Community Health Workers and COVID-19 in New York State: Adaptable and Resilient, but Strained

Executive Summary

Prepared By
Annis G. Golden, Ph.D., Associate Professor
Amy Williams, Doctoral Candidate
Department of Communication, University at Albany, SUNY

As part of a group of studies being conducted at the University at Albany that respond to the disparate impact of the COVID-19 pandemic on communities of color, and identification of proven interventions to eliminate health disparities, the research study reported on here focuses on Community Health Workers (CHWs). Prior to the pandemic CHWs have been identified in many studies as a powerful resource in the elimination of health disparities. Numerous studies have documented their effectiveness in improving health outcomes and reducing healthcare costs in a variety of contexts, including chronic disease management, cancer prevention, and maternal-child health.

This report summarizes findings from this interview-based study conducted in October and November 2020, and inferences that may be drawn from those findings with respect to the contributions of CHWs to eliminating disparities in the impact of COVID-19, and resources needed by CHW-based programs going forward.

We wish to gratefully acknowledge and thank all of those who participated in interviews and assisted with recruitment. The full report, including extensive quotes from study participants, can be accessed at https://scholarsarchive.library.albany.edu/covid_mhd_nys_white_papers/1/

Study Aims

This study was undertaken with the following aims:

- To document the ways in which CHWs/home visitors' work was impacted by COVID-19 with a particular focus on how client contact was maintained; specifically, how CHWs managed the competing demands of physical distancing with liaison roles had relied heavily on face-to-face interaction and home visiting, especially in communities who may be less well connected through communication technologies.
- To identify barriers to maintaining contact client that were encountered, either in terms of CHWs' own resources or their clients' resources (e.g., lack of internet connection, loss of phone service)
- To identify additional resources CHWs need to continue their work in eliminating health disparities in their particular program's area of focus, and to avoid increasing health disparities in these areas.
- To identify ways in which CHWs may be able to support the public health effort to fight the pandemic and eliminate disparities in the impact of COVID-19 on communities of color.

Study Design

The study was designed to include multiple perspectives, including CHW advocates, program managers/supervisors, and CHWs – via semi-structured interviews conducted over zoom or other video platforms, that are recorded and transcribed, and subjected to thematic analysis. Participants were recruited through the Healthcare Association of New York State, the NYS Department of Health, and through professional referrals.

29 interviews, averaging approximately 1 hour each, were conducted with 48 participants, including 28 CHWs, 15 CHW supervisors (many of whom self-identified as former CHWs), and 5 CHW advocates (one of whom also self-identified as a CHW), representing 15 programs at 12 organizations participated, located in varied settings throughout New York State - upstate and downstate, urban and rural.

Key Findings

1. New Connection Strategies – Staying Socially Connected while Physically Distant

CHWs were resourceful in adapting to the new communication ecology. Clients in younger families appeared to be more likely to have access to digital technology, although there was considerable variation across the interviews, depending on locale and individual circumstances. CHWs reported using video platforms, including Zoom, but more often Facebook Messenger or other social media apps to keep in touch with clients. They also used lower tech solutions like phone calls, and even physically distanced house calls, during which they would talk with clients while standing on the sidewalk while the client stood on their front steps or porch. However, some supervisors particularly expressed concerns about whether these "front porch" or "sidewalk" meetings compromised clients' privacy. CHWs emphasized importance of "meeting clients wherever they are" in terms of technology rather than trying for one uniform platform.

CHWs with older patient populations reported more challenges, given a generally lower level of clients' digital literacy and resource access. CHWs encouraged clients to enlist the assistance of younger family members in setting up email accounts and utilizing other digital communication resources. Given the social isolation experienced by many of these individuals, contact was crucial, even if phone was only the means.

CHWs reported that in many instances, information sharing was a challenge. Some shared links to videos via texts, attached pdfs to emails (after staff scanned existing print materials), and posted material on Facebook. Others still relied on low tech solutions of printed materials that were placed in postal mail or hand delivered to clients' homes, given the difficulty that some clients had with opening and reading electronic documents.

2. Challenges and Barriers to Adaptation in the Pandemic Environment

Great variation was reported in the technology supplied to CHWs, with many programs not technologically equipped to meet the new demands of the drastically changed communication environment. This varied according to the resources of the parent organization and/or the resourcefulness of organization in garnering additional technology resources. Some CHWs lacked smart phones, laptop computers/tablets, or reliable internet connections.

