Case Study - Role of Community Health Workers in addressing inequities and systems transformation during COVID-19 and beyond: An opportunity for health department and organizational practices

Teresa Campos-Dominguez[1] and Bernice B. Rumala [2]

[1] *Community Health Worker, Multnomah County Health Department, Portland Oregon*
[2] *Chair, Community Health Worker and COVID-19 Writing Group and Independent Consultant, rumalab@gmail.com*

May 2020

"I have the connection with the community based on my volunteer work. The community reached out to me for help during COVID-19 and I advocated for my community. When health departments use resources that are appropriate for community like Community Health Workers, they will see the effectiveness of the multiple essential roles that Community Health Workers can have such as case investigators, contact tracers, social, emotional support for grief and pain and numerous other roles. We are the heart of our communities and this is built on a foundation of trust" - Teresa Campos Dominguez

"Sharing our lived experiences brings the often times invisible, inequitable, and faceless issues to the forefront of the heart to promote change for those impacted by inequities. Our lived narratives are powerful tools for changing individuals, communities, institutions, and the world. We must engage the voices of non-traditional stakeholders, community, and the marginalized, and also use our voice because therein lies the key for sustainable equitable transformation." – Bernice B. Rumala

Overview

Now more than ever in the midst of the COVID-19 pandemic, the stories and lived experiences of Community Health Workers as members of communities most impacted by inequities are critical data points that must be captured to inform the realities that are on ground in terms of inequities. This brings the invisibility and realities of the cases to light. In the midst of COVID-19, we see the lack of data, misinformation, and inaccuracies in the data for oppressed racial and ethnic groups. Therefore, the Community Health Workers and COVID-19 group, some of whom are on the frontlines are committed to sharing the full stories and lived experiences of inequities towards systems transformation and solutions by those most impacted by the inequities. The authors having had lived experiences of daily inequities and informed by their community health worker backgrounds, share best practices and solutions to inform change for health

Manuscript Citation: Campos-Dominquez, T., and Rumala, B.B. (2020). Case Study - Role of Community Health Workers in addressing inequities and systems transformation during COVID-19 and beyond: An opportunity for health department and organizational practices. Community Health Workers and COVID-19 Writing Group.

Copyright © 2020 The Author(s). All rights reserved. This material may be photocopied, digitally posted, and reposted in its original form for the public, educational, not-for-profit uses, provided that the contents are not altered in any way and that proper attribution and credit are given to the source of the content. These materials may not be reproduced for commercial, for-profit use in any form or by any means, without the written permission of the author(s). Third party content is included in article for research and educational purposes under Academic Fair Dealing/Fair Use. Unless otherwise stated, all third-party content is copyright under its original owners.

department and/or organizational practices to address severe inequities in the midst of COVID-19 and beyond.

Bright Spot for Systems Transformation: From Manuscript to Community Health Worker Pilot Program

This paper outlines the authors' roles in system transformation for best practices in engaging community health workers on the frontlines to address the equity gap in the midst of COVID-19. The authors recently published a paper entitled Global and Local Community Health Workers as a Lifeline for Communities facing inequities in the midst of COVID-19 and beyond http://www.communitycommons.org/embed/card/72fa552b-67de-4c29-8b8a-19467a47a905 . The published manuscript highlighted the essential role of Community Health Workers for communities facing inequities including communities of color, immigrant communities, and women using a community centric popular education model that uplifts community through an asset-based lens and upholds communities as the source of solutions. This publication was then shared with stakeholders in the health department who in turn saw that the author was involved in case investigation, contact tracing, and many other roles for her external volunteer work during COVID-19. The author had deep knowledge of what was going on for COVID-19 having already been engaged by community members as a trusted member in her volunteer roles. As a result of the published paper and further discussions with the author, the health department is now expanding the roles of the Community Health Worker through a pilot program that is under discussion and development to include case investigation and contact tracing (See figure 1). Health departments and organizations would benefit from the already established trust that Community Health Workers have with the community which is a form of social currency that is highly valued in mitigating outbreaks specifically, in the midst of this COVID-19 pandemic. The dissemination of the manuscript shows a bright spot that occurred that can be replicated in many organizations and/or health departments for effective engagement of Community Health Workers as critical stakeholders for community equity, health, and well-being. Since many systems are unaware of how to effectively work with Community Health Workers, there is an opportunity to collaborate in co-designing with Community Health Workers at the onset of the process towards systems transformation. For example, in the midst of the COVID-19 pandemic, there is an opportunity to integrate Community Health Workers as part of the infectious disease or communicable disease divisions for organizations. Integrating Community Health Workers as essential from process through outcomes coupled with Community Health Worker allies to promote accountability and sustainability will help in addressing inequities from a community centric lens.

