



## Emerging Issues in Health Workforce: Community Health Workers Podcast Series

Episode 3: Interview with Denise Suarez

From Tepeyac Community Health Center

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**Emily Krizmanich:** Welcome to the third 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 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 will 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 [Tepeyac Community Health Center](#) located in Denver, Colorado. Tepeyac's mission is to inspire health, wellbeing, and humanity in their community, through all life stages, and they've been utilizing community health workers to support their services for over 28 years, since 1994. I'm so excited to welcome Denise Suarez from Tepeyac. Thank you for being here, Denise.

**Denise Suarez:** Thank you so much for including me. I'm so excited to be here.

**Emily Krizmanich:** Great. So, to kick us off, can you please share more about yourself and the work that you do at Tepeyac?

**Denise Suarez:** So, I have been at Tepeyac for a little bit under five years and I started as a Health Promotions Manager. And I've been serving in that role since I've been at Tepeyac, and I feel like my role has changed throughout the years based off of the needs that our clinic has and so, our ultimate goal is always to serve our community and to bring and provide access to care to everyone who needs it. And that's kind of what brought me to Tepeyac.

I have worked in education and in health care throughout my whole career. I have a true passion for really educating or providing or helping people with services, whether it's writing information, helping them through a process, whatever it may be. And so in my roles in education and in healthcare, I've been advocating for individuals and really helping people understand how to receive services or access to services in this country. And so I think with my work at Tepeyac, I bring all of that together and I use really everything that I've learned throughout my career to really enhance the services that we're able to provide as health promotions, or promotoras, or community health workers, however you would like to call us.

So, I think at Tepeyac we offer the integrated model of care, which means when people come into our clinic, we offer medical, dental, behavioral health, case management, and then our health promotion services. In addition, we also provide enrollment services so we help people apply for [Medicaid](#), [CHP Plus](#), guide them through the applications for other programs, like adult programs for Medicaid, and then through [Connect for Health Colorado](#). We also have a sliding fee discount program for anybody who qualifies.

So, I think, well, Tepeyac, and I guess that's what brought me to Tepeyac. It's all, everything, that we offer here and how we're really able to impact not only the health of one individual when we see them, but really the health of the community because if we are able to provide care in a place that's welcoming and warm to one individual, they will share that experience with other people and then they will come forward and actually seek care. A lot of people are afraid of seeking care and so that as a health promotions, or promotora, being out in the community like that's what we

do, and we want people to receive the care that they need and have access to those services that will make their life better. And Tepeyac does that and I think we do that very, very well.

**Emily Krizmanich:** Thank you, I think that's a great introduction and I think Tepeyac has been an example I've looked to so much while being at CHAMPS. I would just like to also ask Tepeyac has been highlighted a lot for its work during the pandemic. I've seen news articles and such about Tepeyac and also how it relates to your community health worker program. So how does Tepeyac utilize community health workers and what are the goals of your program specifically?

**Denise Suarez:** OK, so we'll start off with the goals of the program. So, our goal really is to bring people and provide the access to care. Demystify the access to care and really provide that education and that warm handoff, or the warm resource. So, at Tepeyac, as I mentioned, we offer fully integrated services, and so we see everybody from infants to elderly. We bring whatever the community wants. So, we've added nutrition, and we have HIV care through our [Ryan White Program](#), and we offer all these services. And so, when the promotoras go out, our goal is to bring people in, and it really is to remove that barrier to care.

So promotoras. I don't think we've really talked about like what promotoras do or community health workers. So, we are the warm person, the first people that individuals interact with in the community that belong to a health center.

**Emily Krizmanich:** Thank you for that, Denise. So, what is the role of a community health worker at Tepeyac?

**Denise Suarez:** Well, I think the role at Tepeyac, and I think it's a little bit different for each community health center. The role of the health worker depends on the needs of this of the community and of the center. So, at Tepeyac, our promotoras come from the community. They are a trusted member of the community, and they are also part of our staff at our clinic at Tepeyac. We serve in many, many different capacities, but we are a support system, and we are that individual that is very trusted, and patients will, or individuals, will tell us a lot more than they would tell their provider and so we're able to kind of bridge that gap and let their provider know some of the issues that are going on with that individual.

