Understanding Community Health Workers

Abstract

If you are uncertain about what a “community health worker” is, keep reading. Don’t turn away if you have never heard the phrase either. The concept of community health workers, or CHWs, is rapidly gaining prominence on both the national and local stages. Many people in positions of leadership ranging from healthcare to government, have pointed to the CHW workforce as the next step forward in the quest to improve the quality and efficiency of the U.S. health system in general, and for the role they can play in reaching underserved population groups, and ultimately increasing health equity and decreasing/eliminating disparities. This memo will increase your knowledge and understanding of these little-known treasures already at work in Utah communities.
Understanding Community Health Workers in Utah

About this Report:
This report is intended to increase public and professional recognition of CHWs by providing a basic understanding of who community health workers are, what they do, where they work, and the benefits they can provide to not only their communities, but to businesses, healthcare systems, and beyond. This report also touches upon the work being done in Utah in regards to the professionalization of the CHW workforce, and provides contacts and references for additional information.

**This report is currently in draft status and will be undergoing further review and revision. If you are interested in receiving a copy of the final version, please let the authors know. The email addresses of the authors can be found on the cover page.**

Table of Contents

Section 1: Introducing CHWs
- CHWs in Snap Shots pg. 2
- CHWs by their Many Names pg. 3
- CHWs in Utah pg. 4

Section 2: The Expertise of CHWs
- Navigating Health and Culture pg. 5
- Addressing Social Determinants of Health pg. 6
- A Workforce of Versatility pg. 7

Section 3: CHWs as part of a better service system
- Using Community Needs to Guide Investments pg. 8
- CHWs in the Health System pg. 9
- United by a Common Goal pg. 10

Section 4: CHWs for Stronger Communities
- Stories from Community Members pg. 11
- Making a Community Advocate pg. 12

Section 5: Closing Notes
- Looking Forward pg. 13
- References pg. 14
According to the Utah CHW Coalition...

A community health worker 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 connector between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

A community health worker is not necessarily a clinical professional but receives training to build 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.
CHWs by their Many Names

Part of the confusion surrounding CHWs is the fact that few people actually use the term as a job title. Instead, the term “community health worker” is used to bring a group of similar jobs together into a recognizable profession. The profession is defined by several key characteristics:

- Builds trusting relationships with community members.
- Expertise in particular health areas or health related areas.
- Strong communication and interpersonal skills.
- Experienced in community advocacy.
- Knowledgeable about health and human service systems.
- Passionate about helping others.
- Knowledgeable about community resources and community needs.
- Trusted and known in their communities.
- May share life circumstances with people they serve.

It is helpful to think of the “community health worker” as an umbrella term under which many different job titles and specialties are nestled.
CHWs in Utah

CHWs have been part of Utah’s communities for decades. In recent years, however, there has been greater statewide organization around CHWs. The Broad-Based CHW Coalition (CHWC) has grown over the past year. Additionally, the Utah Public Health Association hosts a CHW special interest group. Their efforts have resulted in the development of a strong network of CHWs throughout Utah.

Because CHW networks across the state are still growing, estimating the number of CHWs in Utah has been a challenge. Based on survey responses, however, there are well over 100 people who have identified themselves as CHWs so far. Approximately half of Utah’s CHWs are paid while the rest work primarily on a voluntary basis. On average, paid CHWs have 5.4 years of experience in the workforce while unpaid CHWs have about 3.6 years. Greater sustainable funding has been identified as an area in need of improvement.

In surveys, CHWs reported working specifically to serve members of every major ethnicity in Utah. Less than 30% of CHWs report English as their only primary language. Language diversity ranges from Spanish and Arabic to Burmese, Swahili, and Karenni.

In educational background and age, the CHW workforce is fairly diverse. One consistency, however, seems to be the drive among CHWs to gain greater access to trainings and seminars.
Navigating Health and Culture

A critical way that CHWs improve access to healthcare for the communities they serve is by bridging cultural barriers. Navigating the U.S. health system is challenging enough for someone who grew up in a household where regular trips to the doctor’s office and dentist were the norm. Now imagine trying to figure it all out on your own, possibly with a language barrier to boot.

Of course, navigating the health system is not the only challenge. The lifestyle adaptation can be difficult as well. For instance, in many other nations obesity and related health issues are not a major concern. As a result, many people may not realize what is at stake when making the transition from a world where you walk to the store and eat only home cooked meals to the drive-thru lifestyle of the U.S.

Esmeralda Muñoz is a CHW who works for Alliance Community Services in Murray. In an interview, she elaborated on some of the cultural barriers her clients encounter.

