

COMMUNITY HEALTH WORKER SERIES

SESSION 1: ROLE OF CHWs IN PUBLIC HEALTH & COMMUNITY ENGAGEMENT

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Dany Zimmel (DZ): Welcome to Ideas For Practice, a podcast of the Region V Public Health Training Center, as one of 10 public health training centers across the country. The RVPHTC seeks to strengthen the skills of the current and future public health workforce in order to improve population health outcomes, we hope this podcast will share insights and spark ideas among those working in public health practice. Thank you for tuning into our episode, today we'll be talking all about community health workers and Promotores de Salud. So I'm your host, Dany Zimmel.

DZ: In this first episode of our two-part series on community health workers and Promotores de Salud, we'll be hearing all about what community health workers do, their role in public health, and also the importance of community health workers in community engagement. Our guest today is Shannon Patrick, Program Director at MHP Salud. Shannon Patrick is a graduate of the University of Michigan School of Public Health, and has been a Program Director at MHP Salud for the past two years, where she oversees the administration for Community Living funded National Technical Assistance Resource Center, which focuses on strengthening Aging Services for Hispanic older adults and their caregivers. Shannon is passionate about the Community Health Worker profession and serving underserved communities. Today, Shannon is here to talk with us about community health workers. Welcome to the podcast. I'm excited to speak with you today.

Shannon Patrick (SP): Thanks for having me.

DZ: So to get started, can you tell us a little bit about yourself and about your work at MHP Salud?

SP: Sure. So I've been interested in global public health since I was introduced to medical anthropology in my undergraduate studies, so this led me to get my Master's in Public Health from the University of Michigan where I studied health behavior and health education. I graduated in 2015 with a Certificate in Global Public Health. While completing my degree, I also completed my capstone project in the Dominican Republic, working at an HIV clinic, serving vulnerable populations, and this was my first time really being exposed to the community health worker profession and really witnessing how the trusted individuals were doing community outreach, and it really left an impact on me. And so after completing my degree, I moved to Detroit to work in a health center in the southwest part of the city, where I was working with Latina survivors of domestic violence and sexual assault, and this was the second time I was able to see closely the importance of community health workers and really see first-hand how this profession was able to intimately serve the survivors through building trust, providing direct services, and also just giving them connections to health and social resources.

SP: And I kinda share this history about myself because it's had a major impact on the way I advocate for community health workers and the profession, and why I chose to work with MHP Salud to help achieve our mission, which is to promote the CHW profession nationally as a culturally appropriate strategy to improve health and implement CHW programs to

empower underserved Latino communities. So at MHP Salud, I work providing technical assistance to organizations seeking to improve their services to the older Hispanic and Latino adults and their caregivers, and one way we do this is through promoting the CHW profession as a strategy for organizations to improve their services. So if anyone listening, would like to talk more about implementing a CHW program or strategies to better serve Hispanic and Latino older adults in your area, please don't hesitate to reach out to me for one-on-one technical assistance.

DZ: Thanks for that background, Shannon. And it sounds like you've had a great amount of diversity and experiences with the Latino population and in a number of areas, and the part where you were talking about providing connections to help in social resources, that's something that community health workers, that's one of their focuses. I think it'd be helpful for our listeners if you could give a little bit more information about how community health workers do that, what is their role specifically, and if you could also share a little bit about the Promotores de Salud, it'd be helpful for our listeners to hear what roles they fill.

SP: Definitely. Well community health workers or CHWs, you'll probably hear me say CHW throughout this podcast today, but also in Spanish, the term is called Promotores de Salud or Promotoras de Salud, and there's a definition that's been provided by the American Public Health Association, they have a CHW section and they kinda have this definition that's widely accepted kind of nationally as all encompassing for this profession, which is really hard to define, so I'll go ahead and read that. It's kind of long, but I think it might help our listeners.

SP: So a CHW is a frontline public health worker who is a trusted member of and or has an unusually close understanding of the community served, this trusting relationship enables the worker to serve as a liaison, link or intermediary between health and social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy, so that is the definition that's provided, and it's a mouthful. It explains a lot. And we just kind of like to summarize by saying that CHWs are trusted members of their community, who empower peers through education and connections to help in social resources, it is kind of what they had already said, but in a nutshell.

