



Emerging Issues in Health Workforce: Community Health Workers Podcast Series
Episode 2: Interview with Cynthia Taranto
From Association for Utah Community Health
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Emily Krizmanich: Welcome to the second episode of our new podcast series, Emerging Issues in Health Workforce: Community Health Workers. These events are produced by Community Health Association of Mountain Plains States, or CHAMPS, the regional Primary Care Association for Region VIII, which includes Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming. I'm your host, Emily Krizmanich, the CHAMPS Programs Coordinator for Health Center Workforce.

In this series, we're focusing on a relatively new member to the Region VIII health center workforce, the community health worker, or CHW. While some of our health centers have utilized CHWs for many years, recent funding has significantly expanded the use of this care team member across our region. Throughout these events, we'll be highlighting how the utilization of community health workers can relieve current and future workforce challenges while improving care for patients.

In this episode, we'll hear from the [Association for Utah Community Health](#), a state Primary Care Association representing 14 health centers and over 155,000 patients. AUCH helps reduce barriers to health care through health promotion, community engagement and development, education, policy analysis, and training and technical assistance. They are with us today to discuss their innovative state-level program for community health workers.

I'm so excited to welcome Cynthia Taranto from Association for Utah Community Health, or AUCH. Thank you for being here, Cynthia.

Cynthia Taranto: Thanks so much for having me, Emily.

Emily Krizmanich: To get us started, can you tell me more about you? Please tell me a bit about yourself and the work that you do at AUCH.

Cynthia Taranto: For sure, I'm Cynthia Taranto, as you mentioned. I'm the Community Health Services Division Director at AUCH.

Emily Krizmanich: Great, can you tell us a little more about your division within the Primary Care Association? How did you get started working with community health workers and what goals are you trying to accomplish with it?

Cynthia Taranto: Yeah, absolutely. Happy to. So our division, our CHS Division, houses all of our direct service programming within the PCA. So that's something that has grown significantly over time, I'd say, especially over the past couple of years.

We have nearly doubled our direct service portfolio, which is mainly focused on community health worker projects, to kind of meet the demand of project requirements and expectations and to make sure that we had enough support for our community health workers, we established a division to house all of those programs and projects under one umbrella. Our mission as a division is to provide access to healthcare and social resources to underserved communities across the state.

Emily Krizmanich: Great, thank you so much for sharing. Can you give us a few more details about the CHWs you utilize? How do you define them and what is their specific role for the AUCH division?

Cynthia Taranto: So and let me preface this by saying that there are a lot of definitions of community health worker. They go by many different titles. It really depends on where they're working or volunteering, what their role is in a particular setting.

So, at AUCH, the definition that we use for community health worker is a frontline public health worker who's a trusted member of, or who has a close understanding of the community that they serve. This trusting relationship in particular enables the CHW to serve as a liaison or a link between clients and the healthcare and social services scene. And it helps them to facilitate access to services and improve overall quality and cultural competency of service delivery.

Emily Krizmanich: That is very interesting. Can you touch on how your community health workers serve the health centers in Utah?

Cynthia Taranto: For sure, so we have several CHW projects going on across the state. There's one in particular called the [Alliance for the Determinants of Health](#), which is now in its fourth year. It was actually a three-year pilot project, it recently got extended and so now we're in our fourth year and as part of that project, AUCH hires, trains, and deploys two groups of community health workers in two specific geographies, Washington County and Weber County, both in Utah. And they work closely with the health centers in each of those geographies, which would be [Family Healthcare](#) down in Washington and [Midtown Community Health Center](#) up in Weber County. And so, as part of this project, our CHWs receive referrals from the health centers to help address social determinants of health needs.

Emily Krizmanich: What kind of role do the health centers play with your community health workers.

Cynthia Taranto: Yeah, so I'd say the primary role of the health center is to screen patients that come in to assess overall eligibility for the program and also fit for community health worker, and then to actually refer to our team. I do want to say too that just because the health center refers to the CHW, doesn't mean that the contact with the CHW ends there. The health centers are very much involved in working with our CHWs to get report backs on what's going on with their patients so that they can report back to the care teams to help inform their care plans if that's appropriate.

Emily Krizmanich: So, you touched on the division at AUCH a bit, but I'd like to hear more about the program you've been working on for the last four years. My question is, was there anything that you or AUCH tried that didn't work? Does anything work better now?

Cynthia Taranto: Great question. I definitely think that we've been through several iterations of this project and have adapted and evolved over time. I think in the beginning one of the biggest challenges was really just helping the clinics, and in particular the staff members at the clinics, understand the role of a community health worker and what their purpose was as an extension of the care team.

So, finding that niche for the CHW to fill to complement the care team was huge and so being able to communicate that over time, evolve how we were communicating that over time, was really beneficial and still is. That is still a big part of our project as we see, you know, staff turnover either at the clinics or even internally here at AUCH, that is something that we're always having to reinforce.