So again, we, we're very trusted. We provide everything from general information about how the health system works to screening people for services such as Medicaid, CHP Plus. We remove barriers to care, so we've had people who haven't been seen, or maybe women who haven't been seen for their breast or cervical cancer screenings since they had their children. And sometimes I've had people come to me and say, well, you know, I'll ask, "when was the last time you were screened for cervical cancer?"

And they'll say, "well, I mean, my child is 10 years old and that's the last time I've seen somebody," or people who moved from a different country and they haven't had a mammogram ever, and they're in their 70s. You know we start screening for breast cancer at age 40 to 45, so those are the kind of things that we do. We really remove those barriers to care so people will tell us some of the things that they are going through and while we're speaking to them, we're kind of thinking about what services they might need, whether it's just a general physical or they might tell us about the food insecurity, or the housing insecurity, or transportation, and these are just through conversations.

So, we really are like listening, actively listening, and trying to find resources for that individual as we're listening and so we really try to remove those barriers to care. We want people to be healthy and so we know that within our community people are afraid of seeking care, so they come to us.

So, part of all of that is, you know, sometimes we'll be in the community, and because we've filled in, especially during the pandemic, we now know how to schedule people for their appointments. We've helped in the call center when they've been short staffed. We help submit orders for mammograms or help with some process creation at the clinic. We offer cooking classes, nutrition 101, 101 presentations or even conversations with individuals, and we really, really are part of the clinical team because we really do support for our team and really provide anything that we can to our patients.

And so, the promotoras, or community health workers, we really are a support system for our patients, but also for the clinical staff. There are things that you know people don't want to ask their providers and so they ask us and then we're able to say, "you know what? You know that's a fantastic question. Have you asked your provider?" A lot of time, people will say no, and then we'll say, "well, you know, let me see if we can do this." And we can share that information with the provider.

That's kind of what we do. We are, we do a little bit of everything, and it really is depending on the individual. So, there's times that you know somebody just needs an appointment and then we're done. But there's other times that people want us to go with them to their pap smear appointment or the mammogram appointment and just wait in the lobby for them. And we will do that if that's what's going to get somebody to get that cancer screening. That's what we will do.

And so that's why like each clinic will determine what their community health worker will do in their organization. But for us, it really is a little bit of everything, and so your promotoras are such a great asset to your community because there's so many things people will tell us that they will not tell their provider. And so, we're able to share that and kind of like bridge that gap.

**Emily Krizmanich:** Yeah, thank you for touching on that they kind of have their hand in everything, just a little bit of everything, because that leads into what kind of impact has your program had? Both on your health center but also on the community?

**Denise Suarez:** So, for us in the health center, I believe that we are, I think the impact has been very great. Otherwise, like we started as, I think when we first opened up, it was just community health workers going out and providing services and information to the community and then you know, people started, wanted a new clinic. And they wanted a clinic in their community, and so that's how Tepeyac came about.

And so, as an organization, the community health workers not only fill it in, but we help create processes, we bring in information that people are telling us. So, if people want a certain, specific service and we hear about it, and then we share it with leadership so that they can kind of make a decision on whether or not it's something that we can provide.

So, one of the bigger things is like a nutritionist. People have been begging us to get a nutritionist. Because you know nutrition is so important. It's so individualized. And although we've provided one on one health coaching to individuals, there's nothing like having a certified nutritionist in our clinic because that's a specialty that's so hard to get into, and also very costly. And so, if we're able to offer it in the clinic then that makes a huge impact on all of our individuals.

Now we're able to think about what we can do for our patients, and not just in a one-on-one setting, but maybe even at a group level or at a higher level. We do that and then there's also been like, you know, although we've had providers, family physicians, who will see individuals regardless of age, the community has been asking us to get a pediatrician, and so again we bring all that information into the clinic. We're also able to go into the community and really bring patients in who've never been seen and then really do have that impact.

We have our special programs that we have the ability to execute that the clinic staff wouldn't. So, from our cooking classes right where we're able to really provide education to individuals and actually like hands-on cooking for families, that makes a big impact on the health, and really share, it's sharing how to eat healthy.