There was also variation in CHWs' digital literacy skills. While most participants were technically "digital natives," this did not necessarily mean being well acquainted with all of the relevant technologies or having access. Participants often reported being a part of a group in which there would be one especially tech-savvy member who would then serve as a resource to the others. In addition, there was wide variation in clients' access to devices, connectivity, and ability to use the devices. Frequently, CHWs were placed in the position of needing to coach clients, one of their new pandemic roles, which are described in more detail below.

3. New Areas of Support – Meeting the Pandemic Emergency

CHW programs continued to do their best to support their clients in the areas for which their program was originally designed (e.g., diabetes management, asthma management, maternal health). However, their roles expanded to include addressing clients' questions and fears about Covid-19 by accessing and sharing Covid-19 related information with clients, as well as combating misinformation for clients who were not using information technology themselves to access information from credible sources (e.g., many CHWs referenced the CDC as a reliable source).

In addition, CHWs reported coaching clients in how to use digital technology, including personal communication technology, patient portals/telehealth, and children's school connections – even while some reported struggling with the technology themselves. Moreover, CHWs reported that while they had always provided emotional support for clients, this was significantly intensified, which elevated CHWs' stress levels. Many CHWs reported becoming human "portals" – a lifeline to other services and information for their clients, especially for addressing food insecurity concerns as they helped clients by providing information about the changing resources available in their communities.

4. Socioemotional Impact of Pandemic on CHWs

The impact of the pandemic on the mental and physical health of front-line healthcare workers has been widely reported. CHWs also report significant socioemotional consequences. CHWs and their supervisors reported that boundaries between home and work dissolved – a phenomenon that has been widely reported among individuals across many occupations who transitioned to remote work with the advent of the pandemic. However, for the CHWs the stresses associated with this change in work modality may be heightened because of their lack of preparation, given that the former nature of their work included firm physical boundaries.

As well, CHWs' mirroring of the characteristics of their clients was both a liability as well as an asset. Their similarities gave them greater insight and empathy into their clients' circumstances, but many spoke of the stresses of being called upon to be supportive of clients while also managing increased caretaking responsibilities in their own homes, dealing with illness and even death in their own families, and sometimes experiencing illness themselves.

In CHWs' interviews, their accounts of their own experiences with social isolation mirrored their descriptions of their clients, which they described managing through regular contact with their

co-workers (e.g., via group texts) and supportive supervisors (in virtual meetings and other forms of mediated supportive messaging). One CHW supervisor, though, also voiced a need for the efforts and experiences of CHWs to be validated and recognized at a higher level (i.e., referencing the state agencies that fund many of these programs).

5. Resources Needed to Continue to Support CHWs in Eliminating Health Disparities

The experiences reported by CHWs and their supervisors point toward the following resources that would support CHW-based programs during the coming months, and post pandemic:

- More materials (specific to their program's area of focus, but also COVID-19 related) for use with their clients that are adapted to the online environment; including, but not limited to, Spanish language materials.
- Digital resources for CHWs (i.e., smart phones and laptops/tablets), training in their use, and training on how to coach clients:
- More social support for CHWs:
- Related to socioemotional support, was the need for formal recognition by state-level program sponsors voiced by some CHW supervisors for the work of CHWs under the taxing conditions of the pandemic:

They also commented on the resources needed by their clients:

- Digital resources for clients (i.e., smart phones and tablets; broadband connectivity) and education in their use

6. CHWs Supporting Efforts to Eliminate Disparities in COVID-19 Impact

The interview accounts obtained for this study attest to the relationships of trust that CHWs have forged with their clients, and their endurance through the worst days of the pandemic. CHWs are looked to by their clients as a trusted source of information on COVID-19, including vaccination.

However, CHWs' dual roles as members of the vulnerable communities they serve and members of health-related service organizations position them somewhat differently in relation to the vaccination effort than healthcare and public health professionals who are not also members of historically marginalized communities. They may be more likely to be hesitant, but also have more access to reliable sources of information.

