

Beyond the Manuscript: A Conversation with Community Health Workers

Hal Strelnick, Elizur Bello Jiménez, Abby Lohr, and Cynthia Espinoza

Welcome to Progress in Community Health Partnerships' latest episode of our Beyond the Manuscript podcast. In each volume of the Journal, the editors select one article for our Beyond the Manuscript post-study interview with the authors. Beyond the Manuscript provides the authors the opportunity to tell listeners what they would want to know about the project beyond what went into the final manuscript.

In this episode of Beyond the Manuscript, Editor-in-Chief, Hal Strelnick interviews Elizur Bello Jiménez, author of *Latinx Community Health Workers: Meeting their Community's Emotional Needs in Intuitively Culturally Appropriate Ways* and Abby Lohr and Cynthia Espinoza, authors of *Community Health Worker-Led Community Clinical Linkages on the U.S. / Mexico Border: Lessons Learned*

Hal Strelnick: Good morning, and welcome to “Beyond the Manuscript,” the podcast of the Journal Progress Community Health Partnerships. And today we have an opportunity for a discussion about two manuscripts that focus on community health workers, one from Oregon, and one from Arizona. And we have three authors for the two papers. Elizur Bello Jiménez from Oregon, and Abby Lohr and Cynthia Espinoza from Arizona. So I am going to ask each of you to introduce yourself, and then we will move on to our discussion. Elizur.

Elizur Bello Jiménez: Thanks, Hal, and good morning everybody. It is great to be with you all here today. My name's Elizur Bello Jiménez. A lot of people know me by Eli as well. I moved to the United States when I was nine years old from a small town in Mexico and have been fascinated by the community health worker role ever since without even knowing what the community health worker role was at the time. I do not think many of us knew. In fact, being one of the first community health worker programs in the nation in 1986, Hood River was one of the first, and I am so delighted to hear that Arizona is represented because I believe they were the other one of the first CHW programs in the nation. So I am really excited to learn more. I am a social worker, a community health worker at heart if the community allows me to continue to be that, but also recognize that sometimes our titles can get in the way, and that's totally fine because I think we need a platform to help elevate the profession of community health workers as they are so well connected to the community. So I am thrilled to be an advocate as well, and I am a director of programs at an organization called The Next Door, Inc., which is one of the largest social service organizations in the Columbia Gorge region in Oregon. So nice to meet you all and look forward to this discussion.

Hal Strelnick: Thank you. Abby?

Abby Lohr: Good morning. My name is Abby Lohr, and when I wrote the article we are talking about today, I was at the Arizona Prevention Research Center at the University of Arizona, in the College of Public Health. And so I am not a community health worker, although I have worked with them in the community as

a Peace Corps volunteer in Guatemala, and then also through research at the University of Arizona. It is such an amazing model, and I am just so excited and pleased to be here. Thank you again for the opportunity. And I will just say that in August, I finished my PhD, and now I am a post-doc at the Mayo Clinic in Rochester, Minnesota, continuing to do health equity research.

Hal Strelnick:

Thank you, Abby. Cynthia?

Cynthia Espinoza:

Hi. Good morning, all. My name is Cynthia Espinoza. I was born here in the United States, but I was raised in Mexico. I got my medical degree in Mexico, and back in 2007, I moved to the United States. I was lucky to start working as a public health in 2018, and my first steps in public health was as—working as a community health worker for this research project for the University of Arizona. So as Elizur said, I am a community health worker in my heart. Right now, I am an epidemiologist at the Yuma County Public Health Services District. Thank you for having us here.

Hal Strelnick:

Thank you, Cynthia. So both papers focus on community health workers, and both used focus groups in gathering data from those community health workers. I'd like each of you to briefly summarize the study that you're publishing in the journal in this issue. Elizur.

Elizur Bello Jiménez:

Thanks, Hal. I will try to be brief. It was definitely an intense study. We started basically with the meet and greet with the social work professor at a university in Oregon who was good friends with a provider at one of our federally qualified health centers in Hood River. And so we started discussing the fact that community health workers do such a great job at empowering folks, and how is it that they do that. And we looked at the focus around the definition and how they are well respected members of the communities that they serve. So we started wondering are they involved at all in supporting Latinos. So this was a specific focus on community health workers who support the Latino communities in Oregon. What is it that they do to support community members with their emotional wellness is what we are calling mental health because it is more culturally relevant and at least in our Latino communities locally.