Or our COVID vaccines like, we'll talk about that in a little bit, but we were able to get about 7,000 people vaccinated from first to boosters, and we're still hosting our vaccine clinics. So, we're able to provide all of those resources to the community, so I don't know if there's a quantifiable or quantifiable data about, you know, what our impact has been, but it really is, for us, it's that one story that people will share with us and it's just pretty amazing. When we're out in the community and people have such a great experience with us that they want to come see us. And I've had individuals tell me, you know, they can no longer come to our clinic because they've changed insurances and then they like, when I call

and ask you know, "Hey, what's going on? We haven't seen you." and then I get, "Well I changed insurances and I wish I could go back to Tepeyac, but it felt like family. It felt like home."

And I think that's it, it starts from us out in the community talking to people and then coming to Tepeyac and feeling the same way and knowing that they're going to be taken care of. So, I think we are that warm friendly face out in the community. So, I think that's the impact. I feel it's more on the different workflows and what we bring in, but also more than anything, like those individual stories that sometimes when you hear them. I mean sometimes for me, like I help people, but then it it's my everyday job. So, I don't really think about it until they come and say, "by the way you, you did this for me," and you realize how much you're actually doing but you don't. For you, it's, you know you're out there, you're helping people, and but it's not you really thinking about how it's changing somebody's life until they come back and tell you.

**Emily Krizmanich:** Wow, thank you. I think that was impactful to hear, but thinking about the things that are positive, I also want to ask you, you know, was there anything that you tried, or Tepeyac tried, that didn't really work? You know, and is there anything that you feel like works better now?

**Denise Suarez:** Well, I think you really have to evaluate what the needs of your community are and what the goals of your clinic. A lot of clinics have quality measures and all these metrics that they have to reach, and you know we are a federally qualified health center. So, there's metrics that we as a clinic have to make sure that that we are reaching and so the promotoras, we help with that.

And so, I think making sure that we are all working as a team. Your promotoras can't be siloed doing work that is relevant, obviously, and very helpful to the community, but it also has to have an impact within the organization. And so, one thing that we're doing at Tepeyac, I, we have, I'm part of the operations team. I also meet with my medical director, and we discuss the changes that are going on at the clinic, what is needed on my end, what is needed, what do I need from her, what does she need from me? And we are working closely, and we are working with the call center so that we are ensuring that we know what their processes are. We're working with the front desk, with almost every bit of the organization and maybe not like working directly with them, but really having understanding of what's going on at the clinic so that we're better able to provide those resources.

I would say sometimes we get stuck on what the community needs and so we go out and do that, but how is that impacting the organization? Also, I believe that whenever we do anything with promotoras, or community health workers, that it really is, you're making them part of the team. And they're really working with every department, or understanding every department, so that they're better able to provide those services.

I mean, that's the biggest thing. There's work that I was doing when I first started that really wasn't impactful to our clinic patients, and so you have to really define what you want your community health worker to be. Do you want them in the clinic, writing those resources within the clinic? Or do you want them out in the community? Or is it a hybrid? And for us at Tepeyac, it's a hybrid, but also, it's also about making sure that our clinical goals and quality measures are being reached and that everybody is on board with that. So, do not silo your promotoras or community health workers.

**Emily Krizmanich:** That's an excellent point. You've kind of already touched on this, so at Tepeyac, how have community health workers been incorporated into the larger health center team?

**Denise Suarez:** Well, I think with health workers and promotoras we have a lot of the shared work with the organization. So, as I mentioned before, we are part of the clinic and we are part of making sure that we reach our quality metrics and our goals of our organization. And so, we work with different teams to ensure that we're on the same page, but also to fill in where we might have staffing needs.

So, we have a program called the [Women's Wellness Connection](#). If you guys don't know about it, it's an amazing program. I really love it because it helps women get access to breast and cervical cancer screenings. And so, with that

program, the community health workers, we go out into the community, and we provide we try to remove those barriers to care, and we provide a lot of education. So, part of that is we are working with our front desk staff, our clinical staff, everybody. So that we're all on the same page about the process, the workflows, and ensuring that that the whole process for these individuals gets completed. But the community and partners know about the services that we're offering and that we do have this program so they'll reach out to us and so when people call about this program, they will send them over to us. And then I also work with the medical director to ensure that she understands everything and that we are all again on the same page. We are working with the referral coordinators to ensure that all the orders for the mammograms get sent out and everything is entered so that the patient doesn't have to pay for those services.