The CHW model of health promotion emphasizes respect for client autonomy and self determination, and "meeting them where they are" in comparison to more traditional models of persuasion that prioritize adherence to institutional recommendations. Very few CHWs said they would attempt to *persuade* their clients to be vaccinated. The vast majority said that they would pass along information from sources they trust (CDC was mentioned multiple times) so that clients *could make up their own minds.*

Some frankly expressed personal reservations regarding vaccines and the difficulty of advocating for an action when you have reservations yourself. Many predicted significant hesitancy on the part of the communities they serve (affirmed in polling both at the time and subsequently), referencing influenza and other vaccine hesitancy that they have observed previously; in addition to mistrust of the accelerated vaccination development process (sometimes voiced on their own

behalf and sometimes on behalf their communities), and the long history of mistreatment of African Americans and other communities of color by healthcare and public health institutions.

At the same time, CHWs, in their traditional bridging role between vulnerable community members, the programs that employ them, and the health and human service organizations they facilitate connections with can effectively convey community concerns in the community's own voice, and respect for those concerns. This can in turn inform messaging from public health and healthcare professionals seeking to promote vaccination acceptance in vulnerable communities.

Moreover, given that changes in attitude with respect to vaccine acceptance are unlikely to be the product of a single exposure to a single message, no matter how well designed that message may be, CHWs are ideally positioned to support public health messaging through the multiple contacts they have with clients and answering of evolving questions, provided they are equipped to do so by the programs that employ them.

It is important to note that this study was conducted in October/November 2020, prior to vaccine rollouts, and that recent national polls point to increasing levels of acceptance among communities of color, and a shift in focus to issues of accessibility. However, significant reservations remain, including among healthcare workers of color (Grumbach et al., 2021).

Conclusions and Recommendations

This study's findings lead to three primary conclusions, detailed below: (1) the importance of ongoing CHW-based program support and even expansion of their role in eliminating health disparities; (2) the importance of the role of CHW-based programs in sharing culturally appropriate COVID-19 related information with the communities they serve and providing resources to address community members' questions and concerns about vaccination; (3) the need to address inequities in access to digital resources and digital literacy to meet the challenges of connecting with sources of social support, healthcare seeking, and information seeking under the constraints of the pandemic and in a post-pandemic world.

1. <u>Continued support and expansion of CHW-based programs to eliminate health inequities.</u> CHWs have been and continue to be a powerful force in eliminating minority health disparities, and arguably now more than ever deserve <u>continued support and public funding</u> if their work is to continue in eliminating the pre-existing health disparities that have contributed to the disparate impact of COVID-19 on communities of color. This study helps to document the critical role CHWs play in connecting members of under-resourced communities to services and healthcare and the "lifeline" role they are playing in a time of extreme disruption. Situated as they are in programs that are administered by community-based organizations, they play a crucial role in bridging gaps between members of vulnerable communities and healthcare systems.

   As argued by Patricia Peretz of New York Presbyterian Hospital's Division of Community and Population Health, and colleagues, in a November 2020 Perspective piece in the *New England Journal of Medicine*, "Investing in community health workers (CHWs) and community-based organizations can help address the social determinants of poor health that disproportionately affect low-income, minority populations and that are magnified during times of crisis. These workers and organizations can help improve material conditions, facilitate access to health care systems, and provide psychosocial support." Advocate and

public health scientist Shreya Kangovi likewise champions the value of CHWs in achieving health equity. In a recent Robert Wood Johnson Foundation Culture of Health Blog, Dr. Kangovi points to having helped inform President Biden's proposal to create jobs for an additional 150,000 CHWs nationwide and to working with Centers for Medicare & Medicaid Services (CMMS) toward funding CHW services (*Community Health Workers*, 2021). Advocates of CHW programs in NYS in public agencies and private sector organizations should support these efforts and ensure continued support for existing programs. As Peretz and colleagues exhort, "As we define our path forward from the Covid-19 crisis, we should recognize the integral work of CHWs in supporting patients and communities, including the critical role they have played as frontline team members during the pandemic. Now is the time for payers and health care systems to take action to invest in a sustainable CHW workforce" (Peretz et al., 2020).