We asked our community health worker colleagues if they felt like they do that type of work because obviously it hasn't been recognized yet, at least not that I know of. And they mentioned that they are always dealing with issues around mental wellness. In fact, when I was a community health worker at our federally qualified health center, working with patients with diabetes, a lot of the focus was around the social determinants and the stressors around being able to take care of yourself and also being able to manage diabetes. There are a lot of lifestyle changes that need to happen, which are certainly stressful when we're new to a new culture, when we arrive at a new culture. So there's recent immigrants, and then there's more established immigrants that we have in our region. And we have a shortage of mental health providers as well, which is unfortunate, but I think this is true across the nation. It is not only true in Hood River or in Oregon.

So we decided to ask community health workers what they are encountering in the community and what is it that they do to support community members as it relates to mental wellness, and usually the entryway is not a conversation around mental health, but something related to the social determinants of health. And so that's kind of the opening for community health workers to listen and also provide support as much as they are able to. So the focus was around what is it that you do and how do you deal with it, and I know that we will talk a little bit about the results, but folks do not feel prepared, and they do not feel like they have adequate supervision, and they feel like they need more training.

They need more training to be able to deal with a lot of the mental health issues that they encounter, and as you can imagine, in our times now, it is more imperative than ever. So we're hoping that not only the results will lead to action, but we're also locally working on supporting community health workers with Spanish-only training for mental health-related issues.

Hal Strelnick:

Thank you.

Abby Lohr:

So in a similar vein, our study was similar, but before I dive into summarizing our findings, I just wanted to make three acknowledgements. So the first was that we conducted this work around 2019 on the unceded land of the Tohono O'odham, Pascua Yaqui, Cocopah, and Quechan peoples. The second thing I just wanted to make note of is that Cynthia and I didn't do this by ourselves, although we're representing today. We're representing the Arizona Prevention Research Center, which has had a community academic partnership for over 25 years working to address health disparities on the US-Mexico border using community-based participatory research approach.

And then third, before I dive in, I just wanted to say that while we were doing this work, or before it went to print I should say, we lost a dear friend and colleague who was an integral part of this. Conchita Simosa passed away, and we learned so much from her in this process, and we miss her so much, and I just wanted to make sure that her name was included, and she was represented in today's podcast. So thank you for letting me have that little space.

So you asked us to summarize our findings. We're going to talk about a small piece of a larger study called LINKS, which stands for Linking Individuals Needs to Clinical and Community Services. And this was funded by the Centers for Disease and Prevention. And in LINKS, we were looking at the impact of a community health worker-led community clinical linkage on chronic disease prevention management and emotional wellbeing on the US-Mexico border. And we defined community clinical linkages as connections between community and clinical sectors to improve population health. So another way of saying that is we looked at if we facilitate a collaboration between a community health worker in a clinic focusing on the medical needs and assets of individuals, and there's a community health worker in the county health department focusing more on the social determinant of health needs, if we facilitate a collaboration between those individuals and those organizations for the benefit of individual patient or client chronic disease self-management and emotional wellbeing, do those things improve. And we found that indeed they did. And that work is published elsewhere, but today what we're going to talk about is after the end of LINKS, the LINKS intervention. We asked the community health workers and their supervisors to participate in separate focus groups to talk about how they implemented that. What did they learn, what were their successes, what were their challenges because we really wanted to know what their experience was like from their perspective.

And just really briefly, our overarching lessons learned—and I know we will get into this a little deeper here shortly, but we found that the CHWs thrive when they are supported by their peers, their supervisors, their institutions, and in our case, the research team. We learned that it is a good idea for new CHW supervisors to receive training on CHW professional development as well as CHW performance evaluation because those can be different and specific than the average performance eval or professional development. And then we also found that our—this qualitative data lined up with the quantitative data and that the CHWs and their supervisors reported that the LINKS intervention helped them balance the strengths and weaknesses of their organization. Clinics can only do so much, and county health departments can only do so much, but when they can work together, it is

for the benefit of patients, and that can improve patient or client chronic disease self-management and emotional wellbeing.

Hal Strelnick:

Cynthia, did you want to add something?

Cynthia Espinoza:

Just want to highlight importance of the communication. I was the community health worker based at the health department, and the importance of the communication between both the clinical and the community health worker, it really helped or support the patient in different ways. Like on one of my experience I have with the field, with patients, is that they were not—sometimes when they visit the clinic, they didn't have enough time, or sometimes they'd remember something afterwards. So if they knew they could contact me so that I could contact the clinical community health worker, they felt more empowered and they felt they were taken care of not only at the clinical site, but also at the community. So I think this communication between the clinical and the community, it will benefit the patients and the clients.