Esmeralda explains, “People from home sometimes think ‘Nobody can touch my body [including the doctor]’ or ‘I am sick because God intended for me to die.’” Many people in the U.S. are raised going to the doctor, and they watched their parents and even grandparents use medical services, but that is not the case for everyone. When that prior exposure has not occurred, the role people expect doctors to play in their lives is often very different. Esmeralda explains, “people say ‘my grandmother lived to be so old and she never went to the doctor.’”
Addressing Social Determinants of Health

In recent years many have highlighted the importance of understanding and addressing the social and economic conditions that impact the health status of people within a particular population. These conditions are often referred to as social determinants of health. To understand the way that social conditions interact with health, imagine the type of food or the number of parks available in low-income neighborhoods compared to high-income neighborhoods. Money can buy access to high-quality fruits and vegetables, farm-fresh foods, and organic meals. By contrast, the cheapest and fastest meal available in any given areas will almost certainly be fast food. Similarly, if you have the funds, you can choose a neighborhood with wide sidewalks, big back yards, and local parks. Other neighborhoods, however, may provide few options for people looking to get outside and exercise in a safe way. When combined, factors like these can cause people of different socioeconomic backgrounds to lead lifestyles that result in drastically different health conditions.

While this issue is new to some, the ways that socioeconomic factors impact health have been well understood and consistently addressed by CHWs for decades. As Graciela Saavedra, a CHW from Comunidades Unidas, explains, “It’s a person, people have a lot of needs; the headache is not always just physical.” Fear and stress can be as much a part of a headache as a physical issue that a doctor might see on a CT scan. For this reason, CHWs help people work through each issue that might be impacting their health—whether it is a stressful family circumstance, lack of affordable housing and healthy food, legal issue, or any other number of factors.

Graciela says that when anyone comes to her and asks for anything, her first response without fail is “Yes, I can do that.” Whether she personally can help or she can make a referral or she needs to go out and find the information, Graciela will do it. She believes in the importance of having it “all in one package.” The system is too large and complex for most people to navigate on their own if they haven’t been taught, but with the help of a CHW like Graciela, community members gain access to a gateway through which they can work to get any number and variety of their needs met, regardless of how convoluted their connection to health might seem. CHWs are committed to seeing the impact all sorts of factors determined by a person’s social and economic circumstances can have on a person’s health.
The Versatility of the CHW Workforce

Yes, they are called community health workers, but the work CHWs do extends beyond the traditional boundaries of our health system. Natalia Solache, for instance, is a CHW who specializes in public safety.

To explain her work, Natalia starts out by describing a case not long ago where a community member was upset because an officer yelled at him for forgetting his driver license. The young man didn't think forgetting his license was a big deal. His lack of understanding of U.S. customs led him to believe that he was being mistreated by the officer. From the officer’s perspective, however, the whole encounter was only a reminder issued both for the benefit of the community member and to fulfill his job as a police officer. This gap in perception can make a big impact on the relationship between police officers and communities, but, at least in this case, Natalia was there to step in.

In her position, Natalia gets to see the young man’s anger. He is willing to approach her with his concerns because she is part of the community. Her status within the community affords her a degree of trust that may not be given to other staff working with the police force. As a result of this trusting relationship, Natalia has the opportunity to explain laws that exist surrounding driving without a license and the importance of such laws. Using this explanation, she can help the community member to understand why the officer reacted the way he did. Natalia can act as the same sort of resource for the police officer. Her neutral position in the matter makes her a valuable resource for officers trying to understand the reactions of community members.

The importance of employing people to act as mediators between community members and police officers is clear given the related issues that have gained attention on the national stage, but this story acts as only an example of the many possible gaps CHWs can fill. Where there is a conflict between institutional structures and community members, CHWs are there to help. The same goes for any case where cultural barriers render services inefficient, underutilized, or misunderstood.
Using Community needs to Guide Investments

Claudia Gonzalez is a CHW who works for Alliance Community Services, a non-profit based in Murray, Utah. She has worked as a CHW for nearly 20 years. Throughout these years, Claudia has diligently answered to the communities she serves.

In an interview, Claudia provided an example of how she goes about her work. She says, “Jeannette [a fellow CHW] and myself, we found out that there is a high suicide rate in our community, so we went to a training.” Using the information Jeannette and Claudia got out of the training, she says, “we developed an event every year to raise awareness on suicide prevention.”

Claudia explains, “What we do as Community Health Workers is try to be that bridge that helps with that gap—any gap.”

