Development of a Community Health Leadership Training Program

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ABSTRACT

Background

The lack of community leaders with effective health leadership skills has fostered the proliferation of Health Leadership Programs, which are essential in training and enhancing leaders' skills, enabling them to return to their communities to change behavior and improve health, consequently sustaining healthier communities. This paper examines the development of the Morehouse School of Medicine's Community Health Leadership Program at the Satcher Health Leadership Institute. It identifies its structural components and its developmental process.

Methods

This community-academic partnership was developed through several in-depth meetings and a thorough feedback process involving several stakeholders. Literature reviews, Iterative feedback sessions, and group discussions involving these partners culminated in the development of a structured training program. The collaborative process yielded a series of didactic sessions, field experiences, application experiences, networking experiences, and public speaking opportunities for participants, among others

Lessons Learned

The thematic lessons learned include the importance of Community Engagement, Leadership Skills Development, and the use of evidence-informed Decision-Making, Collaborative Problem-Solving, Cultural Sensitivity, and Adaptability, Resource Mobilization and Sustainability, Empowerment of Marginalized Groups, Health Literacy and Behavior Change, Challenges of Limited Resources, and the Multiplier Effect of Training, among others.

Conclusion

The Community Health Leadership Program (CHLP) seeks to give participants the information, abilities, and resources they need to successfully lead health programs, advocate for legislative reforms, and encourage community involvement.

The Program establishes a long-lasting basis for enhancing health outcomes and decreasing inequalities by prioritizing culturally appropriate methods, interdisciplinary cooperation, and evidence-based practices. acts as a catalyst for the development of healthier, more resilient communities by equipping up-and-coming leaders with the ability to effect change.

Keywords: health disparities, health leadership training, community-academic partnerships

INTRODUCTION

Diverse populations in the United States suffer disproportionately from racial and ethnic health disparities. [1] Although the overall health of Americans has improved as a whole, the health burden is most evident among minorities suffering from preventable diseases. [1] African Americans, American Indians and Alaska Natives, Hispanics, and Pacific Islanders frequently have higher modifiable risk factors such as high blood cholesterol levels, hypertension, diabetes, tobacco use, physical inactivity, and obesity than non-minorities.[2] The social determinants of health are powerful predictors of health disparities. [3] are complex, integrated, and overlapping social structures and economic systems, and [4] are associated with the lack of opportunity and resources to protect, improve, and maintain health. [5] Societal and structural factors such as the physical and social environments, cost, and access to health services create barriers to good health. [6] These factors are affected by the distribution of power, money, and resources, all of which may be addressed through effective leadership and policy change. [6] In an era of increased political regulation, healthcare professionals, public health practitioners, health policy leaders, and community leaders can effectively promote health and improve the overall health status of communities throughout the U.S.

Leadership, as defined by Ledlow and Coppola, 2011, "is the dynamic and active creation and maintenance of an organizational culture and strategic systems that focus the collective energy of leading people and managing resources toward meeting the needs of the external environment, while utilizing the most efficient and effective methods possible by moral means." [7] Leadership is not always instinctive and can be learned and developed through formal and informal training. [7] According to Crosby et al., there is a shortage of leaders with effective leadership skills. [8] Leadership can be developed through properly designed leadership projects and practicum experiences such as participation in Leadership Programs. These programs, particularly community health leadership programs, are essential in training and enhancing the skills of leaders so they can return to their communities to change behavior and improve health, consequently sustaining healthier communities. Leadership Programs should be designed to provide current and emerging leaders with enhanced education, knowledge, best practices, and proficiency to change how they think and act as leaders to better address and understand how they can reduce health disparities and improve the health outcomes in their communities. [9]

Health leadership training in the United States has the propensity to demonstrate the ability to advance health status so people can live longer, healthier, and more productive lives. [10] The ultimate goal of health leadership training is to improve health outcomes in communities by reducing health disparities. Existing literature documents the essential need for partnerships between academia and the community to be equal in health research, health policy, health promotion, and health service to achieve health equity in the U.S. population. [8] In addition, this partnership should be based on mutual respect, equity, trust, and, should result in measurable goals and outcomes for both the participating communities and the academic institutions. [8] Ensuring academic institutions and community health centers are working with communities most in need through the acceptance of Leadership Programs (LPs) remains a missing link toward closing the health disparities gap and improving the transparency between academic medicine, public health institutions, and community health centers. [9,10] Effective community health leaders can lead groups to change health behaviors, improve environmental health, and influence policies to support community health.

Given the challenges and health disparities facing healthcare providers, public health practitioners, and community health workers in the U.S. today, leadership training programs are essential. Developing such leadership programs and ensuring sustainability and expansion at this moment is timely and essential. These programs require participants' dedication and time commitment to be successful leaders in the community.

[10] Unfortunately, there are limited opportunities for structured leadership training and development that foster partnerships with communities and academia to develop community leaders to help address community health disparities. [8] The purpose of this article is to delineate the development of the Community Health Leadership Program (CHLP) in the Satcher Health Leadership Institute (SHLI) at Morehouse School of Medicine (MSM).

