**Emerging Issues in Health Workforce: Community Health Workers Podcast Series**
**Episode 1: Interview with Hansel Ibarra**
**From MHP Salud**
**Interview Date: May 19, 2022**

**Emily Krizmanich:** Welcome to the first 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 of 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 the region. Throughout these events, we will be highlighting how the utilization of community health workers can relieve current and future workforce challenges while improving care for patients.

We are excited to feature interesting and innovative ways that organizations at the national, state, and local levels are utilizing community health workers and developing programs to better serve their patients and communities.

In our first episode, we'll hear from MHP Salud, a national nonprofit dedicated to strengthening underserved Hispanic and Latino communities by improving access to healthcare and social services. MHP Salud puts community health workers at the center of everything they do. They have a proven history of developing and implementing innovative CHW programs with a firm commitment to collaboration and resource sharing.

I'm so excited to welcome Hansel Ibarra from MHP Salud. Thank you for being here, Hansel.

**Hansel Ibarra:** Thank you for having me.

**Emily Krizmanich:** To get us started, tell me a little bit about MHP Salud, the work your organization does, and maybe the connection MHP Salud has with the community health movement.

**Hansel Ibarra:** Sure thing. Well, good morning, Emily. I would like to go ahead and start off by thanking you for inviting MHP Salud to take part of this podcast.

A little bit about MHP Salud. We went ahead and got started back in 1983. We began as the Midwest Migrant Health Information Office and we were started by the migrant, the National Migrant Council. This organization went out in Michigan to the farm, to the farms, and they went ahead and interviewed farm workers, migrant farmworkers to try to figure out what was the needs that they had, and they also went ahead and interviewed 12 of federally qualified clinics in the area to also get a feeling of what they felt were the needs in this area. Through that interview or through that assessment that that we went ahead and created, we went ahead and discovered there was some room for improvements between the connection of the migrant clinics and the services that they were offering to the migrants themselves.

An example of this can be the clinics themselves were staying open past evening hours, but that sometimes isn't enough when you take into consideration that some of these workers will work till the last bit of sun is out and they get paid per piece. So, they are not going to stop at a regular five o'clock or six o'clock. They might go on all the way till 8:30, so the last bit of sun ray, sun is out before they stop working and then go out and by that time, unfortunately, some of those centers were already closed.

Another thing that they went ahead and discovered, through interviewing the individuals, majority women, they discovered there was a lot of passion in the community. These individuals wanted to help each other. These individuals were ready to provide each other with assistance. They just needed to get that little push, they just needed to be provided with the information. And so, we kept that in mind, although the organization kept that in mind.

And another thing that they also went ahead and discovered is that a lot of these individuals were not seeking out, were not using, utilizing those services that the migrant clinics were offering, either due to fear of their legal status or maybe fear of the complexity of the health care system. Sometimes you have mobility issues. These individuals are moving from state to another state, so if they are getting service or they are getting treatment at one state, it might be a little bit difficult for them to get that same treatment at a different state.

You also have the barrier of languages. Not only do we have individuals that speak Spanish, you also have individuals that speak native languages, so you have the, that was also another barrier that they discovered for why individuals were not seeking out for assistance.

Also, the cost, as we are aware, medical services can be a little costly. It puts the individuals in a tricky spot where they have to decide: should I buy my medication? Should I pay for my next visit? Or should I save my money and pay for rent or save my money and buy some food? And also, the time accessibility, as I mentioned, some of these individuals will work till late and they don't have enough time to go out and to get those services.

So those are some of the things that they went ahead and discovered when they did that assessment and that encouraged them to create the organization, the Midwest organization. And the focus was to provide services to these migrant farmworkers in the Midwest area of Michigan.

One of the first projects that we, that this organization had, was the creation of the Migrant Health Service Directory. We basically got ahold of all the resources available in the state of Michigan, we put that into a map, and we distributed to the farm workers, to the farmers, so they can go ahead and have that at hand and be aware of what services are available for them.

Another project that we went ahead and started was the Camp Health Aid Program, which is also, which is a Promotores de Salud. This one, our staff would go out into the community, they would train the women in the camps to serve as their own communities' health educators and advocates. And they would connect these individuals, will connect their communities with the needs and also point them to where health resources were available. The success resulted from this program in us adopting it and basically applying it to all the programs and now that we offer in the community. We, by offering that program, we also notice that some of these individuals wanted us to continue offering them services not only where they were working, but also back at their home.

