

# Community Engagement Alliance (CEAL) Against COVID-19 Disparities

## Focus Group Results: Hispanic/Latinx Community Health Workers



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To access this report digitally, please visit the NAU-CHER website (<https://nau.edu/cher/ceal/>)

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## EXECUTIVE SUMMARY

This report documents research results supported by the Arizona COVID-19 CEAL Consortium funded by the National Institute of Health, Community-Engagement Research Alliance (CEAL) Against COVID-19 in Disproportionately Affected Communities. In partnership with members and leaders of African American, Hispanic/Latinx, and American Indian communities, the Arizona COVID-19 CEAL Consortium aims to:

- ❖ **Conduct community-engaged research and outreach to assess** awareness, experiences, concerns, attitudes, needs, knowledge, and misconceptions regarding COVID-19 testing, prevention, research participation, vaccination uptake, and medical mistrust.
- ❖ **Develop culturally-appropriate dissemination materials and strategies** designed to educate about COVID-19 infection, transmission prevention, testing, and vaccination; decrease misinformation; and increase medical trust.
- ❖ **Implement and evaluate the dissemination of materials and educational strategies** on enhancing awareness, trust, willingness, ability, self-efficacy, and participation, of underserved communities in advancing the prevention and treatment of COVID-19.

The Community Health Worker (CHW) workforce, defined as a frontline public health worker who applies a unique understanding of the experience, language, and culture of the population served, is essential to the Arizona COVID-19 CEAL Consortium. CHWs are valuable members of health teams and play a vital role in addressing medical and social determinants of health among underserved populations.

This report describes the results of focus groups with 30 CHWs serving Hispanic/Latinx populations of Arizona. Results highlight the fear and misinformation surrounding the prevention and control of COVID-19 and newly available COVID-19 vaccine among Hispanic/Latinx CHW clients.

### HISPANIC/LATINX CLIENT EXPERIENCE

CHW clients consistently discussed fears and myths about the newly developed vaccine including short and long term effects, side effects especially for youth (i.e. infertility, morbidity, and mortality). CHWs believed hesitancy among clients included lack of culturally, linguistically and literacy appropriate vaccine education materials, navigation of vaccine appointment systems and immigration related concerns.

#### BARRIERS

- ◆ Understanding and reading information on vaccine ingredients and side effects
- ◆ Vaccine location, cost, and transportation
- ◆ Documentation (IDs or passports) and discrimination
- ◆ Technology including lack of computers, cellphones, or navigating online webpages

### CHW CLIENT COVID-19 VACCINE FEARS

- Rapid development (e.g. safety)
- Ingredients (e.g. unknown products, fetal tissue)
- Belief that COVID-19 is fake or not severe (e.g. high survival rate)
- Short and long term health effects (e.g. infertility, coma, death)
- Mistrust of health professionals and public health messaging (e.g. vaccine effectiveness, wearing masks)
- Fears of government control (e.g. microchip, change in DNA)
- Within family disagreements about the level of risk of COVID-19 and benefits of vaccination (e.g. youth discourage vaccination of elderly parents or vice versa)

### PUBLIC HEALTH RECOMMENDATIONS

CHWs raised five primary takeaways to support the prevention of COVID-19, including improving vaccine confidence among the Hispanic/Latinx community through:

1. Culturally and linguistically relevant policies, programs, and resources to support Spanish speaking, immigrant, elderly, and homeless communities at risk for COVID-19.
2. Culturally and linguistically relevant mental health resources to support the grief and loss disproportionately experienced due to COVID-19.
3. Culturally and linguistically relevant materials to support COVID-19 prevention behaviors including child/family member isolation due to schools' closure/quarantine.
4. Improved public trust in public health recommendations and messaging to dispel myths and correct misinformation.
5. Investment in the professional development and preparation of the CHW workforce to serve their communities with culturally and linguistically relevant evidenced based materials and tools.

### MESSAGING RECOMMENDATIONS

<b>Develop</b> direct and simple language COVID-19 vaccine messaging and materials with images.
<b>Clearly</b> communicate about vaccine safety, efficacy, side effects, ingredients, and differences between vaccines (including both COVID-19 vaccines and the flu vaccine).
<b>Include</b> testimonies from vaccinated community members describing vaccine benefits.
<b>Incorporate</b> positive language to describe COVID-19 prevention strategies and when talking about the vaccine (e.g. healthy families, healthy children, and happy homes).
<b>Use</b> both social media (e.g. Facebook, WhatsApp) and local media (e.g. radio station, billboards) to share COVID-19 prevention and treatment information, including on the vaccine.
<b>Share</b> information from reputable institutions (e.g., CDC, local health dept.) via community figures.
<b>Describe</b> the benefits of the COVID-19 vaccine at individual, family, community levels.
<b>Design</b> user-friendly websites with plain information in people's primary languages.
<b>Collaborate</b> with primary prevention mobile health units to reach community members in disseminating COVID-19 informational materials.

## OVERVIEW

The Community Health Worker (CHW) workforce, defined as a frontline public health worker who applies a unique understanding of the experience, language, and culture of the population served, has entered the spotlight as essential to COVID-19 prevention and control.

CHWs are valuable members of public health and care teams and play a vital role in addressing medical and social determinants of health among underserved populations. In Arizona, the CHW workforce is estimated at 1000-1500 CHWs employed in county and tribal health departments, health centers, schools, churches and not for profits.

This report documents research results supported by the National Institute of Health, Community-Engagement Research Alliance (CEAL) Against COVID-19 in Disproportionately Affected Communities, Arizona COVID-19 CEAL Consortium. In partnership with members and leaders of African American, Hispanic/Latinx and American Indian communities, the Arizona COVID-19 CEAL Consortium aims to:

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## APPROACH

This report outlines the results of series of focus groups conducted with 30 Hispanic/Latinx Community Health Workers (CHWs) employed across the state Arizona. Focus groups were conducted by bilingual, bicultural research staff in Spanish and English language over Zoom between January and February of 2021. Conversations with CHWs focused on the following topics:

- ◆ Contemporary Client Experiences with COVID-19
- ◆ Misinformation and Myths About COVID-19
- ◆ Concerns and Benefits of COVID-19 Vaccine
- ◆ CHW Core Roles During COVID-19
- ◆ CHW COVID-19 Training Needs

Focus group data were audio recorded and transcribed verbatim by research staff. Using a code book research staff independently coded focus group transcription and through a process of consensus, research staff identified common themes for each focus groups conversation topic. Before participating in the focus groups, CHWs completed a brief survey which collected demographics, vaccine status, COVID-19 prevention behaviors.

In the following sections, we describe the selected results of the CHW brief survey and the qualitative results of the focus groups conversations with CHWs about CHW clients' experiences, beliefs, and behaviors related to the prevention of COVID-19 with a focus on vaccine confidence.

### **RESULTS: Survey**

Hispanic/Latinx CHW participants were predominately female with a balanced range in age and experience as a CHW. Participants engaged in primary prevention of COVID-19 including high mask use, hand washing, and social distancing, with the majority of CHW participants reporting that were very likely to get the COVID-19 vaccine. See Table 1 for a breakdown summary of CHW focus group participant demographics.