METHODS AND DESIGN

Program Development

MSM's SHLI recognized the dire need for well-trained and motivated community health leaders in the United States. Based on SHLI's mission and goals, developing a leadership program to serve the needs of communities most affected by health disparities was imperative.

SHLI's CHLP was specifically designed to bridge the gap between academic institutions and communities most in need. The program's goal is to develop and enhance community health leaders who are not only educated and motivated but also mobilized to lead communities in changing health behavior, improving environmental health, and influencing policies to support community health. This unique approach positions the CHLP as a potential game-changer in the fight against health disparities.

A key component of CHLP is to identify individuals from diverse backgrounds and communities to work together to reduce and ultimately eliminate disparities in health among different racial, ethnic, generational, and socioeconomic groups. The curriculum is designed to be highly adaptable and transferable across community health and leadership settings. It is most effective when it is shaped to meet the needs of the participants' targeted communities.

This community-academic partnership was not developed in isolation, but through several in-depth meetings and a thorough feedback process involving participants of the Centers for Disease Control and Prevention's (CDC) Racial and Ethnic Health Disparities Action Institute (REDHAI) from across nine states, namely, Kentucky, Florida, Tennessee, Maryland, Minnesota, Missouri, Mississippi, Oregon, and Texas. Community leaders such as pastors, representatives from community-based organizations, Master of Public Health Students, and faculty at MSM were actively involved in the CHLP development process. Their interactions, which included group discussions and evaluative feedback, were instrumental in the development of a structured training program, making them an integral part of the solution.

Outreach enrollment

Community leaders and graduate students in the Master of Public Health program were among the participants selected for this Program. Eligibility was based on participants' potential for developing, continuing, or broadening their leadership skills, as determined by three graded short essays on the application form. Other criteria included having at least a high school diploma and the ability to speak and write English fluently.

Participant recruitment

A qualitative research design utilizing a purposive sampling approach was employed where thirty-six participants were recruited by word-of-mouth, snowball recruitment, student advisors, nominations, recommendations, and through online position advertisements.

Program Objectives

Based on the discussions across communities, the following training objectives emerged: After the CHLP, the participants will be able to:

1. Discuss the roles and responsibilities of leadership in promoting community health

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2. Describe the responsibilities of the leader in team development and management for enhancing community health
3. Prioritize health issues in their communities and develop a plan to adapt and implement the most appropriate evidence-based practices to address these health issues;
4. Develop partnerships and identify potential funding opportunities to sustain health interventions;
5. Develop a community health policy action plan that addresses prioritized health issues in communities.

Program Structure and staffing

The Program is staffed by experienced faculty, staff, and interns. The CHLP has a core faculty with expertise in various topic areas. Interactions included didactic sessions, field experiences, application experiences, networking experiences, and public speaking experiences.

Through this process, the need to categorize participants based on career and educational attainment became necessary to ensure competency attainment by all participants. The length of the Program was determined to be twelve weeks for in-state participants, and a condensed curriculum for a week-long intensive training program to ensure that participants who reside outside the state of Georgia could attend.

Curriculum

The CHLP Curriculum consists of a series of workshops and learning sessions that are provided in a structured setting designed to build or enhance participant knowledge, attitudes, and leadership skills in mobilizing community groups toward changing health behaviors, improving environmental health, and influencing policies to support the establishment of healthier communities. The active learning sessions are presented in a flexible model via classroom, field-based practice, and modular social media platforms such as Facebook or 'X' to support learning, networking, and social interactions. The curriculum is designed to address knowledge, behaviors, and practice needs across six training competencies;

Competency 1 (Leadership): Demonstrate a vision and capacity for community health leadership. Demonstrate an understanding of the roles and responsibilities of a leader in community health promotion. Apply the principles of ethical leadership in mobilizing community groups toward the establishment of healthier communities.

Topics: Principles of leadership; Ethical Leadership; Leadership Styles; Consensus-building

Competency 2 (Health Education): Demonstrate the ability to educate the community on health promotion practices. Demonstrate an understanding of the social determinants of health, a broad overview of health disparities, and effectively communicate principles and strategies for health promotion to community groups.

Topics: Social Determinants of Health; Mental Health Disparities; Sexual Health Disparities; Disparities in Substance Use Disorders; Disparities Affecting Incarcerated/Previously Incarcerated Populations; Disparities Affecting Individuals with Disabilities; Chronic Disease Disparities

Competency 3 (Health Policy/Community Health Advocacy): Demonstrate an understanding of the political, cultural, social, and economic factors that influence the development of, implementation of, and changes in health policy. Apply effective strategies to advocate for community health.

Topics: Community Health Advocacy; Health Policy Development and Interpretation; Advancing and Achieving Health Equity; Health Reform

Competency 4 (Community Health Practice /Application): Demonstrate leadership in identifying, analyzing, adapting, and implementing the most appropriate evidence-based practices to address community health issues.

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Topics: Community Health Assessments; Community Action Plan Development; Social Media

Competency 5 (Research): Demonstrate the ability to critically analyze issues and problems in public health using basic evaluation and research methodology. Apply research, evaluation, and strategic planning designs to address a public health issue in an area of specialization.

