

Community Health Workers

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Community health

Communities can be defined as shared spaces where people live and interact. Such shared spaces can be determined in term of geographic areas, ethnic identities, profession, language, religion, and so on. Actions (and/or inactions) of one member in a community can directly or indirectly impact the lives of other community members. The concept of the health and well-being of a community, then, arises from the need for the betterment of its members, taking into consideration the physical and mental health of the community members, their social needs, and their economic/financial context. As such, community health is said to lie in the intersection of healthcare, social interaction, and economics, and tends to focus primarily on geographic regions (Brooks, 2019). Community health, thus, can be construed against the backdrop of health communication and praxis, enhancing the health and well-being of the community members.

Looking at the history of community health reveals a strong and rich tie in innovations in the field of public health, and specifically in programs focused on identifying chronic and acute diseases, and reducing their risk factor prevalence (Goodman, Bunnell, & Posner, 2014). Such programs assist in improving the physical and mental well-being of community members (thus improving their health), reduce the spread of infection and communicable diseases, and also support preparation for natural disasters (Brooks, 2019). According to the Centers for Disease Control and Prevention (CDC), “Working at the community level promotes healthy living, helps prevent chronic diseases and brings the greatest health benefits to the greatest number of people in need” (CDC, 2017). Although individual health and community health are inextricably tied together, effective community health forces individuals to focus on collective health as everyone is interdependent. Some of the seminal community health intervention trials during its conception in the 1970s include the Stanford Three Community Study, the North Karelia Project, and the Stanford Five-City Project (Goodman et al., 2014). Up until now, many intervention programs have been run by both government and nongovernmental organizations around the globe under the umbrella of community health work. However, despite such a long history of community health interventions, the definition, meaning, and scope of “community health” in academia are very limited (Goodman et al., 2014).

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Community health workers

The people who bridge the gap between healthcare policies targeted toward communities and the community members themselves are known as community health workers (CHW). In other words, the liaison between service clinicians (the term “clinician” is also used) and the community members is performed by CHW. CHW serve in the front lines and provide necessary consultation, advice, and relevant support to the community members in order to assist them in improving their physical and mental health, and their overall lifestyle. The overarching role of a CHW is to assist community members in locating and implementing proper healthcare options (Malvik, 2019). CHW generally live and work in the communities they serve, and communities that are marginalized, underprivileged, or lack healthcare (and other social/economic) resources tend to have a higher demand for CHW. Within such settings, CHW tend to be employed the most for family and individual services, religious/civic organizations, and government agencies (Malvik, 2019).

The job responsibilities of CHW vary depending on the locations of their work. The tasks involved can range from setting up tables and booths for community health events, to administering drugs and other medical tests. Other responsibilities may include discussing health concerns and options with community members, assisting people in understanding their health needs/conditions and medical reports, organizing outreach events, collecting data and sharing findings with policymakers, and supporting people in navigating the healthcare system (Malvik, 2019).

Apart from academic qualifications, the job of a CHW requires multiple soft skills. These include, but are not limited to, the following skills: willingness to help people, empathy for the participants, genuine compassion for their community members, a sense of relationship-building, trustworthiness, resourcefulness, and persistence. A combined set of qualifications, along with geographic location and specialization, assist in determining the salary range of CHW. According to the US Bureau of Labor Statistics (BLS), the median salary for a CHW was US \$39,540 in 2018 – slightly above the US national average. The top-earning professionals made around \$65,000, and the lowest bracket was below \$30,000. According to the same source, CHW who worked in individual and family services earned less than those who worked in government agencies or hospitals.

Impact of CHW on people's lives

Some of the invaluable ways in which CHW contribute to the communities they work in are mentioned in Elrick (2017).

Connecting communities and resources

The needs of communities and their members vary depending on many socioeconomic and cultural factors. For example, an economically marginalized community may have very different health needs than one where the local language/dialect is different than

the rest of the country. As such, the responsibilities of a CHW would also vary from community to community. The role of a CHW also depends on the religious and other cultural beliefs and values of communities, which may differ substantially from the available healthcare options for the participating members. Accordingly, a key role of CHW is to connect available resources with the communities, and also to promote/align expectations for both sides for mutual benefit.

Enhance education and awareness

Another key function of CHW is to assist community members with understanding and navigating their healthcare options. The idea is that this will help people utilize available resources better than they would before. Part of this process is also to share information about healthy living options for the community members so that they can make informed decisions for themselves. CHW regularly assist their community members making decisions regarding diagnosis, treatment, and overall strategies for well-being. With easier access to the Internet, people now receive health information from multiple sources – not all of which are verified. CHW routinely assist people in navigating such information so that people do not fall victim to risky healthcare choices.

Community advocacy

CHW act as the first point of reliance when there is a communication gap between local healthcare policies/systems and the community. This can happen as healthcare policies are often planned, implemented, and supervised from a centralized position (public or private), with little or no input from the actual community residents. Such centralized healthcare policymaking may also overlook the structural and cultural determinants of a community and its needs. CHW act as advocates for such communities and try to make sure policies are more in sync with their needs. In such cases, community leaders and CHW work closely – and become key stakeholders – for the broader goal of providing good healthcare options for everyone.

Counseling and social support

CHW provide follow-up counseling and other forms of support to community residents regarding their healthcare needs, which in turn makes the residents feel empowered knowing that they have the CHW working to assist them as needed. Such support makes a difference in the lives of the community members – many of whom live in underprivileged and marginalized spaces – especially the patients who need direct guidance, as they learn to navigate their healthcare options. Such knowledge paves the way for future growth, utilization of existing resources, and changes in policies/options.

Home visits and personalized care

The work of a CHW is not always visible to a large number of community members, and may not always seem glamorous. This is because in many instances CHW make

home visits to people who are sick and need personalized care. These residents might be elderly, or unable to take care of themselves, or lack resources, or just do not have family members capable of assisting them. While performing home visits and other personalized care, CHW often also train/educate family members of patients on how to provide basic support such as administer medicine, make oral saline, check blood sugar, use a nebulizer, and so on. While not prominent for many CHW, such services are valued immensely by the community recipients.

Improving communication

Often community members are not familiar with the language of healthcare clinicians – both literally and/or figuratively. In countries where several languages are used, the clinician might literally speak a different language than that spoken by community members. At other times, medical terminology and jargon might be difficult for community members to understand and follow. CHW, then, act as translators for such situations. Also, as mentioned above, there may be cultural or religious differences between clinicians and the recipients of treatment. In many cases, CHW are themselves members of the communities they work in, and can relate to the needs of the community insiders better than many others (although that may not always be the case). It is common to see patients feeling intimidated by doctors and nurses and not asking questions they might have. Also, sometimes patients do not even realize that they are entitled to ask questions, or even know what to ask. Finally, some patients do not want to admit that they did not understand what their doctors have asked them to do. These are fundamental avenues for CHW to offer their skills and services.

Summary

Community health workers are an indispensable part of healthcare across countries around the globe. Their names and roles may vary based on their locations, but their contribution to community health and welfare is invaluable. Being direct community members and participants, CHW can access and share rich information that may not otherwise be easily available to researchers – thus contributing to the scholarship of health communication to a large extent. As the call for community-based research increases across disciplines, the roles and contributions of community health workers will only become more important for all health communicators, future researchers, and praxis.

SEE ALSO: Community-based Participatory Research; Health Campaigns: Cultural Tailoring; Health Campaigns: Underserved/Vulnerable Populations; Health Disparities: Access; Health Outcomes; Indigenous Research Methods.

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