Table 1. Focus group demographics

<b>Community Health Workers (N=30)</b>				
<b>Age</b>				
	25 – 40	33% (n=6)		
	41 – 50	28% (n=5)		
	50+	39% (n=7)		
	No response	N=12		
<b>Race</b>				
	Hispanic	96.5% (n=28)		
	Non-Hispanic	3.5% (n=1)		
	No response	N=1		
<b>Gender</b>				
	Male	3.4% (n=1)		
	Female	96.6% (n=28)		
<b>Education</b>				
	High school or GED	38% (n=11)		
	Associate’s or technical degree	42% (n=12)		
	Bachelor’s degree	14% (n=4)		
	Prefer not to answer	7% (n=2)		
<b>COVID-19 practices</b>				
		<b>Mask use</b>	<b>Hand washing</b>	<b>Social distancing</b>
	Never	3.3% (n=1)	3.3% (n=1)	3.3% (n=1)
	Very often	3.3% (n=1)	13.3% (n=4)	30% (n=9)
	All of the time	93.4% (n=28)	83.4% (n=25)	66.7% (n=30)
<b>Likely to get COVID-19 vaccine</b>				
	Not at all	3.3% (n=1)		
	3	3.3% (n=1)		
	4	3.3% (n=1)		
	5	3.3% (n=1)		
	Very likely	86.8% (n=26)		



## RESULTS: Focus Groups

The remainder of the report summarizes findings from qualitative analysis of the focus groups, categorized into the following broad themes:

- ◆ Community Impact of COVID-19
- ◆ Community COVID-19 Vaccine Frequently Asked Questions
- ◆ Community Vaccine Access and Barriers
- ◆ Community COVID-19 Vaccine Misinformation
- ◆ Community COVID-19 Misinformation
- ◆ CHW Strategies to Address COVID-19 Misinformation & Build Vaccine Confidence
- ◆ CHW Identified Training
- ◆ CHW Experiences During COVID-19

### Community Impact of COVID-19

This section of the report explores the contemporary issues faced by CHW clients and included the following topic for discussion:

- ◆ **How has COVID-19 affected the community members you serve as a CHW. What are your clients dealing with right now because of COVID-19?**

## Technology Barriers

### *Summary*

In 2020, COVID-19 affected Hispanic/Latinx communities and highlighted issues facing clients served by CHWs. Clients experienced challenges to reaching health services like COVID-19 testing and monitoring, as well as routine health checkups. Despite services like telemedicine where clients virtually met with doctors using computers, many clients felt excluded and frustrated because they did not have computers or reliable internet service. They faced issues in contacting their doctors but also in navigating important COVID-19 information from local and national government websites. Those with internet connection and computers also faced barriers in navigating webpage because government pages were not easy to read, or information was buried in pages of text. Elderly and Spanish speaking client were most affected by issues in technology and relied more on family members to help them navigate websites and translate documents for services like doctor's appointment, COVID-19 testing, and vaccine appointments.

### *CHW Quotes*

“So, they are struggling, they are struggling to see their doctor for medical visits because many of them do not see them right now, most not in person, no and it is by

Zoom. Many of them do not know how to use that, it is by video, that many of them say ‘I can't and they already told me and the nurse told me how, however, I can't and I can't. And I have many months without seeing my doctor.’”

“So a lot of the places are requiring them to either make an account online to be able to get a COVID-19 test. Some people don't know how to use technology like the Internet or just making an account or even have email, so that's been a barrier for them.”

## Economic Challenges

### *Summary*

CHWs worked to find and connect their client with resources to cover living expenses (e.g. rent, utilities, and groceries) because at least one working adult lost income due to closed workplace and made getting healthcare more difficult. Low-income, and undocumented, clients – primarily working in service industries like restaurants and hotels – were most affected by the lockdown policies that forced families to quarantine at home and excluded many people from safety net programs, like the CARES act that provided family with economic relief, or Medicaid. CHWs also reported many of their clients did not qualify or can afford insurance, doctor’s appointments, or other treatments like medications. CHWs worked endless hours to connect their clients to local resources to soften the impact of COVID-19.

### *CHW Quotes*

“But it's not just that, in my situation I see that these families are struggling a lot with what we call ‘social determinants of health,’ which are the common needs that people who have no way of paying their utility, they do not have means to pay the rent, that no, they do not know what they have to do in these cases.”

“Plenty of loss of jobs, up and downs around that for sure. Because they mostly work in the hotel and restaurant industries. It is losing the jobs, getting it back, getting a few hours and more hours. And it's been a real roller coaster when it comes to jobs for sure.”

## Cultural Systems Challenges

### *Summary*

The COVID-19 pandemic led to changes in family, religion, and community practices important to Hispanic/Latinx clients such as high stress and mental health issues like depression. CHWs describe two causes of stress and mental health issues: 1) The loss of family and friends to COVID-19 or other conditions. Clients described not being able to see loved ones who were hospitalized for fear of infection or because they were in critical conditions. 2) The interruption of religious or cultural ceremonies like communion, baptism, or funerals. Families could not gather together and celebrate birthdays or coming of age ceremonies or mourn the loss of dying family and friends.

### *CHW Quotes*

“If they need a Father to go with some special intention to their house. For example, if the person is in the terminal phase, but is at home, celebrations are taking place outside in the parking lot. To also prevent getting close to people.”

“They are struggling physically, emotionally, spiritually because of infections and the churches are closed.”

“When it comes to COVID-19 itself, really struggling in terms of this very embedded part of the culture of being together with family and within that then exposing themselves to COVID-19 and dealing with that, you know, what comes with that and, you know, kind of... with each other, what can they do together as a family. And then at the same time being infected with COVID. And who can they trust, you know, to get help around that?”

## Chronic Disease Management

### *Summary*

Clients with chronic disease experienced challenges to managing their condition, seeking care and follow-up with their doctors from fear of getting infected, or limited availability of health services during COVID. Managing their chronic conditions alone increased feelings of isolation and frustration. CHWs reported their clients delayed seeking care and treatment for their chronic disease for fear getting infected with COVID-19 or dying after seeing relatives suffer.

### *CHW Quotes*

“[Clients are afraid of COVID-19] because they may have seen a close relative who has suffered it, have had serious consequences or have lost a relative. Or a close acquaintance [...] who already have a chronic disease, diabetes, pressure, asthma.”

“Yes, I think it is isolation, [...] not everyone can join a support group at their point. They [...] have taken all the protective measures that they do not allow company at the Cancer Center. Patients who are entering cancer treatment come in alone.”

“People need to get treated, need to have follow-ups, especially cancer survivors. They can't leave their follow-ups. [...] They need to have regular surveillance, and I see that that's one of the hardest things.”

## **Limited Health Services**

### *Summary*

Healthcare settings such as hospitals and clinics took precautions to prevent the spread of COVID-19 by limiting the health services they offered (e.g. reducing in-person visits, postponing elective surgeries), and changed the way services were provided (e.g. increased use of telemedicine services). Changes in delivery of healthcare services impacted client's abilities to seek and access needed health services, compounding already existing challenges among underserved communities experiencing health disparities. For CHW clients, these challenges include receiving care and health information in one's primary language, provider cultural competency, patient trust in providers and healthcare organizations, lack of health insurance coverage, and lack of affordable care. Additionally, beliefs and attitudes have affected access to health services for some people, such as patients with pre-existing conditions feeling nervous and fearful to attend in-person appointments due to risk of COVID-19 infection.

### *CHW Quotes*

“They are struggling in different ways because many of them have surgeries they have postponed for a long time because they are not a priority. Because they don't want to take them to the hospital.”