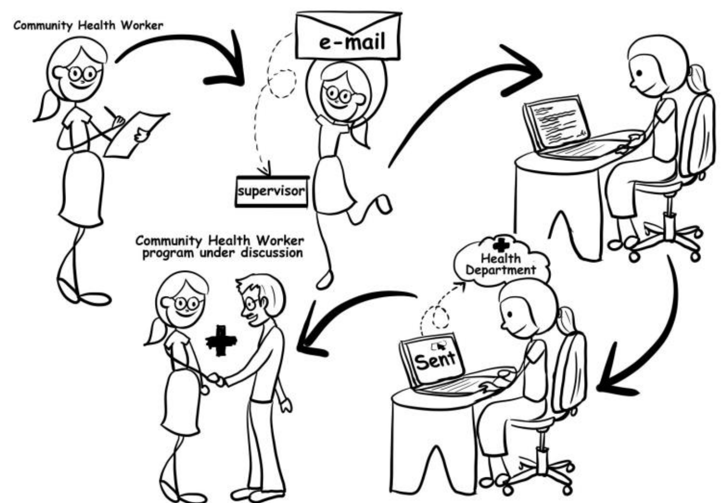

Figure 1 – Community Health Worker role in Systems transformation from theory to practice within a health department (Campos-Dominguez, T. and Rumala B.B.)

Case Study from the frontlines: Fear in the Fruit Packing Warehouse

A Community Health Worker was recently called as a result of fear from employees who worked in a fruit packing warehouse. 95% of the people working in the fruit packing warehouse are Latinx and immigrants and they were filled with fear because their supervisor and manager were in the hospital and they were in turn worried that they had also been infected with COVID-19 too. Many of the workers did not have health insurance nor sick leave time and feared not obliging to the

Copyright © 2020 The Author(s). All rights reserved. This material may be photocopied, digitally posted, and reposted in its original form for the public, educational, not-for-profit uses, provided that the contents are not altered in any way and that proper attribution and credit are given to the source of the content. These materials may not be reproduced for commercial, for-profit use in any form or by any means, without the written permission of the author(s). Third party content is included in article for research and educational purposes under Academic Fair Dealing/Fair Use. Unless otherwise stated, all third-party content is copyright under its original owners.

mandated work hours and meeting financial obligations. The Community Health Worker noticed upon visiting the fruit packing warehouse that masks were not being worn appropriately, they were worn below the nostrils. She also noticed during the lunch break that workers were eating in close proximity and not practicing physical distancing. The owner was asked to close the packing warehouse to test the workers but the owner refused. The Community Health Worker intervened as an advocate for the worker's rights. The owner eventually conceded to pay for the COVID-19 test and 10% of workers were found to be positive for COVID-19.

The importance of using the Popular Education Model: Telling community versus starting with community knowledge

There are distinctive differences in telling the community what to do in the name of educating about COVID-19 best practices versus starting with community knowledge first. Starting with community knowledge first yields better results because one is starting with what the community already knows, and, therefore engaging the community from an asset-based model. This is critical in the context of COVID-19 because communities come with a lot of knowledge on what works well and what does not work in terms of solutions based on lived experiences of inequities. Therefore, it is important to co-design solutions with communities most impacted by inequities including having a co-learning model where both health department and communities are learning together. This means the learning is not one directional but rather bidirectional in terms of the health department learning from the community in the context of COVID-19 and the community learning from the health department. Communities have tremendous assets and should not be viewed from a deficit model.

Case Example: A case investigator was sent to the fruit packing warehouse to provide education in collaboration with the Community Health Worker. The Community Health Worker explained to the case investigator the importance of not leading the conversation with educating the community on COVID-19 but rather starting with what the community already knows. Traditionally, case investigators who lead with educating the community first have not been able to engage in a meaningful way. In a number of examples, community members became disconnected from the conversation. However, when the Community Health Worker pivoted the conversation and asked: "How can we help you" and "What information do you need" "What information do you know already" - this starts the conversation from a lens that is driven by community needs in that moment versus the organizations and/or health department's need to have a check list of information to share. Information must be tailored to the needs and wants of the community at the time, this is even more applicable in the midst of COVID-19 due to the heightened fears and emotions.

Case Example: In Rumala, Campos-Dominguez, Rabbani, and Matos (2020), the author highlights fear during the COVID-19 pandemic when calls are received by community members from the health department. Many communities of immigrants' fear that calls from any state, city, or county health department and/or organization might be linked to immigration and deportation, and, therefore many community members opt not to answer these calls. The Community Health Worker helps to navigate the concerns, fears and provides step by step guidance on what to do. This approach is based on a community centric model of popular education to address root causes towards solutions that does not lead with the wants and needs of the organization and/or health department but rather leads with addressing the concerns of the community.

