

COMMUNITY HEALTH WORKER SERIES

SESSION 2: HISTORICAL IMPACT AND FUTURE DIRECTION OF CHWs IN PUBLIC HEALTH

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Dany Zimmel (DZ): In this second and final episode of our Community Health Workers podcast series, we'll be continuing our discussion on community health workers and Promotores de Salud, focusing on their historical impact and future directions. In the second half of this podcast we'll also discuss ways that you can begin to incorporate community health workers into your public health practice. I'd like to start our discussion today by touching on the impact of community health workers throughout the COVID-19 crisis. Can you please talk a little bit about how the pandemic emphasized the importance of CHWs?

Shannon Patrick (SP): As you know, vulnerable groups have always experienced various barriers to good health, it's not something new, but after the COVID-19 pandemic, it brought to light a lot of these inequities, and it brought them to the forefront of our conversations, especially because we saw a lot of increases in exposure to the virus and death among vulnerable groups, including people of color, rural living individuals, and then also older adults. So because of the various roles that CHWs play in connecting people to health care and resources, as well as their status as trusted community members, the CHW profession has become more and more recognized as a vital way to addressing these inequities, and so CHWs have been conducting outreach to vulnerable groups, providing information and even combating vaccine hesitancy, which I think is something that most of us wouldn't think about in their communities, and they do this through facilitating conversations and answering simple questions about COVID-19, the vaccine and other preventive measures such as social distancing, so they're really out there providing information, they're out in the communities and really hoping to help improve prevention measures, whether that's social distancing or vaccination or whatever that individual is willing to do.

DZ: I appreciate that you brought up the vaccine hesitancy piece, and as a follow-up, can you describe how community health workers can address things such as misinformation, fear and distrust?

SP: Definitely. CHWs can be trained to help address individual's concerns and provide basic health information, so it's important to note that again, it's a non-clinical role, and so they do need special training in order to be able to answer health education... Answer questions related to hesitancy and misinformation, and they'll need a lot of support from their supervisor and their organizations to do that. So one way that they help address fear and distrust is by simply listening to people's concerns and showing a genuine interest and what they have to say, again, CHWs are from the communities that they're serving, so oftentimes they're really familiar with a lot of these concerns. There's a concern often times in the Latino community that some vaccines are just another way to kind of prevent people from reproducing and fertility, and so there's a lot of concerns about fertility, and the CHWs have also been hearing that... May have had some similar concerns themselves, so they can really genuinely answer some of those questions or at least share a little bit about how they feel. So they do this through practicing active listening, showing empathy and really never pushing too much their thoughts or ideas on anyone, they don't ever try to force

someone to get a vaccine if they're not interested, but they do listen and they can share their personal stories and help relate to people.

DZ: Validation of those concerns is really important.

SP: Definitely. They can also report back to their organizations and/or health centers, some of that information that they're hearing or misinformation, or why there's a distrust, and that can help the organization better prepare for answering these questions when patients come in for visits, or if they're gonna do some community outreach themselves, one of the strategies I've been hearing is that providers are going out to answer Q&A in the community or having a livestream on Facebook, and so the CHWs are really crucial in selecting what questions people might wanna answer, and then also, again, they can receive training... There's one strategy that was brought to my attention this year, it's called the CASE approach for addressing vaccine hesitancy, and it was developed by Alison Tepper-Singer, the president of the Autism Science Foundation, and it was originally developed for healthcare providers to discuss vaccine hesitancy with parents who were hesitant to get their children vaccinated, and there's four simple steps that can be taken, corroborate, about me, science and explain.

SP: And it's important to know that CHWs doing this kind of work would also need to receive special training and support. I know I mentioned this various times, but when doing something a little bit more complex where they're going to be answering questions related to health and things that are continuously changing, like we know that vaccine information has changed in the last two weeks significantly, so having that support is really important.

DZ: Definitely. Thank you for sharing that information with us. Even though we've been hearing about community health workers more recently, they have been influencing public health long before the COVID-19 pandemic. How have community health workers affected public health historically? Are there any salient examples that you could share with us?

SP: Definitely, well, globally, CHWs have been serving their communities since the concept of the barefoot doctor emerged in China in the 1950s, but many countries have adopted CHW programs to help address primary healthcare, and one case study I'd like to share, I found... Referenced in the CHW document on CHWs, and it shows their value in a large-scale government initiated CHW program in Brazil. So this program started in the mid-80s in a Northeastern State of the country, where over the course of five years, 7200 CHWs were hired and trained to make monthly visits to households between 50 and 250 households, and they provided pre-natal care vaccinations check-ups and they also promoted breast feeding, and this program led to a 32% drop in infant mortality and had a substantial increase in breastfeeding over the course of five years, so it just shows how successful that program was, and it ended up being adopted throughout the whole country and has really been crucial in showing increased health outcomes in Brazil, and so I thought that was a really cool program... Exactly, it was a really cool program, very simple concept, and just had this crazy outcome for the country in a good way.