“[COVID] has impacted people's health. Many people have become infected with the virus and many have been left with the sequelae and no primary care.”

## Parental Role Challenges

### *Summary*

Among CHW client families, remote learning for children with working parents was a significant challenge experienced during the pandemic. For parents who could work from home, it was difficult to help their children transition to online school while also managing their work and other responsibilities. Other parents were unable to work from home or take time off from work and were faced with the choice of leaving their children alone at home. Parents were also worried that their children were having too much screen time, not adequately learning in the online environment, and falling behind in their education. Similarly, parents expressed the social and physical concerns related to online learning compared to in-person school, as well as resulting health impacts. For example, children attending online classes were unable to socialize meaningfully with their peers and were more sedentary, leading to mental health conditions such as anxiety and depression, and physical health impacts such as weight gain. Parents experienced increased stress over these concerns for their children. CHWs further described these parental challenges through a gender role lens, where it was primarily the mother juggling multiple roles in the family (e.g. wage-earner, caretaker, teacher).

### *CHW Quotes*

“Another worry is the kind of life that children are living right now. They're locked up at home all the time with the computer. Their eyes are affected. Their way of socializing too. They don't pay attention anymore, I mean, they're already locked up. And I think that's one of the very important concerns that we have about COVID. And to some extent, the benefits, in fact, is that they are already at home, they are with the mom, but many times the mother is busy and is the one outside working, then they are left alone. That has also greatly affected the community.”

“A lot of the moms that I'm talking to are really worried that their kids aren't even learning. So, they are attending school. They're logging on to their Zoom classes. They're actually really not getting all that education that they feel they got before they had to be quarantined and they had to stay at home. So that's a lot of the stress that comes with moms that have kids at home and trying to help with the homework and with teaching the material and that they feel that the kids aren't actually learning.”

## Children Quarantine Support

### *Summary*

Throughout the 2020 pandemic lockdown, parents felt isolated and unsupported especially in managing their children's emotion and behavior. One CHW described her experience with a mother scolding their child at a grocery store for touching a grocery cart rather than teaching how to sanitize surfaces before touching them. This CHW said that some parents reacted to children's behavior and did not have the tools to support their children's development and mental health so instead they reacted by yelling or punishing their children. All CHWs discussed their experiences with clients and their families where parents felt lost and unsure what to do. Parents felt that during home quarantine they had no ways of entertaining, educating, and supporting their children while they were out of school and away from their friends. Overall, CHWs emphasized that their clients needed resources to manager their kid's behavior, mental health (like depression), and support their emotion and physical development. CHWs stated that they want mental health trainings to have the tools to better support their clients.

### *Recommendations*

The following strategies to support family mental health were practiced by CHWs:

- ◆ Create coloring books or cooking ideas for parents to enjoy with their kids and keep their minds active and happy.
- ◆ Take children out on daily walks or evening board games to bring the whole family together.

### *CHW Quotes*

"The little ones don't understand that us keeping them in is to keep them safe, you know, and so it's going to be a whole other ball of work that will need to be done afterwards."

"If a person doesn't recognize or realize that they need support, you know, it can trickle down to the rest of the family. If you got kids and you're not recognizing that you need some support and you don't see the kids, then maybe you don't recognize that they're [in need of] support."

## Elder Quarantine Support

### *Summary*

During the pandemic, CHW reported searching for resources and filling in gaps that their elderly clients faced like shortage of foods, transportation to doctor appointments, and easing their COVID-19 fears. Elderly clients felt alone because they did not have transportation and did not feel safe going out shopping for groceries during the lockdown. CHWs took on the responsibility to deliver foods, groceries, and to spent time with their clients since many of their clients feared leaving their homes and catching COVID-19. In these meetings, CHWs listened to their client’s fears and concerns about the pandemic and corrected misinformation like the belief that COVID-19 spreads through the air by educating or pointing them to reliable websites like the CDC. With the limited time they had with patients, CHWs made sure their clients were supported with basic needs likes bringing food, listening to their concerns, and correcting misinformation, and driving them to their appointments.

### *CHW Quotes*

“The more conversations we do have with them [elderly], a little bit more at ease they are about following through with what they need and of course, making sure that they have everything that they need at home, you know? ‘Well, I can't leave my house because I'm afraid of this,’ but I need to go get food for the older population that we are working with. So, trying to alleviate their fears and making sure that they follow through with what they need to do for themselves.”

## Community COVID-19 Vaccine Frequently Asked Questions

This section of the report outlines the results related to CHW client’s knowledge, attitudes and behaviors related to the COVID-19 vaccine, including myths and misinformation. Topics for discussion included:

- ◆ **Today, right now, what types of misinformation or myths have your clients shared with you about COVID-19 that you know or believe is not true and how are you correcting these myths?**
- ◆ **What are the concerns and benefits your clients have shared with you about getting vaccinated for COVID-19?**
- ◆ **What are the barriers your clients may face to get the COVID-19 vaccine (e.g., social, economic, physical)?**

## Community COVID-19 Vaccine Knowledge, Attitudes, and Behaviors

### *Summary*

Throughout the COVID-19 pandemic, CHWs supported their clients by sharing accurate information about COVID-19 vaccines to correct the myths and misinformation their clients believed about these vaccines. Their clients believed that the vaccines were made too fast, the ingredients used were not safe, and the vaccines are still experimental. Sources like the Center for Disease Control and Prevention (CDC) and the Arizona Department of Health Services is the most trusted for CHWS to share with their clients to correct misinformation. However, sharing facts and trusted webpages was not enough correct misinformation. CHWs found that public health messages left clients unsure what to expect from vaccines like the short and long-term side effects, who was safe to get vaccines, and if they would become sterilized or die.

CHWs learned that changing their client's attitudes and behaviors involved not just sharing trusted information but also using personal examples to build trust. By sharing personal experiences in their client's language, clients understood the benefits of vaccination such a protecting their loved one from hospitalization, and seeing their families, friends, and grandchildren again. Clients who were still hesitant about the vaccine want clearer information about the differences between each vaccine, how they worked in the body, effectiveness against new variants, and clear expectations of the risks and benefits of each vaccine.

### *Recommendations*

Strategies to improve trust and reduce fear-related hesitancy include:

- ◆ Trusted community figures, communication on the purpose of vaccination, commitment to utmost wellbeing of all people, and illustration of vaccine difference (especially from flu vaccine).
- ◆ Explain the purpose of vaccination in terms of health maintenance for the entire family.
- ◆ Communicate the commitment of health professionals to ensure the wellbeing of the patient and that they are not part of an experimental trial group.
- ◆ Illustrate differences between COVID-19 vaccine symptoms to those of flu vaccine and difference between these types (mRNA versus attenuated/incompetent) since most have experience with the flu vaccine.



### *CHW Quotes*

“What's the difference? Many may ask "what's the difference between Pfizer and Moderna?" What is the difference? [...] just give me the nitty gritty. The current, what does it contain, what are the side effects, if any? Give me the worst-case scenario and then tell me the positives.”

“For me, it would be just having a basic understanding on how the vaccine works, because I had somebody asked me how effective it was and I wasn't sure how to answer that because, you know, there's two vaccines right now that are out and they're different. I just don't know the difference between them. So, for me, it would be knowing exactly how it works and being able to relay that in a way.”