2. Provide COVID-19 education for CHWs and culturally appropriate materials for distribution. The interviews obtained for this study suggest variability among programs in terms of prioritizing COVID-19 information for clients and ability to access information with confidence. As trusted messengers with ongoing contact and relationships with vulnerable community members, CHWs are ideally positioned to convey essential public health information to help clients reduce their risk of contracting COVID-19 and combat misinformation. However, they need focused education on COVID-19 related issues, and culturally appropriate materials to share with their clients that address community concerns, and that respect CHW principles of empowerment and self determination, which extend to the CHWs themselves. While this is already happening in some better resourced programs, more can be done.

   Entities that provide trainings to CHWs, such as the NYS DOH, and organizations like the New York City Community Health Network, Make the Road New York, the Community Health Worker Network of Buffalo, and the Healthy Capital District Initiative can play a role in developing COVID-19 specific trainings and materials, and making them available to CHW programs throughout the state, regardless of the programs' specific focus.

3. Provide training, devices, and connectivity to eliminate digital divide issues for CHWs and their clients. To enable CHWs to continue their program specific work in the context of a public health crisis that is exacerbating existing disparities, and to support COVID-19 specific mitigation efforts, it is critical to provide the needed digital resources and communication strategies to keep CHWs connected with their clients. Digital technologies play a key role in keeping connected, but challenges with digital resources emerge strongly from participant interviews collected for this study as another inequity being highlighted by COVID-19. Just as the pandemic has shone a spotlight on the health inequities that underlie its disparate impact, the pandemic has illuminated how digital divide issues are implicated in health and well being. As argued recently in *AJPH* (Benda et al., 2020), the internet is a social determinant of health. This emerges clearly in this study as CHWs recount the challenges of connecting with some clients when face-to-face connections were disrupted, the challenges of connecting clients with services, and the expansion of the areas of support they provided to include advocating on clients' behalf to internet service providers. The broadband internet access as a SDOH model notes that internet access impacts all of the

AMA SDOH domains: healthcare system access, economic stability, education, food security, community and social connections, interactions with the neighborhood and physical environment – as well as an SDOH that the AMA does not list: access to information.

CHWs and their clients need training and technological resources, and there is a powerful potential role for CHWs to play as "digital ambassadors" to their clients, for example in the acceptance of telehealth. Lack of ability to access telehealth services puts vulnerable community members at risk for exacerbation of health disparities, given the widely forecasted view that the telehealth modality of delivering care is likely to continue post-pandemic with funding support from CMMS. At the same time, this study recognizes that virtual interactions can never entirely, nor should they attempt to, replace the in-person, face to face interactions these programs are grounded in.

Entities that provide trainings to CHWs, such as the NYS DOH, and organizations like the New York City Community Health Network, Make the Road New York, the Community Health Worker Network of Buffalo, and the Healthy Capital District Initiative can play a role in developing digital literacy training, and training in how to coach clients in fundamental skills like downloading apps, setting up an email address, and using patient portals. At the same time, mechanisms must be found to provide technological resources to CHWs and their clients. CHWs and their clients need robust internet connectivity to be able to access health-related information and participate in video based online interactions. They also need devices, such as tablets or smart phones to utilize that connectivity and skills. Substantial parts of both urban and rural New York State still lack connectivity (Taddeo, 2020), and supports for low income residents to help make devices and connectivity affordable have been a patchwork of public and private options that are difficult to navigate and leave many needs unmet. Governor Cuomo's 2021 Reimagine Rebuild Renew Agenda announced during his January 12, 2021 State of the State address (*Governor Cuomo Outlines 2021 Agenda*, 2021) included an initiative to provide affordable internet for all low-income families that responds to a report by the Connectivity Working Group of the Reimagine NY Commission (*Reimagineny-Commission_connectivityworkinggroup04.Pdf*, n.d.). That report addressed issues of connectivity, affordability, and digital literacy. It is to be hoped that these issues can begin to be addressed in the coming months, with the Governor's current budget proposal's inclusion of a provision to make high-speed internet available to low-income households for $15 per month a positive sign (Rulison, 2021)

These recommendations are not by any means the sole responsibility of the public sector to accomplish. Private sector organizations, such as foundations and corporations as part of their corporate social responsibility efforts, can help. Moreover, healthcare systems, including, to name just two who have partnered with University at Albany researchers recently, New York Presbyterian Hospital and Northwell Health, through their community engagement initiatives are already engaged in powerful partnerships with local non-profits to address the disparate impact of COVID-19 on communities of color.

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