Something else that I would say is just adapting workflows as needed. Each health center is unique, and we have other referring partners besides the two health centers that I mentioned as part of this project, and what we realized is that workflows are not one size fits all. So, we very much have to work with each individual health center and every other referring partner to figure out what is the best referral workflow for them that won't cause too much of a burden, whether it be on their staff, or, you know, overall resources and time.

Emily Krizmanich: Thank you for sharing more about your program and what you have learned over the years. In your opinion, what kind of impact has your program had?

Cynthia Taranto: Yeah, I think there are several areas of impact.

One I think is really highlighting the work and importance of CHWs and how they really are an extension of the care team, and they can really form close relationships with their clients that can then, in turn, inform that client's care plan. It's made a huge difference we've heard from, you know, several of our clients, and even several of our referring partners, the health centers included, that the CHWs are really able to uncover, through these close relationships, and by, you know, conducting home visits, actually going into the home, assessing the environment, and kind of really being let into somebody's world; they're able to uncover a lot of what can't be uncovered in, you know, just a, just one doctors visit or two doctors visits for that matter. And so, I think that's been huge as well, as you know, potentially allowing the care team to work at the top of their licenses and being able to delegate things that are applicable to the CHWs, you know, where it's appropriate, of course, so that way they can really best utilize their time and the CHW can take on things that you know maybe a provider necessarily doesn't need to be doing.

Emily Krizmanich: I think it is really important to hear and thank you so much for sharing. Based on your experience what are the benefits of having a PCA operate a state-level program for community health workers.

Cynthia Taranto: Yeah, I think it's really helpful to take the logistical piece of that program foundation and implementation away from the health centers because they are, of course so busy, very under resourced and understaffed. And so, I think it's helpful for us to be able to take that on for them.

And there are several pieces of that, that you know, really, go into the day-to-day relationship between the CHW and the health center, that I think, makes it much easier to execute because we are managing it and are able to take that burden away from the health centers. Specifically, around CHW training, management, and oversight, that is something that we do here at AUCH. We have a very robust CHW orientation and training program. We actually are a CHW curriculum host site certified through the state of Utah.

I think what has been a huge benefit is just being able to offload the logistics from the health centers. The health centers are swamped always. They are, you know, understaffed, under resourced. They're always having a million things thrown at them and having to focus their attention on several things at the same time. And so, I think being able to not just implement but also set the foundation for a program and then implement that, relieving the logistics of you know what that means and what it is to execute from the health centers is really helpful.

Emily Krizmanich: Thank you for delving in a bit more about your program. I think it gives some perspective on the differences that are out there with the community health worker programming and such. Now that we have covered more of those foundational aspects of community health workers at AUCH, I want to delve deeper into the CHW position and how these care team members fit into the overall health center team and health center workforce more generally.

Cynthia Taranto: For sure, so we really do like to think of our CHWs as an extension of the care team, so generally speaking they will work with, you know, one or two staff members at the health centers to receive referrals for clients that are eligible for the program. And so, when our CHWs receive that referral, they know right away, you know, what that referral is for.

So generally speaking, you know, they're going to be living in one of those two pilot geographies that I mentioned, but they're also going to have a social determinant of health needs, and sometimes multiple needs, that are exacerbating some health issues. And so, it's our CHW's responsibility then to take that referral, make an introduction with the client, and really start building that relationship and then feed that information back to the health center and the care team to inform that individual's care plan based on what they're seeing and hearing.

I think a big piece of what our CHWs do is kind of reconcile the priorities, and by that, I mean the priorities of the client might be a bit different than the priorities of the care team. So, what we received the referral for, for example, say somebody is not compliant with, you know, their medication. The CHW might then meet with the client and find out

yeah, they're not compliant with their medication, but the client's not super concerned about that because they have XYZ social or other need that they kind of need to get addressed first before they're in a place where they can start thinking about that and being engaged in their health.

And so, I think it's also the CHW's job to reconcile those priorities and then also stay in constant communication with the care team to let them know what they're uncovering and what adaptations might need to be made to you know their expectations and their particular care plans. I will say too that our CHWs do develop their own care plans that incorporate both the care team's care plan and the client's individual priorities. So, reconciling those can sometimes be very challenging for the CHWs, but it is a big part of their role and communicating that to the care teams is huge to keep everybody in the loop.

And so, we are responsible for providing all of our CHWs with that initial training, but also continuing education as well. And so that's something that we do monthly. We do also have designated supervisors for each CHW team who are seasoned CHWs themselves, so they're very familiar with the work. They're very familiar with what it's like to work within a clinical setting or even, you know, outside of a clinical setting, but as a CHW and with different communities so they can really support the CHWs in their work with the health centers and our other partners.