## **Vaccine Contents**

### *Summary*

When the COVID-19 vaccines became available, CHWs worked register eligible clients answer their concerns about the ingredients used in the new vaccines. Clients want to know what the vaccine contains (e.g. such as fetal tissue, or harmful chemicals) and if the ingredients led to long-term consequences such as death or hospitalization. CHWs researched for long hours answer concerns about what ingredients the vaccine contained and assured their clients that the vaccines are safe and do not cause harm, fetal tissue were not used to make the vaccine, and pointed their clients to reliable websites (CDC, WHO, or AZHD) to learn more.

### *Recommendations*

Strategies to reduce vaccine fears and doubt include:

- ◆ Concise breakdown of the ingredients used, how they work, and what to expect from each vaccine.
- ◆ Doctors, celebrities, and trusted community leaders describing their experiences and encouraging vaccination in simple to understand language.

### *CHW Quotes*

“In the Catholic religion there are many Catholics who say 'how are you going to get vaccinated if they are made of fetus particles? Okay the Holy Father, the Pope has already gotten it, do you think that if the Pope did not agree he would have put it on?' and they stay quiet sometimes”

“I think the more information of that type, you know, just give me the nitty gritty. The current, what does it contain, what are the side effects, if any? Give me the worst case scenario and then tell me the positives, so I can promote that it is a good thing.”

“There are a lot of myths and bad information about it, too, that you are injected with the virus or that it is not the virus. And there it does talk a little bit about that, for example, it says that it does not contain eggs, that it does not contain latex and that it does not contain preservatives. So things like that, I think, it would be a good idea to develop something, or maybe even visuals, see how the vaccine attacks the virus.”

## Safety

### *Summary*

Among the Hispanic/Latinx community, CHWs report that side effects and safety is the highest cause for concern to their clients. Clients worry that the fast pace of vaccine development means the vaccine is ineffective (e.g. short-lasting immunity, or weak against variants) or has harmful long-term effects like death, coma, seizures, or paralysis. Families with chronically diseased relatives (like diabetes and cardiovascular disease) fear that their loved ones will get worse and end up hospitalized or not be protected at all from new coronavirus variants.

### *Recommendations*

Strategies to reduce fears of harm and encourage vaccine uptake include:

- ◆ Flyers or handouts with myth busting facts in English and Spanish.
- ◆ Flyers or handouts should mostly be visual and free of jargon.
- ◆ Clear description of what can be expected from vaccines (e.g. side effects and how long it will last) and what not to expect (seizures, coma, etc.).

### *CHW Quotes*

“Many of them [clients] they say ‘no, I’m not going to do it.’ Why? ‘Because they are becoming paralyzed. Because they are having seizures, a person has been in a coma and I’m not going to do it.’”

“What’s going to happen to my baby years from now? Like, is it going to have side effects because I have the vaccine? So that’s the information that they would want to know.”

## Benefits

### *Summary*

CHWs shared their perspectives about the benefits of vaccination and the methods used to boost vaccine confidence. One CHW described her use of positive language to discuss the benefits of vaccination as a step towards returning to life as usual, vaccines as part of the solution, and protecting their families. CHWs recommend sharing community testimonials as a way to support on-the-fence clients through positive illustration of the benefits of vaccination. Clients want to know that others in their community have been vaccinated and experiencing benefits.

### *Recommendations*

Strategies to encourage vaccination and reduce fear include:

- ◆ Testimonials from vaccinated members of the community describing the benefits of being vaccinated.
- ◆ Use of positive language (e.g. healthy families, healthy children, and happy homes).

### *CHW Quotes*

“Those of us who have it feel very relieved, we feel that we are already free, a little more respite and tranquility.”

“Especially for the people that are wanting to get the vaccine is because they want to protect the community and, you know, continue with their normal life.”

## Community Vaccine Access & Barriers

This section of the report outlines the results related to CHW client’s barriers to reaching vaccination sites. Topics for discussion included:

- ◆ **What are the barriers your clients may face to get the COVID-19 vaccine (e.g., social, economic, physical)?**

## Logistics and Barriers

### *Summary*

Throughout the pandemic, CHWs reported their clients faced many barriers to reaching resources like doctor’s appointments, or vaccine resources. Elderly, homeless, and Spanish-speaking client felt excluded during the pandemic by public health websites that were not designed for people in these communities so difficulties in navigating webpages, reaching

resources, and building trust were widely reported. CHWs discuss the difficulties they had in registering themselves for vaccines even as fluent English speakers and the difficulties their clients had without their support.

CHWs emphasized that Hispanic/Latinx clients without legal immigration status felt purposefully excluded from the vaccine rollout and distrusted government efforts because it could result in their deportation. Clients without legal status believed that vaccination sites worked with the government and required legal documentation to receive vaccines. Through long discussions and relationship building, CHWs reassure clients that their legal status would not be questioned and assisted to set up vaccine appointments by navigating webpages with clients and translating documents.

### *Recommendations*

Strategies to reduce barriers include:

- ◆ User friendly websites written in Spanish.
- ◆ Content written in low reading level.
- ◆ Easy-to-find vaccine sites.
- ◆ Clearly state that proof of immigration legal status or payment is not required to get vaccinated.
- ◆ Mobile vaccination sites to reach homeless, disabled, and elderly people in the community.

### *CHW Quotes*

“One of the other barriers is the number of people we have who are homeless. What connections do they have? Where is their location? What security do they have? They don’t have identification, there is a list of challenges there. They don’t have a phone with service or- the list, the list, the list. They have such a high chance of being infected themselves. They are vulnerable, the cold, lack of food, lack of medical attention, etc., etc. It breaks our hearts to see the youth in the street, everywhere, right?”

“A lot of our people are from Mexican race, and they don’t have papers. So, it’s really hard for them to get any services out here, like insurance and stuff like that. I’m pretty sure it’s going to be a hassle. If it’s not going to be free it’s going to be a hassle for us here”

## Community COVID-19 Vaccine Misinformation

This section of the report outlines the results related to CHW client’s knowledge and attitudes related to the COVID-19 vaccine misinformation. Topics for discussion included:

- ◆ **Today, right now, what types of misinformation or myths have your clients shared with you about COVID-19 that you know or believe is not true and how are you correcting these myths?**

## Social Control

### *Summary*

Throughout the COVID-19 pandemic, myths about COVID-19 vaccine made their way into the public conscious. CHWs reported myths about the vaccine that ranged from population and mind control to the marking of Christians with the 666 mark. Their clients believed that population control meant the government intends to reduce the world’s population with the COVID-19 vaccine by killing large numbers of people or causing infertility. Their clients also believed that vaccines inject people with microchips to brainwash them and to track them by surveillance. CHWs widely reported that politicians were intentionally overplaying the severity of COVID-19 and the vaccines for propaganda to reduce people’s rights through mask mandates or forced vaccination.

### *CHW Quotes*

“And well, that is what I have heard, that the more people are dying, that they are going to kill more and more people”

“They don't like to wear masks and they are scared about the vaccine because they are saying that is the 666 and that's why they don't want to put it on.”