So, it just, our patients overlap and again we refer patients to one another. So, as I mentioned, like when we're out in the community and we bring people in, I'm sharing with the clinical team what that specific patient may need, if they have additional needs, and so we're always communicating. And I think that's the big thing about our part of it is, we are communicating, and staff were invited to any of the programs that we have, and they're aware of what programs or grants we are working on. We, in turn, also understand what programs the clinic is working on so that we're able to support them.

I think another thing is that our programs evolve. Again, with our work as community health workers, it does change. I feel like seasonally based off of the needs, and so as promotoras or community health workers, were able to pivot fairly quickly and I think that's what's amazing about us, is that we have so much, and yes, amazing about us, I think we are amazing, and I've met so many other promotoras out in the community who do similar work and the impact is immense for our community. And so, our programs are changing and evolving based off of what is needed.

So, with COVID you know as staff maybe were out sick, then that's where we were able to come in and help, but then we're also working with the team to know, so that they know, when we're bringing in the vaccine bus and ensuring that all of those workflows and everybody is on the same page about all the services that we're offering. Yeah, I think and then with grants we support each other. Again, we are on the same page about what grants work for the organization and which ones are good to pursue.

We work together and we, it's not, you know, the top telling us what programs we're going to implement, but really we work as a team to determine whether or not it's something that is valuable and we'll, we have the capacity because there's so many programs that we would love to do but we don't have the capacity to do it. And so, we work together to determine what programs we will embark on and begin at the clinic. I think we're we are part of the team as we're working together. We are part of workflows and processes. And everybody just tries to stay on the same page.

And then we're also a referral source, so people will refer to us if there's something that we, a service that we're able to provide, more one-on-one with patients, then we refer over to providers. Many people tell us about their mental health struggles and so we are not experts in that. We could provide very basic information and then, but we are very lucky that we have an integrated medical health center and so we're able to share the referral over to the behavioral health team.

So that's how we are part of the community health center. It just really is it's a cycle. It really is from us bringing up, you know, bringing somebody into the clinic, to them going through, receiving all their services, and sometimes close that with us because they were we might be able to provide an additional support.

**Emily Krizmanich:** To me, it sounds like your promotoras are the great connector. You make all the connections, you are liaisons, and it's amazing to hear about all the intricacies behind your work.

**Denise Suarez:** I think so, I think so, and I think with those skills, we're very fortunate to have worked with the [Patient Navigator Collaborative](#). We have received training on motivational interviewing and that has helped us so much to really listen and really figure out how we can help somebody and help how we can help them help themselves.

**Emily Krizmanich:** I think that's a very important note, so thank you for sharing. As we all are aware, we've seen an increase in workforce shortages around the country and especially in healthcare. Do you think community health workers can help alleviate strain on health centers? And do you have any idea where this could be specifically?

**Denise Suarez:** Absolutely. I think the community health workers, we are, we have so many skills and we have amazing soft skills because we are out in the community and we know how to talk to people and talk to people in a way that they understand and they connect, have conversations with us and I think that's what's so important is to remember that your promotoras are such a great asset.

And so, that being said, the promotoras, because we know a little bit about everything that's going on in our clinics, I feel like we could fill in and depending on, obviously not medical, can't provide medical advice, or you know, do any vaccines or anything like that, but we really can be utilized for maybe that nutrition counseling or determining why you know a provider hasn't, a patient hasn't, gone for their colorectal cancer screening in years. People will tell us a lot of information and so I think you know, utilizing your community health workers to really outreach to patients, to make sure that they are getting their screenings, or they're being seen, or to determining what is stopping them from receiving the care that they need. That might be an area where you know that health navigation or patient navigation is happening.

We have so many patients with high needs and so we know that a patient navigator may not have two hours to spend with somebody. And so maybe a promotora, or community health worker, can do that during kind of really dig deep with that individual. And also, we provide a lot of resources and connections, and we know about, you know what's going on in our community, and so we're able to provide a little bit of that information to our patients, but it just depends on what the needs are.

