Session

CHW Section Poster Session: Adapting Programs and Trainings during the Pandemic

Nicole Betschman, DHEd, CHES, MA,

APHA 2021 Annual Meeting and Expo

Abstract

Shifting from person-centered outreach to telehealth outreach: Lessons learned from implementation of a CVD CHW effectiveness study during COVID-19

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CHWs are well-known for their contributions to addressing social determinants of health, promoting health equity, and improving health outcomes for chronic diseases. CVD remains the leading cause of morbidity/mortality in the US where health disparities persist among underserved populations, particularly geographically isolated areas like the Mississippi Delta. COVID-19 has exacerbated health inequities and racial disparities associated with infection and death and expounded underlying comorbidities as significant risk factors, and impacted traditional models of access and care, with clinical care provision transitioning to telehealth models. Person-to-person outreach is a core element of CHW outreach, and adaptation of CHW outreach efforts to telehealth has not been widely tested.

This presentation will provide lessons learned with implementation of a CHW effectiveness study on care and management of CVD among patients at federally qualified health centers (FQHCs) in the Mississippi Delta through CHW interactions in telehealth visits. This project compared clinical outcomes (BMI, waist circumference, Hemoglobin A1c, blood pressure, glucose, and cholesterol) of African American adult participants who receive CVD risk management education and monitoring from CHWs (n=90) through telehealth to participants who received normal standard of care (n=90). In addition, differences in patient satisfaction, patient self-efficacy, and patient self-management were assessed among both groups. Identification of barriers in program implementation and addressing challenges to research design are imperative to providing the necessary infrastructure for CHW care, support, and management of patients to improve their chronic health conditions.

Chronic disease management and prevention Diversity and culture Implementation of health education strategies, interventions and programs Planning of health education strategies, interventions, and programs Public health or related research

Abstract

Implementing tobacco cessation trainings for CHWs and instructors amidst a pandemic

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Background: With funding from the Texas Department of State Health Services, a Community Health Worker (CHW) training center at Texas A&M University provided tobacco cessation trainings to CHWs and CHW Instructors (CHWIs) in Texas during 2020-2021. In response to the pandemic, the university team of certified CHWs and CHW Instructors reformatted in-person training materials for the delivery of synchronous online training in English and Spanish. The first set of synchronous training (i.e., ZOOM) was offered during the summer of 2020; these summer trainings consisted of 10 live evening sessions, half in English and the other half in Spanish. Trainees were taught about the adverse health effects of tobacco use, provided with various resources, such as flyers, activity sheets, videos, and a digital referral App.

Results: The goal of this presentation is to share lessons learned when implementing synchronous training. A CHW Instructor from our team will present on how the trainings were modified, pros (i.e., access to educational opportunity, encouragement of trainee connectivity with chat and breakout room features) and cons (i.e., reliance on internet connectivity, reliance on tech savviness) to training format, view trainee learning outcomes, as well as discuss future training recommendations and directions. By sharing our lessons learned during the pandemic, we hope to engage more conversations about the incorporation of technology in trainings and discuss best training practices for the field. Moreover, we hope that our discussion may encourage the replication of our tobacco cessation training efforts beyond Texas.

Advocacy for health and health education Other professions or practice related to public health Planning of health education strategies, interventions, and programs Public health or related education

Abstract

Establishing a community-campus partnership to support community health workers during and after the COVID-19 pandemic