SP: It's important to note that the CHW profession is non-clinical in nature, so it is a public health profession, but there may be interventions or organizations whose CHWs may have a small clinical role like measuring blood pressure or body mass index or something along those lines. It's not the norm, and in those types of situations, the training and support provided by the organization will need to be a little bit extra in order to support that more clinical role. And then I also really wanted to mention that there are 10 community health worker core competencies that were identified through something called the CHW Core Consensus project or the C3 project. This project was created to expand cohesion in the field and really contribute to the visibility and a better understanding of the full potential of CHWs. So I'm just gonna list these as well, it's a lot of information upfront, but I do think

these are two really important documents when we're talking about community health workers, and I welcome readers to... Or listeners to seek some more information on their own about these.

DZ: Sounds good.

SP: But these ten core competencies are cultural mediation among individuals, communities and health and social services systems, providing culturally appropriate health education and information, care coordination, case management and systems navigation, providing coaching and social support, advocacy for individuals and communities, building individual and community capacity, providing direct services, implementing individual and community assessments, conducting outreach, and lastly, participating in evaluation and research. So of those, you just heard 10 core competencies. There are many roles that CHWs play to go back to your original question, but I do think that there are some that are specific and unique to the CHW profession, and one that really sticks out to me is that they're advocates for their communities.

SP: So CHWs have a loyalty to the community and individuals that they serve, in addition to the organization that they work for, so this means that they always have their client's best interest in mind, even if that means that they need to address another concern that that person has before providing a service that is a requirement of their intervention, for example. So you might think that an individual is assigned a Community Health Worker to work together to develop SMART goals around an exercise plan, it might take a half hour to sit down and really think through those goals and as the CHW sits down with this person, they're starting to learn a little bit more about them, and they find out that that person is really worried about how they're gonna pay their rent that month. So we know as public health professionals that if somebody is struggling to pay their rent, they're not likely to really be able to focus on their health goals or really even engage in the behavior change that they're hoping to make.

SP: So that CHW is gonna really work with that individual, first and foremost, to address their housing concerns, provide some referrals, they might know someone at an organization, they might need to do some research, but at the end of the day, that is gonna be the goal of that meeting and then they might be able to further address those exercise goals later on.

DZ: I appreciate that you provided the 10 CHW Core Competencies, I think that really helps have a better understanding of the types of services that CHWs provide to people in their community. And one thing that I think will bridge into the next set of questions here is the part about advocacy and how community health workers really are instrumental in advocating for individuals and communities that they serve. So my next question here is, what unique skills and insights do community health workers bring to public health to achieve these core competencies?

SP: That's a great question. So I think that CHWs play an essential role in building trust with community members, especially among minority and vulnerable communities, given that

they are from the communities that they serve, they often are the bridge connecting those individuals to much needed resources, and some of the most unique skills and insights that CHWs bring to public health include their ability to build and maintain relationships. So some examples of this might be CHWs, especially in the Hispanic community, might take the time to really sit down and ask about a client's family before jumping into offering services or business as usual, specifically in the Latino community and Hispanic community family is so important.

SP: And so really having that personal connection before jumping into the services for the day, another example could be bringing traditional foods to a group or educational session, CHWs really kind of think through what will make people feel comfortable and really building relationships that way. Some of our CHWs at our organization still receive calls from some clients that they worked with them years ago, and so they might be seeking some support for a challenge they're experiencing or really just wanting to update them on what's going on. And it just goes to show how much people really value the relationship that they have with their CHW, it's often that first contact when something comes up, when they need some help.

DZ: It sounds like those connections are really deep and can be long-lasting.

SP: Definitely. One other example that I'm thinking of right now is, one of our CHWs that was working with some older adults in our Aging in Place program before COVID was contacted during the pandemic after the services ended, and they were one of the first people that the individual contacted to share that they lost their partner due to COVID, and so even in these really upsetting and traumatic experiences, their some of the first contacts are their community health worker. And so not only thinking about relationships that they build with individuals in the community, they also have connections with other community-based organizations, so they bring this network of professional connections and knowledge of available services and resources to an organization that they work for, so it goes both ways there, they're really key in providing services, not only to individuals, but also sharing more resources with their orgs.