So, we had some CHWs that they would go back home, and they would mention, hey, you know what, we, there is a lot of assistance over here in this area. We like what you guys are doing here in Michigan. Is there any way we can bring this with us, to back home with us?

And we went ahead and took that into consideration, and in 1987 we went ahead and opened our first satellite office in Texas to go ahead and serve as the Rio Grande Valley, which is Cameron County, Bello County, Willacy County, and Stark County. Big, big agricultural part of Texas. And then we also started implementing and expanding to other states. And all of this was because of that success that we went ahead and noticed in the first program back in 1985.

From there we started to expand, and we started offering this technical assistance nationwide. So, we saw that this was something that was working, we saw that it was very successful in both states, and we said, hey, you know what? There's a possibility that other organizations might be interested in starting this. Why not offer that? So, we started

offering this. We started offering our expertise on CHW building and also to assist other people to enhance their CHW program.

So fast forward a little bit more to 1997 and we went ahead and changed our names from the Midwest Migrant Health Information Office to the Migrant Health Promotion. The reason that we did this was to demonstrate our national focus. So, we went away from just being in the Midwest to now offering services to the whole migrant community in the United States. And then we eventually also expanded to the state of Florida by, I mean expanding, is we had a satellite office before, we were just offering different programs, but we went ahead and operated and opened offices back in 2010 in Florida, Ohio, and in Washington.

And in 2012, we went ahead and became virtual. We made, we made a jump and we started utilizing smartphones. We started collecting data. We started gathering all that information and utilizing it, and in 2013 we went ahead and made another change to our names. That's when we went from Migrant Health Promotion to MHP Salud, which is what we are now and the reason of that is we went ahead and stopped just servicing migrant and seasonal agriculture workers, and now we're focusing on servicing all types of Latinos nationwide, and that in itself is the history of MHP Salud.

With that being said, we are a nonprofit organization that promotes the community health worker profession, also known as a CHW, or promotores de salud, nationally as a culturally appropriate strategy to improve health programs and empower underserved Latinos.

We have two arms in our organization. The first arm is our Health Outcomes Program, where we have more than 35 years of experience. So, this is us manning CHW programs in the community. The other arm that we have is our training and technical assistance, and this is where we have about, 20, more than 20 years, and this is where we provide assistance in capacity building for organizations to start their own programs, to enhance their own programs, their own CHW programs. Also, under our training and technical assistance, we offer that assistance, and we have two other sub-departments; our capacity building assistance, which is where I work, where we go out and we provide training and technical assistance nationally to FQHCs and other organizations looking to enhance their CHW programs and we also have our aging services.

The aging services is a project that provides technical assistance and resources and virtual learning opportunities to build the capacity of services providers and community members that address issues that are affecting the Hispanic community.

So as an organization, we value community-driven approaches based on collaboration, empowerment, and proactive problem solving to eliminate the root cause of health inequity. Our high-quality experience and outcomes-based innovations, combined with technology we use, ensures change that is appropriate to the community on our fast-paced, ever-changing environment.

**Emily Krizmanich:** Thank you for sharing such a robust history of MHP Salud, and I think it was very important to touch on that before we delve any deeper. But you touched on it briefly, but can you tell me more about your role at MHP Salud?

**Hansel Ibarra:** Yes, so my name one more time is Hansel Ibarra and I'm a Program Director here at MHP Salud and I'm going to be here going on to two years. As I mentioned, I do work in the capacity building assistance arms, which is me providing technical assistance to health centers in regards to CHWs and also integrating those CHWs into their programs, and how they can go ahead and utilize them to contact hard to reach communities. So you can say that I'm acting some sort of like a cheerleader for the profession. I'm not out in the field hands on, but I get to spread the word. I get to spread what they're doing and encourage other individuals to go ahead and jump on as well and utilize and implement, integrate CHWs into their programs.

**Emily Krizmanich:** That sounds great. I think everyone can use a cheerleader now and again. Can you share with us how MHP Salud supports health centers specifically, and community health workers within those organizations nationwide?

**Hansel Ibarra:** So, focusing on the health center aspect, we offer training to these health centers on emerging issues that are affecting the Latino and the Hispanic population. So, things such as opioid misuse. When COVID-19 came out, we were offering assistance for them as to how to reach the Hispanic population, diabetes prevention and management, and a range of other topics. Through these trainings, we offer them some tips and some pointers and some resources so that they can go ahead and utilize in reaching their population.

