Community health workers (CHWs) are often a bridge between the community and health care, public agencies, and social service organizations. They are of the community and their impact is rooted in the deep rapport and trust that they build with community members and program participants. CHWs work in clinics and out in the community, and often connect with clients in their homes, schools, places of worship, and at work.

As face-to-face contact has fallen off during the pandemic, CHWs have been working hard to continue to serve their communities, using a variety of technologies and methods to stay connected during this time of social distancing. Below is a summary of the strategies and resources that FORHP grantees shared.

Connecting with Clients and Community Members

Video calls, phone calls, and messaging apps have been good ways to connect and help address social isolation. As one person observed, “people are lonely and ready to talk and happy to hear from us.” Another grantee stated that they set a goal among their staff to double the number of outreach contacts that they made to their program participants. During check-in calls, CHWs are providing information about services and supports available to families and individuals, including food pantries, COVID testing, housing supports, and mental health resources.

Some grantees are connecting using more formal telehealth platforms, such as Doxy.me, and integrating CHWs into their telehealth work. One grantee mentioned that their CHW and medical providers together meet with clients virtually. Another grantee is able to have their certified CHWs screen patients using the Screening, Brief Intervention, and Referral to Treatment Healthy Lifestyles questionnaire and get reimbursed in their state when a provider signs off on the screening. It was noted that changes to enforcement of Health Insurance Portability and Accountability Act (HIPAA) privacy regulations and choice of virtual platforms to
provide telehealth services (see Resource Section below) may help ease some challenges with moving CHW services to virtual delivery.

**Engaging Clients**

Some grantees reported that it was challenging to get clients to meaningfully engage by phone or virtually. CHWs recommended starting interactions with checking in on how clients are doing, showing empathy, and sharing a relatable experience. Rapport can also be established through follow-up calls and sharing resources. Motivational interviewing is a method that can also assist in assessing where clients are, determining barriers, and establishing goals.

Getting clients to answer calls from unknown numbers is a challenge. CHWs are addressing this challenge by purchasing pay-as-you-go phones and setting up Google Voice, which provides a separate local number. CHWs may also reach out to other agencies that are in touch with the client to have them check in that way when they are not answering calls.

Grantees reported having success in moving their group sessions from in-person to online. One grantee mentioned that in their virtual chronic disease class, participants seemed to be more open to discussing things they wouldn’t normally talk about. Participant retention for virtual workshop series is similar to levels for in-person classes, and in some cases, better, because participants do not have transportation, work, or childcare challenges.

The top concerns CHWs are seeing with their clients are food security, mental health issues, such as anxiety and isolation, and increasing homelessness. CHWs provide an essential role in connecting clients to resources to address these issues arising during this time. Many participants describe coming together with new and existing partners to identify those in need, pool resources, and provide a safety net.

**Supporting CHWs**

CHWs are feeling displaced, as they are having to work differently. Many are addressing this by meeting virtually on a regular basis. Building the infrastructure and expectations for working in a new way is important. Grantees established teleworking policies and provided CHWs with training on virtual platforms. One grantee mentioned they are doing a lot to recognize workers through giving “shout outs” on social media, banners, etc.

Some are using this time to focus on training and capacity-building for their CHWs. One group is training CHWs in grant-writing. Others are doing refresher courses on CHW core competencies.

Others are looking for ways to redirect CHWs’ expertise and community connections. CHWs could potentially play an important role in contact tracing. One grantee shared that CHWs are part of an Isolation Quarantine Team that provides resources to COVID-19 patients released from the hospital who are isolated in a hotel.

Overall, the importance of the role of the CHW as a social support and as a lifeline for connecting clients to resources is apparent during this time.
**Resources Shared**

Apps for connecting:
- Google Duo
- Whatsapp

Free local, phone number to use with personal phone:
- google.com/voice
- FaceTime video calling
- FreeConferenceCalling

Apps for posting videos:
- Instagram

Telehealth platforms:
- eclinicalworks
- Doximity

Engage clients on phone:
- Motivational Interviewing

HIPAA compliance:
- Zoom platform for health care that is HIPAA-compliant
- Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Public Health Emergency
- Novel coronavirus and HIPAA compliance

CHW resources:
- National Association of Community Health Workers COVID-19 resource bank
- Patient Advocate Foundation COVID-19 Care Resource Center. These resources are directed toward patients, particularly those with chronic diseases. There might be helpful education resources and information that CHWs can use.
- Archived webinars from University of Pennsylvania’s IMPACT Program on best practices for CHW practices during COVID response
- When COVID-19 Gives You Lemons: Pivoting to Virtual Community Engagement

Other resources grantees shared:
- CATCH at home — A resource for parents and teachers to support healthy behaviors
- Arbor Family Health

**For more information:**
Georgia Health Policy Center
55 Park Place
Atlanta, GA 30303
404-413-0314
chsdteam@gsu.edu
ghpc.gsu.edu