SP: And they have a non-traditional role, and I kind of mentioned they have a non-clinical role, but they also have a non-traditional role, they're not necessarily gonna be sitting in the office from 9:00 to 5:00 they're out in the community, they have unique times of day that they're out, sometimes working on the weekends, and this community presence really assists them in reaching some of these hard-to-reach groups, like immigrant older adults who are socially isolated or even survivors of domestic violence, there's not many places that those individuals might be, but CHWs are so out and immersed in the community that they're able to kind of find these unique spaces where they can connect with these hard-to-reach groups. And of course, they're members of the community that they serve, so they have first-hand experience with some of the barriers and challenges that the community is facing, and they bring this knowledge back to the table at their organization.

SP: So it allows them to advocate for appropriate services on a clinical team at a health center, for example, they might help providers better understand some barriers that that

person is having with, let's say, a medication regimen, and they can then advocate for a more simplistic regimen or trying to get that provider to think outside the box a little bit, to prescribe a regimen that will work with that person's schedule. They might also identify other social determinants of health that are preventing someone for making a desired behavior change, and that could be a plethora of different things, we know that people are often just... Behind closed doors, there's so much going on in an individual's house that we often don't know, and sometimes people are kind of shy or don't feel comfortable sharing that information with their doctor, and they do share that with their community health worker.

SP: And then CHWs can also help by just taking that additional time that it does take to investigate what someone needs and provide referrals, research different referrals, if they don't have one already at that organization, and that allows kind of the medical provider to have more time to focus on health and medical concerns, and not really having to spend extra time at dealing with some of these other social determinants, which we know are so important in helping somebody be healthy, and so having a CHW on the team to help with that is really important.

DZ: That sounds like they're an integral connector to bring the concerns of a community member to their physicians and others to better connect them to receive the resources and social services that are available that perhaps they just aren't aware of.

SP: I would say 100% community health workers, like I said, they're out in the community, they live in the same community, they might be experiencing some of the same barriers, and oftentimes the medical staff, not to say that they're unaware of these things, people know, but sometimes you're seeing patient after patient. There's not a lot of time to really investigate all of these concerns, and so that CHW has done that investigation already, that can save time and then everybody can really focus on their own role, so I would agree.

SP: And then one last thing I'd like to mention about CHWs is that oftentimes, we don't really think of them as being data people, but they're so important, and their ability to help design and collect and interpret data to really better understand community needs. So if somebody gets some confusing or conflicting data about a program or a intervention that they have, CHWs can often solve the puzzle quickly with a simple explanation that we might have not thought of before. So an example could be that one of our clients in the Rio Grande Valley, might be having some negative experiences with family caregiving, it was seen in a couple of different settings, but we know that it's also ideal for a family member to be a provider for that individual, and they've we have recognize the importance of paying that provider, so it kind of goes against what we were thinking would happen, but after hearing from some of our CHWs, we learned that some families, when there was paid family care-giving involved, it changed the dynamic a little bit.

SP: Where the paid family caregiver also created more feelings of loneliness for that older adults, and then the CHWs shared that they were told that sometimes that older adult felt that that family member was really mostly seeking the income, or you know that that family member also was dependent upon that income, because the caregiving needs were so

strong, they had to leave the workforce, but then they're dependent upon that income, and so then when that older adult needed more intensive services, there was less of a push to receive those services elsewhere and more of a push to keep that paid family caregiver in the home, so it gets really complicated. Families are complex, these situations and interventions can be complex, and so CHWs were really able to provide some insight there, and I just wanna say that that was a unique situation, and the majority of those paid family caregivers don't encounter negative health outcomes, but we were confused by some and so that was really critical to have that CHW perspective in that situation.