Aside from the training we also offer on emerging issues, we also offer training specifically for CHWs, so we have something called our L.E.A.D. curriculum, which is designed to address the professional development needs of the community health worker throughout their career and to support individuals or programs working with community health workers.

Our expert trainers include community health workers or promotores, program coordinators, directors, and others that have some sort of direct experience handling CHWs in the field. For CHWs, this L.E.A.D. training is specifically for CHWs, for CHW managers and supervisors, grant writers, and other professions working with those CHWs. I would like to say, or I would want to go ahead and brag, that the average review of our training participants after completing our training is at a 4.7 out of five stars. So, we're getting some pretty good feedback as to how those programs are going. But if it if it's needed to, we are also looking or willing to offer it in person.

So that's what we do for the health centers when it comes to, or going back into that, this training that we offer is can be go ahead and utilize to get reimbursement from Medicaid. So, we are approved trainers in the states of Texas, Virginia, Pennsylvania, South Dakota, and Florida.

I believe South Dakota is one of our people that we're targeting. So, I'm going to go ahead and provide you some information on that. So, for South Dakota, MHP Salud has been approved to provide their training for CHWs and for them to get reimbursed through Medicaid. Also, the state of South Dakota has set aside some funds, are looking at starting a CHW program into organizations for them to go ahead and apply with them. So, people in South Dakota, if you're interested in starting a CHW program, you can go ahead and reach out to us and at the same time you can go ahead and reach out to your state and see how you can go ahead and utilize those fundings that they're providing so that you can start a program.

Unfortunately for the state of Wyoming and North Dakota, there is no state CHW association or, or a private association. For the states of Colorado and Utah, they do have state CHW associations so you can get certified through them, but at the moment we're in talks of possibly working with them as well.

So, that's basically the type of offering, type of services, that we offer to health centers. We also offer not only training on that, but we also offer training on technical assistance for return on investments, how to start a CHW program, training on hiring checklists for CHWs, and then we also offer webinars to health centers.

So aside from offering trainings, aside from offering that, we host webinars where these health centers can come out and they can share with us their success, share with us their failures, share with us some of those challenges, their hopes and dreams, so that in hopes that other organizations can hear and can go ahead and continue pushing that CHW profession forward. Sometimes it helps to hear that other organizations are struggling or having that problem because that might be a problem that you're having, and they might be able to offer you some assistance and you can go ahead and learn that from that, through that webinar that we offer.

Aside from those things, we've also partnered with health centers before too, and to offer programs. One of the programs that we've offered that we partnered with health centers in the past has been a program called Juntos

Podemos. This program taught adults, and children, ways to adopt healthy habits with resources readily available to them in their communities, along with ways that they can go ahead and incorporate short, daily physical activities into their lifestyles. So, we went ahead and partnered with the local health center. I believe it was called Nuestra Clinica del Valle. They sent us these individuals. They lasted with us in a four-week program. We offered them 90-minute sessions. Within those 90 minutes, we had a 15-minute physical activity session, and we would focus on targeting the adults and the children. So, we made sure that we had activities for children to utilize to do as well as adults, the reason being is we felt it was easier for someone to do a change if the whole family is involved, than just doing the change if the adult was the one doing that. So, we offered different sessions; a session on introduction to healthy eating, another one was eating right, another session was get active, and then the final session is reducing screen time.

So, as I mentioned, we do focus on the individuals, on the children, and one of the things we targeted is trying to reduce that screen time and encouraging them to go out and do some exercises. So that's how we help, or we focus on health centers.

How do we focus to assist community health workers? We, our strategic plan, states that pushing the community health worker profession is something that we want to go ahead and do. So, we have in our strategic plan set that we want to support and assist these CHWs in advancing their profession and we want to go ahead and also use CHW program outcomes and return on investments to advance that profession effectively and implement it into other community programs. So in regards to that, we offer assistance to CHWs by providing them with webinars and TA (technical assistance) calls, the same way that we offer webinars and TA calls to health centers, where they can share with us what their problems are, what they're having. We also offer that to CHWs, and these are in English and in Spanish. So, we can go ahead and so they can all share their information.

We also offer bilingual resources. These resources from different topics such as chronic disease, mental health, social determinants of health and they are in our website and as I mentioned, they're bilingual and they are free of charge. It is just a matter going into our website, logging in, and you can utilize those resources to spread health literacy in your community.