Hal Strelnick:

Thank you. So both of your papers identified structural challenges that the community health workers face in serving the individuals and families in their communities. What changes in health and mental healthcare systems are needed most as shown by the work that you've been doing? Elizur?

Elizur Bello Jiménez:

Thanks, Hal. That's a great question, and it is a loaded question because when we think about structures, there's all systems involved, and there's all levels of intervention. There's the individual level, then there's the advocacy level, and then it is up to legislation to do some of the work that needs to happen for those structures to be able to shift. By and large, though, I alluded earlier to a lack of adequate supervision being one of the number one things that we learned is that most community health workers do not feel like they are supervisors understand their role within either their organization or their clinics, which tends to lead to burnout. So that's more at the individual level.

I feel like through my schooling and experience in the school of social work, there could have been some type of class around community health workers because, again, going back to my background, I feel like I am a community health worker at heart. And the only reason I pursued social work was to support the Latino community with mental health, but to also elevate community health workers because most of my colleagues I would say live out a lot of the theories that get talked about in the classroom in the schools of social work. And so to me, it is a level of privilege to be able to become a social worker, and not all community health workers have that privilege. If we go back to the definition of being from the communities that you serve, oftentimes we're serving underserved communities. And so if they are truly from that community, how are they ever going to be able to feel empowered enough to pursue higher education, to get a degree, and honestly, do they even want one.

I also mentioned that degrees tend to get in the way, so something that we could do as professions, it can be to tamp down our pride, I am going to say. We could be a little more humble and just let our initials take a back seat and really offer up that we're all human, that we all have that human connection to be respected members of the communities that we serve. Medicaid comes to mind. I think insurance is also something that could improve the reimbursement for community health workers to get recognized for the work that they do. I know some states are ahead of the game on that realm, but if our insurance companies recognize and value and pay for services provided by community health workers, then that leads to more sustainability of community health worker roles, and the burnout will hopefully go down because they will now feel valued.

But I think adequate training as well in terms of topics that relate to mental health. I think the mental health field is a bit outdated in terms of how we treat communities of color, I will say. And if we can start recognizing that frontline workers like community health workers can support the mental health provision and build bridges to mental health providers much like we saw in the medical field years ago, it would go a long way. I know that we're currently doing some work around peer wellness specialists, and I think that's a start, but it really is narrow in focus, and it doesn't really allow to explore how addressing the social determinants of health can support people's emotional wellness. Again, that was a big issue that we saw here is that it doesn't necessarily take a lot of therapy, a lot of therapeutic interventions, but more so providing people with resources and education to help empower them and make decisions on their own. And those things aren't necessarily measurable or valued in the medical or mental health field. And so we need to figure out mechanisms that insurance companies and the medical field and the mental health field will support providing resources to community members to alleviate the stressors that they feel on a daily basis. So I would say training, insurance reform, and also medical and mental health field reform.

Hal Strelnick:

Thank you.

Abby Lohr:

So before I dive into our study findings, I just wanted to acknowledge that that work is also going on in Arizona, the Arizona Community Health Worker Outreach Organization is working at the institutional level in Arizona to make a lot of the changes that you mentioned. And it is hard. That policy change is hard, so we love you AzCHOW.

So from our study, I will just say that we found four things, and we were concentrating more at the institutional level specifically, so within a community clinical linkage, we found that it is important to acknowledge the community health workers as integrated members of the institution, and that helps ensure a seamless interaction between the CHWs across institutions.

Another thing we found was that it is important to encourage providers to support CHWs. For example, one CHW in our focus group said, "The nurses did not see us. They saw us as strange animals, like we were nobodies." Nobody wants to be a nobody at work. That's not a good environment to work in. That's not a healthy place to work, and so it is so important for institutional leadership to educate staff and providers and supervisors about the value of CHWs and urge them to support their work.

A third really specific thing we found is ample office space. And this was captured by—in one—when one CHW said, "The biggest obstacle that we faced, if you can imagine, was when fellow CHWs put us in a closet-sized office. So the ability to build trust, to have the patient feel at ease to talk to me completely disappeared." As Eli talked about too, CHWs build trust. That's a key part of their job, and so if they—and sometimes they are even sharing information that they haven't shared with anyone else or even their medical provider. And so they just need—they need a door, they need enough space to move around. They need ample space to be able to do their work.