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Community Health Workers (CHWs) have been essential frontline workers in caring for our communities through the COVID-19 pandemic. A core outreach and communication strategy of the Bexar County COVID-19 Community Response and Equity Coalition—consisting of partners from local government, academia and community—is partnership with CHWs. This allowed for leveraging the trust and power of peer influencers to disseminate preventive health messages and establish social norms around recommended preventive behaviors. As cases and hospitalizations surged in early winter, the coalition organized a summit of all CHWs working in Bexar County. Over 180 CHWs and CHW allies attended this initial summit, where participants completed a brief needs assessment and were invited to share stories of pandemic response successes and challenges. This summit highlighted our CHW's collective resiliency, while identifying the need for unified COVID-19 messaging, standardized resources, and access to social and mental health support. Participating CHWs overwhelmingly requested additional meetings due to support garnered and resources shared, which ultimately help promote better care for families in Bexar County. Thus, a community-campus partnership was launched with the goals of utilizing participatory learning and research techniques to prevent burnout, facilitate sharing of resources, and boost advocacy for CHW workforce during and after the pandemic response. In this presentation, we will describe the formation and composition of this partnership, the value of providing a platform for CHW storytelling and workforce advocacy, and the realized and potential impacts this partnership has had on the personal well-being and professional capacity of CHWs.

Advocacy for health and health education Assessment of individual and community needs for health education Planning of health education strategies, interventions, and programs Protection of the public in relation to communicable diseases including prevention or control Provision of health care to the public Public health or related public policy

Abstract

Supporting telehealth navigation with community health workers

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Telehealth can help address inequities in health care, especially for underserved communities and patients with barriers to access. Community Health Workers (CHWs) can play a role in connecting patients to telehealth. AIRnyc (a Community Based Organization) collaborated with Mount Sinai Health Partners on a pilot program to facilitate access to telehealth. The goals included promoting access, assessing the barriers to usage, and providing support for navigation of telehealth options.

Mount Sinai identified insured adult patients in New York City living in NYCHA public housing affiliated with a Mount Sinai primary care provider and a 90 day gap in care for diabetes, hypertension, asthma, or chronic obstructive pulmonary disease. CHWs from AIRnyc performed telephonic outreach to patients in Spanish or English. Barriers were identified in terms of devices, connection to the internet, and the patient's comfort with using technology. Awareness of telehealth and the patient's comfort with remote clinical care were assessed. Patients with interest in scheduling an appointment received navigation support with creating accounts, scheduling appointments, and utilizing the digital applications. As part of a social needs assessment, patients with food insecurity, housing issues, or safety concerns received referrals to supportive services. Supporting patients from underserved communities will play a critical role in the adoption of telehealth. CHWs that live in the same communities and speak the native languages of the patients can impact the success of these initiatives. This presentation will share insights from the program's design and implementation as a model for CHW programs in support of telehealth.

Advocacy for health and health education Assessment of individual and community needs for health education Chronic disease management and prevention Implementation of health education strategies, interventions and programs

Abstract

Community health workers supporting the continuity of primary care for hipertension and diabetes in remote brazilian municipalities during the pandemic

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The objective of this project was to support community health workers (CHWs) of primary health care teams in 9 remote municipalities with low Human Development Index scores in Minas Gerais, Brazil. Since March 2020, the coronavirus pandemic and social isolation have reduced access to the care of chronic non-communicable diseases in Basic Health Units (BHUs). The project, in partnership with Medtronic Foundation, provided protective equipment, testing materials (glucose meters, test strips, automatic blood pressure meters) and training to CHWs to ensure continued patient contact and facilitate care between health teams -

mainly doctors and nurses - and the population served. For this to happen, CHWs use a simple questionnaire with questions about blood pressure (BP) and glucose levels and their treatment during home visits. Based on the answers, the needs (e.g., medical visits, drugs) of patients are assessed and the uncontrolled cases are selected as priorities for medical evaluation. From November 2020 to January 2021, 231 CHWs from 35 health teams were included. Of these, 193 received training to evaluate patients with hypertension and diabetes in home visits, using glucose test strips and automatic BP monitors. A total of 1,765 patients were evaluated, 806 of whom had high BP (>140 or >90mmHg) or hyperglycemia (>200mg/dl). The most uncontrolled cases were referred to medical care. We concluded that this CHWs empowerment strategy to assess cases of hypertension and diabetes in home visits contributed to the management of these conditions during the COVID-19 pandemic and increased the satisfaction of CHWs with their work routine.