SP: And so you mentioned here in COVID-19, and if there's any other examples, I'd like to share just that in the US, we've seen CHWs addressing health needs for a long time in recent history, I guess. So one of the most commonly recognized health issues that CHWs address is chronic disease management, it could be diabetes, for example, but there's also recently been an expansion nationally and navigator services, and some people might be familiar with that profession, the navigator, who often helps people enroll in health insurance plans. So they've definitely been influencing our country's public health as well, and I would say that after the Affordable Care Act, when navigator services really were starting to kind of roll out, especially in the fall when open enrollment happens, we see so many people benefiting from that CHW profession and being able to have insurance, which they probably weren't able to have before, so that's another example.

DZ: Thanks for that. So with the shift in focus towards public health efforts after COVID-19, and keeping in mind that we're going to be seeing changes in funding from the Biden administration with the care of giving an education workforce plan, what do you see happening in the future for community health workers?

SP: This is a good question also, and I think it's so promising to see that the Biden plan for mobilizing American talent and heart to create a 21st century caregiving and education workforce... I think it's so promising to see that CHW language in that plan. It mentions adding 150,000 CHWs to serve our most under-served communities, it's really not common for a presidential administration to name CHWs directly in their plans. So it's a big step forward for the profession in gaining national recognition, unfortunately, I think long-term sustainability of CHW funding hasn't changed much. And it's still gonna be a challenge. This plan mentions direct funding for grants and an optional Medicaid benefit for state so it's still a lot of grant funding, and there are some concerns with Medicaid reimbursement. We talked about in this episode today that CHWs have a non-traditional role, there's a lot of work behind the scenes out in the community, and it's really hard to reimburse for those, so there's still a lot of work to be done, but in recent months, there's also been a lot of funding for CHWs that's come from COVID-19 relief packages, like the American Rescue Plan and the CARES Act, and that's all funneled through various departments of health and human service agencies like the ACL and HRSA.

SP: So we have been seeing a lot of funding available, it's really exciting to see, and we still have a lot to do to achieve a steady stream of funding for long-term sustainability for a CHW-led programs in this country... When these interventions are grant-funded, it can kind of stifle programmatic progress, and it creates kind of an unemployment uncertainty for individual CHWs. They might be funded for a two-year program and then that grant isn't available anymore, or they didn't receive funding for another cycle, and so people can kind of have this uncertain future, which is unfortunate.

DZ: And while some of these grant-funded opportunities can and do create some employment uncertainty, hopefully things will continue to move in the direction that we've been seeing, and we'll be able to have more opportunities moving forward to integrate community health workers into multiple aspects of public health practice, so could you please provide some tips or strategies that you could offer to our listeners who are working

in public health agencies, what are some tips and strategies for them to integrate community health workers into their practice?

SP: Definitely. For larger public health agencies, like local or state level public health departments, I would highly encourage people to advocate for funding for CHWs, there's some great research out there showing a positive return on investment for a lot of CHW programming. For smaller organizations, I think it's important to have a long-term commitment to utilizing CHW profession, to improve services, especially when thinking about reaching these hard-to-reach communities, and that means really having organizational leadership on board and committed to the integration of CHWs into their structure.

SP: It's also important that CHWs be seen as respected peers within an organization... I would say this is probably one of the most important pieces. You can be committed to serving your community better, having community health workers on staff, but once CHWs are working within an organization, they need to be respected, they need to have a seat at the table and be given the opportunity to speak freely about their concerns related to programming. As advocates, their input is so critical and making sure that programs are successful, and this will ensure that they can advocate for the community and ultimately just make these programs last longer and continue to receive funding and actually work.

SP: And so, respect, respect, respect. I would also say that many people, even in public health don't truly understand the CHW role, and it might be tempting to give CHWs administrative type work, like copying or filing, and I would say that that's definitely not an appropriate use of their time, and they should really be out in the community, providing their expertise on the community to the organization, and they're not assistants, they don't do busy work for other staff... There might be situations in which that's an appropriate role, and I can think of... You have to do a pop-up vaccine site, and so CHWs might have a role there and something like that, but I would say that for the most part, that is definitely not an appropriate use of their time. And then finally, one more tip for developing successful CHW-led programs is to hire CHWs and include them from the very beginning, all the way through the end of their program. So include them in the planning process and collect their feedback throughout the program, and then as I mentioned earlier, involving them in evaluation efforts, they don't only collect the data, they might be able to help interpret that data so that we can better understand our program's results.

SP: And one thing I'd like to mention, just real quick, is that we have a tool kit on our website that's free for organizations, it's called the CHW Integration Toolkit, and it can help organizations plan through integrating CHWs, and we also offer training for CHWs and CHW supervisors through our LEAD training, which stands for Listen, Empower, Advance, Deliver, that's available in English and Spanish virtually all across the country, and it's accepted in various states for CHW certification or continuing education credits. So if you have any questions about that, please feel free to reach out to me or visit our website for more information.