And then the fourth thing that institutions can do that we found from our focus group research was that just assisting CHWs with any technological challenges—and this was a huge learning curve for us. When we started the LINKS project, we did a quick training on REDCap, which is a data collection software. REDCap on iPad assumed that the CHWs were comfortable, but then in the focus groups, we learned that they were not. They were frustrated and stressed and didn't feel ready for that first interaction with the first LINKS participant to collect data. So it is so critical that CHWs

feel comfortable in all aspects of their job including technology. So we encourage other folks to learn from our mistake and make sure you're providing ample training for CHWs around technology.

Hal Strelnick:

Cynthia, would you like to add?

Cynthia Espinoza:

I will just add that as a community health worker, I think it is really important that the supervisors know the community health worker framework and continue offer available trainings but based on the core competencies which are fundamental for the community health workers to work effectively. So I think it is really important that not only did direct supervisors for community health worker, but the whole team that is taking care of that patient or client know what the community health worker framework is.

Hal Strelnick:

So how would you improve the supervision of the community health workers that you described based on the findings of your research?

Elizur Bello Jiménez:

How do we support supervisors and training up is a great question. We're actually a training center at The Next Door for community health workers. We're one of the state-certified training centers. There's many of them in the state, and we have a two-day—I am sorry, a one-day community health worker supervisor training. But that's not enough. It is definitely not enough. It is focused on more of a clinical supervision style and how we would support social workers in doing their work. It makes a lot of sense. It fits really well, but I agree with Cynthia. I think there needs to be more. There needs to be more of a foundation for team members, not just supervisors, to understand the role of the community health workers.

So every time somebody reaches out to sign up for the one-day supervisor training, I highly encourage them to take the 90-hour community health worker training to understand what content community health workers are learning. I know that each state is different. Not every state has a state certification training. Some states are developing their trainings. But as that continues to evolve, I think it is highly critical for people to, at the very least, have that learning as a baseline because it is—a 90-hour course is not light. It really encompasses all the competencies that Cynthia mentioned earlier, and it provides practical uses. It is based on the popular education methodologies, so we really lean on being co-learners. The facilitation team along with the participants really share their lived experience to drive home the methodologies and the theories that are involved around community health work.

With that, I really think people have a misunderstanding in their own understanding of what a community health worker might be able to do, and we can certainly misemploy—I used to say misutilize, but I'd rather say we employ community health workers. We misdeploy them because we just do not have a firm grasp on what they can do. And sometimes not knowing creates fear within the team. Fear and also—I am trying not to sound really critical of teams because I love the medical field. That's where I come from, but there's like a turf war sense when something new is coming in. I remember nurses and medical assistants early on would be like why do we need community health workers? We can do that stuff ourselves. Why do we need community health workers? We're doing that stuff.

Community health workers are not trying to take people's jobs. In fact, it is all about the trust that they can bring into the clinic from their patients. And so with that, that critical understanding that community health workers do understand boundaries and limits, that's part of the trainings that they take. I can see why that fear could take over. And then, you know, community health workers get put

in more of a clerical role, for example, and start tabulating data. So that's not necessarily the most effective way to employ a community health worker. Do not just sit them in front of the phone and have them do recalls. Really have them engage your populations to better understand what barriers they are living and also what solutions to those barriers the community has because the communities have solutions. They just do not have the resources.

Cynthia Espinoza:

And I will say, just to add to that, I think—and that's my point of view. Community health workers, I think it is really important for them to succeed. It is really important if they feel supported by their supervisors. I will really highlight that supervisor needs to regularly check in with them in order to have a better understanding of their day-to-day responsibilities and how they are setting up the boundaries with their participants to ensure that they are not taking too much emotional weight which leads them to burn out.

Clinical workers are tied to the community they serve, and some cases, they experience the similar traumas as the individuals they are supporting. So in their roles, they build a strong relationship with them, but that mutual trust and respect enables the patients to feel comfortable, and then sometimes they share not too much, but they share enough for community health worker to come back and remember their own traumas that they have felt or their own past experiences that they have feel. So then there's this phenomenon that is called compassion fatigue, which is when they take home and they are not able to leave the participants' experiences. They take them home, and that's when it leads to burnout. So I think it is very important that the first step for it is that community health workers recognize, and if they are not able to recognize when that's happening, that's when the supervisor's trainings come up, so they are able to not as—when something's happening to the community health worker so that they could support that, support the personal.

Hal Strelnick:

So what do you think is the best approach to preventing burnout and compassion fatigue among community health workers?

Cynthia Espinoza:

I think the first thing is to learn how to recognize. And I know that there is a scale that it is recommended that all the entities that employee community health workers have over there so that they can follow up with that scale. And then after that, getting all the help from the supervisors, getting those trainings for self-care, not only trainings to address the participants or their clients, but also trainings to address their self needs—exercise, healthy eating, sleep well, know how to separate and create boundaries between patients' experiences and their own experiences.