**Emily Krizmanich:** That is amazing to hear all the different ways that you help both health centers and community health workers. I think it is great to hear, but before we move any farther, I just want to touch on; can you help us understand exactly what community health workers are to MHP Salud and what they do for an organization?

**Hansel Ibarra:** So, for this I'm going to also go ahead and provide a timeline to give us an idea of what the community health worker is and how the role has changed, and then I can go into the definition itself.

So, the first usage of the community health worker, you see it happening back in the 1920s, and this is happening in China. So, the usage of community health workers to address basic health can be traced, as I mentioned, back to China, these individuals were in charge of recording births and deaths. They were in charge of vaccinating against smallpox and other disease, and they were the first to give out educational aid and health talks in their communities.

These individuals were known as the barefoot doctors and they themselves were also workers in the fields, so half of the day they would go, and they would provide training and technical assistance, health education to the community, and the other half of the day they would go back into the fields and do the work. And the workers themselves would see them do this and they feel like hey, you know what, we do trust individuals because they are, they are us. They're out here working as well. And that itself started triggering that idea of using individuals from the community to go ahead and provide medical assistance to those around them.

So, fast forward to the 1960s and China went ahead and developed, institutionalized the CHW Nation. Why? And we start seeing the usage of the community health worker in other locations such as Latin America and also in Africa.

Move forward to 1962 and the United States passes the legislation called the 1962, Migrant Act of 1962, and it basically gives acknowledgement to the work that the community health worker has been done.

A couple of years after that, 1968, the Indian Health Service establishes the Community Health Representative Program. The goal of the Community Health Representative Program is to provide quality health care services to American Indians and Alaskan Natives within their communities, throughout the use of well-trained paraprofessional healthcare workers. Community health representatives are a critical part of the Indian Health System and are essential to providing services to remote and rural communities.

So that's 1968. Move forward again to 1975 and the World Health Organization (WHO) also starts to acknowledge the work that the community health worker is doing, and they do so by publishing a book that has a series of case studies of different programs that are going out throughout the world of CHWs and the results of these programs. So, we see that the community health worker itself is now being accepted worldwide.

Move more forward now to 1994 and the CDC, which is the Centers of Disease Control and Prevention, further defines the position of a community health worker to include providing informal community-based health related services and bridges underserved communities to providers.

Move more forward to 2000 and the definition of a community health worker is finally created. The American Public Health Association finds a community health worker and sets the definition so that other organizations can now define and say, hey, this is what a community health worker is and what they do.

We move again to 2009 and the Department of Labor Offices of Management and Budget formally recognizes promotores de salud to the provision of an occupational classification. So all of these changes, all of these changes and policies is good because we see the acknowledgement of the community health worker. They basically, if you see it being accepted as a professional, as a professional career.

And we moved to 2010 and the Patient Protection and Affordable Care Act is passed and through this we get a lot more funding for health centers to go ahead and utilize CHWs and CHW-led programs to reach minorities.

Move to 2014, and the CDC conducts a, they conduct a policy assessment that basically shows strong evidence based for the usage of the CHW in interventions in the community.

And now move over here to April 2022 and the U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), announces the funding of $226.5 million under the American Rescue Plan for launching the Community Health Worker Training Program. So they basically are providing now more funding so that other organizations can start adopting that.

So we see how it changed. They started from being workers themselves in the field to them started being treated as professionals to now so much funding being available for what they do.

So now going into who a CHW is.

I'd like to describe it using the who, what, where, when, and why.

So, to start off, who are community health workers? Community health workers are trusted members of their community who empower their peers through education and connection to health and social services. Community health workers can improve the health of their communities by linking individuals to health and social services and educating on health and diseases management by mobilizing their communities to create positive change. This would include, but is not limited to, individuals who have an understanding of their communities. So, individuals who have an

understanding of the beliefs, individuals who have an understanding of the language, the culture that this, that this community has, what fears they have, what worries them, their stressors. So that's what a community health worker is.

What do they do? They act as a bridge between the health care services and the community needs. While the primary role is often linking vulnerable populations to the health care system, CHWs may assist in other roles. This can range from cultural mediation, culturally appropriate education, care coordination, case management, system navigation, coaching and social support, advocacy, capacity building, and outreach. So that's what they do.