“I've heard people say that it's a way for the government like COVID-19 vaccine is a way for the government to track, that they're tracking them by that”

## Vaccine Harm

### *Summary*

Elements of vaccine myths include that harm or health consequences happen because vaccine change’s the DNA, or live viruses are injected into the body. CHW clients believed vaccines change a person's DNA resulting in abnormalities or infertility. A second myth, vaccines insert the virus into the person’s body or make them sick purposefully is believed

because vaccinated people experience symptoms of being sick. These elements of vaccine myths contribute to the mistrust of governments and healthcare workers where people believe that they are intentionally being harmed. Importantly, believing these myths make the work of CHWs more difficult as they are on the frontlines exposed to clients and community members that refuse or are afraid to get vaccinated. CHWs continue to work with their communities providing them with up-to-date information during their visits with clients in hopes that they will listen to the facts and be less fearful of COVID-19 vaccines.

### *CHW Quotes*

“Myths with vaccines, about a change in your DNA and you know, I'm not going to be able to have babies.”

“A lot of people who don't want to and when I told them I'm going to get the vaccine, ‘No! What's the matter with you? Are you crazy? You are going to be sick, it's going to be all wrong.’”

## Community COVID-19 Misinformation

This section of report describes the misinformation held about COVID-19 generally by CHW clients and the ways in which CHWs address this misinformation. CHWs were asked to respond to the following question to explore this specific topic:

- ◆ **Today, right now, what types of misinformation or myths have your clients shared with you about COVID-19 that you know or believe is not true and how are you correcting these myths?**

## COVID-19 Basics

### *Summary*

Hispanic/Latinx communities served by CHWs described the myths they believed about COVID-19 severity, symptoms, and transmission. Clients believed COVID-19 was not as severe or deadly as reported by the media, instead they believed COVID-19 was nothing more than a cold or the flu that if you were infected you would recover very quickly. After infection, clients also believed masks and other preventions practices, like social distancing or wearing mask, were not longer needed because they had recovered and now are immune. CHWs also discussed their client’s beliefs that asymptomatic people were not able to infect others so that only symptomatic people need to be quarantined.

### *Recommendations*

Strategies to reduce fear and improve trust of COVID-19 prevention efforts include:

- ◆ *Clear and simple* guidelines to protect against the coronavirus.
- ◆ Clearly explanation of how viral spreading works while asymptomatic, and how much immunity to expect after recovering from infection.
- ◆ Simple illustration of the difference between the coronavirus and the seasonal flu.

### *CHW Quotes*

“People think that, because they already got COVID, they no longer have to take care of themselves, that they already have defenses, so [some clients say] ‘I’m not going to take care of myself anymore because I already had it.’”

“[clients believe] that if you don't have any symptoms, you don't get it. That people who are asymptomatic are out there and if you ran into one of them, you won't get it because they didn't have symptoms. I think this is one that I've heard most often, that unless they have symptoms, you saw them cough or sneeze, or that they caught a fever or something, then you can't get infected.”

## **Ideas and Beliefs of Health**

### *Summary*

Among the topic of myth and misinformation, CHW clients had the idea that medical professionals, and government officials, intentionally infected people by nasal swabs, the belief that COVID-19 spread through the air, and social media health advice, like vitamin C, could prevent infections. CHWs reported that their clients mistrust the intentions of public health and government efforts believing that they could get infected in clinics or through nasal swabs. Myths that clients also believed about COVID-19 include the idea that the virus is spread through the air and going outside puts people at risk so, many clients were fearful to attend their doctor's appointment. Vitamin C, supplements, and other home remedies were described by CHW clients as preventative measures they believed were most effective to protect them from COVID-19 infections.

### *CHW Quotes*

“At the beginning, [clients] started to share with some of the community health workers that if you took a cornucopia of different things that you could clean yourself, the virus was not going to touch you. [if one took at home] Remedies!”

“We know that when the pandemic started, you would hear a lot about people not wanting to take the COVID-19 test, that because when they used the cotton swab, they were giving you COVID.”

## **Social and Political Control/Injustice**

### *Summary*

Mistrust of the government was discussed by CHWs as a reason their clients believed COVID-19 was man-made and politically motivated. CHWs discussed their encounters with clients, and community members, refusing to wear masks, or to social distance. In these encounters, clients downplayed the severity of COVID-19, or denied its existence because they believed foreign governments (China or Russia), or the United States created the virus or used the idea of a pandemic to control the people. To control people, clients believed that politicians created the pandemic to restricting people’s rights and control the population by force. As a result, CHWs believe that some clients and community members fear and distrust efforts from the government especially about COVID-19 and COVID-19 vaccines because they see it as the government trying to restrict their rights and control them by force.

### *CHW Quotes*

“They didn't share the correct information until there was a crisis, a death. They also said that [antivirals] was the solution and that the government and politicians didn't want people to know.”

“About COVID, it was also said at first that it was not real, that is why many people at first did not want to use masks, because it was not real, it was nothing more than political and that nothing was going to happen. As soon as we changed presidents, everything was going to end. That's one of the myths we heard most here among our people.”

## **Sources of Information and Misinformation**

### *Summary*

CHWs discussed the ways that information travel and why the Hispanic/Latinx community don’t trust news media and public health messaging. Their clients felt that because Spanish resources from counties or clinics were not available at the time, they were being left out or something was being hidden from them. When few resources are available to people, CHW



clients will search where they can find information. Most clients reported receiving their information from News media or social media; yet some also distrusted the news media because they believed news networks were only interested in increase their viewer numbers by sensationalizing the pandemic.

During the pandemic, clients felt lost and unsure of what information was reliable and trustworthy because they were bombarded with different information from different places. In other cases, clients reported using the “girl-friend network” to share information because friends and families trusted each other more than news channels, social media, and governments, this network spread information quickly. CHWs pointed to social media as a primary source of misinformation because clients could get information in their language much faster and easier, or because news media and the government were thought to intentionally lie about the pandemic.

### *CHW Quotes*

“The main thing is the lack of, or the desire to have correct information because sometimes through the TV, through the radio, or on Facebook Live that these have become a large majority of the way in which they communicate [...] they feel bombarded, overloaded, you know... because we always want to share information, resources, trainings that are correct, that is not part of the ‘girlfriend network.’ [client says] ‘My girlfriend told me this or that happened to them,’ so we want to do what’s possible to be able to provide them with correct information.”

“Like they say, there is information everywhere, information from here, or information from over there. There are times when you don't know what information is correct at the end of the day [...] because there's a lot of information that came out in the beginning and now there's [new] information like the new type of virus or the vaccines... I believe the information is the one that, at the end of the day, will be either very helpful or [act] as a barrier...”

## **CHW Strategies to Address COVID-19 Misinformation & Build Vaccine Confidence**

This section of report describes the ways in which CHWs address the described above COVID-19 misinformation held by CHW clients. CHWs were asked to respond to the following question to explore this specific topic:

- ◆ **Today, right now, what types of misinformation or myths have your clients shared with you about COVID-19 that you know or believe is not true and how are you correcting these myths?**

## CHW Strategies

### *Summary*

CHWs are key in helping to educate people with the correct information about the pandemic and valid facts related to the COVID-19 virus and vaccines. CHWs worked diligently to provide education on preventative precautions (e.g. hand washing, mask wearing, social distancing), share information about testing location and times, build their client's confidence in getting COVID-19 vaccines, and assist in setting testing/vaccine appointments. CHWs stressed the importance of sharing factual information that was simplified and easy to understand. Additionally, CHWs referred clients to reputable sources of information and encouraged them to seek these trusted sources out themselves to be generally informed and get the facts when they came across COVID-19 misinformation. CHWs also used logical examples to help people think their beliefs around COVID-19 and identify when something they learned was actually misinformation. Importantly, CHWs shared their personal stories and experiences to build trust and relationships with their clients. Below are several examples of the specific ways in which CHWs address COVID-19 misinformation and build vaccine confidence in their clients.

