Effective Ways to Engage Community Health Workers in the COVID-19 Period: Examples from CHW Programs in Massachusetts

Health care and social service systems are facing exceptional demands at this time. Evidence is emerging that the COVID-19 pandemic is disproportionately impacting low-income neighborhoods, communities of color, immigrant and other economically and medically vulnerable nationts. These are the nationts

income neighborhoods, communities of color, immigrant and other economically and medically vulnerable patients. These are the patients and communities Community Health Workers (CHWs) are best prepared to serve. This workforce is defined by their connection to these populations and by their ability to communicate in linguistically and culturally appropriate ways. CHWs' role as mediators between individuals, families and care institutions is especially needed now, given the challenges of connecting to clinical and community services remotely via telehealth. The Office of Community Health Workers at the Massachusetts Department of Public Health recommends that employers of community health workers engage CHWs in COVID-19 related activities that are consistent with the MA scope of practice and Core Competencies for CHWs. This resource includes practical and effective examples provided by CHWs, their program managers and partners from across the state.

DIRECT SERVICE EXAMPLES:

CHWs are engaged at hospitals, clinics, community health centers, and/or community-based organizations in the following activities, which represent adaptations of CHWs' work with patients in their regular caseloads as well as extensions of their work to other patients:

- Conducting telephonic outreach to individuals to help prevent and slow the spread of COVID-19: providing culturally sensitive information and education on social distancing, good hand washing, mask wearing and overall CDC and MA DPH guidelines.
- Connecting individuals and families to resources like food, unemployment assistance, other social services, and helping them to navigate new "remote" communication formats.
- Educating community members on rescheduling non-urgent in-person appointments and avoiding unnecessary Emergency Department visits to prevent social exposure and allow healthcare institutions to optimize PPE. (e.g., advising people with mild symptoms to stay in their homes and call their primary care provider, instead of going to the ED).

COMMUNITY HEALTH WORKER CORE COMPETENCIES

1. Outreach Methods and

Strategies

- 2. Individual and Community Assessment
- 3. Effective Communication
- 4. Cultural
 Responsiveness and
 Mediation
- 5. Education to Promote Healthy Behavior Change
- 6. Care Coordination and System Navigation
- 7. Use of Public Health Concepts and Approaches
- 8. Advocacy and Community Capacity Building
- 9. Documentation
- 10. Professional Skills and Conduct

- Providing systems navigation and care coordination to ensure follow through and completion of essential/high risk treatments and plans of care (i.e., coordinating rescheduled visits and preventing no-shows).
- Providing interval check-ins to individuals with chronic conditions to ensure continuity of care, assist with filling prescriptions, medication adherence, navigating pharmacies and providing education to stay safe during the pandemic.
- Assessing resources to support undocumented immigrants and families, and sharing linguistically appropriate information to help minimize the impact of COVID-19.
- CHWs in Asthma programs are engaging in active outreach to help individuals navigate new COVID-19-specific guidance around safe cleaning. Previously, clients learned to avoid using bleach and other harsh cleaning products (known asthma triggers). Safe cleaning is especially important, since asthma is a risk factor for poor COVID-19 outcomes, and uncontrolled asthma is a leading cause of ED visits and preventable hospitalization.
- CHWs in Pediatric programs are providing resources and support for families to help parents work with children at home, given school closures and the additional stressors in domestic settings.
- CHWs working with homeless individuals are being deployed to provide shelter information
 at facilities designated to keep people safely quarantined, access resources for medical care
 and food, get COVID testing and prevent spread of virus amongst the most vulnerable.
- Clarifying misinformation and COVID-related scams targeted especially at senior individuals and communicating information from credible sources.
- Temporarily staffing phone lines at Pediatric, Adult Medicine, Emergency Departments to provide education and support to influx of patients looking for information on COVID-19.

Telehealth

A significant portion of CHWs' activities are being conducted via telephone encounters and virtual formats. Many consist of helping patients and clinical staff meet the challenges of shifting visits and consultations to telehealth. Some scenarios include:

- Conducting virtual home visits instead of face-to-face sessions with individuals to support continuity on all aspects of care plans;
- Facilitating virtual meetings with youth and families in pediatrics programs;
- Scheduling and helping patients navigate virtual visits along with other clinical providers;
- Explaining to community members how to navigate new telehealth/e-health systems;
- CHWs who are trained to do so are providing medical interpretation for telehealth visits.

As a result of recent shifts to telehealth services, CHWs and their employers have identified a critical need in accessing technology for staff members (i.e., smart phones or laptops that can support telework, or be easily moved and shared within organizations), as well as telehealth training in order to efficiently support individuals and communities via remote encounters.

Extra preventive and supportive outreach to emergency room and behavioral health patients

Strains on capacity for emergency rooms and for behavioral health programs due to the pandemic require extra telephone and online support for patients with complex needs.

Community health workers are:

- Making phone calls to patients discharged from emergency departments, to check on patients' well-being, to assess for barriers for filling prescriptions, and to schedule follow-up tele-visits with the PCP or designee.
- Telephoning, texting and emailing behavioral health and complex care patients to complete comprehensive assessments, substance use assessments, person-centered care plans, and conduct follow-up checks after discharge from in-patient facilities.

OTHER CHW CONTRIBUTIONS: Materials Development and Pandemic Planning

Community health workers serve a critical role in educating their own organizations about the impact of the COVID-19 pandemic on their communities. They bring expertise related to the depth of their understanding of the language, culture and circumstances that shape individuals and the public's experiences. They contribute to:

- Developing (sometimes translating) culturally competent materials, videos and scripts specific to COVID-19.
- Devising plans to address virtually the isolation resulting from extended social distancing
- Assessing the needs and the current availability of community resources and sharing the information with healthcare and other community organization staff.
- Connecting to community organizations, including those in immigrant communities, to bring their concerns and voices to the healthcare and other decision-making spheres.
- Providing formative evaluation feedback to healthcare and other organizations about patients' responses to changes in services and protocols.

THE CRITICAL IMPORTANCE OF CHW SUPERVISION AND SUPPORT:

CHWs are working to support communities that are facing higher risks of being impacted by the COVID-19 pandemic. It is critical that CHWs are engaged in ways that are most closely aligned with their scope of practice and are working with caseload sizes that allow them to meaningfully carry out their roles. It is highly recommended that CHWs are supported by their employers with appropriate supervision and access to resources and information to help achieve the best program outcomes, to stay safe and to prevent burnout.

For questions about this resource please contact the Office of Community Health Workers at the Massachusetts Department of Public Health at chwinfo@state.ma.us