Where can you find community health workers? They are found in the community itself. That doesn't mean that someone from outside the community would do a bad job, but you would want to find someone at least who has an understanding of the community themselves and is able to communicate with them. With that being said, individuals such as your local priest, teachers, community leaders, active neighbors, all of those can go ahead and be CHWs, community health workers.

When do you want to use community health workers? You want to use them before, during, and after emergencies. Whether this is due to a natural disaster or your personal emergency, health or non-health wise. Also, when you're trying to implement new programs or you're trying to reach hard to reach communities. And why do you want to utilize community health workers? They are from the community, giving them a special understanding of their needs, their fears, their beliefs, their language, and their social norms.

So community health workers, as I mentioned, are from the communities, so that gives them a special understanding, a unique understanding of what to do. For example, they can be out in the community and they try to offer alternatives for meals. They know what the community eats. An example that one of my coworkers uses and it comes a lot to my mind is there’s a difference between the Dominican Republic community and the Mexican community.

The Dominican Republic community, I believe, utilizes tostones, which is bananas, and the Mexican community utilizes more the tortilla. So, if you're talking to someone from the Mexican community and you suggest that they start eating tostones, they're going to look at you and be like, well, wait a minute, what is that? I've never, I've never eaten that. And that's the purpose of why you want someone from the community, because they themselves understand what they can go ahead and offer as substitutes for them, they understand what are available resources in that area.

Another example is you might offer them seaweed as an alternative, but what if there's no seaweed in that area where they live? So, community health workers, they have that knowledge, they have that understanding of what is it that we can offer to them, what is it that can be done. Now they also have an understanding of the culture itself. Sometimes individuals are not looking out for help, not because they don't want to, but because of their own culture.

So in the Hispanic community, we have things such as familismo, fatalismo. Familismo is putting others ahead of yourself, so instead of you worrying about your own health, you basically worry about others. So an example is if the individual is the only breadwinner in the family and they get sick, they don't have the ability of saying, hey, you know what, I'm not going to go to work and I'm going to stay behind and care for myself because they have in the back of their mind, well, who's going to pay for the rent? Who's going to go out and bring those funds in? And that's the reason for why maybe the individuals might not be going out and looking for services that the community health worker can go ahead and mention to be like, hey, maybe this is what's going on.

And as I also mentioned, fatalismo. Fatalismo is the belief in fate. So you basically say, hey, you know what? There's no need in me looking for assistance. It is what it is. It's going to happen. So the community health worker has that unique understanding of what is available in the community, what that community fears, and what you can go ahead and offer to that community.

Now they also work in a very unique schedule. It is important to distinguish the community health worker from a regular traditional medical staff. These individuals are in charge of doing home visits. They do one-on-ones with the people, they go out to community centers, they go to schools, so they are not in your, they are not in the office, doing your regular 9 to 5. They're out in the community going, finding resources, finding ways, finding where the people are at so they can go ahead and reach them.

They have odd hours, so they'll be working maybe late at night. You also have them working during the weekends and these individuals have a lot of passion for what they do, and that's why they're willing to do what they do. That's why they're willing to go out there in those after hours to work during the weekends, holidays, to reach the people, and that's a big, big, big factor for the community health worker.

The impact that the community health worker has for the individual or you can, we can see it in the increase of health literacy. As I mentioned, they bridge the individual with any available resource that's in the area. So, if they find out that the individual is having some troubles finding food, they can go ahead and connect them with the local food bank. They find out that the individuals having difficulties finding medical help, they can go ahead and point them to the closest local or migrant health clinic, they can go ahead and offer them some assistance. They also assist with improving health care, and they also assist with activating the individual, to get the individual up and going.

Another thing that they help the individual is navigating the health care system. As some of us are aware, the healthcare system can be a little tricky. It can be a little nerve wracking and especially if you don’t understand what is being asked from you. So this is where the community health worker comes into play, and they can go ahead and navigate a system as they’re doing applications.

The impact that they have in the community is that they help reduce disparities. They also assist with reducing ER costs, so they teach individuals how to care for themselves, which lowers the utilization of ER. For example, they teach individuals what are the risks of combining medication and that will prevent someone going into the ER because they’ve combined their medications.

And they also improve patient and provider coordination. CHWs have shown a positive result in enhancing coordination between patients and providers, increasing medication adherence and follow up visitations. To build trust, patients must be able to communicate with physicians; CHWs can assist with clearing up questions and ensuring that the medical team is aware of the patients’ needs and concerns.