### *Provide Education*

#### *Summary*

CHWs discussed the ways and/or topics on which they provide COVID-19 education to clients in an attempt to share accurate information and/or correct misinformation. CHWs understood that people are afraid and there is a lack of trust, particularly in the government and especially among certain groups of people, so they tried to generate confidence in factual COVID-19 information, in searching for facts, and in the vaccine by providing education to clients.

#### *CHW Quotes*

“What we try to do is talk to people and give them confidence that they will be better protected with the vaccine. And that they make their appointment for the vaccine, which is very important. Because in reality the vaccine is the only thing that is

protecting us right now. But there is a lot of misinformation because in reality the people have been very distrustful, very afraid.”

“What I try to do with these myths that I hear. Well, since we can't have direct contact with people. I take pages from reliable medical sources and whatever, and I take pictures of them or I send them the page to people have internet, and if not, I take pictures of the section of what they are talking about. I try to educate people, but I'm left with my mouth open hearing that this virus isn't real.”

### *Refer and Connect to Trusted Sources*

#### *Summary*

CHWs referred and connected people to reputable sources when they encountered clients with questions or doubts around COVID-19 or who believed in misinformation. This included all the different ways and to all the different sources of information that CHWs referred clients to, such as health care providers and trusted websites. Some CHWs reported using specific strategies when referring clients, such as being respectful of people's beliefs and opinions as they share the facts, telling people to look at the sources of information, and only going to reputable sources when seeking information.

Specific sources that CHWs trusted to provide accurate and updated COVID-19 information:

- ◆ Centers for Disease Prevention and Control
- ◆ Arizona Department of Health Services
- ◆ World Health Organization
- ◆ Dr. Anthony Fauci (watching updates from Fauci on YouTube)
- ◆ Pima County and Maricopa County Health Department websites
- ◆ Mexican Consulate
- ◆ Salud México (Mexican Secretary of Health)
- ◆ Mexican government website on facts and myths ([mitos y realidades](#))
- ◆ University of Arizona (health department)
- ◆ Mayo Clinic
- ◆ WebMD
- ◆ Client's primary care providers

### *CHW Quotes*

“We need to give them information that is succinct, that has the facts and hopefully they will believe the facts. So, the CDC, the national health and all those organizations will have an information.”

“We work with the CDC’s information, information from the Health Department and that’s what we try to share. The most truthful information from the organizations that deliver, the most up-to-date and true. I think that a good tool would be a good resource training in different counties.”

### *Use Reasoning*

#### *Summary*

A handful of CHWs recalled using reasoning, in addition to providing information, as a strategy to correct myths and misinformation. When they encountered a person whose beliefs were grounded in misinformation, they used concrete, detailed and personal examples to help people rationalize and use logic to think through their beliefs and see the truth.

### *CHW Quotes*

“I tell them, ‘Look, let’s think carefully about what the government is doing.’ I say, ‘if this vaccine were bad, do you think you would give it to the doctors, nurses, firefighters, policemen first? Do you think that the world would be left without them, without these people who are really essential? Maybe they would not put them first and everyone else after them, because they are more necessary, right? So, for everyone else first to have everyone under their control.’ So I tell them, ‘If you think about that. They weren’t going to administer them [the vaccines] if it wasn’t something to improve, to protect their health, their lives.’ And in this way, I kind of make them think a little.”

“Okay, ‘The Holy Father, the Pope has already gotten it, do you think that if the Pope did not agree he would have gotten it?’ And they stay quiet sometimes, ‘but I respect your way of thinking. Because you are a human being, but you are looking for the correct information.’ No more, to this they remain silent. They do not know how to respond because they do not know.”

## *Act as Role Models*

### *Summary*

CHWs are trusted and influential role models to their clients and in their communities, both inside and outside of the work capacity. People look upon them for guidance and follow their lead. CHWs were aware that they are role models and therefore, were active in staying informed and updated on all things related to COVID-19 as much as possible. In this way, they prepared to provide support by answering their client's questions, referring them to reputable sources of information, and helping them make decisions. Particularly for the vaccine, CHWs reported using their own experience with the vaccine to communicate with clients who may be vaccine hesitant, and even potentially encourage them towards COVID-19 vaccine uptake.

### *CHW Quotes*

"I think that if we educate ourselves because we are the face of the community, they believe in us and trust us. We have to educate ourselves in small things to be able to do great things in the community."

"So sharing my experience I believe is the best thing to do because they'll say, 'well if she got it and she's still standing and talking to me, then it can't be so bad, can it?' Imagine that."

### *Recommendations*

In addition to sharing the strategies they currently engage to build trust, communicate, and provide information to their clients during the pandemic, CHWs gave specific recommendations to help deliver COVID-19 health messages and build confidence in the vaccine. Strategies to support CHW efforts, promote client health, and encourage vaccination include:

- ◆ Develop a resource list for low-income, Spanish speaking groups that includes assistance with food, utilities, rent, legal services, and low-cost healthcare.
- ◆ Develop COVID-19/vaccine factsheet flyers in simple and clear language including the benefits of vaccination and the risks of COVID-19.
- ◆ Develop online CHW focused COVID-19 vaccine training to increase capacity for the workforce to be prepared and well informed to educate people in their community.
- ◆ Focus on the individual and family by using personal testimonials or stories.
- ◆ Use positive language to describe COVID-19 prevention strategies.

- ◆ Use both social media (e.g. Facebook, WhatsApp) and local media (e.g. radio station) to share COVID-19 prevention and treatment information.
- ◆ Provide information that is endorsed by reputable institutions (i.e., CDC, local health departments) to help increase confidence in the information provided.
- ◆ Distribute COVID-19 informational materials such as flyers through mailboxes.
- ◆ Organize and distribute backpacks filled with resources and items that promote health and well-being during the pandemic.
- ◆ Use Zoom to stay connected and offer COVID-19 related education to people in the community.
- ◆ Include positive, health-promoting COVID-19 messages on street billboards.
- ◆ Provide contact information on flyers for people to refer to in case they have further questions or concerns.
- ◆ Collaborate with primary prevention mobile health units to reach community members in disseminating COVID-19 informational materials.

## CHW Identified Training

This section of report details training topics identified by CHWs as priorities to help assist their clients during the pandemic. CHWs were asked to respond to the following question:

- ◆ **What are the priority training topics and tools that you want and need to support your clients?**

## Training Nutrition/Physical

### *Summary*

As part of recommended vaccine training or education, CHWs want to incorporate nutrition classes and physical exercise to their skills set as a way to keep themselves and their clients healthy. Nutrition and physical exercise are important topics that CHWs struggled to provide their clients during quarantine to cope with the stress of being indoors. Thinking of long-term solutions, trainings should prepare CHWs and clients to adapt to new lifestyles during and after quarantine to manage chronic disease and reduce their risk of diabetes or heart disease.

### *CHW Quotes*

“The coronavirus is touching too many people, and this is the topic of the day. But I feel that the basis in that global training where we cannot separate the vaccine from the diet, from the physical training, that is, it is a comprehensive training to manage a new lifestyle.”

