



# A gender-informed model to train community health workers in maternal mental health



Megan V. Smith<sup>a,\*</sup>, Anna Kruse-Austin<sup>b</sup>

<sup>a</sup> Yale School of Medicine, 300 George Street, New Haven, CT 06511, United States

<sup>b</sup> 7730 Crocker Dr.#12, Raleigh, NC 27615, United States

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## ABSTRACT

The New Haven Mental Health Outreach for Mothers (MOMS) Partnership is a community-academic partnership that works to develop public health approaches to ensure that pregnant and parenting women living in the City of New Haven achieve the highest possible level of mental health. The MOMS Partnership developed a training model for community health workers specializing in maternal mental health. Six community health workers (termed Community Mental Health Ambassadors or CMHAs) were trained on key topics in this gender-informed maternal mental health curriculum. Pre- and post-test questionnaires assessed changes in attitudes, perceived self-efficacy and control using standardized scales. The results indicated preliminary acceptability of the training curriculum in transforming knowledge and attitudes about maternal mental health among community health workers.

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## 1. Background

### 1.1. Community health workers

Community health workers (CHWs) are frontline public health professionals who are trusted members of the community they serve. As community members, their unique knowledge and understanding of the community allows them to “bridge the gap” between health service providers, researchers and community members. CHWs generally possess qualities similar to those of the target community in terms of race and ethnicity, social and environmental familiarity and an understanding of the community's health beliefs and behaviors (Nemcek & Sabatier, 2003). The role of CHWs often involves increasing access to and use of appropriate health care services, disseminating relevant health information to the community and providing culturally appropriate health education, counseling and social support (Swider, 2002). Through qualitative and quantitative research, CHWs have demonstrated effectiveness in improving clinical outcomes, health and wellness and in creating sustainable changes in health behaviors within the communities they serve (West Rasmus, Pineda-Reyes, Tamez, & Westfall, 2012). CHWs have been used effectively in the United States to address a variety of chronic health conditions and topics including asthma, hypertension,

diabetes, cancer, immunizations, maternal and child health, nutrition, smoking behaviors, tuberculosis and HIV/AIDS (University of Arizona Rural Health Office and College of Public Health, 2010). While further empirical evaluation is needed, preliminary evidence suggests that CHWs are effective in promoting mental health and improving access to mental health services (Stacciarini et al., 2012).

### 1.2. Using community health workers with minority populations

Recently, there has been increasing awareness that innovative approaches, such as the use of CHWs and their “insider” cultural knowledge, are necessary to effectively address the unique health needs of minority and underserved populations (Stacciarini, Shattell, Coady, & Wiens, 2011). In particular, evidence from several studies indicates that CHWs are effective in increasing access to health services, improving knowledge of health conditions and promoting behavior change among ethnic minority women (Andrews, Felton, Wewers, & Heath, 2004). For example, Andrews and colleagues (Andrews et al., 2004; Andrews, Bentley, Crawford, Pretlow, & Tinggen, 2007; Andrews et al., 2012) have been successful in utilizing CHWs as part of a smoking cessation intervention targeted at African American women in public housing neighborhoods. Such studies also indicate that CHWs serve as invaluable community resources by providing culturally specific emotional and social support, which is often difficult to quantify, to ethnic minority women (Andrews et al., 2004). In addition, Ingram and colleagues (Ingram et al., 2012) have

\* Corresponding author.

E-mail address: [Megan.smith@yale.edu](mailto:Megan.smith@yale.edu) (M.V. Smith).

successfully used community health workers to promote physical activity, consumption of healthy foods and stress reduction activities and to maintain these behavior changes among Mexican American women. Community health workers, as trusted members of the community they serve, may thus be particularly effective in addressing the mental health needs of ethnic minority women, given the stigma surrounding mental health issues and the barriers to mental health care, especially among some minority group cultures (Stacciarini et al., 2012).

### 1.3. The New Haven MOMS Partnership

The New Haven **M**ental Health **O**utreach for **M**other**S** (**MOMS**) Partnership is a community-academic collaboration consisting of six community-based agencies, low-income mothers and the Yale Department of Psychiatry. The goal of the Partnership, formed in 2009, is to develop, in conjunction with New Haven families and providers, public health approaches that ensure pregnant and parenting women living in New Haven achieve the highest possible standards of mental health and well being throughout their lives. Specifically, the MOMS Partnership aims to reduce the burden of mental illness among low-income, African American and Hispanic pregnant and parenting women by increasing engagement with and access to high quality mental health care delivered in settings where women live, learn, work and socialize. Initially funded by a grant from the federal Office on Women's Health, and subsequently by several private foundations and additional federal resources, the MOMS Partnership concentrates its activities on low-income, racially and ethnically diverse, pregnant and parenting women who live within the city limits of New Haven, Connecticut.

