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# Community Health Workers and COVID-19

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## MHP Salud Technical Assistance Call

September 17, 2020



OUTCOMES-DRIVEN  
EXPERIENCED  
INNOVATIVE

[www.mhpsalud.org](http://www.mhpsalud.org)

# Introductions

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- Name
- Title/Role
- Location
- Organization
- Any specific COVID-related resources or needs?



# Technical Assistance Calls

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Promote capacity building among organizations by helping to identify underlying needs and long-term goals that improve service delivery.

## Ask Questions



## Peer Support



## Resources



# Community Challenges

## General barriers for our communities:

- **Fear of accessing services** (due to Public Charge and/or immigration status)
- **Self-medication and self-diagnosis** (due to lack of health insurance)
- **Lack of health information** available in their language and/or literacy level
- **Lack of effective communication** with health providers (due to language and culture barriers)

## Covid-19-related barriers:

- **Misinformation** on COVID-19 spread and risk
- **Fewer social services resources available**, such as food banks and shelters
- **Fewer medical services available**, including longer waiting times
- **Lack of transportation** due to limitation and restriction applied as COVID-19 response
- **Unavoidable exposure** to COVID-19 (especially due to “essential” job requirements)

# Community Health Workers (CHWs)

A **CHW** 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 liaison/link/intermediary between health and social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

**Therefore, CHWs are uniquely equipped to help the community cope with challenges faced due to COVID-19**



# CHW Response to Access Barriers

Access Barriers	CHWs Unique Response
Fear of accessing services (due to Public Charge or immigration status)	CHWs can <b>clarify Public Charge and immigration myths</b> by using reliable resources and making referral to community programs
Self-medication and self-diagnosis (due to lack of health insurance)	CHWs can <b>help clients to apply health insurance</b> or know <b>where to access low-cost services</b> (i.e. FQHCs)
Lack of health information available in their language and literacy level	CHWs can <b>translate information</b> for clients and <b>explain the meaning</b> of important health documents
Lack of effective communication with health providers (due to language barriers)	CHWs can act as <b>intermediary between patient-health provider communication</b>

# CHW Response to COVID-19

COVID-19 Challenges	CHWs Unique Response
Misinformation on COVID-19	CHWs can <b>educate on COVID-19 risk</b> and share credible resources in clients' language
Fewer social service resources available	CHWs can <b>connect to available social services</b>
Fewer medical resources available	CHWs can <b>connect community members to available medical resources</b> (i.e. mobile services)
Lack of transportation (due to limitation and restriction applied as COVID-19 response)	CHWs can <b>educate on virtual services</b> and resource available
Unavoidable exposure to COVID-19	CHWs can <b>educate on how to minimize risk</b> and provide resources (i.e. face masks)

# How Do CHWs Conduct Outreach?

- Phone calls and text messages
- Virtual services
- Physical outreach (use protective gear)
- Mobile sites
- Clinic and community sites (as permitted)

# Upcoming Opportunities

## Webinar Event

**"Identifying the Enabling Services Workforce for SDOH Screening and Documentation"**

Wednesday, September 30, 2020 at 2:00 PM (ET) / 1:00 PM (CT): [Registration Link](#)

## Learning Collaboratives

**"Screening Methods and Using Outreach and Enabling Services to Address Social Determinants of Health"**

October 7, 2020 – November 18, 2020 [Registration Link](#)

**"Unique Challenges for Agricultural Workers During COVID-19"**

October 7, 2020 – November 18, 2020 [Registration Link](#)

# MHP Salud COVID-19 Resources

## Bilingual (English/Spanish) Resources:

- **What is Coronavirus (COVID-19)?** <https://mhpsalud.org/portfolio/what-is-coronavirus-covid-19/>
- **How to Properly Use a Face Covering:** <https://mhpsalud.org/portfolio/how-to-properly-use-a-face-covering/>
- **Coronavirus Safety Guide:** <https://mhpsalud.org/portfolio/coronavirus-safety-guide/>
- **Migrant Family Emergencies Checklist:** <https://mhpsalud.org/portfolio/migrant-family-emergencies-checklist-english/>



# Questions?

**Q: Who is the point of contact when doing outreach with Farmworkers?**

**A: It's best to directly contact the owners of the farm.** If it's a corporate farm, you can contact the HR department about outreach to their locations. **Best practices for outreach include:**

- Sharing information about services your clinic can provide
- Sharing additional information about COVID-19 and resources for farm owners
- Asking if you can come at lunchtime (or a breaktime) to present information to farmworkers
- Consistent communication and outreach with farm owners and workers, so that your clinic and outreach is recognized (creating “trusted face” in community)
- **Example (case study):** one health center reached out to farms that were not receiving their services and shared a letter, outlining how the health center can provide services to their workers. They also included information on COVID-19 and bilingual educational resources to be directly share with farmworkers. As a result, many farms responded and requested outreach and services from this clinic.

# Questions?

**Q: How does funding for COVID testing work? How many “times” are we allowed to test the same group of farmworkers before insurance won’t cover? (Context: New Jersey)**

**A:** This answer may vary depending on the state. You can check the Association of State and Territorial Health Officials [page](#) for state-level updates. **The following answer will address the state of New Jersey:**

- As of May 2020, the NJ Department of Health, Department of Agriculture, and Department of Labor and Workforce Development created the [following guidelines](#):  
“Once a worker is **confirmed to have COVID-19** ...“**Costs related to testing and treatment for COVID-19 will not be charged to employer or worker....Any hospitalization or isolation housing provided by the State of New Jersey will not be charged to employers or workers.**”

- As of July 2020, the state of NJ also [confirmed FREE TESTING](#) by FHCQs to farms:

“One program that is being implemented **FREE OF CHARGE** for all farms is a **COVID-19 testing and education program through Federally Qualified Health Centers (FQHCs)** and local health departments.”



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