“I also wanted to comment that unfortunately what we have seen is that people who have health conditions, be it diabetes, high blood pressure, all those kinds of health conditions, are people who unfortunately don’t have relief [...] to make [be] aware that it is extremely important to have a good diet [...] In each case they get infected with the virus and we as CHW think that we have a very important role in that because we are an example, we are an example in the community. If we are watching ourselves, that we take care of ourselves, that we try to eat healthy, to exercise all that is needed, they are also motivated.

## CHW Experiences During COVID-19

This section of report outlines CHW experiences during COVID-19 and included the following exploratory topics:

- ◆ **What are the ways COVID-19 has changed the way you do your work as a CHW?**
- ◆ **Tell me about a moment over the last 10 months, when you felt really effective and or felt really defeated at serving your community on COVID-19 prevention or care, and why do you think you felt this way?**

## CHW Identity

### *Summary*

‘Community health worker’ is an identity, and CHWs carry it in their heart. It's who they are, not only what they do. They are CHWs all the time, not just while on the clock. CHWs are happy serving their community and take pride in being there for their clients, meeting people where they are, and meeting the needs of the community. They serve the community out of a true desire to help people, and this extends to their functions and roles as CHWs supporting their client during the pandemic.

### *CHW Quotes*

“And since- as a CHW once said to me, maybe you know Chayito. She worked for many years with farmer workers ‘once a CHW, a CHW for life’ and I tell her ‘It’s true Chayito,’ I tell her we are like this because we are aware of what happens in any community, in whatever area we are. And believe me it's true. I am the CHW of my house, a CHW wherever I go, because many people who already know me call me and ask me many things. ‘What do you know? Let's see where I can go to do this, where can I get help for this,’ and I feel like a CHW wherever I am.”

“I have not been a community health worker very long, almost two years. It's a profession that you carry in your heart, right?”

## Changes in CHW Professional Experience

CHWs discussed the two major ways in which their work as CHWs shifted during the pandemic: **1)** the social interaction that they and their clients were used to was significantly limited and as a result of this, **2)** CHWs had to find ways to adapt to maintain their connections to their clients, which they did largely through the use of technology.

### *Social Interaction*

#### *Summary*

The pandemic completely uprooted the nature of the work CHWs do and the modalities by which they engage people (see 'Technological adaptations'), leading to significant changes in social interaction. CHWs are links, intermediaries between health/social services and systems and the community. Their essence is community outreach, engagement, and advocacy: making connections, building trust, establishing rapport, and developing strong relationships. Their ability to carry out these functions was significantly impacted during COVID, as CHWs were no longer able to meet people in person, face-to-face, and in their client's homes.

Even though CHWs adapted to this change, they expressed feelings of dissatisfaction upon not being able to connect with clients (and colleagues) in a personal, face-to-face manner. CHWs shared that it is not the same to reach people via social media, phone calls, or even video calls, and both CHWs and their clients are missing that social piece. An important part of the work is making a personal connection through physical/social contact that can only really be achieved in person, such as looking people in the eye, hugging, smiling, and reflective listening.

#### *CHW Quotes*

“But there have been families who have been infected and that's something unbelievable. That causes our work, how we have done it, how we are used to doing it, to become more difficult because you know as community health workers, there is nothing like personal contact, the hug, looking you in the eyes, that we look each other in the eyes when we are providing information, when we are listening, which is very important, to listen, what is the need? All of that is what makes the CHW model unique because we're not looking at the clock, right? The office closes at five o'clock and it's already 20 minutes till, we don't have a schedule when we're working as



community health workers. We're not looking at the clock, we're talking, creating relationships and that has made our groups, it's sad.”

“Yeah, it was a very abrupt change. I mean, the whole point of our existence and community health services is to be out in the community. And so suddenly, this wall comes down. This thing comes down, that's it. And it's like you're cut off from the community or you deal with them in such a weird way that it's just, it's not the same.”

## *Technology Adaptation*

### *Summary*

The pandemic caused sudden changes in the way CHWs conduct work, including client/community outreach and engagement. CHWs discussed how they are adapting to the challenges related to the pandemic, specifically in not being able to meet or engage people face-to-face. One of the ways they are able to stay connected is through technology, including new or unfamiliar platforms such as Zoom and video calls and other tools that they [may] know how to use, but have had to rely on much more during the pandemic, such as phones and social media. Using these tools comes at a price; on one hand, it is a way for them to stay connected with their clients. On the other hand, carrying out their activities online or over the phone leads to limited relationships with their clients and their clients often have challenges accessing and/or navigating these technologies.

### *CHW Quotes*

“But now we have changed and have to do everything by phone, by Zoom, by video calls and for many of them. I'm going to talk specifically about the senior citizens that I work with. It is very difficult for them. They like talking on the phone, but they don't like Zooming because many of them don't have internet, they don't have a smartphone, they don't know how to use it... the grandchildren explain and explain to them, but they are older people who are closed off, they say, ‘I cannot and I cannot’ and you can't bring them out of that.”

“Yeah, and so before obviously they're coming on site or meeting with us in person, generally they'll bring everything and we're able to submit everything at once. But phone appointments take longer because we have to find a way for them to, for us to be able to see, for example, their pay stub. And so, finding a way for them to get that to us either by email or phone or pictures, text. So, it takes longer, and so it's not as quick as before when we're meeting with them in person. Now it takes a little bit longer and we're asking them to navigate these functions that they've never had to

before, like to sign the consent or signing the application. Even using emailing is very complex for some of these communities that we're serving.”

## Successes

CHWs shared stories about when they felt successful in supporting their communities during the pandemic, including times when they continued to connect with their clients and were able to provide needed services despite the restrictions due to COVID-19.

### *Continued Community Engagement*

#### *Summary*

CHWs felt successful when they were able to find ways to connect with people despite the significant changes in communication and social interaction due to the pandemic. CHWs tried to find creative ways to reach out to people, build relationships, and keep them engaged. This included working with others, staying connected through phone, Zoom, outdoor social distancing activities, etc. CHWs described the different ways in which they tried to maintain social relationships with their clients while still being mindful of COVID-19 infection risk and prevention guidelines, and they felt hopeful when they noticed that their clients reacted positively towards their efforts.

#### *CHW Quotes*

“I work with a support group, we already had the whole year without seeing each other on the phone and most of them told me “We can't stand it anymore, we're desperate.” I talked to my boss and I told her, “I'm planning to do two groups in the park and ask people to bring their chair, their mask and their bottle of water, sit them 6 feet apart and bring my microphone to give them a topic to be talking about COVID, about care.” And she said, “go ahead.” So, I started with two groups in the park where I sat them separately and with a microphone talking to them about COVID-19 care, passing around gels, wipes, teaching them everything they needed. So, it was something very nice and, up to now, they are desperate for us to do the same thing again.”

“The way we've also been handling it is that when we make calls to support groups, it's by giving messages for life reflections and they liked these reflections so much that they wanted the message to be sent to their phone so that they could read them. It's as if you're giving them medicine over the phone, they say, “It's healing to be listening to positive things and also being in communication.” We would give them each other's

phone numbers from the same group so that they could communicate with each other. And I made a type of call, I'm not sure if all phones can do it, but on the iPhone, you can have five people calling to talk to each other and it was the way to alleviate a little of the loneliness they had."