Topics: Principles of Community-based Participatory Research; Outcome Measurements of Community Programs

Competency 6 (Fundraising/sustainability): Demonstrate the ability to develop strategic partnerships across multi-stakeholders. Demonstrate the ability to identify appropriate funding opportunities to sustain community health initiatives.

Topics: Fundraising; Grant-writing; Strategic Networking and Partnerships

Evaluation

A pretest/posttest evaluation was conducted during every learning session and at the beginning and end of the overall Program. These evaluation instruments were developed to determine changes in participants' knowledge, attitude, and skills.

LESSONS LEARNED

Several Lessons were learned during the developmental phase of this training program. They include:

1. The Program accentuates the importance of Community Engagement and collaboration. Building programs through thorough community engagement and collaboration guarantees their cultural relevance and sustainability, which, in turn, builds trust, a critical component for successful health initiatives.
2. The Program also ensures the development of Leadership Skills, including effective communication between team members and the community. These skills also foster effective team building and teamwork while encouraging evidence-based decision-making, which is key to leading health initiatives. The development of these leadership skills empowers local leaders and enhances program ownership and long-term impact.
3. Building community leaders' capacity for basic research skills by highlighting the role of data in decision-making allows for the accurate collection and analysis of health data, which guides targeted interventions. In addition, the community leaders learned the value of regular monitoring and evaluation, which are essential for assessing program outcomes.
4. The Program allows community leaders to acquire collaborative problem-solving skills that can be useful in addressing health challenges, especially those issues that require cross-collaboration among stakeholders (government, NGOs, and community members). The ability to disseminate health information and programmatic successes is a practical skill for addressing disparities disproportionately affecting communities. Sharing such resources and knowledge strengthens the Program's reach and impact.
5. Recognizing specific populations' cultural and social norms is essential in building successful programs. Cultural adaptability and sensitivity skills among community leaders allow programs to be adapted to local customs, languages, and practices. They also encourage the flexibility needed to address unique challenges within diverse communities.
6. The Program builds leaders' capacity to identify community-owned resources and mobilize other resources for sustainability. Participants acquire skills to identify and leverage local resources to enhance program sustainability. Fundraising and advocacy skills are valuable for scaling initiatives.
7. Leadership training builds leaders' capacity to empower marginalized groups. This Program underscores the value of empowering women, youth, and other underserved groups. These inclusive approaches lead to more equitable health outcomes.

8. The Program is designed to identify gaps in health literacy in the community and encourage community leaders to develop innovative ways to bridge those gaps. Health education at the appropriate literacy level helps to build community capacity for self-care and prevention. This also impacts behavior, as change requires a consistent and patient effort that local leaders could reinforce.
9. Leaders' capacity is strengthened to improve creativity and collaboration and enable them to address funding or infrastructural gaps. Leaders are encouraged to prioritize and innovate within resource constraints to ensure sustainable programs.
10. Importantly, leaders who undergo this training often serve as community catalysts, spreading knowledge and mobilizing others for positive action. The ripple effect of capacity building is that it improves overall community resilience.

The SHLI CHLP stands apart from other community health leadership programs in the United States, focusing on building the skills of identified community leaders, including "lay" individuals. Some of the other existing programs focus on recruiting healthcare professionals to develop strong community health planning skills on a part-time basis by combining on-site and distance learning; [11] sponsor community health leaders award programs that recognize active community leaders who are expanding access to healthcare services in their communities; [12] and provide an opportunity for current and future community and migrant health center leaders to build the knowledge and skills needed for effective leadership and management. [13] Although most of these programs differ in curriculum development, format, and structure, they all have a common goal: to develop strong leaders who will implement effective policies to reduce health disparities and achieve health equity in the U.S. population. An innovative aspect of the SHLI CHLP is that upon graduation, community leaders take the lead (with support from the Program) in addressing health disparities in their communities to ensure health equity.

CONCLUSION

Addressing marginalized communities' particular difficulties requires creating a thorough curriculum for community health leadership programs. This curriculum seeks to give participants the information, abilities, and resources they need to successfully lead health programs, advocate for legislative reforms, and encourage community involvement.

The Program establishes a long-lasting basis for enhancing health outcomes and decreasing inequalities by prioritizing culturally appropriate methods, interdisciplinary cooperation, and evidence-based practices. Our research emphasizes incorporating mentorship, community-driven problem-solving, and experiential learning to make the curriculum relevant and applicable.

This Program acts as a catalyst for the development of healthier, more resilient communities by equipping up-and-coming leaders with the ability to effect change.

The future versions of this curriculum should include continuous assessment and feedback systems to adjust to changing public health environments. Stakeholders, including educators, healthcare providers, legislators, and community members, must all be committed to investing in leadership that puts fairness, inclusiveness, and everyone's well-being first if such a program is to succeed. With the help of this Program, we hope to develop a new generation of leaders who can improve health systems and further the goal of community health for many years to come.

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DECLARATION OF CONFLICTING INTERESTS

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