Claudia explains what she means by “gaps” with another example. She talks about how, in Mexico, wearing a seat belt is not usually required and is rarely done. But in the U.S., it is against the law not to wear a seat belt and put a child in a car seat. Because of the different cultural norms surrounding seat belt usage, there was a gap—a gap in the knowledge and resources available to the community and the knowledge and resources others expected to be understood. However, Claudia was able to fill the gap by getting certified on the issue in English and then bringing the knowledge back to her community in Spanish. In doing this, she was able to teach the community how to install and use a car seat as well as provide education on the importance of seat belts and car seats. Claudia recognizes that this not only helped her community comply with the law but also made the community safer and healthier. Claudia says, “It’s our kids, we work for our kids, so we should have our kids safe.”

Creating services based directly on feedback from the community is the most effective way to both provide programming and ensure that a community’s needs are being met. Given that it’s CHWs’ job to understand community needs, who better to offer feedback to service providers about their programming than CHWs? It is an incredibly valuable information loop. CHWs, knowledgeable about both the services provided by local organizations and the needs of community members, can help providers improve services while also helping community members become more informed about the resources that are available to them.
CHWs in the Health System

Raven Albertson is a community health worker from Provo, Utah. She has been working as a CHW since 2010 and currently works for the Utah County Health Department. In an interview, she explained the important role CHWs play in the larger U.S. health system.

As Raven puts it, “community health workers have the most human focus—understanding.” CHWs are not there to make a diagnosis or devise a treatment plan; they are there to understand how people in their communities can live healthier lives. She says, “We make it our job to know everything about the issues our communities face.” The doctors may be the experts on the medical conditions of their patients, but community health workers are the experts on the community factors that impact the health of their clients. “To us,” Raven says, “[health] is a bigger picture.” When you are trying to manage a health concern, you can’t just know the basics of your condition. You have to know how to overcome day-to-day barriers, make healthy choices, and access the services you need.

Some people raise the concern that this sort of hand-holding may be habit forming, but Raven emphasizes that this is not the case. Far from making people dependent on day-to-day assistance, “community health workers empower people.” CHWs do this by focusing on education. They don’t just take clients to the store to ensure that healthy food will be eaten this week, but to ensure that people know how to make healthy choices every week. Frankly, there are few places you can go to learn about how to navigate the health system or how to eat healthy or how to exercise in a way that works for you, if you are short on money and didn’t grow up in a household or community where such information is common knowledge. But, at the end of a meeting with a CHW, a community member can go home with information that can not only improve their own health, but the health of their families, friends, and neighbors.

Without community health workers, Raven believes people would be less informed. She says, “people would be more subject to the flaws in the [health] system.” People would only know what their doctors tell them. While doctors are an incredible resource, doctors don’t have the time to address the daily health decisions their patients make and don’t have the knowledge to help people navigate health services within their own community specific context. “[To educate and inform] is our focus, not theirs,” Raven says. People go to doctors to get their diabetes diagnosis and insulin shots; they come to CHWs for options—to learn how to eat healthier and exercise, to learn how to live with their medical condition, and to learn how to make lifestyle changes that can improve their health.
United by a Common Goal

Those that fear CHWs may clash with the existing U.S. health system can rest easy. CHWs, nurses, doctors, and other healthcare providers are all easily united by a common goal: helping people live healthier lives. A goal becomes more attainable as we bring more people on to the team.

Already, there are many examples of CHWs successfully working side-by-side with healthcare providers. In one program that has been running in the Salt Lake area for more than 15 years, nursing students and CHWs team up to bring diabetes care and education door-to-door. The two groups are a perfect match. Without the trusting relationships CHWs have with local communities, the nursing students would have a hard time convincing people to let them inside their homes (much less finding the homes of people who really need their help). Likewise, CHWs need the help of nursing students to perform any test and provide any medical care that might be needed. Without collaboration, this work would not be possible or nearly as effective.

Over the years, many CHWs have participated with this program. Ramona Velazquez (right), however, is arguably the most experienced. With over 18 years of CHW work under her belt, many CHWs—including Alexandria Taylor (left)—look to Ramona for guidance. The respect and trust that Ramona has earned from the people she serves is incredible. She can reach people who may never walk through the doors of a health clinic on their own for any number of reasons. Imagine the impact this skill alone could have on our existing health system. We could replace frequent and costly ER trips for chronic health conditions with effective preventive care and management support provided in the home.

Both Ramona and Alexandria work for the Community Building Community Clinic in Midvale, Utah. After speaking with the pair, it is clear that both are passionate about the work they do and eager to see support for their profession grow.
Stories from Community Members

Just about every CHW has heart warming stories about the thanks they have gotten from the community members they have helped over the years. Each is yet another love letter about the passion for and dedication to caring that community health workers display in their everyday work.