Elizur Bello Jiménez:

Hal, if I could also just add to the previous question that the ideal situation would be for community health workers to become those supervisors that we're talking about. That would definitely help with the understanding of what the community health worker profession is. But that also means providing that opportunity for community health workers that have those leadership trainings. So it goes back to trainings that we talked about a little bit. As it goes to the compassion fatigue or burnout, I agree with Cynthia.

And I think also financial stability is a big portion of it. There are areas where community health workers are not as valued, and oftentimes they are asked to volunteer a lot of their time when they are already stretched for time, but because they are helpers, they will do it. So I think also figuring out a structure where community health workers are going to be financially stable is critical so that they can focus on self-care and not have to work multiple jobs because their organization or their clinic

doesn't understand their true value. So we're also advocating for equitable pay, or livable pay really, because different areas have different living wages that allow them to be able to live where they work. So I would say the financial focus is also important.

And when we talk about self-care, it is great to train them up on it, but let's also make sure that we provide resource for them, so maybe working like a half an hour paid self-care time, not necessarily just say, okay, you know about how to do self-care; go do it on your own time. No, let's make it part of their day. Let's structure it into their schedules aside from their already half an hour breaks that they get. This is different. This is a specific focus to keep you engaged on your job and to make sure that you're taking care of yourself, and it is also aside from that clinical supervision that I think I heard Cynthia describe a little bit to prevent some of that vicarious trauma or the retraumatizing of that restimulation that listening to our similar stories can bring.

Hal Strelnick:

Has your teams used the peer support and peer supervision as a model for avoiding burnout?

Abby Lohr:

One thing we implemented in the LINKS study was we had regular CHW meetings that was just amongst the CHWs. And in those situations, the CHWs could troubleshoot with tricky situations that they were working on and support each other. Do you want to comment more on that, Cynthia?

Cynthia Espinoza:

Yeah, and besides those meetings that we had where we were able to share different situation and, as Abby mentioned before, Conchita—the community health worker, she was a very, very experienced community health worker. We learn a lot from her, so some situations that we were struggling on how to handle, we would always share with everyone, and everybody will comment and give us suggestions. And also on our database of REDCap, we had this chat group for only community health workers, so we didn't have to wait for those meetings to share our experiences. We were able—if we had a specific situation, we were able to share it with the group and then get the feedback from everyone. So that really helped because as a community health worker sometimes, you feel you are alone, and you feel so much stress because you know this client trusts you, and sometimes it is hard for you to know how to guide them or how to better support, or you need sometimes reassurance to know you're doing what it is supposed to be doing. So sharing that with other community health workers helps you a lot feel you're not alone and that we are a community, not only helping the clients, but we are a community that's for each other.

Elizur Bello Jiménez:

For our teams, Hal, we have individual supervision, and we also have team meetings where our team members can discuss any variety of issues that come up, and more recently, we developed a 12-week mental health promotion program that we piloted with our staff, and we noticed that that in itself almost turned into peer group, like a peer support group, though that's not necessarily the intention. We understand that that will be the nature of the work because of the popular education methodology brings out everybody's lived experience, and people can share within those experiences and then have some recommendations that were helpful to other individuals but were also introducing and incorporating relaxation techniques within that training so that not only they can practice it, but once they are trained facilitators for the work and offer it to the community, hopefully They will introduce it to community members so They will also start offering it to our community. So we do not necessarily have a specific focus on that clinical model of supervision, but we're having discussions on whether or not that would be helpful and what that might look like.

- Hal Strelnick:* I'd like to thank you all for joining us today and sharing your very rich experience on how community health workers can contribute both at the public health level and the individual and family level, and the importance of structural changes that need to occur as well as the supervision and training that is important for the success of the community health workers in providing the services that they are especially gifted with experience and expertise that is hard to put a degree on or a certification on. And I thank you for this rich conversation and these insights into what appears to be an important part of the future for our healthcare system and our mental healthcare system, as well as our public health system. So thank you, and good luck in your continued endeavors.
- Abby Lohr:* Thank you for having us.
- Elizur Bello Jiménez:* Thank you for having us, and the journal for publishing, as Abby mentioned it, research is hard to come by when it relates to community health workers, especially in the mental health field, so this is a wonderful start, and I look forward to more, so thank you all, and I learned a great deal. Thank you, Cynthia and Abby.
- Cynthia Espinoza:* Thank you very much for having us.