So, for example, right now we are helping process mammography orders. We have so many orders that need to be sent out and, but, our patients are not receiving the care that they need because they don't have the money to pay for a mammogram, or they're afraid of going in and being told that there might be something wrong. So, my team is calling those women and helping them schedule those appointments and determining whether there might be something that's stopping somebody from receiving care, whether it's transportation, or childcare, or food insecurity. And so that's one area where we're able to assist.

During COVID, we were really short staffed with call center. And so, we learned how to schedule individuals and we were able to do that for the team. We filled in for the front desk. I've helped screen people for Medicaid and help them enroll, and so my team is also, we have the training to help people apply for Medicaid and Connect for Health Colorado.

So, when people are asking about those services, we know exactly what to say and kind of help guide people. So, there's just a different, so many different ways that we can help. It just depends on what the needs of the organization is. And then go from there and then really provide that training and that support for them so that they're really a big asset.

**Emily Krizmanich:** The way you're talking it makes me feel like community health workers can be a great resource for health centers to kind of get things flowing and have, make that connection where it matters.

Based on your experience and the program at Tepeyac, what do you think are the greatest challenges facing health centers wishing to start community health worker programs to expand their workforce and their services to patients?

**Denise Suarez:** I think right now staffing. I think staffing all around the country, especially in healthcare is one of those challenges, but also determining what you want your promotora or your community health workers to do and how you want them to be part of the clinic. So really understanding what you want them to do and then also understanding what your community needs. So, we do a community health needs assessment every few years. From that, we can determine not only what, how we might be able to utilize the community health workers, but what it helps to inform what services are needed in the community and what services we need to bring to our health center.

There's training, a lot of training. Sometimes it's hard to find, though, because community health workers, yes, it's kind of new, but it's it, we really are connectors, so kind of determining what training they need based off of the needs of your organization.

Funding. Make sure that any funding that you, for grants that you are applying for that they really will help enhance the services that you're offering at your community center.

Making sure that they are part of the team, ensuring that they're not siloed but that you're really working with them to ensure that they are part of that team and really, really, really being an asset, because, again, people will tell us their whole life story and as we are talking with them, we are determining what needs they have and where, what resources they might need. And so, you know, I, just it makes me think about you know when I'm in the community and all the people won't ask for help directly, but they'll tell you their story and they'll tell you how they want to help somebody else.

And I've done that where people will tell me their story and then they'll mention something, but they're really trying to help somebody else, and so I'll help the other person. I'll say OK, now let's go back to you. You said ABC and I've taught people how to kind of do a very simple profit and loss. Never did I think that I would do that kind of thing, but just again, it's training, knowing what services are offered at your community health center and being able to make sure that you're, listen to your community health workers about what they're hearing in the community and then providing that training so that they're able to go out and better provide that service.

**Emily Krizmanich:** That is great advice, and before we close out here, do you have any other pieces of advice that you feel like health centers that are looking to enhance their programs or start new ones need to know?

**Denise Suarez:** I would say really make the community health worker part of your team. They can be a really big asset. Go after grants that will enhance the services that you offer and your promotoras will, can really help enhance those programs. And I just saw that there is a new program for promotora or community health worker apprenticeships. So, that is something brand new and you could see that there is need and national organizations are seeing that need. And I think it's through [HRSA](#). So, I just saw that come up through my email today that they are looking for organizations to partner with them.

**Emily Krizmanich:** Which is incredible.

**Denise Suarez:** Yeah, it's a certain apprenticeship program like, how amazing is that? How amazing is it to really train somebody? Get them the knowledge that they need and then really build them up so that they have a career with your organization.

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

**Denise Suarez:** Thank you so much for having me.

**Emily Krizmanich:** And to our audience members, thank you for joining us for the third episode of the Emerging Issues in Health Workforce: Community Health Workers podcast series. This episode is available for free download at [www.CHAMPSonline.org](#), 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 [Podcasts](#) webpage. If you are interested in recording an interview for our series, please let us know by sending an email to [Emily@CHAMPSonline.org](mailto:Emily@CHAMPSonline.org).

As always, thank you for listening.