One such story about a thank you letter came from M.L., a CHW in the Salt Lake area. M.L. describes watching an elderly man wander around at a recent health fair. After some time, M.L. decided to approach him. She says that the man did not speak much English but luckily she spoke the same language as him. They talked for awhile. M.L. says that the man told her about how he loves to come to the park and just walk, but he has trouble sometimes. He can’t always see very clearly. At the booth M.L. was running, they were doing eye screenings, and so she invited him over to get checked out. M.L. remembers, “the first thing he says is ‘oh, I don’t have the money.’ And I said, ‘that’s great because I don’t want your money. Let’s just come over and check out your eyes and see what’s going on.’” She explains, “we were able to get him screened... it was a simple fix.” The man had cataracts several years early. With some eye drops, they were able to clear everything up. M.L. said they were also able to refer the man to a clinic for more long term treatment for his eyes. Later on, M.L. had the chance to walk with the man to several of the other booths, explain what was going on and get him some free information and other items to take home.

Eventually, the man’s daughter showed up. M.L. says, of the daughter, “it looked like it was a relief for her to know that there was help out there for her dad.” Later on, the daughter sent a thank you note to the office.

M.L. remembers how moving the note was and how meaningful it was to know that she had helped. She explains that these are the kind of stories that makes all the work she does worth it.

“You know, [CHWs] definitely impact my life because now—through all these years seeing these people... I am, myself, volunteer for them and helping those other people that go through the same steps in life...”

– Guillermina Serrano, CHW client since 1999

“IT feels like a family with them. For me, it helps me... I have developed and growing in the medical and the health aspects. I like very much to work with them because I feel for it... I feel they help me and I help them too.”

– Bertha Lopez, mother of 3 and grandmother of 1
Making a Community Advocate

Idaliz Romero, like so many others, was once in over her head with medical problems. After receiving a free mammogram in a program run by Comunidades Unidas (a non-profit in the Salt Lake area), she got a call informing her that she had breast cancer. The CHW who called to give her the news explained that she would need immediate medical attention and likely surgery as well. Overwhelmed, alarmed, and unable to pay, Idaliz hung up the phone in tears. What do you do when you are diagnosed with cancer, but you don’t have health insurance? Would it be better to leave her young son motherless or her family penniless?

After thirty more minutes of questions like these sinking in, Idaliz received another call from Comunidades Unidas. This time, they were able to keep her on the phone. They told her that they could help her. They said that regardless of her situation, they could make this work for her. In the past, they had helped others in similarly impossible circumstances, and they would do everything they could to help her too. Given hope by the understanding the CHW offered, Idaliz accepted the help.

Months later, after Idaliz had made a full recovery, she realized that she couldn’t just walk away from Comunidades Unidas. She knew that there were others in the position she once was in—others who lacked the knowledge to navigate the complex U.S. health system and disperse network of community resources. She wanted to share all that she had learned with these people because she knew what it was like to stand in their shoes. She explained, “I can be an example for [other community members] because I used [these services] too.”

Since February, 2016 Idaliz Romero has worked as a community health worker specializing in immigration at Comunidades Unidas. This is not an uncommon path for CHWs working at Comunidades Unidas or other organizations. When asked, most CHWs can share a story about the troubles they faced and how the help they received led them to become a CHW. CHW work has a ripple effect in communities: the more people CHWs help, the more budding CHWs they have on their hands. Even the softest-spoken clients turned advocates can’t help but influence family, friends, and neighbors with the health tips CHWs shared. CHW work creates the ultimate “pay it forward” chain.
Looking Forward

If the CHW cause is an idea you can get behind, join in. There is lots of work to do.

☑ Spread the word about CHWs
☑ Join the CHW Coalition
☑ Share your CHW story
☑ Become a CHW
☑ Support CHW legislation
☑ Learn more about CHWs

Looking For More?

- For more on this report or more stories from community health workers and the community members they serve, please contact: Utah Health Policy Project at micah@healthpolicyproject.org

- For more information about the Utah Broad-Based Community Health Worker Coalition, please contact: Anna Guymon at (801) 538-6423 or aguymon@utah.gov

- For more information about the UPHA CHW Section, please contact: Oreta Tupola at otupola@upha.org

Raise Awareness, Not Barriers

As we work to improve conditions in and expand the impact of the CHW workforce, it is critical that development is inclusive. We need to take care that conditions improve for all CHWs including those who might be non-English speaking, undocumented, not formally educated, low-income, etc.

Among the most critical characteristics of CHWs is the shared life circumstances that many have with the people they serve. It is upon these similarities that trusting relationships are built between CHWs and communities. If we put this at risk, we risk the integrity of the CHW workforce.
References and Additional Resources