DZ: Yeah, it's really interesting to hear that example. And I think it highlights the importance of assessing and documenting what some of those unintended consequences may be. You certainly don't want things like that to occur when you implement an approach or a program, but it's definitely good to note that information and then to be able to reflect on that and use it to improve your approaches moving forward. So thanks for sharing that example. Related to the previous question, what role do CHWs play in promoting health equity?

SP: Thank you so much for asking this question. I think it really gets down to why CHWs are so important, and some of the biggest barriers that vulnerable populations face are related to the social determinants of health and access to culturally and linguistically appropriate care. So CHWs can help promote health equity by first identifying social needs or the social determinants of health, and providing education and connections to health and social resources. So they're trusted by the community, they speak their language, they often look like the people they serve, and this allows people to feel safe and open up about their concerns and about some of the challenges and barriers they're facing. And then CHWs also provide information in a culturally appropriate manner, so they won't be using medical jargon or confusing words or anything like that, and all of this coupled with some of the unique roles that I discussed earlier, like cultural mediation and systems navigation that allows CHWs to help level the playing field for individuals who haven't had equitable access to healthcare. CHWs not only promote health equity through improving access, but they also do this by improving healthcare delivery through their role as an advocate on the healthcare team.

SP: So even though they usually don't have a clinical role, they are constantly advocating for their patients and helping the medical professionals on their care team better understand their unique situations. So they're so important when we're thinking about health equity, and another thing that I wanna mention briefly, is just that they're out there, they're doing community outreach and finding individuals that might not be connected at all to health and social resources. And really bridging that gap. I would say we need a lot more CHWs in the world in order to really make a bigger dent and making access to healthcare more equitable throughout our country, but I definitely think that CHWs are so important in doing that.

DZ: Yes, I agree. And with all the information that you've given so far, it's pretty clear to me that they are well equipped to provide these types of services and serve as a connection with particular populations in mind. So can you please speak a little bit about how

community health workers are equipped to serve particular populations, for example, Latinos.

SP: Definitely. Well, CHWs are best equipped to serve their own communities where they come from, where they live, or where they have a deep connection and understanding, and this is because they have their insiders understanding of those unique challenges and barriers that that community faces. So our CHWs are serving Latino communities across Texas, specifically around the US-Mexico border. And then we also have programming in Central Florida, and so even though they're both primarily serving Latinos, the challenges that Latinos face in Central Florida, that might be different than those challenges faced by Latinos across the border of Mexico or in the Rio Grande Valley.

SP: So I have a specific example I thought that might be great in helping understand a little bit better. So if we're looking at a diabetes intervention and a CHW is helping someone set some nutritional goals to manage their diabetes, they're gonna wanna have a deep understanding of the types of culturally appropriate foods that their clients have to help them make healthy decisions in a culturally appropriate way. So a CHW who's originally from the Dominican Republic is going to be a great assistance to somebody who is from the Caribbean, they have a lot of similar foods fruits across these different countries, and that person's hoping helping to reduce their salt and fat intake, so they might suggest that that individual have boiled plantains instead of fried plantains or tostones, which is a very common, and both are very common, but one is a lot healthier than the other, but if CHWs recommend boiled plantains to somebody who's a Mexican immigrant as a replacement for tortillas, which is used in a totally different way on the plate, right? It's not gonna be a culturally appropriate suggestion. So that's just one example.

DZ: Yeah. And I really appreciate this last point Shannon because as a half Mexican, this is especially true. It's really important to have culturally appropriate recommendations when you are working with people of different backgrounds, and to not think of a one-size-fits-all approach when engaging with people of particular backgrounds, even thinking of Latinos as a whole, there is so much diversity across all of the people that are a part of that group. So thank you for bringing up that example.

DZ: And with that we'll end our first episode here today. Thank you so much, Shannon, for this insightful overview on community health workers and their role in public health. Tune into our next episode for further discussion on the impact community health workers have had, and to learn tips and strategies for how to incorporate community health workers into your public health practice. We encourage you to check out some great resources in the podcast notes, as well as an evaluation and transcript. Funding for this podcast is provided by the Health Resources and Services Administration. Stay safe and stay curious everyone.

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