**Emily Krizmanich:** It was really great to hear. You touched so much on the role of the community health worker, the impact that they have. So I kind of want to dig deeper now into how community health workers can benefit a health center and the work that the health center does.

**Hansel Ibarra:** So, a way that they can go ahead and benefit the health center internally would be alleviating some of the work, freeing up some of the doctors to treat. So, they can alleviate the work by freeing up the doctors so they can focus more on the individuals that have a greater need versus the individuals that might be able to be assisted though a CHW. So, for example, someone comes into the office. The CHW can go ahead and do an assessment and through that assessment they can figure out, you know, what this individual they should go ahead and talk to the doctor, or you know what, I might be able to assist this individual with some of my resources that I have here and assist the individual through that.

So, that, as I mentioned, frees up a lot of the medical staff from having to do that type of work and they can go ahead and focus on treating the individual's medical needs that they have at that moment. The CHW can also assist in providing value-based care. CHWs have been known to addressing and supporting individual social needs. Such, for example, the social determinants of health. Social determinants of health are conditions where people are born, where

they live, where they work, things such as your economic stability, your education, neighborhood, environment, mental health and care, social community concepts. So the community health worker can assist in that and taking care of all those factors.

These factors play up to 80 to 90% of a person’s health, so a lot of times we feel that the responsibility for the individual to stay healthy falls solely on them, when in reality about 10 to 20% of that responsibility for an individual's health falls on them. 80 to 90% of the responsibility is where they are born, where they work, where they live, where they age. So those are things out of their control, and that's where the community health worker can go ahead and assist.

As I mentioned, some of those factors were economic stability, which is poverty levels, employment availability, housing stability. We also have another factor, that’s education. Education is the high school graduation rate of the community, language and health literacy of the community. We have the neighborhood and environment, access to food, quality of housing, crime and violence rates, access to parks, access to sidewalks, the healthcare aspect of it, access to clinics, and the social and community contexts, discrimination, stress, and policy. All of those are social determinants of health and the community health worker can go ahead and assist by targeting each one and providing resources to these individuals so they can overcome those, this type of things.

They also assist with building trust. Studies have shown a greater sense of trust by the patients towards a medical provider if they feel that they are being heard and understood.

**Emily Krizmanich:** That is very excellent to hear. Based on your experience and like what you know about community health workers, how do you think that they actually fit into the overall health center team? Like what's that puzzle piece that they're filling?

**Hansel Ibarra:** They fit into the scheme of the health center through their clinical services and their nonclinical services. I would like to add the community health workers are not medical staff, but when properly trained, and with the right supervision, a community health worker can assist the medical staff with doing follow-ups, so keeping in touch with the patients, ensuring that patient knows and is aware of their next appointments. They can also ensure that there's communication between staff. The CHW can work with the, as a mediator between the medical staff and the client. They can express clients' concerns to the doctors and ensure that the client is aware of what is being expected from them.

They can also assist with screening and assessments, as due to some of the shortages of staff, CHWs can assist with the screening for those patients who need the most help and distinguish from those that don't need as much help. So that's the clinical aspect.

In the non-clinical aspect, the CHW can go ahead and assist with translations of applications, they can assist with the completion of applications for government assistance or other types of assistance. They can also assist with health navigation, helping the individual apply for insurance, and they can also assist by providing support groups. A lot of times individuals need a place, a safe location where they can express themselves, explain what's going on, and the CHW can go ahead and provide that to them.

**Emily Krizmanich:** Great, thank you for that. I think that kind of helps my understanding of how they all fit in. Since you mentioned workforce storages, and we know industries are seeing that, do you think community health workers can help alleviate strain that health centers are seeing, and what are kind of specific areas that they can relieve pressure?

**Hansel Ibarra:** So the medical staff have enough on their plate, enough at this time for them to be able to figure out what other things could be triggering this causes for the for the individuals. It takes a lot of time, a lot of trying to figure out does the individual have proper nutrition? Does the individual have stable housing? Does this individual have

stability? The staff did not have the time to be able to sit down and try to figure all that out, but that's where the community health worker comes in.

They basically communicate with the individuals before, during, and after their visits. They develop and maintain communications with the patients between appointments. They, as I mentioned, they engage with clients before they even talk to the doctor, while they're talking to the doctor, and after they have left the clinics. They assist with translation. They assist with assessments, doing the A1C tests. They assist with the navigation of the healthcare system. They assist also with directing patients to what available resources are in the area. And they help also make connections with other organizations.