Chronic disease management and prevention

Abstract

Improving contact tracer capacity and self-efficacy through peer coaching

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BACKGROUND: Between April and December of 2020, a local health jurisdiction mobilized over 400 COVID-19 Contact Tracers (CTs) trained in community health worker (CHW) principles, including motivational interviewing, cultural humility, and social service referrals. Within this remote workforce, CT performance and data completeness were variable. Trained as a CHW, the presenter saw an opportunity for successful CTs to support their peers.

METHODS: A CT to Peer Coach (PC) to Team Lead (TL) promotion track was piloted with ten high performing CTs willing to help their peers. PCs received training on building rapport, delivering positive and constructive feedback, and participatory methods for knowledge-sharing and skill building. PCs provided on-demand support during office hours or met with CTs identified by the Quality Assurance (QA) team or TLs as needing assistance.

RESULTS: After an increase in COVID-19 contacts in December 2020, the workforce was expanded, with nine PCs promoted to TL (one remained a PC by choice) and five new PC recruits. By the end of the pilot, a PC referral process was developed and in eight weeks a total of 57 CTs were referred for coaching. Quality issues were resolved with all but one CT, who was asked to repeat CT training. Due to the successful pilot, PCs were formally integrated with QA in March 2021 and scaled up to include the entire Case Investigation/Contact Tracing workforce.

DISCUSSION: The PC model is an effective strategy for building CHW peer support skills and improving self-efficacy and performance of a newly trained CHW workforce.

Administer health education strategies, interventions and programs Advocacy for health and health education Implementation of health education strategies, interventions and programs Planning of health education strategies, interventions, and programs

Abstract

Fighting to remain: Promotor-developed housing counselor program to respond to housing instability during the COVID-19 pandemic

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COVID-19 exacerbated housing instability among working-class Latinx families in Santa Ana, California, where according to the U.S. Census, more than 50% of the population are tenants, and nearly two-thirds (61.2%) of tenant households spend more than 30% of their household income on rent. The present case study describes Latino Health Access' Community Health Worker-led *Consejerx de Vivienda* (Housing Counselor) program implemented. From March 2020-March 2021, Latino Health Access CHWs integrated its housing program into its COVID-19 response, adapting to changing local and state policy. The program successfully built capacity among 24 community members to deploy housing Know Your Rights trainings, created a rapid response network to assist community members to access local rent relief programs equitably, and activated community residents to advocate for housing policy. Effective community-led programs will be critical to ensure equitable recovery strategies that address the economic impact of the COVID-19 pandemic.

Advocacy for health and health education Public health or related education Public health or related public policy

Abstract

The COVID reset: Lessons learned from a rapid transition to virtual for a CHW-led hypertension and diabetes management intervention

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Background: The COVID-19 pandemic created challenges and opportunities to rethink participant recruitment and intervention delivery. Here we describe our lessons learned in shifting to virtual recruitment and intervention delivery for a diabetes and hypertension management program for South Asians living in Atlanta, GA.

Methods: In-depth interviews with 3 community health workers (CHWs) were conducted to explore barriers and facilitators to recruitment, enrollments and study retention. Quantitative data collected in REDcap was used to categorize clinic, community-based, or referral-based recruitment. Rapid thematic analysis was used to quickly identity and disseminate best practices for virtual engagement.

Results: Fifty-nine participants were recruited during the first of 2 waves of recruitment. Challenges included resistance from patients identified through electronic health records (EHR) as they did not get to meet CHWs in-person; also, given limited office visits during the spring of 2020, the EHR data was often outdated. Shifting focus to community recruitment in wave 2, resulted in 99 of 131 participants enrolled from the community. CHWs reported capitalizing on personal connections and virtual presentations at existing community events were the key to achieving recruitment targets. Lastly, for those participating in the intervention, the CHWs reported the virtual format for the intervention facilitated participation as it addressed known barriers, including transportation, cost, and time commitment. Retention rates to-date is >94%. Implementation evaluation data is planned for fall of 2021.