### *Feeling Empowered in Supporting Clients*

#### *Summary*

CHWs felt empowered when they were contributing to valuable work in the community and providing important resources and supporting COVID-19 efforts in unique ways like no other workforce. This included, for example, providing direct COVID services such as testing, vaccinating, and sharing information, and referring to other services to help address client challenges across the social determinants of health. When discussing this topic, CHWs often shared specific experiences they had, providing examples of the work they were doing in an effort to meet the community's needs during the pandemic.

#### *CHW Quotes*

"And we have also gone out to where San Luis, Arizona crosses with San Luis, Sonora and waiting for people there who are crossing, in collaboration with other clinics, to be testing them for COVID-19 and meeting them where they are having the need. Because they can't go to a clinic for testing because they lose hours of work. There are people who are going to go to work, and we will accommodate ourselves where they are, as they pass and if they have time, they arrive and take the test. And that's also how we're trying to pull people for what little vaccine is available."

"For me, being a community health worker, obviously, it's a hard but also fulfilling job and being able to not only aid the community, but knowing that I'm helping by addressing barriers, by serving them and getting their needs met. That's been a really high point throughout this. While it is difficult, just being able to get involved in either helping them apply and trying to make it as seamless as possible, whether it be applying for benefits, getting their test, and educating them and just letting them know right now where they can go to get resources if it's something that we can't help with. And that feels good, knowing that at least I'm there for that person who is in need and I'm able to follow up with them and provide them with what they need at that time."

## Challenges

CHWs shared stories about when they felt defeated in supporting their communities during the pandemic, including times when they were limited in how they could assist their clients and when they felt overwhelmed by the sudden changes that came about with COVID-19, especially in the CHW professional capacity.

### *Limited Ways of Supporting*

CHWs felt defeated when they wanted to help but were limited in their ability to do so and lacked the tools, resources, or information to help clients. CHWs also experienced challenges when they came across problematic clients who did not believe in COVID, were vaccine hesitant, or refused to follow prevention guidelines. Because being a CHW is something they carry in their heart; it is work that they do because they truly care about the community and have a deep desire to help and support them in whatever ways possible – it is very important for CHWs to be able to help their clients and they experienced feelings of defeat when they were limited in how they could support people in overcoming challenges related to the pandemic. Below are several examples of the ways in which CHW’s ability to help their clients was limited.

### *‘Problematic’ Clients*

Problematic clients were those who believe the virus is not real or the threat of the virus is not as severe, or who do not adequately follow prevention guidelines such as proper mask wearing (*see COVID-19 misinformation*). CHWs described feeling limited in how they could approach clients with these beliefs, since they hold on to their beliefs despite CHW efforts to provide accurate information. Some of the strategies CHWs used when communicating with these clients were sharing facts, redirecting them to web pages from reputable sources, and politely and respectfully educating on how to properly wear a face mask.

“And anyway guys, it's hard. If they believe that the virus is not a virus, it is like a cold and they do not believe in this virus. Well, they don't believe. So all I can do is redirect them to the pages that I think are essential for them to learn and read. And if they don't believe, then they don't believe. So that is the only thing I have to tell you with these myths that you can't handle them.”

### *Rise in COVID-19 Cases*

CHWs felt defeated seeing the number of COVID-19 cases and deaths spike. CHWs wondered if people were not listening or if the information was not reaching the people it needed to in a way that could be understood. CHWs experienced feelings of frustration when it seemed

people did not have personal responsibility in wanting to keep themselves, their families, and their communities safe. CHWs asked themselves how they could explain things such that people would understand the gravity of the situation and the importance of taking safety precautions.

“I believe that now, when the second wave of cases returned, they had been going down and then they came back again, it was at the moment one says, ‘how is it that the information is coming, people are not listening to us or how else can we share that information that is important?’ Stay home if you're not feeling well, use face masks, don't do things that are not necessary that require you to go out. I think that moment when the numbers went up again. I think that would be it for me.”

### Working with Elderly Populations

CHWs struggled to reach elderly clients because they were not allowed to visit or be close to them due to social gathering limitations during the pandemic. This made it difficult for CHWs to provide needed support and services to an already vulnerable population.

“It has been very difficult for me to support, for example, older adults. Previously, I went to the associations where they live and they do not allow us to be close to them to take pressures and to be aware, to help or support them.”

### Conducting General Outreach

Due to the pandemic and restrictions in social interactions, CHWs were limited in how and where they could conduct outreach to continue their important work. This led to feelings of frustration and helplessness as they recognized the great need in their communities and were unable to act to address those needs.

“I've also looked for options to support the community. I've gone to places where there are more people, in the stores and all of that to offer my services, support, set a table, give information about tobacco, about many things and they do not allow me. I don't understand. There are stands outside selling things, but I am not allowed to be there because they say that since I have to have contact with people, they can't allow us to support the community in that way.”

### Addressing Client Social Determinants of Health (SDoH)

During the pandemic, some CHW clients were faced with large issues across the social determinants of health that were beyond the work capacity of what a CHW could help

address. CHWs felt hopeless as they identified the needs of their clients that were going unmet.

“One is when I was calling a person that was COVID-19 positive and just asking what they needed and then him coming to tears and saying like that he was the only person that worked and he could not work because he was COVID-19 positive and choosing whether to quarantine or go provide for his family. It just made me feel like, it's just hopeless because I would want to help in any way.”

### *Overwhelming Changes*

Another way in which CHWs felt defeated was by the overwhelming ways in which their work and lives changed due to the pandemic, including sudden significant changes to the ways they could conduct their work and reach and help people. CHWs were overwhelmed, feeling helpless as they saw how the pandemic was severely impacting their communities – there was great need – and they could not employ the traditional ways in which they provide support.

“I would say that back around 10, 11 months ago, when we had to so abruptly stop so many of the things that we were doing, it felt really pretty awful, actually. And so, it wasn't just in one moment. It was just, overall, like a general feeling of what are we going to do? Like, we can't replicate the in-person programming through a screen.”

“So seeing what is happening around us, so feeling so overwhelmed but not feeling like there's anything we could do with our traditional ways of supporting have been swept under our feet and at the same time watching the world around us crumble down, you know. So that definitely was very hard for me.”

## **CHW Mental Health**

### *Summary*

Through the year of the COVID-19 pandemic, CHWs dealt with mental health challenges in their work and the need for appropriate self-care training for themselves and their clients. The nature of their work means that CHWs expose themselves to risks like COVID-19 as well as mental health in working with emotionally difficult situations with their clients. The emotional toll of working with grieving clients losing family and friends is not new, but the pandemic highlighted these experiences and exposed the need for self-care techniques. One CHW commented that “if our mental health is not well, how are [we] going to help other people?” because the time they were not working with clients they were researching

educational materials, looking for community resources, or being CHWs at home in their communities. Training they want to see include nutrition like preparing healthy meals, and mental health support to prevent burn out.

### *Recommendations*

- ◆ Incorporate mental and physical health topics (i.e., including nutrition and exercise) through CHW training.

### *CHW Quotes*

“Preparing ourselves a little because of everything we were seeing. Including our own mental health because if our mental health is not well, how are you going to help other people? [...] We took the first 6 session training on different topics, but all based on mental health. I think that’s very important, mental health training, so we don’t try to bear all the burden ourselves, whether you want or not, being with people who have a different past, in any realm of life [...] well it is part of our job to help search for resources, but if someone is not well, I don’t think we could do a good job. So, I think a mental health training program would be good.”

“And mental health is very important in this issue, too, of the pandemic. As they have said too. So that's a very important point.”