

Training Latinx Community Health Workers as Clinical Research and Health Care System Navigators

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Community health workers (CHWs), or *promotores de salud*, form the spider's web of attachments between community members, families, community-based organizations, academic centers, health care systems, and public health institutions. CHWs are often from the communities they serve and improve health by providing culturally appropriate health information, facilitating system navigation, and building trust with individuals and communities, among other roles.¹ The greater emphasis on awareness, navigation, and dissemination of culturally sensitive resources results in improved institutional trust, decreased barriers to care, and increased health care utilization.² The roles CHWs play are especially important when working with marginalized and minoritized populations, such as the Latino/Hispanic populations (hereafter “Latinx”).

Because of their ability to increase trust and engagement, CHWs have been increasingly involved in community-based participatory research in various roles, including

research question development; intervention design and implementation; and data collection, analysis, and dissemination.³ Despite this increased involvement in research coupled with lived experiences, CHWs typically lack formal research training in needs assessment, qualitative and quantitative evaluation of programmatic or public data, and policy analysis.

Developing and providing research training to CHWs can strengthen bidirectional information sharing and community-based problem-solving while increasing CHW capacity to inform policy changes and increase community member trust in research participation. We propose key policy steps to advance the inclusion of CHWs in research programs through increased research capacity building.

RESEARCH TRAINING AND OPPORTUNITIES

Studies show that although effective and cost saving, CHW inclusion in community-informed research and

community-based health interventions is precarious because of limited training opportunities,^{2,4} CHWs' lack of uniformity in core competency skills or certification requirements,⁴ inconsistent supervision,² or unclear pathways for advancement.⁵ Furthermore, other than protocol-driven trainings, there is a general lack of research training available for CHWs, despite their knowledge and lived expertise in minoritized and marginalized communities.^{4,6}

INNOVATIVE STRATEGIES

Evidence-based strategies for community-engaged CHW research–training development, implementation, dissemination, and translation include the following:

1. Creation of a CHW research training curriculum. Existing research discusses the need for increased training overall for CHWs, but specifically research training.^{2,4,6} Research training may include learning best practices to identify, develop, and evaluate research questions; engage stakeholders; conduct qualitative and quantitative analysis; and disseminate results. Additionally, research training can include translation of research to policy and how to communicate findings to policymakers. Although there has been evaluation of the interests, experience, and training of CHWs in research,^{6,7} few trainings for CHWs specifically focus on research fundamentals⁷ and instead focus on specific research protocols,⁸ research ethics,⁹ or other specific topics. Therefore, there is a need to directly address this gap by creating a standardized CHW research training curriculum

based on recommendations from the literature, trainings from other research teams conducting community-based participatory research in collaboration with CHWs, and focus groups of local CHWs to tailor training to community interests and goals.

2. Innovative community-informed codevelopment process. For maximum CHW buy-in, it is critical that curricula be developed in partnership with community partners experienced in training CHWs as well as by conducting focus groups with CHWs to understand the topics of most interest, the topics of most and least familiarity, and the preferred method of education. In this way, curricula would be codeveloped and informed by both research and community expertise. Codevelopment processes ensure that CHWs shape the direction of research, increasing the trust-building relationships between communities and researchers.
3. CHW research engagement toolkit. Given a general lack of published research training programs for CHWs, this process of codeveloping the curriculum, barriers and facilitators throughout the process, and lessons learned should be summarized in a CHW research engagement toolkit. This will aid in the adaptation of research curricula for CHWs from other minoritized or marginalized populations, in other geographic locations, or focused on other health-related topics.
4. Embedding CHWs' bicultural and community expertise in population health improvement. CHW knowledge and expertise are often used for individual or family benefit, but

they are not aggregated for a better understanding of population health needs. This type of codeveloped research training, therefore, is innovative in that it proposes the application of CHW collective knowledge, experience, and relationships not only for the improvement of the health of individuals but also for the community at large. For example, CHWs can provide expertise on community perspectives and cultural norms, including the development and implementation of culturally and linguistically appropriate service standards.¹⁰

5. CHWs' strategic engagement in policy and advocacy. Bilingual and bicultural research teams composed of Latinx experts in research, policy, and advocacy, in addition to Latinx community-based organization leaders that have previously engaged in research partnerships, are critical to developing and sustaining a CHW research curriculum. This combination of community and academic expertise will strengthen the ability to translate community-informed CHW research training to the development of evidence-based policy recommendations and advocacy strategies for Latinx population health improvement through research collaboration and authentic partnership.

IMPACT OF RESEARCH TRAINING

Hiring local CHWs and providing them with increased capacities improve local economies, especially for already minoritized and marginalized populations. Community-informed capacity building and retaining CHWs maintain the CHW

workforce for continued improvements in long-standing health disparities and in preparation for future public health crises. Additionally, improving CHW capacity for more bidirectional involvement in research will also improve Latinx communities' understanding of the risks and benefits associated with participation in research, which can increase engagement in and access to clinical trials, cohort studies, and other forms of research.

Finally, the community-informed research training of CHWs will enhance public health efforts by enabling more timely identification of community-level problems, review of publicly available data and existing community resources, understanding of tools to translate research to policy, and development of evidence-based community-driven approaches to solving complex problems that can be disseminated to community and institutional leaders for improved population health impact.

Furthermore, CHW training can be adapted to the needs of local communities or other marginalized or minoritized populations facing similar disparities in health care outcomes. CHWs employ the skills and expertise necessary for more trusted and equitable evidence-generation processes and thus are essential to addressing systemic barriers and improved population health. **AJPH**

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PUBLICATION INFORMATION

Full Citation: Plasencia G, Kaalund K, Thoumi A. Training Latinx community health workers as clinical research and health care system navigators. *Am J Public Health*. 2023;113(11):1157–1159.

Acceptance Date: August 12, 2023.

DOI: <https://doi.org/10.2105/AJPH.2023.307418>

CONTRIBUTORS

G. Plasencia wrote the first draft of the editorial and provided project administration. G. Plasencia and A. Thoumi conceptualized the editorial. A. Thoumi provided supervision. All authors wrote and edited the editorial.

ACKNOWLEDGMENTS

G. Plasencia was supported by the National Center for Advancing Translational Sciences, National Institutes of Health (NIH; award TL1 TR002555).

Our team would like to thank the community health workers and community-based organizations and their leaders that worked so tirelessly during the pandemic to serve the Latinx communities in Durham, North Carolina, and elsewhere. We would also like to thank the Latinx Advocacy Team and Interdisciplinary Network for COVID-19 (LATIN-19) for their ongoing support of research to support community, advocacy, and policy interventions to improve health equity for Latinx individuals in North Carolina. We would like to thank all members of the Comunidad Latina in North Carolina who have contributed to LATIN-19. Finally, we would like to thank the Duke National Clinician Scholars Program for providing the financial and administrative support to make the corresponding author's research possible.

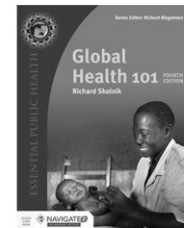
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CONFLICTS OF INTEREST

The authors have no conflicts of interest to declare.

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