The MOMS Partnership utilizes a community-based-participatory research (**CBPR**) approach to equitably involve all stakeholders in the research process and recognize the unique strengths that each brings. Specifically, the MOMS Partnership utilizes best practices of CBPR, including an infrastructure focused on the reciprocal transfer of knowledge, skills and capacity (instilled through group cross-trainings), and a focus on the provision of tangible and practical benefits of participation as a result of community and academic members' engagement and participation (Minkler & Wallerstein, 2003).

### 1.4. Community mental health ambassadors

In 2010, the MOMS Partnership developed a five-year strategic plan to optimize maternal mental health among residents of New Haven. Key to the strategic plan was the employment of two community health workers referred to as Community Mental Health Ambassadors (**CMHAs**). CMHAs in the MOMS Partnership perform a range of important activities to promote, support and protect the mental health of mothers, families and communities. These activities relate to the five primary functions of CMHAs: (1) Maternal Advocacy; (2) Mental Health Education; (3) Mental Health Care; (4) Mental Health and Social Service System Navigation; and (5) Outreach.

A CMHA is a public mental health outreach professional who applies his or her unique understanding of the experience, language and/or culture of the populations he or she serves to carry out one or more of the following roles:

- Provide culturally appropriate mental health care, education, information and outreach in community-based settings, such as homes, schools, clinics, shelters, local businesses and community centers;
- Serve as a liaison between mental health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery;

- Assure that mothers access the services they need;
- Build individual and community capacity by increasing mental health knowledge and self-sufficiency through the provision of direct services, such as informal counseling, social support, care coordination and health screenings; and
- Advocate for individual and community needs.

A CMHA is distinguished from other health professionals because he or she: (1) is hired primarily for his or her understanding of the populations and communities he or she serves; (2) devotes a significant portion of time to conducting outreach in one or more of the categories above; and (3) has experience in providing services in community settings. The primary difference between a CMHA and a CHW is that a CMHA focuses on mental health training and is not necessarily connected to a clinical setting or entity, whereas CHWs are often affiliated with clinical settings.

### 1.5. Objectives

The research presented in this paper has two objectives: (1) to assess the feasibility of developing a curriculum to train women as CMHAs; and (2) to evaluate the acceptability of the CMHA training among a group of six women.

## 2. Community mental health ambassador training methods

Institutional review board approval for evaluating the CMHA training was obtained through the Yale University Institutional Review Board (IRB).

### 2.1. Development of a training manual

A Community Mental Health Ambassador Training Manual was developed using information from currently utilized community health worker training manuals in Massachusetts, Arizona and New York concerning various chronic diseases. Additionally, interviews with leaders and stakeholders in community health research across the country, a gender-based needs assessment of pregnant and parenting women in the City of New Haven and expert knowledge of maternal mental health and women's health were also adapted for use. Internet searches for currently utilized CHW training manuals included the terms: "community health worker", "promotora", "outreach", "training", "manual", "maternal", "women", "chronic disease" and "mental health" in various combinations. Search results produced several training manuals regarding health topics including maternal and child health, domestic violence, nutrition, breast and cervical cancer screening and mental health. The content from the training manuals was reviewed thoroughly and portions were chosen to be developed, adapted and modified for our own purposes. In addition, interviews were conducted with key leaders and stakeholders in community health research and workforce development, including representatives from the Massachusetts Department of Health, the Outreach Worker Training Institute, relevant community-based programs and research studies utilizing CHWs. Content from the interviews regarding core skills and competencies for CHWs as well as methods for training CHWs were incorporated into the training manual.

A significant portion of the content for the CMHA Training Manual was developed based on information collected from the MOMS Partnership gender-based needs assessment in Year 1 of funding through the U.S. Department of Health & Human Services Office on Women's Health (OWH). The gender-based needs assessment was developed by conducting a comprehensive review of existing instruments used to assess women's mental health and health needs from the Partnership members, partnering agencies,

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