Straight from the Frontlines: What works and does not work

Next Steps: Upon community workers within the fruit packing warehouse being asked by a Community Health Worker, what do they know already, what do they need, and how they can best be helped, a gentleman asked what do I need to do if I have symptoms and want to protect my family? More questions started to pour in from other workers who expressed fears including fears of immigration and deportation. Focusing on these questions are more relevant than a pre-designed educational manual from an organization and/or health department because these are the real concerns from the

Copyright © 2020 The Author(s). All rights reserved. This material may be photocopied, digitally posted, and reposted in its original form for the public, educational, not-for-profit uses, provided that the contents are not altered in any way and that proper attribution and credit are given to the source of the content. These materials may not be reproduced for commercial, for-profit use in any form or by any means, without the written permission of the author(s). Third party content is included in article for research and educational purposes under Academic Fair Dealing/Fair Use. Unless otherwise stated, all third-party content is copyright under its original owners.

community in real time. In the eyes of many community members, it is a matter of life or death and many in that moment are experiencing heightened emotions of fear and anger. The popular education model emphasizes working from the heart to address these fears in the moment rather than leading with an education session. In some cases, the Community Health Worker had to have breathing sessions with community members as the fears and anger are being addressed in the midst of COVID-19. In the discussion, other community members have uplifted the use of home remedies to address COVID-19 symptoms and the Community Health Workers, as a trusted source, helped in navigating the cultural practices with additional information on what works and does not work. All of this requires trust, heart, and a tailored approach to respond to the needs of each community because addressing inequities is not a one size fits all approach. All communities are different in diversity, belief systems, and practices. The central approach for the Community Health Worker is listening with the needs of the community at the center. For many communities, listening first to the concerns at the moment is more important than driving a primary agenda to educate. While the education piece is important, the community first wants to be heard. In this way, community members feel valued as part of the solution. While many organizations and/or health departments have protocols that are followed to fill a need, it is important to understand that engaging communities from an asset-based model in the midst of COVID-19 leads to more sustainable results in addressing inequities. Communities rely on trusted sources of information, and, Community Health Workers by virtue of the deep connections in communities most impacted by inequities are these trusted sources.

Recommendations and Conclusion

In the context of pre-COVID-19, COVID-19, and beyond, Community Health Workers have been playing a vital role in the health system as bridges to communities to help prevent the spread of infections, address the social determinants of health, and bridge systemic inequities for many years and will continue to do so. Formally integrating Community Health Workers in the process to promote health, equity, and well-being are critical. Some of the recommendations from the authors based on their lived experiences of inequities and Community Health Worker backgrounds include:

- In the midst of COVID-19 and beyond, ensure that Community Health Workers are present as stakeholders in discussions, meetings, and decision making.
- Co-design solutions with Community Health Workers who have a deep understanding of the inequities faced by communities.
- Community Health Workers have many roles and are often restricted into pre-defined roles within organization and/or health departments that may not include grassroots efforts within the community. Community Health Workers role in essence is within the community. It is important for Community Health Workers who are trusted sources within communities most impacted by inequities to have effective collaborations that is not limited to pre-defined roles. Going into communities is the heart of the community health worker role.
- Include Community Health Workers in the data collection. When Community Health Workers are part of the process, they can better inform data collection, gaps, and inequities that might exist prior to data collection.
- Include Community Health Workers in research and evaluation because Community Health Workers can bring the lens of the community when involved so that the voices of community are included and not excluded.
- Include Community Health Workers in the budget for the multiple roles that Community Health Workers have in the midst of COVID-19 and beyond
- Include Community Health Workers in the grant preparation process

Manuscript Citation: Campos-Dominquez, T., and Rumala, B.B. (2020). Case Study - Role of Community Health Workers in addressing inequities and systems transformation during COVID-19 and beyond: An opportunity for health department and organizational practices. Community Health Workers and COVID-19 Writing Group.

Copyright © 2020 The Author(s). All rights reserved. This material may be photocopied, digitally posted, and reposted in its original form for the public, educational, not-for-profit uses, provided that the contents are not altered in any way and that proper attribution and credit are given to the source of the content. These materials may not be reproduced for commercial, for-profit use in any form or by any means, without the written permission of the author(s). Third party content is included in article for research and educational purposes under Academic Fair Dealing/Fair Use. Unless otherwise stated, all third-party content is copyright under its original owners.

In summary, Community Health Workers are able to provide step by step guidance to organizations and/or health departments on the best way to meaningfully engage from process to outcome in the context of COVID-19 for sustainable solutions to address inequities.

