holmes, S. M., Knight, K. R., Strong, S., Thompson-Lastad, A., McGuinness, C., ...& Nelson, N. (2020). Structural competency: curriculum for medical students, residents, and interprofessional teams on the structural factors that produce health disparities. *MedEdPORTAL*, *16*, 10888.https://www.mededportal.org/doi/abs/10.15766/mep 2374-8265.10888

- Goniewicz, K., Khorram-Manesh, A., Hertelendy, A. J., Goniewicz, M., Naylor, K., &Burkle Jr, F. M. (2020). Current response and management decisions of the European Union to the COVID-19 outbreak: a review. *Sustainability*, *12*(9), 3838. <a href="https://www.mdpi.com/2071-1050/12/9/3838">https://www.mdpi.com/2071-1050/12/9/3838</a>
- Haldane, V., De Foo, C., Abdalla, S. M., Jung, A. S., Tan, M., Wu, S., ...&Legido-Quigley, H. (2021). Health systems resilience in managing the COVID-19 pandemic: lessons from 28 countries. *Nature medicine*, 27(6), 964-980. <a href="https://www.nature.com/articles/s41591-021-01381-y">https://www.nature.com/articles/s41591-021-01381-y</a>.
- Boden, M., Zimmerman, L., Azevedo, K. J., Ruzek, J. I., Gala, S., Magid, H. S. A., ...& McLean, C. P. (2021). Addressing the mental health impact of COVID-19 through population health. *Clinical psychology review*, 85, 102006.https://www.sciencedirect.com/science/article/pii/S0272735821000490
- Srivastava, S., & Flora, S. J. S. (2020). Fluoride in drinking water and skeletal fluorosis: a review of the global impact. *Current environmental health reports*, 7, 140-146. https://link.springer.com/article/10.1007/s40572-020-00270-9
- Malakoane, B., Heunis, J. C., Chikobvu, P., Kigozi, N. G., & Kruger, W. H. (2020). Public health system challenges in the Free State, South Africa: A situation appraisal to inform health system strengthening. *BMC health services research*, 20, 1-14.https://link.springer.com/article/10.1186/s12913-019-4862-y
- Sharma, D., &Bhaskar, S. (2020). Addressing the Covid-19 burden on medical education and training: the role of telemedicine and tele-education during and beyond the pandemic. *Frontiers in public health*, 8, 589669. <a href="https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2020.589669/full">https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2020.589669/full</a>