Emily Krizmanich: Thank you so much for sharing that. It sounds like CHWs are kind of like this great connector between all the moving parts in the health center and I really love to hear that. The other thing I'd like to talk about involves the events of the last two years and the pandemic that we've all faced together. We are seeing workforce shortages affecting not only healthcare but many other industries across the country. Do you think that CHWs can help alleviate the associated strain for health centers? Are there specific areas that CHWs can relieve pressure for other health center staff?

Cynthia Taranto: I do, I think this ties back to what I had mentioned about, you know, CHWs potentially allowing my care team to work at the top of their individual licenses for their roles, wherever they might be. Where CHWs I think can provide the most support is definitely around social determinant of health screening and then addressing those needs that arise.

One thing that you know we have heard time and time again is that screening for SDOH needs, while it's necessary, can be challenging because the health centers do not always have the capacity to have staff members that could help address those needs. And so, you know, it kind of comes down to, we'd love to screen, but where are we going to send people once they tell us that they actually have an issue? And so, I think that's where the CHW can really plug in and expand the services and complement the services of the health center staff.

Emily Krizmanich: I appreciate your perspective on this. Because I believe it is important to hear more about CHWs and the possibilities for the role, especially with the current challenges we are all facing. In your experience, what are some of the greatest challenges facing Primary Care Associations and health centers wishing to start CHW programs, maybe to expand their workforce and services or just to build on their current programs?

Cynthia Taranto: Sustainability. The funding is limited and unfortunately in Utah CHW services aren't billable to Medicaid, and so it's very challenging to constantly have to be relying on various grants and contracts with, you know, very specific end dates and very specific goals and expectations that don't always line up with each other. And so that can be really challenging, just not having continuous, sustainable funding to support the development and the growth of a program.

Luckily, we've been able to manage. There has been a lot of funding opportunities, luckily, I think, especially since COVID-19 and so, but I definitely think that's one of the silver linings of the pandemic, if you will, is that it has really opened up funding for community health worker programs and thereby really highlighted the work of CHWs and it opened up a lot of doors for, you know, our programs and other CHW programs across the state.

Emily Krizmanich: It is really great to hear that some aspects are becoming more available to health centers and community health workers. Now to wrap up everything, what advice can you give to help other PCAs and health centers start their own CHW programs?

Cynthia Taranto: I could honestly talk about this all day, but I can boil it down to a few main points.

I think the first is really know your limits and your areas for growth. And based on those, build your team so that they complement each other, they have complementing skill sets, and that you can, you know, confidently achieve the goals and expectations that are set out for you as a program.

I would also say hire well, really understand who is a CHW, not necessarily what is a CHW. This is something that we learned along the way is, you know, being a CHW really in a lot of ways comes down to life experience and personality. It's not necessarily about specific work experience or academic experience. It's really about life experience and this individual's ability to connect with others, and so really understanding that who, and not necessarily what, is critical when hiring.

I'd also say make sure that you have a structure to support your CHWs. Having those on staff who have, you know, come from this field, who have experience, and can really work with the CHWs to help them manage their cases and troubleshoot things that are coming up, and help manage relationships with their referring partner's clinics included is critical.

I would also say make room for your CHWs in decision making. A lot of times what we see in these larger conversations around CHW work across organizations that employ CHWs or have them as volunteers, there seems to be a disconnect between what the work is or what the perspective of what the work is, at a high level, versus what's actually happening on the ground with the CHWs.

And so, you know, I always like to say the CHWs really at the end of the day are the experts. They are the ones that are working with clients. They are the ones working directly with the clinics and so we often consult them when we're making decisions, especially when it's going to impact their work on the ground.

And then the last thing I would say is make sure that you have opportunities for your CHW to support your larger program. They're going to develop a lot of skills and expertise over time. And so, encouraging them to have autonomy and to get their feet wet in other areas is great for their professional development, and I think it really enriches the rest of the programs and projects that any organization has.

Emily Krizmanich: Well, Cynthia thank you so much for sharing your expertise with our Region VIII health centers and Primary Care Associations.

Cynthia Taranto: Thanks so much for having me, Emily.

Emily Krizmanich: And, I want to say to our audience members, thank you for joining us for this episode of the Emerging Issues in Health Workforce: Community Health Workers podcast series. This episode is available for free download at www.CHAMPSonline.org, within the [Podcasts](#) page, which you can find under [Events and Trainings](#) and then [Distance Learning](#). Also, please take a moment to help us improve our offerings by just taking a couple minutes to evaluate your experience. A link to the online survey can be found at the top of the CHAMPS Podcasts webpage. And if you are interested in recording an interview for our series, please let us know by sending an email to Emily@CHAMPSonline.org.

And as always, thank you for listening.