Conclusion: The shift to virtual recruitment and intervention delivery created challenges but also opportunities to recruit and engage at-risk South Asians with diabetes and hypertension.

Conduct evaluation related to programs, research, and other areas of practice Diversity and culture Implementation of health education strategies, interventions and programs

Abstract

Rapid COVID-19 testing in asymptomatic health care workers

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The COVID-19 global pandemic has resulted in increased infection prevention and control measures instituted in public spaces, particularly health care settings which pose a higher risk of infection to all participants. However, there is a lack of data describing the infection rate of asymptomatic employees in health care clinics. In optometry offices, the optometrist sees patients in a confined space for long durations and this poses an increased risk of close contact SARS-CoV-2 transmission. The University of Waterloo School of Optometry and Vision Science's (UWSOVS) eye clinic provides care to >27,000 patients annually and had implemented the following COVID-19 measures: symptom screening prior to entry; physical distancing in public areas; PPE and contact surface cleaning in the consulting room.

UWSOVS participated in an eight-week pilot program administering the Panbio rapid COVID antigen device with nasopharyngeal swab to asymptomatic clinic personnel (interns, staff, clinicians) during peak community transmission period[1]. Previous data indicate ~50% of COVID-19 infections result from exposure to asymptomatic individuals[2] and that the Panbio device demonstrated 71.4% sensitivity and 99.8% specificity in asymptomatic people[3]. This report is a retrospective review of the pilot data and aims to contribute objective evidence, using the Panbio device, of SARS-CoV-2 transmission risk in healthcare clinics. 597 tests were completed (age range 20-74 years) and no positive cases were identified. The results support the effectiveness of infection prevention and control measures in limiting SARS-CoV-2 transmission in optometry and other healthcare clinics.

[1]https://www.regionofwaterloo.ca/en/health-and-wellness/positive-cases-in-waterloo-region.aspx

[2]*Clin Microbiol Infec* (2021) doi:10.1016/j.cmi.2020.12.022.

[3]*Jama Netw Open* **4**, e2035057 (2021).

Epidemiology Occupational health and safety Planning of health education strategies, interventions, and programs Public health or related education Public health or related organizational policy, standards, or other guidelines Public health or related research

Abstract

Door-to-door immunization strategy in hard-to-reach areas in the context of COVID-19: Case study of CROSS-border communities in border counties (KENYA).

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The novel coronavirus (SARs-COV-2) is disrupting life-saving immunization services globally, putting children under 5 years, particularly those from low-income countries and hard to reach areas at risk. The goal of the study was to evaluate the effectiveness of the Reaching Every Child (REC) intervention such as door-to-door immunization used to reduce transmission and resurgence of vaccine preventable diseases (VPDs). The CORE Group Polio Project (CGPP) intensified outreach immunization sessions to respond to the COVID-19 pandemic through the community health volunteers (CHVs). The CHVs sensitized communities on the importance of immunization and conducted door-to-door defaulter tracing. The CHVs utilize electronic data collection system (KoBoCollect) to record both immunized and defaulted children. A total of (n=13,421) children were vaccinated with polio vaccines with (n=5,942) vaccinated in 2019. The antigens received since the start of the pandemic (March 2020 to date) were, zero doses 2,027, Birth dose 2,477, OPV3 4,578 & IPV 4,339 compared to the previous year of 2019 with 960 zero doses, 1,051 Birth dose, 2,080 OPV3 & 1,851 IPV. In 2020, the defaulted children were (n=23,599) compared to (n=8,417) during 2019. Only 61% (n=14,458) of the defaulters were traced in the pandemic year compared to 67% (n=5,599) in 2019. The improvement in immunization was due to intensified outreach sessions, defaulter tracing, social mobilization, and community dialogues. COVID-19 affected the immunization program against VPDs with decrease in uptake of vaccines at the static level. Communities in hard-to-reach areas require innovative strategies that can reach children not reached by traditional intervention methods.

Administer health education strategies, interventions and programs Assessment of individual and community needs for health education Communication and informatics