DZ: Thanks for sharing that resource, we'll be sure to include that in the podcast notes. I appreciate how you emphasized the need for respect when integrating community health workers onto the team, and unfortunately, we know that community health workers are often underpaid and under-appreciated. What are some ways that organizations can advocate for community health workers, and also why is it important to hire full-time community health workers?

SP: Thank you for asking this question. To advocate for CHWs is to treat the profession as you would treat any other profession within the organization. For example, other full-time staff are gonna have paid benefits, so you would wanna offer the same thing, you have full-time staff, it's not often that organizations are made up of a lot of part-time staff, so you wanna offer a full-time position, you wanna offer benefits. Another way to advocate for them is to make sure to share CHW program success with all staff so that people can really begin to see their value. It's especially important for organizations that have not traditionally had CHWs on staff, and there might be some confusion about their role or misunderstandings about the type of work that they do, so including them and just giving a shout out to, Hey, this is what our CHW program is doing, and this is how it's contributed to our organization and how it's benefited the community. So having full-time, properly compensated CHWs helps promote the profession because it shows legitimacy of the work. CHWs should be seen as peers and valuable members of the team, and not as volunteers or something extra, so having full-time CHW staff also assures long-term sustainability for those individuals as we were talking about a few minutes ago, and this will in turn encourage them to continue the work.

SP: Many CHWs unfortunately end up having to leave the profession for something more secure even though they really love what they do, so it's already somewhat of an insecure progression for them, and so by providing a respectable hourly salary with benefits is so critical for those individuals.

DZ: Thanks for sharing that with us Shannon. So aside from hiring a full-time community health worker, what are some ways that agencies can ensure that incoming community health workers feel included with the rest of the team, what are some ways to promote team cohesion?

SP: Well, this is again, where I'd like to mention our free resource, the CHW Integration Toolkit on our website, which you will include in the notes, you can find strategies for inclusion there, and there are some case studies from some federally qualified health centers that have integrated CHWs into their services, but CHWs should be included in regular staff meetings, so not only talking about how they benefit the organization, but just including them in all the ins and outs of the organization. It could be done differently for health centers, it could be that they're included in their daily huddles, they're trained on the use of the electronic health records so that they can input some of this unique information that they encounter about an individual into the record that can be seen by the care team. For community-based organizations, this might look like having CHW work highlighted at their staff meetings, as I just mentioned before, and then also just engaging them in team

activities, as any other staff person. They're not seen as an extra staff or a supplemental staff, they're just any other staff member.

SP: And just having this visibility among their peers, and then one strategy that I think is really fun and that we use is, is that CHWs promote a positive environment when they're serving individuals, if they have a group session, they use ice breakers, or we use the term *dinámica*, and it's really... Helps energize the group and just get people to know each other a little bit better, and so I think organizations might wanna consider just beginning their team meetings with some fun, engaging, *dinámicas* with all staff and that helps people get to know each other better and also therefore get to know their CHWs a little bit better.

DZ: Thank you for that, Shannon. As we wrap up our episode today, would you mind sharing something that is helping you get through the pandemic, it seems like the time just keeps ticking and ticking.

SP: I know. We see the light at the end of the tunnel and then it just keeps going.

[laughter]

DZ: Yeah. Is there something that has been providing you comfort or inspiration during these challenging months?

SP: Well, it's been a particularly challenging time for me, I had a baby two weeks before lockdown in 2020.

DZ: Wow.

SP: Yeah, so it's just... I've been on a roller coaster of emotions. My son has brought me a lot of joy, but being home with him and oftentimes alone has been very isolating and stressful, so for me, the single most important thing that's getting me through this pandemic is trying to just... Trying to is the key word here... [chuckle] Take a few minutes for myself each day, it could be an additional few minutes in the shower or whatever, but to really focus on things that I can control and just to live each day as it comes and survive and hope that I can enjoy that day with my family and really not worrying too much about the future, if I can avoid it... Of course, it's easier said than done, but that's helped me really just taking a day-by-day, hour by hour and trying to just recognize how wonderful that this moment is in time. I've been able to spend so much time at home with my son, I work from home, and I've had the luxury of working for an organization that allows me to do that and be there for him and create these memories, which if I were going to an office and dropping them off... He goes to daycare, but if he were home... Or not at home all day, I wouldn't be able to be home with him when I need to, so just really trying to reflect on that and count my blessings.

DZ: Yeah, thanks for sharing that. It's definitely been a stressful time, I think for the majority of us in the field of public health, and it's important sometimes to remind

ourselves to... It's okay to stop and take a breath and appreciate what we can amongst the chaos. So thanks for sharing that.

SP: Yes, definitely. You're welcome.

DZ: Well, thank you so much, Shannon, for joining us today and sharing from your experiences and providing so much information and insight on this topic of community health workers.

SP: Thank you so much for having me, it's been a pleasure talking with you.

DZ: Great. So to our listeners, we hope you've learned some new things about CHWs today and may even be encouraged to explore integrating CHWs into your public health practice in the near future. 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, and we'd like to give special thanks to Isabelle Birt, for taking the lead in developing today's episode. And with that, we'll end here for today. Stay safe and stay curious, everyone.

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