References

Rumala, B.B., Campos-Dominguez, T., Rabbani, R., & Matos, S. (2020). Global and Local Community Health Workers as a Lifeline for Communities facing inequities in the midst of COVID-19 and beyond. Community Health Workers and COVID-19 Writing Group. http://www.communitycommons.org/embed/card/72fa552b-67de-4c29-8b8a-19467a47a905

Wiggins, N., & Borbón, I. A. (1998). Core roles and competencies of community health workers. In Final report of the National Community Health Advisor Study (pp. 15–49). Baltimore, MD: Annie E. Casey Foundation.

Wiggins, N., Hughes, A., Rios-Campos, T., Rodriguez, A., and Potter, C. (2014). La Palabra es Salud (The Word is Health): combining mixed methods and CBPR to understand the comparative effectiveness of popular and conventional education. Journal of Mixed Methods Research, 8, 278-298. doi: 10.1177/1558689813510785.

Wiggins, N., Johnson, D., Avila, M., Farquhar, S.A., Michael, Y.L., Rios, T., and López, A. (2009). Using popular education for community empowerment: perspectives of Community Health Workers in the Poder es Salud/Power for Health program. Critical Public Health 19, 11-22.

Wiggins, N., Kaan, S., Rios-Campos, T., Gaonkar, R., Rees-Morgan, E., and Robinson, J. (2013). Preparing community health workers for their role as agents of social change.: experience of the Community Capacitation Center. Journal of Community Practice, 21 (3).

Manuscript Citation: Campos-Dominquez, T., and Rumala, B.B. (2020). Case Study - Role of Community Health Workers in addressing inequities and systems transformation during COVID-19 and beyond: An opportunity for health department and organizational practices. Community Health Workers and COVID-19 Writing Group.

Copyright © 2020 The Author(s). All rights reserved. This material may be photocopied, digitally posted, and reposted in its original form for the public, educational, not-for-profit uses, provided that the contents are not altered in any way and that proper attribution and credit are given to the source of the content. These materials may not be reproduced for commercial, for-profit use in any form or by any means, without the written permission of the author(s). Third party content is included in article for research and educational purposes under Academic Fair Dealing/Fair Use. Unless otherwise stated, all third-party content is copyright under its original owners.

About the Authors:

Teresa Campos-Dominguez

Teresa Campos-Dominguez has over 30 years' experience as a Community Health Worker. Ms. Campos-Dominguez works for the Multnomah County Health Department and has presented at over 50 states, national and International conferences and is a well-known trainer and advocate for Community Health Worker and Popular Education. She served on the Advisory Council of the National Community Health Advisor Study and she was the formal chair of the Community Health Workers Special Primary Interest Group of APHA Community Health Worker 2000-2002. She is very involved with faith communities in the Latinx Community. She is a member of the American Diabetes Association "Cultural Competency Work Group" and the National Diabetes Education program NDEP Hispanic/Latino Stakeholder Group for about 2 years 2017-2019. Most important Ms. Campos she is a certified Nia Instructor and Trauma Informed-Brain Sensitive Yoga Teacher and Social Justice and YOGA Certify Teacher, she uses these skills to teach and provide tools to several community members and groups to support and bring individual and community healing and empowerment.

Bernice B. Rumala

With more than 15 years of experience in systems transformation, Dr. Rumala earned a PhD and three masters degrees from Columbia University and served as a Fogarty-Fulbright and Harvard Fellow. She has served as both a Community Health Worker and Community Health Worker ally. She has also contributed her interdisciplinary expertise as a change agent in the public, private, academic and international sectors. Her areas of interest and expertise include equity, health equity, authentic engagement of people with lived experience of inequities, social justice, diversity, inclusion, discrimination, interdisciplinary solutions, advocacy, community engagement, and systems transformation. Dr. Rumala has lived experience of the ongoing challenges of severe inequities and the detrimental impacts to individuals and communities. This is unacceptable to her and should not be the norm. Dr. Rumala also considers herself a global citizen based on international experiences in more than thirty countries. She has had global experiences in stable regions as well as regions impacted by war, conflict, and instability, including Iraq where she worked for the United Nations. She continues to contribute her expertise as a global and local leader and consultant.

Manuscript Citation: Campos-Dominquez, T., and Rumala, B.B. (2020). Case Study - Role of Community Health Workers in addressing inequities and systems transformation during COVID-19 and beyond: An opportunity for health department and organizational practices. Community Health Workers and COVID-19 Writing Group.

Copyright © 2020 The Author(s). All rights reserved. This material may be photocopied, digitally posted, and reposted in its original form for the public, educational, not-for-profit uses, provided that the contents are not altered in any way and that proper attribution and credit are given to the source of the content. These materials may not be reproduced for commercial, for-profit use in any form or by any means, without the written permission of the author(s). Third party content is included in article for research and educational purposes under Academic Fair Dealing/Fair Use. Unless otherwise stated, all third-party content is copyright under its original owners.