So, through doing all that, that in itself alleviates some of that stress, some of that work, the medical staff would have to do if the community health worker wasn't in in the area with them.

**Emily Krizmanich:** Great, thank you. I think now that we have somewhat of an understanding of community health workers and how they work with health centers and their roles, I kind of want to zoom back out a little bit and ask you based on your experience, what do you believe are some of the greatest challenges facing health centers wishing to start community health worker programs, or if they want to expand their current programs?

**Hansel Ibarra:** So, I would like to say first the fact that there's an agreed definition and that the federal government and state agencies are acknowledging the profession of the CHW, that in itself helps a lot. So, that's one that would have been a challenge, but because that is being implemented that, that assists a lot.

But some of the challenges that we are encountering are the different sets of guidelines that we have from state to state. There is not, there is a standardized definition, but there is no standardized role as to what the community health worker is going to do. Some states allow community health workers to do certain things, and other states might hold them back and prevent them from doing certain actions. So, if we were to be able to get that to be standardized, that in itself would be a great improvement for the community health worker.

When it comes to funding, that in itself could also be a challenge because not all states offer reimbursements. Now Medicaid does offer some reimbursements for some of the services that the community health workers provide, but it comes down to the state themselves requesting for that reimbursement and offering that, that policy for the individuals to apply for.

Another, maybe challenge that can be, would be the leadership buy in. As I mentioned, the position of the community health worker is very unique because you don't see them a lot in the office. So, because you don't see them a lot in the office, a lot of times people think that they're not doing work, so it comes down to that leadership buy in, to helping leadership understand that the usage of the community health worker is very, is very positive, and it does help them in in great ways.

When it comes to training, I would have said that that's a challenge, but at this moment we do have some states offering trainings. We do have universities offering some trainings. There are also some private organizations around the country that are offering, and ourselves, nonprofit organizations, will also offer trainings to health centers and other organizations who are interested in applying. So in in the training aspect, I wouldn't see that as a challenge. As I mentioned, there's other, there's different venues that you can go ahead and utilize that.

A possible, another possible challenge will be finding the CHWs, but I, I really don’t see that as a big challenge because a lot of the times, CHWs are already volunteering in their community. So lots of, lots of these individuals are already doing volunteer work. It's just a matter of finding them, finding them and bringing them into your organization and letting them know, hey, you know what? We appreciate your work. One of the things that we have noticed that has helped with the availability or finding those CHWs is our CHW career web. So we created a career web where we have the

community health worker in the middle, and we show the different positions, professions that the CHW can go ahead and continue once they stop being a CHW. So, you can start as a CHW and from there branch out to maybe become a social worker. You can start as a CHW and then from there branch out to be maybe a nurse.

So, using that and then showing that to the individuals is a is a good way also to encourage more people to apply for that position. We have to encourage them to apply for more and having that availability of staff.

**Emily Krizmanich:** Great, thank you so much. I think sometimes it's hard to talk about the challenges, but it's the realistic view I think we all need. And when considering the challenges, I also want to touch on what are the rewards or successes that health centers can have if they utilize community health workers?

**Hansel Ibarra:** So, as I mentioned, one of the biggest ones is that fact that a community health worker addresses your social determinants of health, those being up to 80 to 90% of the factors in someone's health. So, the community health worker being able to take care of that alleviates and prevents a lot of future diseases and the future complications going on.

Perhaps what's most impressive in what CHW programs have done is the low-cost way to improve health in patients in their communities. MHP Salud regularly conducts return on investments, ROIs, analysis to determine the financial benefits of its programs. For example, we had a program with Cada Paso del Camino, which is, was a screening program and education, and we saw that there was a return investment of $3.09 for every dollar spent in that program. We have another program where we did diabetes management and we figured out that for every dollar spent in that program, the return investment was $1.09.

So, the greatest possible reward that I can see the health centers getting from the community health worker is they get to address the social determinants of health, and you also get to show a return on investment. All that investment that you're putting into this program, you get to see it increase and you get to see the benefit of that.

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

And for our audience members, thank you for joining us for this first 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'll find under Events and Trainings and then Distance Learning. Also, please take a moment to help us improve our offerings by taking just a few minutes to evaluate your experience. A link to the online survey can be found at the top of the CHAMPS Podcast webpage.

If you're interested in recording an interview for our series, please let us know by sending an email to Emily@champsonline.org. As always, thank you for listening.